

Telehealth and Remote Positive Supports Training



Day 2: Supporting Individuals & Families in their Homes and Communities via Telehealth

Welcome!

- Plan for today
- Where things are, how to access materials
- What we will co-develop
- Introduction to the training series
- Bi-directional flow of information
 - We want to hear and learn from YOU!
 - Interactive activities
 - Like-learn-change
 - Survey

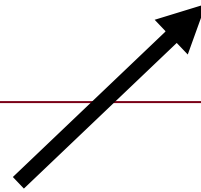


Day 1: Telehealth & Remote Supports to Improve Barriers to Service Access

Day 2: Supporting Individuals & Families in their Homes and Communities via Telehealth

Day 3: Remote Supervision, Training, Teaming, & Consultation to Enhance Service Quality

Day 4: How to Implement Telehealth & Remote Supports to Improve Positive Support Services



Improve access to and receipt of high quality, flexible, equitable, person-centered support and services. Minnesota providers to learn best practices on the use of telehealth or remote support to deliver positive support services for and overcome barriers to service access for children, youth, and adults in Minnesota



What we hope you leave this training series with..

Opportunity to share and be heard on what your experience and needs of your organization and the people you support need,

A tool-kit of resources for direct implementation,

A map for developing flexible, person-centered services and supports for your organization to improve access and receipt of high quality, equitable services.



Key resources

- Get and stay in touch with us pbs@umn.edu
- Training hub for positive supports: <https://mnpsp.org/>
- Trainings will be recorded and posted here with materials as 4 modules
- TrainLink
- Individual Google or BOX folders (for organization specific info that you can keep) to leave with a mapped out plan for yourself/your organization
- Telehealth.HHS.gov <https://telehealth.hhs.gov/providers/getting-started/>
- Family Educational Rights and Privacy Act (FERPA)
 - https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20%20Virtual%20Learning%20032020_FINAL.pdf
- Health Insurance Portability and Accountability Act [HIPAA]
- Health Resources and Services Administration (HRSA)
 - <https://www.telehealthresourcecenter.org/>





Welcome to Minnesota Positive Supports Website

This website is for:

Mental health providers

All people want to
and feel safe.

Positive Behavior Support Intensive Training

Tier 1 Curriculum >

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Tier 2-3 Curriculum >

Day 1

Applying Positive Behavior Supports in Minnesota Human Service Settings

Positive Behavior Supports (PBS) is an evidence-based approach that offers respectful, supportive, and effective way people make positive changes in their lives. PBS is a system-based model that aims to prevent and improve challenging behavior and to promote pro-social behavior, person-centered values, and quality of life, as well as to improve the system in which the services are being delivered (e.g., workforce development, decreases in staff turnover). PBS builds on people's successes, strengths, and desires, and does not include the use of punishment. This sequence of six trainings will all attendees to learn about the PBS model across universal, targeted, and intensive tiers, with opportunities to connect evidence-based strategies across a variety of applications. The PBS trainings are appropriate for providers, professional educators, and teams who support children and adults across various settings (e.g., counties, providers, mental health services, schools). The trainings will cumulatively expand on topics; therefore, to get the most benefit, attendees are encouraged to attend as many trainings in the sequence as possible.

Mnpsp.org
Find these trainings & more!

About us

TeleOutreach Center at the Institute on Community Integration and the Masonic Institute for the Developing Brain at the University of MN



Improve
access

Support
people
sooner

Research,
training,
and
outreach

TELEOUTREACH CENTER





Flexible and individualized models of service and support delivery



Overview to barriers to accessing and receiving high quality services and supports

- What are commonly encountered barriers to evaluation and intervention
- How these barriers result in delays to intervention access
- How this perpetuates health disparities for these groups



Increasing need for support (unmet needs)



Lack of providers, healthcare/funding



Delays, waitlists, unavailability of services



Greater disparities in geographic regions



Greater disparities culturally and linguistically diverse groups



Positive Support Practices & Telepractice: Assessment and intervention at the Individual Level

- **Overview**

- A brief overview of positive supports
- Person-centered services
- Tiered models of support: Tier 1, 2, 3
- **Assessment** and **INDIVIDUALIZED Intervention** service and support models

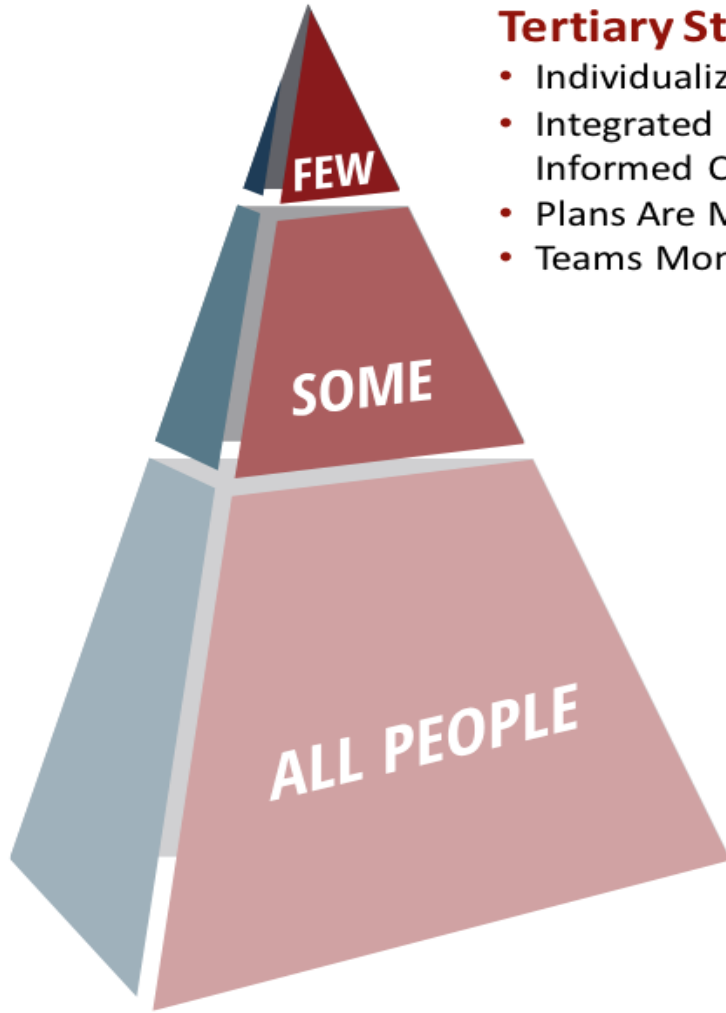


Positive support practices via telehealth.
Universal positive behavior support and person-centered practices:
Assessment, and observation



Implementing Multi-Tiered Systems of Support

Positive Behaviour Support



Tertiary Stage

- Individualized PBS Plans
- Integrated with Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Monitored- Data-Based Decision Making
- Teams Monitor Progress of Each Person

Secondary Stage

- Early Intervention and Data Monitoring
- Additional Supports for Key Social Skills
- Function-Based Decisions
- Simple Interventions
- Mental Health and Wellness Interventions

Universal Stage

- Teach and Encourage Communication
- Predictable and Proactive Settings
- Encourage and Reinforce Social Skills
- Consensus-Based Team Focus
- Emphasis on Using Data For Decisions

Positive Behaviour
Support

Person-Centered Practices
& Planning

Organizational Workforce



Implementing PBS-PCP in provider organizations

Person-Centered Practices & Planning

Tertiary Stage

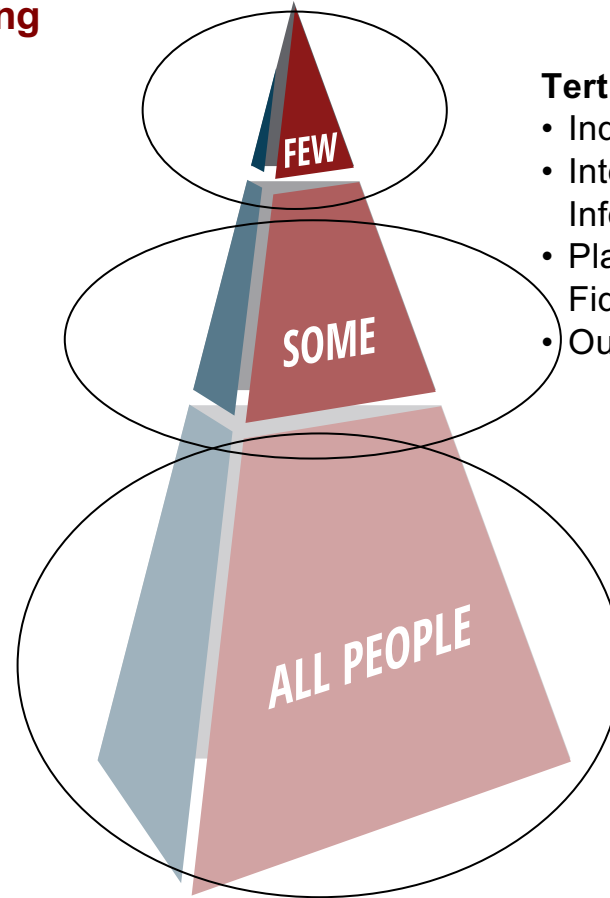
- Integrated Plans (PCP, PBS, Trauma-informed Therapy)
- Person-Centered Plans
- Teams Monitor Progress

Secondary Stage

- More Intensive Supports To Improve QOL
- Simple Interventions Integrated With Other Positive Supports
- Independence And Community Involvement Encouraged
- Mental Health And Wellness Interventions

Universal Stage

- Person-Centered Thinking
- Encourage Self Expression
- Self-Determination And Choice Making
- Predictable And Proactive Settings
- Meaningful Participation In The Community



Positive Behavior Support

Tertiary Stage

- Individualized PBS Plans
- Integrated With Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Evaluated To Ensure Plans Are Implemented With Fidelity
- Outcome Measures

Secondary Stage

- Use Data To Identify Individuals At Risk
- Additional Supports For Key Social Skills
- Group And Individual Interventions
- Function-Based Decisions
- Simple Interventions Integrated With Other Positive Supports
- Mental Health And Wellness Interventions

Universal Stage

- Teach And Encourage Communication
- Encourage And Reinforce Social Skills
- Consensus-Based And Team Focus
- Emphasis On Using Data For Decisions
- Integrated With Other Positive Support Practices (PBS, Trauma-Informed Care, Etc.)



First step for supporting an individual

- **Screening for safety**
- **Assessment**
- **Equipment (hardware)/ Telemedicine platform (software)**
- **Tele-on-boarding**
- **First sessions**



Provider end: Equipment needs

- **Computer/Laptop**
- **Clear instructions on professionalism and privacy protection for staff**

Objective: Provider end set up	Yes/No
Professional dress, Camera angle (external webcam or propped laptop so at eye level, not angled upwards), Cell phone put away/minimized distractions, Provider camera stays on unless otherwise communicated why it is being turned off temporarily.	
Secured WIFI, closed door room, no other parties present.	
All other documents/tabs closed that might have other people's information on (e.g., calendar), double check this again prior to screen sharing, tabs and other personal documents all closed prior to session start.	
Provider has all needed documents and information in the same manner as an in-person session, including the address/location of where the person is (in case of emergency).	



Implementing PBS-PCP in provider organizations

Person-Centered Practices & Planning

Tertiary Stage

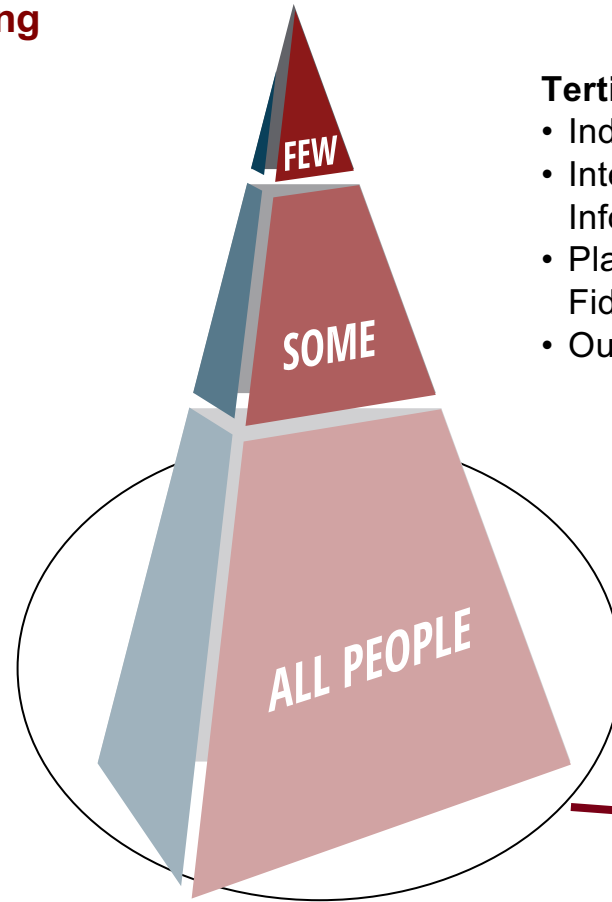
- Integrated Plans (PCP, PBS, Trauma-informed Therapy)
- Person-Centered Plans
- Teams Monitor Progress

Secondary Stage

- More Intensive Supports To Improve QOL
- Simple Interventions Integrated With Other Positive Supports
- Independence And Community Involvement Encouraged
- Mental Health And Wellness Interventions

Universal Stage

- Person-Centered Thinking
- Encourage Self Expression
- Self-Determination And Choice Making
- Predictable And Proactive Settings
- Meaningful Participation In The Community



Positive Behavior Support

Tertiary Stage

- Individualized PBS Plans
- Integrated With Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Evaluated To Ensure Plans Are Implemented With Fidelity
- Outcome Measures

Secondary Stage

- Use Data To Identify Individuals At Risk
- Additional Supports For Key Social Skills
- Group And Individual Interventions
- Function-Based Decisions
- Simple Interventions Integrated With Other Positive Supports
- Mental Health And Wellness Interventions

Universal Stage

- Teach And Encourage Communication
- Encourage And Reinforce Social Skills
- Consensus-Based And Team Focus
- Emphasis On Using Data For Decisions
- Integrated With Other Positive Support Practices (PBS, Trauma-Informed Care, Etc.)



Activity: Practice with rapport building

<https://publications.ici.umn.edu/odat/modules/your-first-telehealth-session/what-is-free-play>

- **Important elements of rapport building**

Implementer step	Was step implemented (y/n)	Did any variations from the step occur? (please note)
Person has access to preferred activities/people/topics of convo	Y/N	
Implementer is present but not intrusive (not giving demands or removing things)	Y/N	
Did the TeleProvider provide an instruction or feedback to the implementer at least 1 time per minute	Y/N	
Challenging behavior is recorded	Y/N	
Communication attempts are recorded	Y/N	
Did the session end on a good note (no challenging behavior occurring, person appears content)	Y/N	



Building rapport via telehealth

- How can you build rapport with someone via telehealth?
- Talk or ask about things they are interested in,
- Share (in appropriate way), about your life,
- Find opportunities to connect that are not related to “logistic planning.”



Building rapport via telehealth: Example

Austin lives in a group home with three other adults.

During the day, Austin is at work and when he comes home, he is normally in his room playing video games.

When meeting Austin, you observe that when the direct support staff speak to him it is normally about topics such as what is for dinner, what time someone is coming or going, etc.

- *What would be some ways that you could build rapport with Austin via telehealth?*
- *What would be some ways that you could coach the DSPs supporting Austin via telehealth?*



Utilizing telepractice for assessment

To:

- Assess goals and specify what your process for information gathering
- Make data-based decisions about support and progress
- Monitor progress, maintenance and generalization

Coordination is typically needed to complete assessments:

- Does a guardian, support person, or translator need to be present?
 - Satellite site locations can be used
 - Records review (Release of information required)
- Privacy and data security regulations need to be followed



Utilizing telepractice for assessment

- Indirect and direct measures
 - **Indirect measures** are paper-pencil/ clinical measures typically filled out by the participant or a proxy to collect information about their history, preferences, strengths, and support needs.
 - **Direct measures** are observational and involve directly collecting information within a naturalistic or clinical settings. Patterns are assessed based on the data collected.
- Both types should be used to assess goal and support needs and both can be done via telepractice.



Three Sources of Assessment Data

Indirect Assessments

- Interviews
- Rating Scales
- Checklists

Direct Observation

- C-ABC Recording
- Data Collection

Functional Analysis

- Direct manipulation of environmental variables



How can telehealth be used during assessments

Telephonic-
(interview over
phone or video
conference)

Direct Observation-
Synchronous (“live”
direct observation)

Direct Observation-
Asynchronous
(view previously
gathered direct
observation data)



How to structure observation via telehealth

- **Take a few minutes to practice camera placement**
 - Can you hear and see the person well?
 - Is the camera in a place that it is not overly obtrusive and will not need to be moved much, if at all?
 - Placing the camera up (e.g., on a shelf) and angled down will capture more interactions between people than having it directly in front of someone.
 - Adding on webcams on USBs and tripods or microphones can be a good way to capture additional sound



How to structure observation via telehealth continued..

- **Is it intrusive or distracting to have the yourself visible and audible during the observation session?**
 - If so, tell person you are there (camera on to say hello) and then shut it off temporarily.
 - If sound is too distracting, communicate by chat, text, or Bluetooth speaker.
 - Make sure if others are present, that they know you are there and that you have permission (e.g., privacy).



When to observe?

- Some times that are going well AND some times when support needed,
- The more observations, the better patterns can be observed,
- Telehealth could have potential for observations at times when not possible to do in person observations,
- Fidelity checks and on-going maintenance (e.g., while fading supports).



Defining what you are observing: *Operational Definitions*

- **Objective**
 - Measureable
 - Observable
- **Clear**
 - Unambiguous
 - A bystander could identify it
- **Complete**
 - Identify the limits of the behavior
 - Differentiate occurrences from non-occurrences



Example: Direct observation

- Conducted w/ coaching from University Trainer
- Meet over telehealth with PBS Facilitator
- Includes positive social behaviors and organization's specific matrix behaviors
- 20 min observations
- Partial 5 min intervals
- Of person being supported and staff member (or can be tailored to org)
- IOA: 84%, range 50 – 100% (100% of sessions)
 - 1 session 64%, met for 10-15 min debrief after observation to calibrate

MINNESOTA DIRECT OBSERVATION FORM

Date and Time of Observation: _____ Number of People in the Setting: _____

Setting Observed: _____

B. Promoting Social Engagement and Interactions

Part 1

Observe Staff using the list below.

A. Person-Centered Behaviors

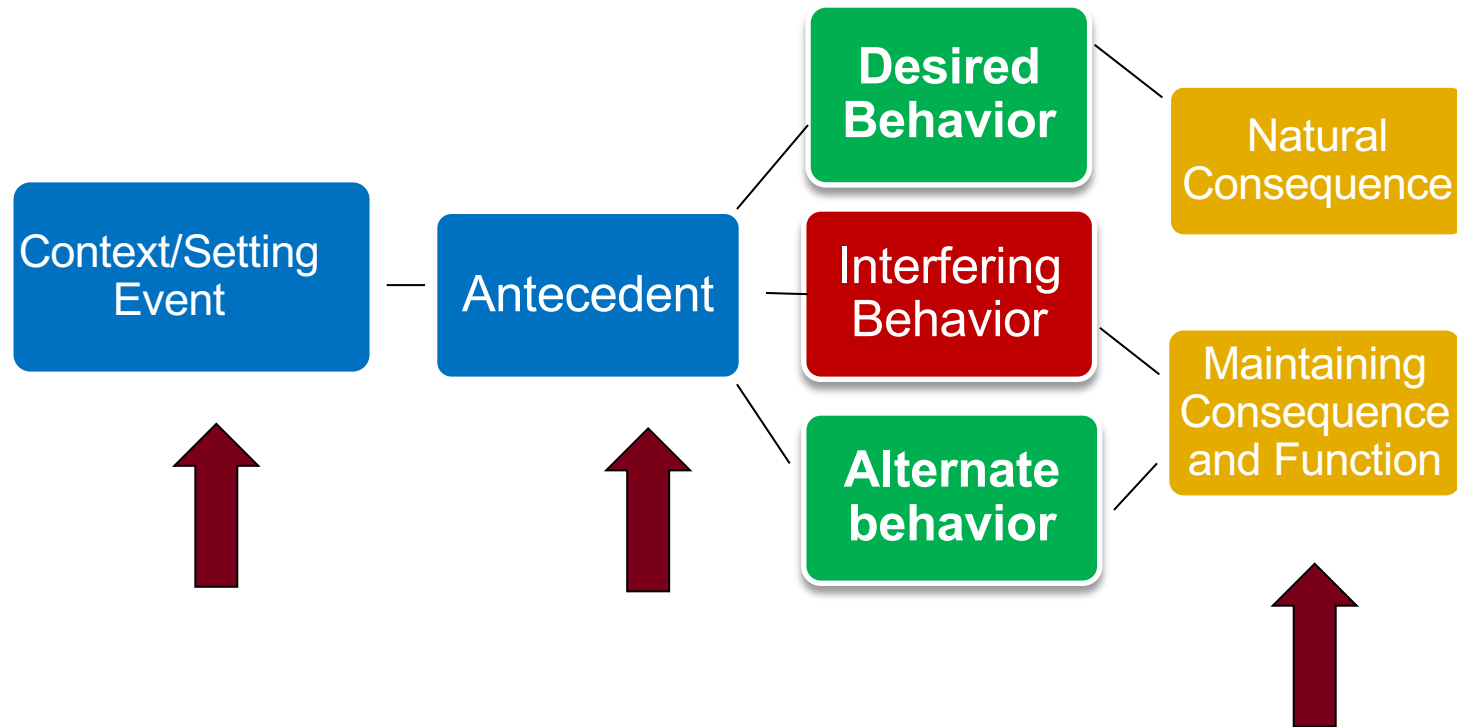
Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Person-First Language				
Nonjudgmental Descriptive Language				
Working in Alliance with the Person				
Reflective Listening Skills				
Person-Centered Behaviors				
Demonstrates Empathic Behavior				
Subtotal Person-Centered Behaviors Observed				_____/24 %
Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Encouraging Others to Interact				
Supporting Choices				
Reinforcing Others				
Subtotal Person-Centered Behaviors Observed				_____/12 %



Functional behavior assessment and telehealth



Behavior Pathway



Types of observations: SDA example



Structured Descriptive Assessment: Structured Descriptive Assessment (Anderson & Long, 2002) by implementing several antecedent conditions and routines.



All the assessment information is used to determine the skills to target and the specific intervention strategies. Estimated time is 20 to 30 minutes and includes approximately 4-6 sessions, each about 5 minutes in duration.

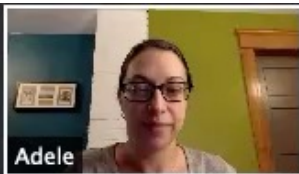


SDA

The SDA assessment helps providers learn:

- 1) situations where the participant might be motivated,
 - 2) how the participant is communicating and engaging during common daily routines,
 - 3) if the participant engages in any interfering behavior, if that behavior happens during common daily routines.
-





Gallery View



Alright that looks great guys so
now we're just going to ...



Activity: Structured Descriptive Assessment

Implementer step	Was step implemented (y/n)	Did any variations from the step occur? (please note)
Preferred activity condition: Access to preferred activity	Y/N	
Access paused (to encourage communication attempt)	Y/N	
Implementer instructed to respond as they normally would, communication attempts tracked	Y/N	
Attention condition: Implementer appears occupied	Y/N	
Implementer instructed to respond as they normally would, communication attempts tracked	Y/N	
Demand condition: Implementer uses a demand	Y/N	
Implementer instructed to respond as they normally would, communication attempts tracked	Y/N	



What do people like? Types of preference assessments

Preference assessment type	Description	When to use
Single stimulus	Provide a single item and record the participant's response to the item and the duration they engage with it.	If participant can't discriminate or scan a field of two items.
Paired choice	Present two choices each trial and record which one the participant chooses.	Use if the participant can indicate a choice and can discriminate a field of two items. Do not use if participant gets upset when preferred things are taken away.
Multiple stimulus with replacement	Present an array of items and allow the participant to choose one. After they pick an item, replace the item and change out the unselected items with new ones.	Use if the participant can select items from a large array of items. Appropriate assessment if participant gets upset when preferred items are taken away.



Types of preference assessments

Preference assessment type	Description	When to use
Multiple stimulus without replacement	Present an array of items and allow the participant to choose one. After they pick an item, do not replace the item. Record their responses.	This is a short assessment. Do not use if the participant gets upset when items are taken away or if they cannot scan or discriminate a field of two or more items.
Free operant	Naturalistic observation of what the participant engages with in the environment.	Appropriate for all participants, especially if they engage in interfering/challenging behavior.



How could you assess someone's preferences via telehealth?



Select one of the preference assessment methods



Practice writing step by step instructions on how you would coach or implement a preference assessment via telepractice



Sample data collection form

Date: _____
 ID: _____
 Observer: _____

Stimuli:

Number	Item	Number	Item
1		4	
2		5	
3		6	

Operational Definition

Approach or selection responses:

Data Collection: Circle the stimuli selected/approached (Left is the participant's left)

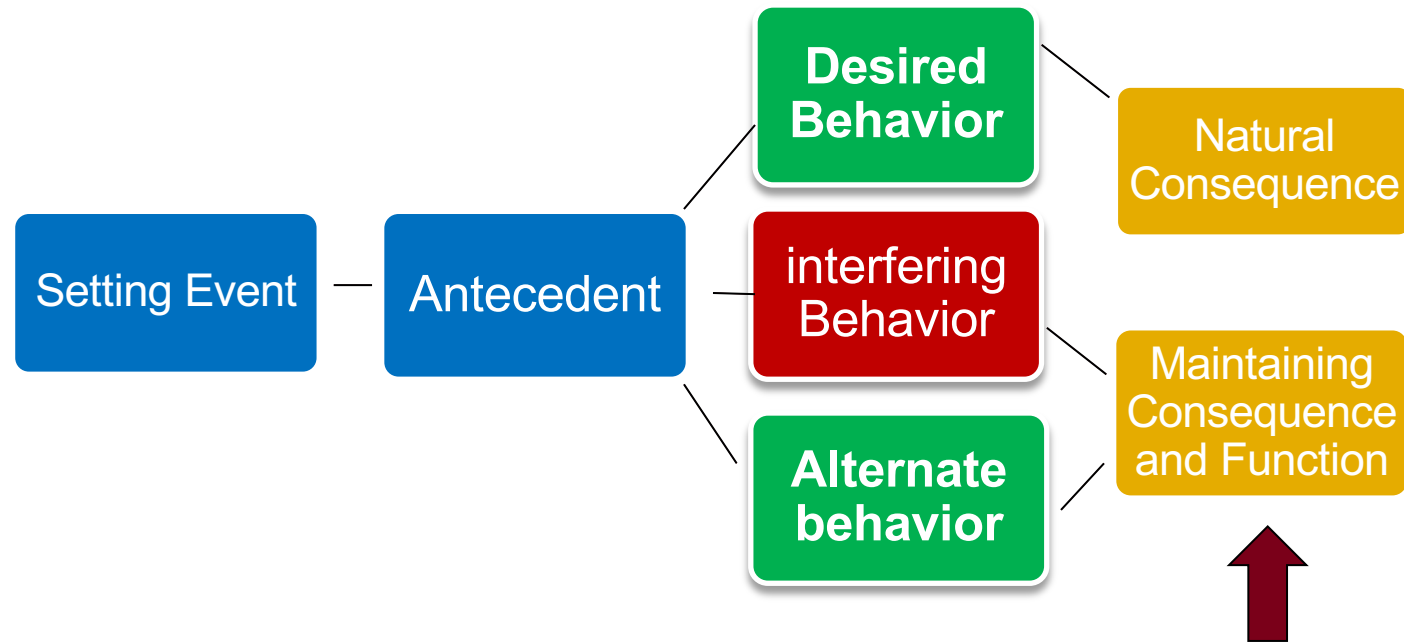
Trial	Left	Right	Trial	Left	Right	Trial	Left	Right
1	1	2	11	5	2	21	3	5
2	3	2	12	4	3	22	6	2
3	2	6	13	1	5	23	1	4
4	1	3	14	5	3	24	4	5
5	6	5	15	4	1	25	6	3
6	3	6	16	2	5	26	2	4
7	2	3	17	4	2	27	2	1
8	5	1	18	5	4	28	6	4
9	4	6	19	6	1	29	3	1
10	5	6	20	3	4	30	1	6

Item 1 selected ____ out of 10
 Item 2 selected ____ out of 10
 Item 3 selected ____ out of 10

Item 4 selected ____ out of 10
 Item 5 selected ____ out of 10
 Item 6 selected ____ out of 10



Behavior Pathway



Consequent Interventions

- Plan to eliminate/reduce challenging behavior
- Plan to reinforce both
 - ALTERNATIVE behaviors
 - DESIRED behaviors
- Do this from the onset!



Violet Case Study Part 2

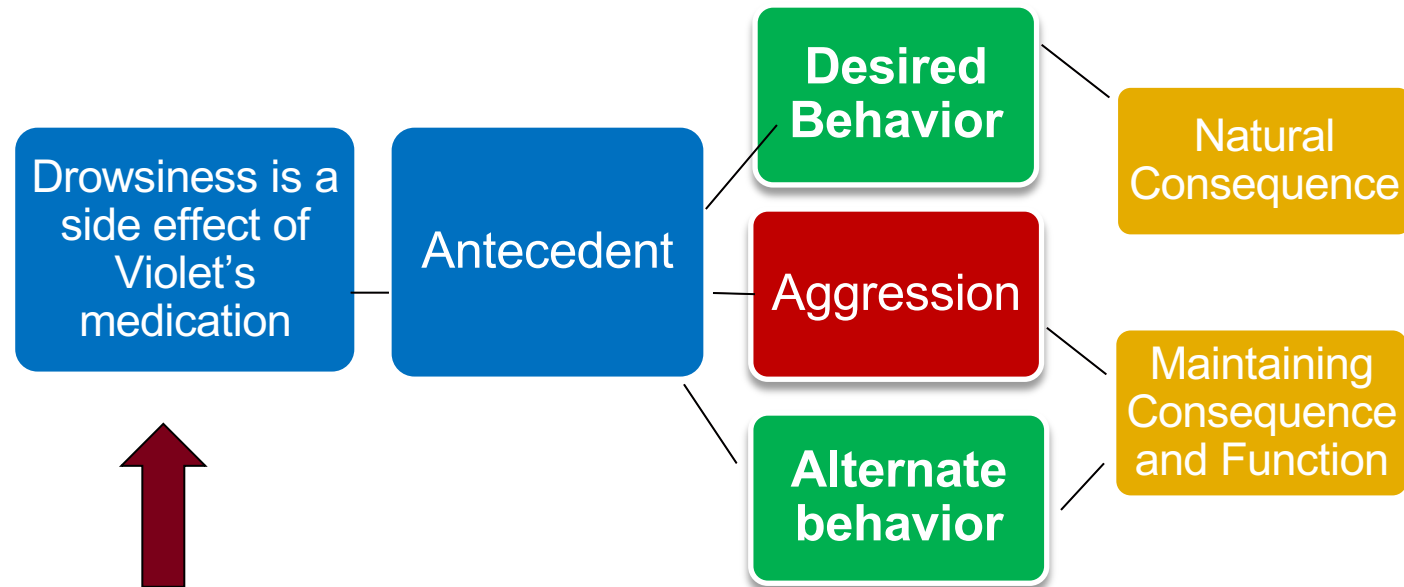
- Now lets place the behavior within the Behavior Pathway
- Identify potential setting event interventions
- antecedent interventions
- Identify potential consequent intervention



Context/Setting Event	Antecedent	Behavior	Consequence	Notes/comments
Upon arriving home from work a couple hrs ago Violet said she was very tired	Don (DSP) reminds Violet that she had indicated Tuesday was her preferred day to wash her clothes.	Violet pushes Don away	Don leaves room and tells Violet he can check back later	5:45pm
	Don knocks on (open) door	Violet slams door shut	Don leaves	6pm
(at dinnertime)	Kate (supervisor) brings the calendar of chores to the table for everyone to view	Violet slaps (gently) kate's wrist when she passes the calendar to her	Kate turns away (ignoring the slap) and presents the calendar to someone else	6:30pm



Behavior Pathway

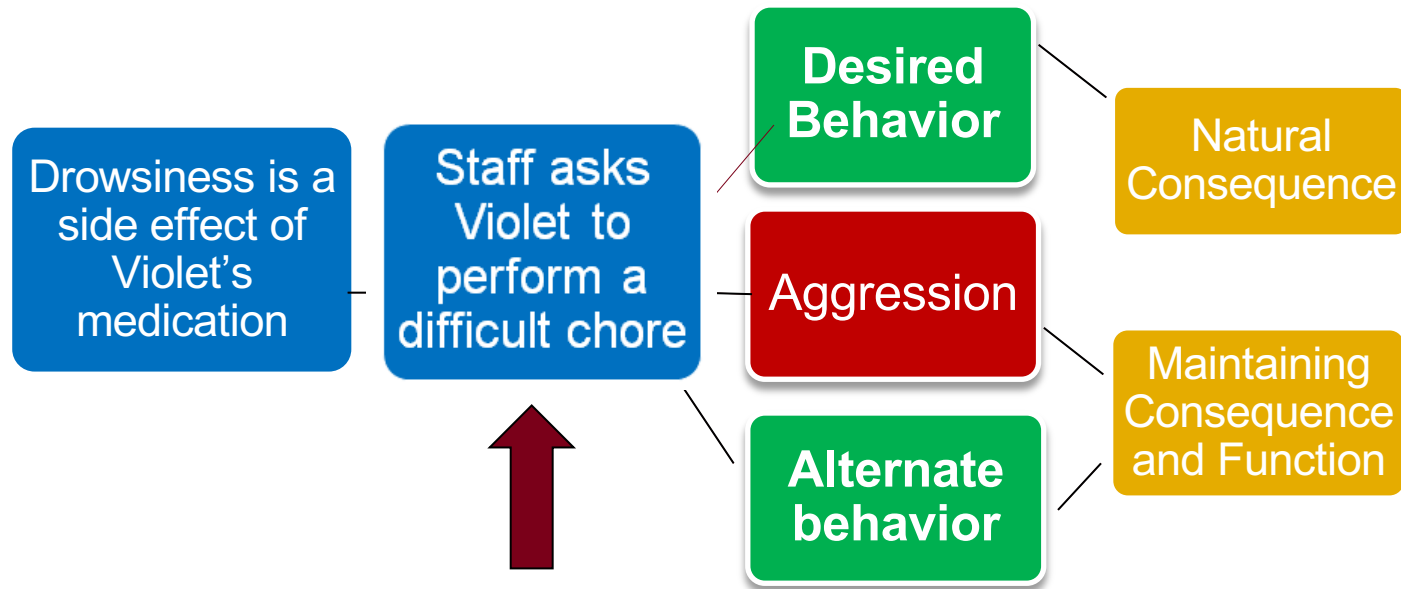


Behavior Pathway Plan

Setting Event Interventions	Antecedent Interventions	Teaching Alternative Behaviors	Consequent Interventions
<ul style="list-style-type: none">• Arrange Violet's schedule so that she can get 8 hours sleep each night• 30 minute nap after afternoon medication dose			



Behavior Pathway



Behavior Pathway Plan

Setting Event Interventions	Antecedent Interventions	Teaching Alternative Behaviors	Consequent Interventions
<ul style="list-style-type: none">• Arrange Violet's schedule so that she can get 8 hours sleep each night• 30 minute nap after afternoon medication dose	<ul style="list-style-type: none">•Alerting Violet of upcoming difficult task•Preferred item as a distractor•Arrange schedule so highly preferred activity/easier activity follows difficult task•Offer choices of difficult tasks when possible		

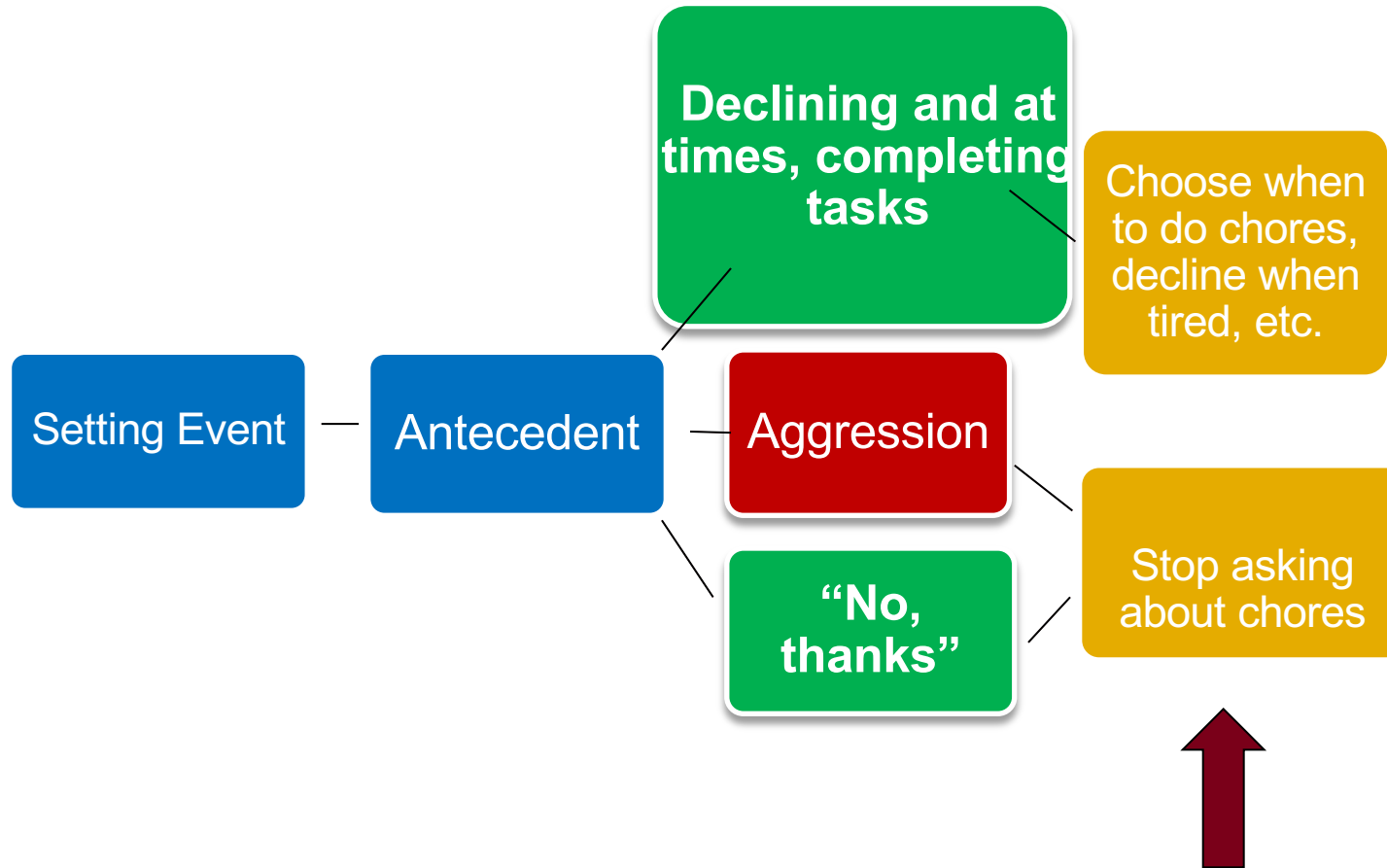


Behavior Pathway Plan

Setting Event Interventions	Antecedent Interventions	Teaching Alternative Behaviors	Consequent Interventions
<ul style="list-style-type: none">• Arrange Violet's schedule so that she can get 8 hours sleep each night• 30 minute nap after afternoon medication dose	<ul style="list-style-type: none">• Alerting Violet of upcoming difficult task• Preferred item as a distractor• Arrange schedule so highly preferred activity/easier activity follows difficult task• Offer choices of difficult tasks when possible	<p>Teaching Violet to say "no, thanks" or "not right now".</p> <p>If this is verbally challenging, a picture card or other communication form can be used.</p> <p>Remember, we want this to be EASY and EFFICIENT for Violet. With minimal prompting needed from staff.</p>	



Behavior Pathway



Behavior Pathway Plan

Setting Event Interventions	Teaching Alternative Behaviors	Consequent Interventions
	<p>Teaching Violet to say “no, thanks” or “not right now”.</p> <p>If this is verbally challenging, a picture card or other communication form can be used.</p> <p>Remember, we want this to be EASY and EFFICIENT for Violet. With minimal prompting needed from staff.</p>	<p>Removal of demand (leave her alone) 😊</p> <p>Overtime as she is successful, can also build in some positive reinforcement after completing an easy task. This may be called “task fading.”</p>



Think Together

- Let's say that Violet lives in Greater Minnesota, and that there is not a professional with training to do this FBA near by.
- How could telehealth factor into the following scenarios--what could we do to ensure HIGH QUALITY implementation?
 - *A BCBA or related professional is available to travel to the site 3 times in the next 3 months*
 - *A BCBA or related professional is available to travel 1 time to the site in fall of 2022*
 - *A BCBA or related professional is available near by to travel to the site 3 times, but in this scenario you discover that Violet is not verbally communicating and could likely benefit from augmentative and alternative communication*



Scenario 1: Professional able to be onsite 1x over 3 months

- Assessment
- Intervention planning
- Intervention training of team
- Intervention implementation
- Maintenance (follow up!)

Pre-visit interviews, chart review, direct observation—train staff on observation

Team meeting for intervention planning over video conference, share documents in secure electronic format

In person visit for initial implementation training

Follow up video conferencing visits during implementation until goal accomplished—then taper visits and in between review staff data



Scenario 2: Professional available to travel 1 time to the site in fall of 2022

- Assessment
- Intervention planning
- Intervention training of team
- Intervention implementation
- Maintenance (follow up!)

Group 1: Assessment

**Group 2: Intervention
planning**

**Group 3: Intervention
team training &
implementation**

**Group 4:
Maintenance/follow up**



Scenario 3: Professional available to the site 3 times & SLP consult

- Assessment
- Intervention planning
- Intervention training of team
- Intervention implementation
- Maintenance (follow up!)

Group 1: Assessment

**Group 2: Intervention
planning**

**Group 3: Intervention
team training &
implementation**

**Group 4:
Maintenance/follow up**



Let's Review together!



WHAT ADVANTAGES DO YOU THINK THIS WOULD PROVIDE YOUR TEAM AND SERVICE?



EVEN IF YOU DO NOT COMPLETE FUNCTION BEHAVIOR ASSESSMENTS, WHAT OTHER ASSESSMENTS COULD IT HELP WITH?



Observations



How might you use a structured observation in your service?



Are you already using an assessment approach like this?



How would your teams use the information collected to inform the participant's plan and support?



Activity

What assessments do you complete in your practice (can be formal or informal?)

Are there assessments or elements of the assessments that could be completed via telehealth IF it was more convenient or feasible?

Are there elements that could enhance an assessment that you complete via telehealth?

- Indirect example (1) _____
- Direct example (2) _____
- Direct example (3) _____
- Informal assessment (4) _____

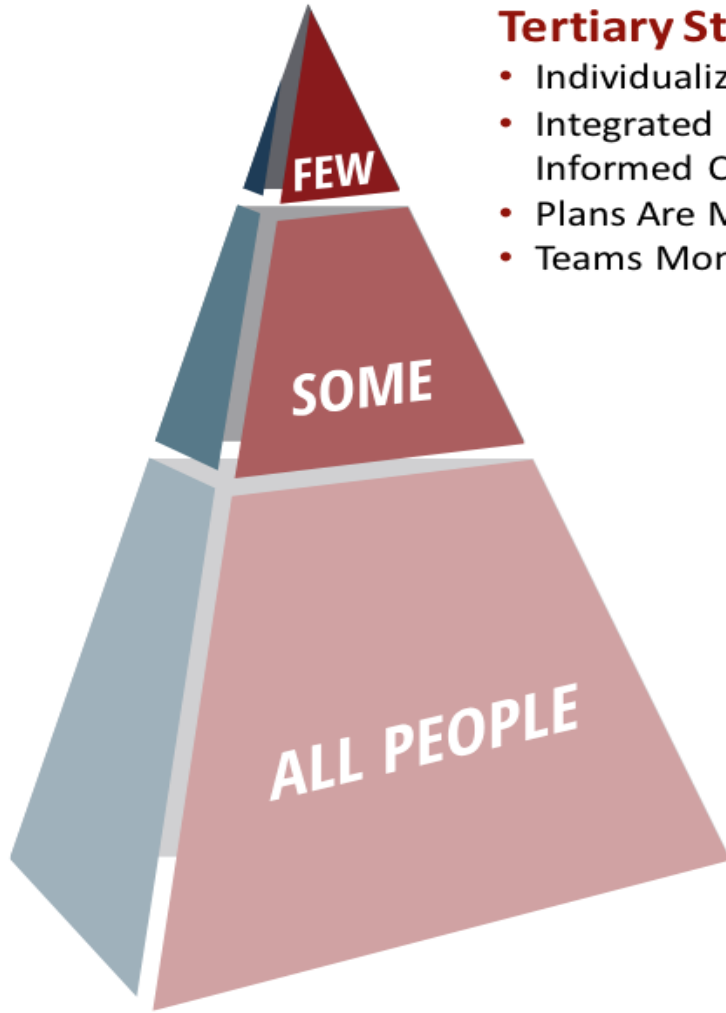


Positive support practices via telehealth.
Universal positive behavior support and person-centered practices:
Practices, intervention, supports



Implementing Multi-Tiered Systems of Support

Positive Behaviour Support



Tertiary Stage

- Individualized PBS Plans
- Integrated with Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Monitored- Data-Based Decision Making
- Teams Monitor Progress of Each Person

Secondary Stage

- Early Intervention and Data Monitoring
- Additional Supports for Key Social Skills
- Function-Based Decisions
- Simple Interventions
- Mental Health and Wellness Interventions

Universal Stage

- Teach and Encourage Communication
- Predictable and Proactive Settings
- Encourage and Reinforce Social Skills
- Consensus-Based Team Focus
- Emphasis on Using Data For Decisions

Positive Behaviour
Support

Person-Centered Practices
& Planning

Organizational Workforce



Reinforcement: Change behavior

- **Contingent**
 - On the behavior's occurrence
- **Immediate**
 - When initially reinforcing a new behavior
 - Acquisition
- **Competing**
 - There are many reinforcers in the world
 - Sometimes peer attention (laughter) is more reinforcing than staff attention



Prevention, make behavior change easier: Antecedent Interventions

- PREVENTION
 - Change the trigger (antecedent)!
 - Make the behavior irrelevant
 - Address the function AHEAD of time!



Tier 1: Teaching to and Monitoring Your Matrix

	Times of Day	Free Time	Cleaning Up	Lunch Time	Fundraising	During Outside Activities
V a l u e s	Respecting Each Other	Respect another's privacy, Understanding differences	Offer to help each other, talk to each other kindly if something isn't working	Push in/pull out chairs for others, Ask if help is needed	Everybody can do something, break bigger jobs into smaller parts	Respect each other's preferences, follow the rules, watch out for each other
	Having a Positive Attitude	Be aware of your environment, Be aware of how other's are feeling	Respect people's differing abilities, Get involved	Talk to people that you may not otherwise talk to	Help out where you can, participate in Clubhouse meetings and offer suggestions	Appreciate the moment and activity, say thank you to those who plan activities
	Working Together	If there is nothing to do, get together and decide to do something, Clean up after yourself	Offer to help each other with the bigger tasks	Clean up after yourself, allow people time to finish eating before cleaning up/try not to rush people	Develop committees to break down the bigger jobs	Be friendly, clean up after yourself, be neat
	Positive Communication	Respect boundaries, have compassion, use humor respectfully	Ask for help if you need it, offer help if you see someone needs it	Use manners (please and thank you), thank the people who cook and serve you	Plan more fundraisers, talk about how to plan them at Clubhouse meetings	Be polite to the public and each other
	Volunteering	Welcoming new members, help others to participate more	Try out different tasks, try not to always do the same things	Pay attention to what chore/cleaning needs to be done	Volunteer for what you can, attend Clubhouse meetings to learn of and present opportunities	Help other people stay on time and with the group
	Support for Each Other	Offer to help, share computer time, only share things with others that you are comfortable sharing	Take turns doing tasks, develop teams for getting bigger cleaning projects done	Help out where you can - 2 people can do a job faster than 1	If someone or a committee needs help, offer assistance	Be friendly, get involved in planning activities



Example Tier 2 Intervention

- John, Pete, and Eduardo sometimes get into loud arguments that so far have not yet escalated into aggression.
 - These arguments have focused on disagreements regarding TV shows (they share a TV)

Intervention

- Tutoring sessions have been held to introduce a TV schedule housed next to the television.



Example Tier 3 (Tertiary) Interventions

Context and Antecedent Interventions

- Modify or eliminate setting events
- Implement tolerance for delay in delivery of reinforcer
- Implement within or across task schedules
- Change others interactional style

Alternative Skill Instruction

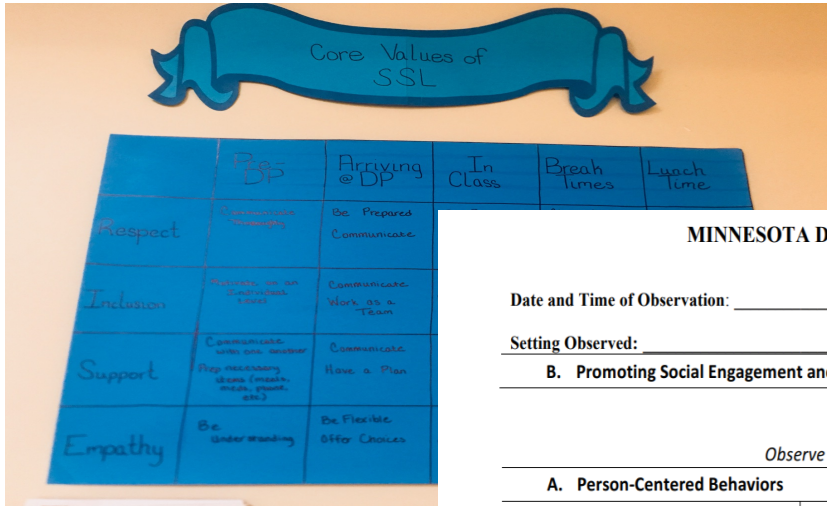
- Teach alternative skills that are equivalent to and potentially more efficient than problem behavior
- Teach skills that enhance self-regulation
- accept signaled delay
- accept delayed reinforcement
- teach self-monitoring skills
- **(and many others)**

Consequent Interventions

- Provide instructive feedback
- Introduce logical consequences
- Provide reinforcement for appropriate behavior
- Differential Reinforcement Strategies
- Non-Contingent Reinforcement



Implementing positive and person centered practices



MINNESOTA DIRECT OBSERVATION FORM

Date and Time of Observation: _____ Number of People in the Setting: _____

Setting Observed: _____

B. Promoting Social Engagement and Interactions

Part 1

Observe Staff using the list below.

A. Person-Centered Behaviors

Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Person-First Language				
Nonjudgmental Descriptive Language				
Working in Alliance with the Person				
Reflective Listening Skills				
Person-Centered Behaviors				
Demonstrates Empathic Behavior				

Subtotal Person-Centered Behaviors Observed _____/24
_____ %

Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Encouraging Others to Interact				
Supporting Choices				
Reinforcing Others				

Subtotal Person-Centered Behaviors Observed _____/12
_____ %

- Review PBS subscale
 - Identify area of strength,
 - Area 'on the cusp,'
 - Area of future need.

Motivational interviewing to identify goals that are achievable, common considerations:

- It's too big,
- "PBS doesn't pertain to us because we don't provide direct supports,"
- Getting buy in,
- STAFFING CRISIS.



Activity

What positive support practices do you complete in your practice?

Are there practices that could be completed via telehealth IF it was more convenient or feasible?

Are there elements that could enhance (add on) to a practice that you could complete via telehealth?

- Positive support practice

- Positive support practice

- Positive support practice



Resources and guidance

- Requirements will vary given the population, setting (location, state), provider type, and type of service provided.
- American Speech Language Hearing Association (ASHA)
 - Code of Ethics (ASHA, 2016a)
 - Scope of Practice for Audiology and Speech-Language Pathology (ASHA, 2018; ASHA, 2016b)
- U.S. Department of Health and Human Services
 - Telehealth.HHS.gov <https://telehealth.hhs.gov/providers/getting-started/>
- Family Educational Rights and Privacy Act (FERPA)
 - 20 U.S.C. § 1232g; 34 CFR Part 99
https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20%20Virtual%20Learning%20032020_FINAL.pdf
- Health Insurance Portability and Accountability Act [HIPAA]
- Health Resources and Services Administration (HRSA)
 - <https://www.telehealthresourcecenter.org/>
- National Consortium of Telehealth Resource Centers
- American Psychological Association



Questions?, Next Time, Like-Learn-Change!

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





Preparation of this presentation was supported, in part, by cooperative agreement 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.

