

Positive Behavioral Approaches: South Carolina's Enhancement Effort

A Collaborative Effort:

SC Department of Disabilities & Special Needs
University of South Carolina (UCEDD)
Habilitation Management Consultants, Inc.
Disabilities & Special Needs Boards in SC

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Purpose

*Improve positive
behavioral supports
provided in the South
Carolina DDSN system*

A Consideration

- We can easily provide successful examples of positive behavior support from the professional literature.
- It is considerably more difficult to point to widespread implementation of these methods at the local level or systems that promote and support them.
 - Notable exception of school-wide PBS

Reasons For Change

- **Focus Groups** on training and TA needs found behavior support to be the highest ranked need.
- **Frequent requests** for behavior support assistance.
- **Frequent requests** for alternative residential placement due to behavioral problems.

Development Process for System Change

- Task Force to develop comprehensive, practical answer to the question:

What would it take for SC DDSN to provide for effective, consistent implementation of behavioral supports?

- Report provided an integrated set of recommendations to the state agency.

Implementation Workgroup

- There is a big difference between task force recommendations and the actual implementation of those efforts . . .
- E.g. recommendation that training be provided to community program staff is *very different* from a) securing funding, b) developing an RFP, c) hiring a contractor, d) collaboratively developing a curriculum, e) and implementing competency-based training for hundreds of staff throughout SC.

Implementation Workgroup

continued ...

- *Workgroup Composition (originally)- Staff from DDSN central office, USC (UCEDD), regional offices, regional center, and DSN community providers.*
 - *Included state agency staff, community program staff, family member of person with MR, professionals across disciplines.*

Background

- South Carolina DD System: County Boards = quasi-governmental.
- Few private providers at present, but gradually increasing.

Background Continued . . .

- Past history of overreliance on reactive behavioral procedures - with gradual shift to positive behavior support underway.
- Past history of behavior support plans without appropriate functional assessment or teaching focus.

Note

- This presentation describes the innovative effort to implement state-wide system change in positive behavioral supports in South Carolina.
- Many of the needs identified and addressed are likely to exist in other states as well.

Challenges

- How to:
 - increase quality of positive behavioral support,
 - develop appropriate requirements for providing behavioral consultation
 - and do this without “crashing” the system in this critical area of need.
- Tackle issues of qualifications, training, and quality assessment/improvement.

Status

- *Progress to Date - Approximately 8 years into the implementation plan.*
- *Each of the areas is being addressed, and will be described shortly.*
- *Key Areas of Focus: Paradigm, Capacity, Training, & Quality*

Paradigm

- *“New” Philosophy*
 - *Took time to introduce*
 - *Still working on full acceptance at local level*
- *Restructuring Behavior Support Practices*
- *Role of DDSN Leadership*
 - *On Task Force, Implementation Workgroup*
 - *Fully informed & supportive throughout process*

Capacity

- *Recruitment of Positive Behavior Support Providers/Behavior Analysts to South Carolina*
- *Graduate Course sequence in ABA & PBS for Developmental Disabilities*
- *Improvements to MR/RD Waiver*

Training a)

- *Focus on:*

a) Supervisors

b) Behavioral Plan authors

(Others will present information on supervisor & Direct Support Professionals training & curriculum development process.)

Training b)

- For Supervisors of Direct Support Professionals
 - Carolina Curriculum on Positive Behavior Support (© 1999 DDSN)
 - AAMR Positive Behavior Support Training Curriculum (© 2004 AAMR, 2007 AAIDD)
 - Competency-Based
 - Format that utilizes active learning model
 - 900+ Trained so far
 - Outcomes
 - Successful Completion = approximately 89%
 - Satisfaction Overall = approx. 99%

Training c)

- For current “behavioral consultants”
 - 3 course graduate sequence
 - Taught by selected faculty member
 - Exclusive courses for our purposes
 - Paid for by SC DDSN

Graduate-Level Training

continued

- Progressive sequence,
 - Basic course on instructional design
 - Basics of PBS / ABA Functional Assessment
 - More detailed practice on FBA / BSP
- Results to Date:
 - 122 enrolled in one or more classes
 - Course 1 -- 86% successful completion
 - Course 2 -- 66% successful completion
 - Course 3 -- 43% successful completion

Quality a)

- Qualifications of Behavioral Consultants
 - Work with state Medicaid agency
 - Issues of experience, training, qualifications.
 - Controlling the \$\$ will have an impact.

Changes to Medicaid MR/RD Waiver (a, March 2000)

- The first changes were those that could be approved at the state level
 - This only took about a year to get approved . . .

1st Changes

- Revised “relevant experience” to be objective criteria that focus on functional assessment, positive changes and focus, and an overall behavioral approach.
- Added requirement of a work sample demonstrating the prior use of the criteria.
- Added an interview to verify appropriate experience, knowledge, and skills.

Changes to Medicaid MR/RD Waiver (b, July 2002)

- These were changes that had to be approved at the federal (CMS) level.
- They included:
 - 2 yr. approval period
 - CEU requirement
 - *QA review of work to insure that work performed meets qualification criteria.

Some Changes in Providers

- The list of providers approved for behavior support services has changed greatly since the MR/RD Waiver criteria were revised.
 - Some are new.
 - Some providers no longer on list.
 - More change likely with the QA process.
 - New QA effort to begin shortly.

Certification?

- Board Certification in Behavior Analysis is gaining in acceptance.
- It requires a high level of technical knowledge and is based on an written examination (BACB, Inc.)
- Not focused on positive behavioral supports
- Does not guarantee that the person has the experience to provide consultation for people with intellectual & developmental disabilities.

Licensure?

- Is it relevant to this discussion?
- It varies by state in terms of potential applicability.
- AAMR, APA and ABA all agree that it is not sufficient to address *our* needs.
 - Flyer is on the web at:
<http://www.aamr.org/Groups/div/PS/flyer1.htm>
or just go to *aamr.org*, select *Divisions, Psychology*

Consideration...

- Even with the changes in required qualifications:
 - Qualification does not equal performance.
 - Medical school analogy.
 - We have begun to sample work to assess quality.

The Analogy, part 1

Many people, when seeking to reach a destination, would choose to arrive quickly and with maximum efficiency and responsiveness.

Metaphor is a sexy sports car.

Analogy, part 2

In system change, the planning required is laborious and complex. The speed is slow. The responsiveness is sluggish and deliberate.

Metaphor is a barge.

Recent Changes

- QA process being contracted out
- Working committee of Local Provider Executive Directors (6), 2 DDSN Policymakers, 1 USC Project Director (who works with DDSN on PBS)
- Policy changes

Reasons For Optimism in South Carolina

- Positive Behavior Support and Applied Behavior Analysis is understood and promoted by leaders of the state MR/DD agency (SC DDSN).
- Sincere desire to see best practices implemented.
- Willing to invest the resources to accomplish these goals.

Dennis H. Reid, Ph.D.

Executive Director

Habilitative Management Consultants, Inc.

PBS Training for Supervisors and Trainers of Direct Support Staff

*Positive Behavior Support
Training Curriculum (PBSTC)*

Reid, Parsons, Rotholz, & Braswell

AAIDD

Positive Behavior Support Training Curriculum

- 1st Edition: Supervisory and Direct Support Editions
- 2nd Edition (due out in Spring, 2007): One edition with designated parts for supervisors and direct support staff

Positive Behavior Support Training Curriculum

Purpose: train direct support staff and their supervisors
Not for training clinicians who develop behavior support plans

Evidence base:

Individual training modules

Entire curriculum: research & application

Reid, Rotholz et al., (2003) *Journal of Positive Behavior Interventions*, 5, 35-46.

Module Contents: Direct Support Edition

- 1. Dignity and Behavior Support
- 2. Defining Behavior
- 3. Positive Reinforcement and Punishment
- 4. Negative Reinforcement
- 5. Antecedents, Behavior, & Consequences
- 6. Functional Skills
- 7. Role of the Environment
- 8. Role of Choice
- 9. Interactions
- 10. Prompting
- 11. Error Correction
- 12. Chaining and Shaping
- 13. Program Implementation
- 14. Problem Solving
- 15. Data
- 16. Data Recording

Train Principles with Practical Explanation

EXAMPLES

- Positive and negative reinforcement: what get or get out of
- Functional assessment – example: why interrupt/re-direct works sometimes but not others

Module Contents: Supervisory Edition

- Direct Support Edition plus:
- 17. Functional Assessment
- 18. Feedback
- 19. Modeling
- 20. Data Analysis I
- 21. Data Analysis II
- 22. Problem Solving II
- 23. Evaluating a Written BSP
- 24. Staff Observation
- 25. Staff Performance Checklists
- 26. Staff Performance Analysis

Training Format

- Classroom-based
 - 2 and 1/2 days for staff
 - 3 and 1/2 days for supervisors
- On-the-Job

Classroom-Based Training

- Describe
- Demonstrate
- Practice with feedback
- Skills check
 - Role plays
 - Paper and pencil

On-The-Job Training

- Four *skills checks*
 - *Interacting*
 - *Teaching*
 - *Providing choices*
 - *Staff feedback (supervisors only)*

Training Trainers

- Format
 - Two days of classroom training
 - One day of on-the-job skills checks

Training Trainers: Classroom-Based Format (Day 1)

- Instructions on using curriculum modules
- Trainer tips
 - Preparation
 - Using principles of adult learning
 - Begin and end on a high note
 - Common obstacles

Training Trainers: Classroom-Based Format (Day 2)

- Trainee training using curriculum module with peer and instructor feedback

Training Trainers: On-The-Job Format and Skills Check

- Observe actual staff training at supervisor's agency and provide feedback

Ms. Donna Boyd

- Tri-Development Center
Aiken County Board of Disabilities and
Special Needs

What It's Like to Implement the PBST Direct Support Edition of the Program

- Philosophy was already an integral part of our agency's culture prior to the implementation of PBS curriculum.
- The curriculum gave us the tool we were looking for to help us teach these philosophies easily and uniformly to all direct support employees and their supervisors.
- Teaching this curriculum after at least two weeks of on-the-job experience allows for better understanding and retention of material.

Why the PBS Curriculum Is Such a Great Tool

– Trainer's Perspective

- Module summary sheet for each module
- Presentation outline
- Overhead transparencies
- Activity sheets for each module
- Skills checks to ensure understanding
- Includes on-the-job observation

- Design allows plenty of opportunity for trainer to interject scenarios, examples
- Allows for input and/or questions from trainees
- Best of all – staff like the curriculum

HOW WE GOT STARTED

- Trained direct support supervisors first
- Classes were scheduled to generate least amount of overtime
- Trained supervisors helped conduct on-the-job observations
- Added curriculum to Orientation Training
- All existing direct support staff were trained in 3 months

Benefits of On-The Job Observations

- It gets the trainers out into the workplace
- Get to see the trainee in action first hand – reinforce and/or make corrections
- Reminds us of the challenges direct support staff face
- Two weeks of practice to pass the observation helps promote confidence in job performance and build good habits

Additional Ways We Have Used PBS to Enhance the Quality of Our Services

During on-the-job observations

- Look at objectives –written, progress, appropriateness
- Talk to consumers about their input into the objectives
- Look at documentation of objectives
- Look to see if other staff are following the principles of PBS, e.g., interacting appropriately, giving choices, etc
- Talk to the new employee about their experiences
- Written report of observation: how the employee did on three skills & any other good things or concerns observed. Report sent to immediate supervisor & Program Director, Director of Quality Development & Executive Director.

Challenges

- The biggest challenge was getting all existing staff trained
- The program has added 2 additional days of orientation training
- On-the-job observations must often be rescheduled and require much flexibility

Expanded Use of On-the-Job Observations

- Supervisors are required to conduct one of the three on-the-job observation skill forms on each employee each quarter using a different skill each quarter
- Results on the ongoing skills checks are used as input into employee evaluations. All skills sheets are attached to the evaluation form

How PBS Increased Our Emphasis on Consumer Input

- Most programs now have consumers included in the interview process for new staff
- Our Training & Supports Services (Day Program) get consumer input into staff evaluations
- Consumers are part of monthly Orientation Training

- Consumers are invited to participate in United Way presentations, board meetings, etc. We make sure consumers are paid their regular rate of pay if these meetings take place during regular work hours
- Consumers answer house phones, record messages on answering machines, and carry their own set of house keys

Mr. Raynard D. Salley, QMRP

- Chester/Lancaster Disabilities and Special Needs board

Training in ABA/PBS that DDSN Provided

- What this included:
 - A basic understanding of the structure and function of problem behaviors, the use of the functional assessment in determining the reason(s) for such behavior(s) and the identification of replacement or alternative behaviors.

Focus of the Courses

- The course is taught in three parts
 - Part one – Basic Philosophy and Training goal development
 - Part two – Data collection, Functional assessment and behavior support plan development
 - Part three – Program implementation and a presentation of a developed plan

What Participants Learned from the Training

- To change your focus
- The importance of the functional assessment and data collection
- The importance of staff training and monitorship

My Views on Problem Behaviors After the Training

- Everything starts with the functional assessment.
- Working closer with the psychologist and/or behavioral specialist on program development.
- Staff training and observation

Impact of the Training

- How the training had impact on the supports I provide & supervise at the Chester-Lancaster Disabilities & Special Needs Board:
 - Focusing on replacement behaviors
 - To the extent possible; more consumer involvement in the program development
 - Staff training

My Views on Problem Behavior Before the Training

- Eliminating negative behaviors
- Documenting negative behaviors
- Increasing the procedures and/or restrictions in the behavior support plan