

PBS-Kansas Fact Sheet

Positive Behavior Support and Adults with Disabilities and/or Mental Health Issues

What is Positive Behavior Support?

Gil is an adult with Down syndrome. He lives with his mother and her sister, his Aunt Georgia. He has a twenty-five hour a week job at the local supermarket as a stocker and bagger. He also makes and sells beads at his aunt's booth at the flea market. When Gil does not understand what is being asked of him, he will run and hide under objects or furniture. Earlier this year, there was a bomb threat at the supermarket. Gil hid under a car in the parking lot. Since that time, when asked to do things outside the typical routine of the day, Gil repeats this behavior. Gil's Aunt Georgia has suggested a PBS plan to his mother. They requested PBS from Gil's case manager.

Understanding Gil's Behavior

Gil's case manager brought together Gil's mother and aunt, his supervisor and a co-worker, and friends of Gil's from the flea market to conduct a person centered plan and a functional behavior assessment as part of the PBS process. The person centered plan revealed that Gil's life has been consistently structured and oriented to routines. In the part of the plan that addressed Gil's dreams and fears for the future, he made it clear that he was very afraid of losing his job. He became upset when the topic of the meeting shifted to his need to hide and asked everyone to leave. He and the team agreed to reconvene the next week. Gil also agreed that team members could observe at the job site and talk with each other and with him before the next meeting. When the team reconvened they completed the person-centered plan as well as began discussing the functional behavior assessment.

The functional behavior assessment indicated that Gil left the store and hid in the parking lot more often on days when his break was in the afternoon than when his break was at 10:30 in the morning. The team suggested a set time of 10:30 for Gil's break. He also had less difficulty when Stan is the manager than when Collette was the manager. When discussing this observation from the functional behavior assessment, Collette explained that she writes down changes in the routine that affect Gil and discusses this with him after the meeting. The team agreed that this could assist Gil. The functional behavior assessment also indicated that Gil feels safe when he hides. The team agreed that if Gil could let the staff know he was leaving the meeting and why, he could wait in the staff lounge and get information on changes that affected him after the meeting.

Designing Strategies for Gil

In addition to the ideas discussed as a part of the functional behavior assessment, the team also talked about the past use and success of transition objects. Gil's mother bought some small pocket items for the managers and employees to give to Gil to hold on to when changes in routine were discussed. This has assisted in Gil being able to listen to directions longer and here full descriptions of what is happening. In addition, the team brainstormed ways to teach Gil to ask for clarification. Gil suggested an "I have a question" card that he

could show to the managers in meetings before he leaves. Gil can then take a break and the rest of the information is shared with him one-on-one. In situations when he feels very uncomfortable, Gil uses a cell phone to call his mother or aunt.

Is the Plan Working?

Since these strategies have been in use, Gil has hidden in the break room one time and gone into the parking lot only twice. Both times, Gil has been able to come back into the store without going underneath cars. The team is currently satisfied with the progress seen from the plan.

Click here for an example of Gil's PBS brainstorming session notes (http://www.kipbs.org/new_kipbs/basicInfo/GilStory.html)

Briefly, positive behavior support (PBS) refers to a comprehensive, valued-based approach for supporting individuals with severe and significant problem behaviors, including adults with developmental disabilities and/or mental health issues. PBS includes intervention strategies that are strongly influenced by the fields of person-centered planning and applied behavior analysis. These research-based strategies are highly individualized, person-centered behavioral interventions that are meant to prevent challenging behavior from escalating into crisis situations. In addition to reducing problem behaviors, PBS also focuses on teaching individuals effective and efficient communication skills, appropriate social-interpersonal behaviors, and self-management strategies so that they do not need to engage in problem behavior in order either *to get what they need or want* (e.g., attention, access to preferred activities or items, sensory stimulation), *or to get away from, escape or avoid, or delay* what they do not want (e.g., non-preferred/ unpleasant attention, non-preferred/ unpleasant activities or items, non-preferred/unpleasant sensory stimulation). PBS is implemented through a collaborative, team-based approach that focuses on supporting the person with disabilities and/or mental health issues in his/her home, at work, and in the community. Together, the individual and his or her team identify strategies that 1) will replace problem behaviors with new social and communications skills to meet person's needs, and 2) change aspects of the social or physical environment that tend to trigger problem behavior.

Helpful Website Links

For more information about developing and implementing positive behavior support (PBS) interventions with adults with disabilities, go to the website for the Association for Positive Behavior Support (APBS) at www.apbs.org, or just click on the following link: http://www.apbs.org/new_apbs/adultDesc.aspx For an example of a Positive Behavior Support Plan (Gil's PBS plan), go to:

http://www.kipbs.org/new_kipbs/basicInfo/GilStory.html

PBS in Action: Research-based Case Study Summaries

Three vignettes follow that come from peer-reviewed research articles or chapters found in the literature related to providing behavior interventions for individuals with challenging behavior. While these vignettes are helpful in learning more about positive behavior support and behavior intervention strategies, they are only intended to be examples. All PBS plans

should start with person-centered planning and a functional behavioral assessment. The functional behavioral assessment is used to identify interventions that are based on the function that maintains the problem behavior. All PBS plans individualize interventions and supports for the person receiving support. (Adapted from www.apbs.org website)

Intervention Case Study 1

<http://kipbsmodules.org/Word-PDF-PPT/casestudy13.pdf>

- Reichle, J., Drager, K., & Davis, C. (2002). Using requests for assistance to obtain desired items and to gain release from non-preferred activities: Implications for assessment and intervention. *Education and Treatment of Children*, 25, 47-66.

Intervention Case Study 2

<http://www.apbs.org/Files/cbsincommunity.brief.pdf>

- Carr, E.G., Levin, L., McConnachie, G., Carlson, J.I., Kemp, D.C., Smith, C. E., & Magito McLaughlin, D. (1999). Comprehensive multi-situational intervention for problem behavior in the community: Long-term maintenance and social validation. *Journal of Positive Behavior Interventions*, 1, 5-25.

Intervention Case Study 3

<http://kipbsmodules.org/Word-PDF-PPT/casestudy5.pdf>

- Dunlap, G., & Plienis, A.J. (1991). The influence of task size on the unsupervised task performance of students with developmental disabilities. *Education and Treatment of Children*, 14, 85-95.

How Can PBS Help My Agency?

Allen was a young man with severe disabilities who used unique sign language gestures to communicate expressively. He could understand simple verbal interactions. When Allen did not want to engage in an activity or task, he would rush up to the person speaking to him and would hit them hard with his fist. Allen's team created a Positive Behavior Support plan that included teaching Allen to indicate when he wanted a break from activities; this intervention was very successful. After the interventions had been in place for several months, Allen's psychiatrist recommended that Allen's medication be changed to a less harmful psychotropic medication.

The rest of the story....

Although Allen's problem behavior was now infrequent, he began experiencing sleeping problems. Gradually Allen began spending more and more time awake at night. Allen lived in a home with one other roommate and had a support staff that slept overnight. Unfortunately, the overnight staff member was now spending most of his time awake and was becoming very stressed since he had a daytime job as well. The residential agency was not able to replace the overnight staff who eventually quit because he could not maintain two jobs anymore.

Other staff members were asked to fill in and over time all of the staff became very stressed at the same time that Allen's problem behavior began increasing again. Although the psychiatrist was kept informed, the physiological changes were so significant that the team knew it would take awhile for Allen's behavior to stabilize. Eventually, the situation was so difficult that Allen was placed temporarily in an institutional setting where his behavior escalated to high levels of aggression.

Where Do We Start? Developing Consistent Responses within Your Agency to Problem Behaviors and Creating an Organizational Crisis Plan

Intervention plans that focus only on changing an individual's behavior are not always successful. In Allen's case, an intervention strategy that involved identifying staff who could work overnight waking shifts may have reduced the likelihood that Allen would be sent to an institutional setting. However, the organization was not prepared for the sudden change in his sleeping behavior and staff members who were used to working on sleeping shifts were expected to cover both overnight and waking shifts, a very stressful situation for everyone.

Organizations interested in implementing PBS within different settings can begin by forming a planning team. Planning teams should include all of the individuals who represent important positions within the work settings, the individuals who are served, family members and/or guardians, and other community members. The purpose of this team is to meet on a regular basis to conduct a self assessment to evaluate what types of strengths are already apparent within the organization and that naturally prevent problem behavior as well as areas of need. Inservice and preservice training systems, management strategies, medication and behavior review committees, policies and procedures, and other system level issues are considered during the self assessment. Data gathered reflecting staff turnover, incident reports, accidents, use of restraint, as well as positive outcomes related to teaching communication and social skills are considered by the team. Together, the team identifies a 3 year action plan that will:

- Build behavioral expertise within the organization,
- Streamline the behavior support systems,
- Create preservice and inservice training in PBS,
- Celebrate data collected indicated there are decreases in problem behavior and increases in social and communication skills, and
- Change policies and procedures in ways that will increase the sustainability and use of PBS within the organization.

The following questions are helpful for teams to consider during a self assessment and action planning process.

PBS Team

- Who does your agency use to do most—if not all—of the behavioral program planning and implementation in response to the needs of your consumers (clients, patients, students) with behavior problems?

- Who in your agency is responsible for making final decisions regarding the disposition of consumers who engage in problem behaviors or who pose disciplinary problems?
- Would you briefly describe the role and responsibilities of this individual/these individuals? Also, briefly, what are his/her/their qualifications and experiences?
- If your agency uses a team approach to responding to needs of consumers with behavior problems, please describe the mission/purpose of the team.
- If your agency uses a team approach to responding to needs of consumers with behavior problems, please identify members of the team and their roles (including administrators, as appropriate).
- If your agency uses a team approach to responding to needs of consumers with behavior problems, how often does the team meet?

Staff Commitment

- In your agency, how are staff members involved in establishing and reviewing goals to support the social-emotional needs of consumers?
- What percent of staff would you estimate “buy-in” to the agency’s approach to meeting consumers’ needs for behavioral supports?
- How is feedback on the agency’s behavioral program solicited from staff members throughout the year?
- Describe the level of administrative support for promoting positive social and emotional behavior in settings that include your consumers. For example, does your agency have a set of defined “core values” that describe how consumers and staff members should interact with each other, solve problems, and resolve conflicts? If your organization supports young children, what types of social skills are taught and modeled? Are any agency funds allocated to address the behavioral support needs of the individuals whom you serve?

Consistent Response to Problem Behaviors

- How do consumers get referred (number of incidents, staff requests) to your agency or program for behavioral services? What do they do (or what are they NOT doing) that results in a referral for behavioral interventions, among other supports they may need?
- Is there a written plan (or policies and procedures) in place to guide staff in responding to consumers with problem behaviors? Is the process for responding to problem behaviors described in narrative format or depicted in a graphic format?
- How do you decide what interventions/supports each consumer with behavior problems will receive? Are major/minor behaviors clearly defined and understood by all staff and consumers?
- What is your agency’s official position regarding the use of punishment, as a consequence following inappropriate behavior? How does your agency define “punishment” (even if you limit or even specifically prohibit its use)?
- Many agencies offer different approaches to intervention with individuals who have differing behavior support needs. Is there a process or set of procedures in place for determining and selecting evidence-based behavioral interventions and support practices? Please describe the array of interventions that you offer by answering the three questions below. Provide examples for each level of intervention, such as “we

teach and reward new social and emotional skills,” or “we use negative consequences after an incident of inappropriate behavior.”

1. Describe individual or systemic interventions your agency implements with ALL of your consumers that are designed to recognize and promote appropriate behavior that is consistent with your agencies “core values” and/or agency expectations regarding appropriate social and emotional skills, as well as to prevent, discourage and immediately correct minor, inappropriate behaviors that are not consistent with agency values and expectations.
2. Describe individual or systemic interventions your agency implements that are designed to reduce the frequency or intensity of behavior problems in SOME (groups or clusters) of your consumers who repeatedly engage in problem behavior.
3. Describe individual or systemic interventions your agency implements with only those FEW individuals who continue to engage in major problem behaviors that are extremely difficult and challenging to address (either more intense, more severe or dangerous, or more frequent across settings).

Crisis Plan

- How often are crisis plans and procedures reviewed with staff and consumers?
- How and when do staff practice using crisis plans in simulated crisis situations? Do they do so with consumers?
- How are incidents of restraint reviewed?

Data-based Decision Making

- How often and by whom are data gathered, summarized and reviewed on the patterns and trends of behavior problems within your agency?
- How often and by whom are data gathered, summarized, and reviewed to evaluate
 - (a) prevention strategies for all consumers?
 - (b) Meetings related to preventing the escalation of minor problem behavior, transition plans for consumers, or to interventions intended to prevent problem behavior entirely (some situations or settings are associated with problem behaviors or crises for consumers and intervening before a known event prevents the occurrence of problem behavior. Examples of common setting events include: medication changes, allergies, physical problems)?
 - (c) The effectiveness of current behavior support plans across all consumers receiving intensive behavioral support plans?

Positive Social and Communication Skills are Identified and Taught

- Does your agency identify social and communication skills in order to systematically teach consumers strategies for social independence and initiating positive interactions?
- Please provide specific examples of agency rules/expectations for consumers.

- How are staff members involved in establishing, teaching and reviewing expectations and rules for appropriate behaviors for the individuals whom you serve?

Lesson Plans for Teaching Expectations/Rules

If your agency has a set of defined rules/expectations:

- Are agency-wide social skills actively taught and reviewed in all agency settings by all staff?
- If YES, please describe how and when, and provide examples.
- If YES, are training materials, lesson plans, or other tools available for staff
- If YES, are strategies used to reinforce lessons with family members at home and in the community?

Reinforcement/Recognition Programs

If your agency has identified important social and communication skills,

- Are there programs in place that are designed to systematically reinforce, reward, or acknowledge positive social behaviors?
- If YES, are reinforcers (incentives) linked directly to the social skills your organization has identified?
- If YES, is there an array of short-term and long-term reinforcers (incentives) from which consumers may choose?
- If YES, please describe how consumers are reinforced, how frequently, and provide examples.
- If YES, who is involved in selecting incentives/rewards for consumers? Does the agency's reward/recognition program also include staff reinforcers?

Inservice and Preservice Planning

- How are staff members introduced to the positive behavior support programs that are in place within your organization?
- Briefly describe the general content of initial orientation training, ongoing periodic inservice training, how often/when training is provided, and by whom.
- Which staff members participate in training related to the agency's approach to addressing the behavior needs of consumers? Are there staff members who should receive training but do not?
- How are new, incoming staff and consumers oriented to the agency's behavioral program?
- How are plans for involving families and community members developed and implemented?

Evaluation

- How are consumers involved in evaluating the effectiveness of the agency's positive behavior support program?
- How do you know if the staff members are consistently reinforcing and responding to problem behavior?

- How does your agency evaluate outcomes for consumers who are participating in individual behavior support plans?
- How often does your agency meet to review evaluation data?

[Click here for more information about the planning team process and how to conduct a self assessment and action plan.](#)