Applying Positive Behavior Supports in Human Service Organizations across the Lifespan

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Aspire Living & Learning
Learning Objectives

Attendees will learn to identify the major differences between PBIS implementation in schools (or children's services) and in adult service agencies.

Attendees will learn how the three tiers of PBIS supports may vary across the lifespan.

Attendees will have the tools to be able to implement PBIS across the lifespan.
About Aspire Living & Learning

• Private, non-profit human service and educational organization
• Provides treatment and supports for people with intellectual and developmental disabilities
• Multi-state footprint; MA, NH, CT, and MD
Aspire in Massachusetts

17 Residential Homes
• 2 specialized homes

Shared Living

Center Based Day Supports Program

Job Path
Aspire and PBS

We adopted the framework for the adult service population in 2013.

The key goal of PBS implementation was an improved quality of life for all individuals served.

Our approach has continued to evolve over the last 10 years.
Why make the shift?

Previous Interventions:
• Institutionalization
• Community Isolation
• Punishment Procedures
• Restrictive Interventions

2012 - DDS formed a Positive Behavioral Supports Advisory Committee

2013 - Released Informational Bulletin

2014 - DDS began implementing Statewide PBS Framework in MA
Tier 3 - Intensive
1-5%; intensive interventions for a FEW students

Tier 2 - Targeted
15%-20% targeted interventions for SOME students

Tier 1 - Universal
80-85%; Preventative practices for ALL students
Differences between Public Schools and Adult Service Agencies

- Total public school enrollment in the United States is **49.4 million**
- 15% of those students receive special education services
- **6.5 million** Americans have an intellectual or developmental disability
- 2.6 to 4 million reside in group homes

(National Center for Educational Statistics, 2020; Centers for Disease Prevention and Control)
Redefining Universal Supports

• Apply to everyone; regardless of the additional supports they receive
• Evolve and change over time as the population being served changes.
• Vary from one organization to the next
  • Universal Supports in a public school will look very different from those in an adult services agency
• Person centered
PBS Structure at Aspire

PBS Leadership Committee
  - Oversee implementation of PBS

Research and Outcomes Committee
  - Data based decision making

Universal Supports Committee
  - Tier 1 oversight

Targeted Supports Committee
  - Tier 2 oversight

Intensive Supports Committee
  - Tier 3 oversight
Aspire’s Universal Supports Model

• Universal Supports Committee
• Universal Supports Plan
• Universal Observation Form
  • Allows for IOA
• Universal Supports House/Program Meeting
• Annual Objectives/Data Collection
• Falls Prevention
Universal Supports Plan

- Functional Communication Training (FCT)
- Coping Skills
- Community Integration
- Behavioral Awareness
- Reinforcement for Adaptive Skills
- Access to preferred items/meaningful activities
- Individualized Schedule
- Choice Making
- ABC Data Collection
- Redirection
Universal Observation Form

- Ensures that Universal Supports are being offered across programs
- Focus on staff behavior
- No less than 75% of staff will be observed by the end of the fiscal year
- IOA completed quarterly by the committee members
Universal Observation Completion by Program

Program 1: 80%
Program 2: 90%
Program 3: 40%
Program 4: 90%
Program 5: 90%
Program 6: 90%
Program 7: 70%
Program 8: 80%
Program 9: 80%
Program 10: 80%
Program 11: 80%
Program 12: 80%
Program 13: 80%
Program 14: 80%
Program 15: 70%
Program 16: 80%
Program 17: 80%
CBDS: 90%
Universal Supports House/Program Meeting

• Allows for individuals to make choices
  • Menu planning
  • Community Activities
  • Current Events
  • Human Rights
  • Companionship/Intimacy
  • Program Shopping
  • Individual’s Feedback

Measurable Objective: There will be a 10% increase in community participation for each program per quarter.
Universal House/Program Meeting Minutes Submission Rate
FY22

Submission Rate

<table>
<thead>
<tr>
<th>Month</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>94%</td>
<td>88%</td>
<td>82%</td>
<td>94%</td>
<td>65%</td>
<td>70%</td>
<td>94%</td>
<td>100%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
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When Universal Supports are not enough

Implement Universal Supports with fidelity but the behavior persists

Referral made to Targeted Supports Committee by Clinician via the Behavior Level Update Form

Reviewed at next Targeted Supports Committee meeting
Why would someone need Targeted Supports?

- Major Life Change
- Increase in Maladaptive Behaviors
- Decrease in Intensive Behaviors
- Transitional Time of Life
- Trauma Experience
### The Behavior Level Update Form

- **Targeted Supports** are used on an as needed basis.
- Some individuals only need to receive this level of support for a short period of time.
- Some individuals need to receive these supports for years.
- **Form stays in the electronic record.**

### Table: Behavior Plan Level Update Form

<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Current Behavior Plan Level</th>
<th>Change on file</th>
<th>Behavior Plan Update Level</th>
<th>Change on file</th>
<th>Date Change Approved</th>
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#### Reasons for Update:
- **Behavior Level Decrease:**
  - Targeted behaviors have decreased and are effectively managed.
  - Includes behavior requiring an EAP visit and high intensity level directed ISS (specify target behavior).
  - Individual present with 1 or more incidents in 2 consecutive months.
  - New effective targeted behaviors to decrease are present (specify target behavior).
  - Individual has an ISS Risk Plan related to behavior clinical presentation (specify rationale).
  - New behavioral restrictions put into place (specify restrictions).

#### Update Level Targeted:
- No increase in targeted behaviors to decrease observed for one year, may or may not include behaviors managed due to the introduction of a successful restrictive practice (specify rationale).
- Behavioral restriction ended (specify restrictions).
- Level 2 intervention removed (specify intervention).
- DDS Risk Plan is discontinued (specify rationale).
- New behavioral restrictions put into place (specify restrictions).

#### Update Level Universal:
- Zero to low rates of targeted behaviors to decrease observed for one year (specify target behavior).
- Skill building able to be implemented via agency Universal Supports (specify rationale).
Aspire’s Targeted Supports Model

- Targeted Supports Committee
- Positive Behavior Support Plan
- Annual Reviews
- Falls Review
- Behavioral Human Rights Restrictive Practice Review
- Fade Plan Review
Targeted Supports Committee

- Committee Chair
- Facilitator
- Note Taker
- Data Specialist
- Committee Members
- Falls Monitor
- Group Member
**Targeted: Positive Behavior Support Plan**

<table>
<thead>
<tr>
<th>Behavioral Goal/Objective</th>
<th>Baseline and Current Data</th>
</tr>
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<tbody>
<tr>
<td>Antecedent Strategies</td>
<td>FBA Directed</td>
</tr>
<tr>
<td>Operationally Defined Behavior</td>
<td>Risks/Benefits of Treatment</td>
</tr>
<tr>
<td>Consequence Procedures</td>
<td>Fade Plan</td>
</tr>
</tbody>
</table>
Falls Review

- Falls risk checklist completed upon intake
- Annual Environmental Assessment completed by Universal Tier
- Targeted reviews individuals who experience 2 or more falls within year
- 130 total falls in FY23
Behavioral Human Rights Restrictive Practice Review

- No less than 90% of all behavioral restrictions will be reviewed.
- Fade plan progress is discussed and monitored by the Targeted Committee.
- Restrictive Practice Committee developed at the Agency Level.

![Fade Plan Progress Diagram]
Aspire’s Intensive Supports Model

- Intensive Supports Committee
- Positive Behavior Support Plan
- Annual Reviews
- Critical Incident Review Monitoring
- Intervention Review Monitoring
Intensive Supports Committee

Committee Members

Committee Chair/ Clinical Director

Quality Assurance Staff

Human Rights Specialist

Clinical Staff

Nursing Staff

Note Taker
Intensive: Positive Behavior Support Plan

<table>
<thead>
<tr>
<th>The following indicate a plan requires Intensive level of support:</th>
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<tbody>
<tr>
<td>• 3 or more restraints across 2 consecutive months</td>
</tr>
<tr>
<td>• Application of protective equipment</td>
</tr>
<tr>
<td>• Bathroom Monitoring</td>
</tr>
<tr>
<td>• Physical Hold in plan</td>
</tr>
<tr>
<td>• Denied access to ALL personal possessions</td>
</tr>
<tr>
<td>• Community Restriction stated in plan</td>
</tr>
</tbody>
</table>
Annual Review Format

1. Individual referred to Intensive Supports Committee
2. Review scheduled with 3 months
3. Clinician creates presentation for case review
4. Team meets with Intensive Supports Committee
Critical Incident Review Monitoring

- Root cause methodology
- Meeting occurs within 72 hours of the incident
- Action steps should be completed within 10 days of the meeting

FY22 CIR Total by Quarter
Intervention Review Monitoring

- Goal is to reduce the need for future physical intervention
- Occur within 72 hours after an emergency physical intervention is applied

Intervention Review Timeline FY23

- Met: 95%
- Not Met: 5%
Aspire’s PBS Tier Percentage:

Tier Percentages

Intensive: 11%
Targeted: 28%
Universal: 61%
Role of the Leadership Team

Oversee the Implementation of PBS

- PBS Action Plan(s)
- Develop agency wide PBS goals
- Ensure PBS Tiers are implemented with fidelity
- Use ongoing data based decision making
- Provide PBS training
PBS Leadership Committee

Committee Chair

Committee Members

Parent or Guardian

Executive Team Member

Individual Served

Department and Tier Team Members

Senior Level Clinician
Research and Outcomes Committee

- Assist in developing agency PBS goals
- Review data
- Assess treatment integrity
- Explore avenues for data collection that would be beneficial to future practice
- Report outcomes to PBS Leadership
## PBS Champion of the Month

<table>
<thead>
<tr>
<th>Who can be selected?</th>
<th>What earns selection?</th>
<th>What do they receive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any current staff member can receive the award</td>
<td>• Implementing PBS to the best of his/her abilities</td>
<td>• Certificate</td>
</tr>
<tr>
<td>• Any staff member can nominate</td>
<td>• A nomination submitted to the Leadership Committee</td>
<td>• Snappy Gift</td>
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<tr>
<td></td>
<td></td>
<td>• Congratulations email sent out to all staff</td>
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<td></td>
<td>• Opportunity to be featured on social media</td>
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PBS Champion of the Month

How are they selected?

• Nominations are reviewed monthly in PBS Leadership Committee
• The Leadership Team votes on a nominee
PBS Training Plan

- Internal Curriculum used
- Introductory Training provided during orientation
- All current staff have received training
- Additional and ongoing training
Ongoing data collection and analysis will allow for self-reflecting and adaptation as the needs of the agency evolve.
Limitations

- Staff turnover
- Staffing crisis
- Information fatigue
- Limited resources
- Resistance to change

How to mitigate:

- Refer to the data
- Utilize the committees
- Targeted interventions
Lessons Learned

- PBS can be applied across the lifespan
- Universal Supports are adaptable to meet the needs of the population served
- Setting annual goals can keep implementation moving in a forward motion
- Focus on changing staff behavior to impact the lives of those served
- A strong Universal Supports model will have a positive impact on the other Tiers
Questions? 😊