

Multi-Element Behaviour Support

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Callan Institute,
Saint John of God Hospitaller Ministries

Hospitality Compassion Respect Justice Excellence

Structure of the Course

- 7 Units
- 49 competencies
- Assessment
- Submission of portfolio
- Line Manager/Clinical Supervisor/Mentor support
- DIT accredited (10 ECTS)
- Psychological Society of Ireland - CPD Accreditation
- An Bord Altranais Level 1 Accreditation

Structure of the Course

- Registration
- Folder
- Management of MEBS Workshop
- Assignments
- Disks
- Website: www.callaninstitute.org
 - Username: callanstudent
 - Password: calmebs

Course Outline

- Module 1 (3 days)
- *Background Assessment*
(January)
- Module 2 (1 day)
- *Functional Assessment*
(February)
- Module 3 (1 day)
- *Behaviour Support Plan*
(March)
- Module 4 (1 day)
- *¼ Report & Periodic Service Review*
(April)
- Module 5 (1 day)
- *Video*
(June)
- Module 6 (1 day)
- *Final Portfolio*
(Sept)

Structure of the Day:

Breaks:

Coffee: 10.45-11.00am

Lunch: 12.45 – 1.45pm

Coffee: 2.45 – 3.00pm

Structure of the Today (Day 1)

- Introduction
- Multi Element Behaviour Support Model
- Environmental Accommodations
- Medical Aspects of Behaviours That Challenge

MULTI ELEMENT BEHAVIOUR SUPPORT The Model

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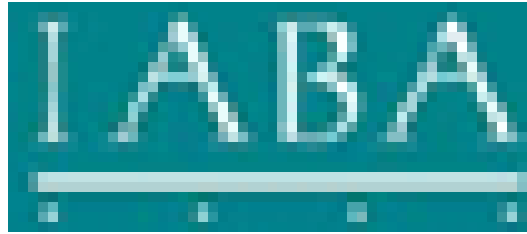
What Behaviours that Challenge do we work with?

10 years ago, how do you think
staff were managing behaviours
that challenge?

Care

Compassion

Respect



- Gary LaVigna, Tom Willis & Anne Donnellan
- Literature review
- Multi Element Behaviour Support
- www.iaba.com

Callan Institute

- To promote the use of effective, non-aversive methods for working with individuals who have behaviours that challenge so that they can enjoy community participation with satisfaction, dignity and respect.

CD player



Introduction

All behaviour serves a purpose for the individual.

It communicates something about or for the person.

Features of the model

- Functional assessment
- Nonaversive
- Multi element interventions
- Proactive and reactive strategies
- Functionally equivalent skills building
- Implementation factors addressed
- Range of outcomes

Definition of Aversive:

- An event one would ordinarily act to avoid



EastEnders

BBC

Rationale for Nonaversive Behaviour Management

- Why do people use punishment?
 - Child rearing practices
 - Modelling effect
 - Immediate payoff
 - Myth of speed of effect
 - Expert literature
- Human responses to problem behaviour
 - Treatment needs
 - Safety needs
 - Emotional needs

A rationale for non-aversive intervention

1. Ethical considerations
 - Behaviours communicate messages
 - Public acceptability
2. Relationships and quality of life
3. Legal considerations
 - Legislation
 - Court findings
4. Effectiveness
 - Is punishment more effective than the alternatives?

What is effectiveness?

- Speed and degree of effects
- Durability
- Generalisation
- Side effects
- Quality of life

What are the alternatives?

- Environmental Accommodations
- Functionally equivalent skills teaching
- Coping and tolerance skills teaching
- Reward contracts
- Rewarding low rates of behaviour
- Rewarding alternative behaviours
- Stimulus control
- Trigger control
- Co-operation training
- Satiation
- Active listening

Summary of rationale

- Punishment sometimes produces rapid and significant response suppression
- Issues of durability, generalisation, side effects and quality of life cast doubt on its effectiveness
- Individual non aversive strategies are promising but also limited in effectiveness
- Interventions based on functional assessment are effective across a range of outcomes
- This suggests multi element intervention plans

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

Skills Teaching

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & tolerance skills

Direct Intervention

- Reward no behaviour
- Reward low rates of behaviour
- Reward alternatives
- Co-operation training
- Satiation

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

Peter's Behaviour Support Plan

Proactive Strategies

Environmental Accommodations

- Pictorial timetable
- Activity sequencing
- Fibre intake

Skills teaching

- Setting the table
- LAMH sign for pain
- Co-operation training
- Asking for permission
- Taking turns

Direct Intervention

- DRL
- trigger control

Reactive Strategy

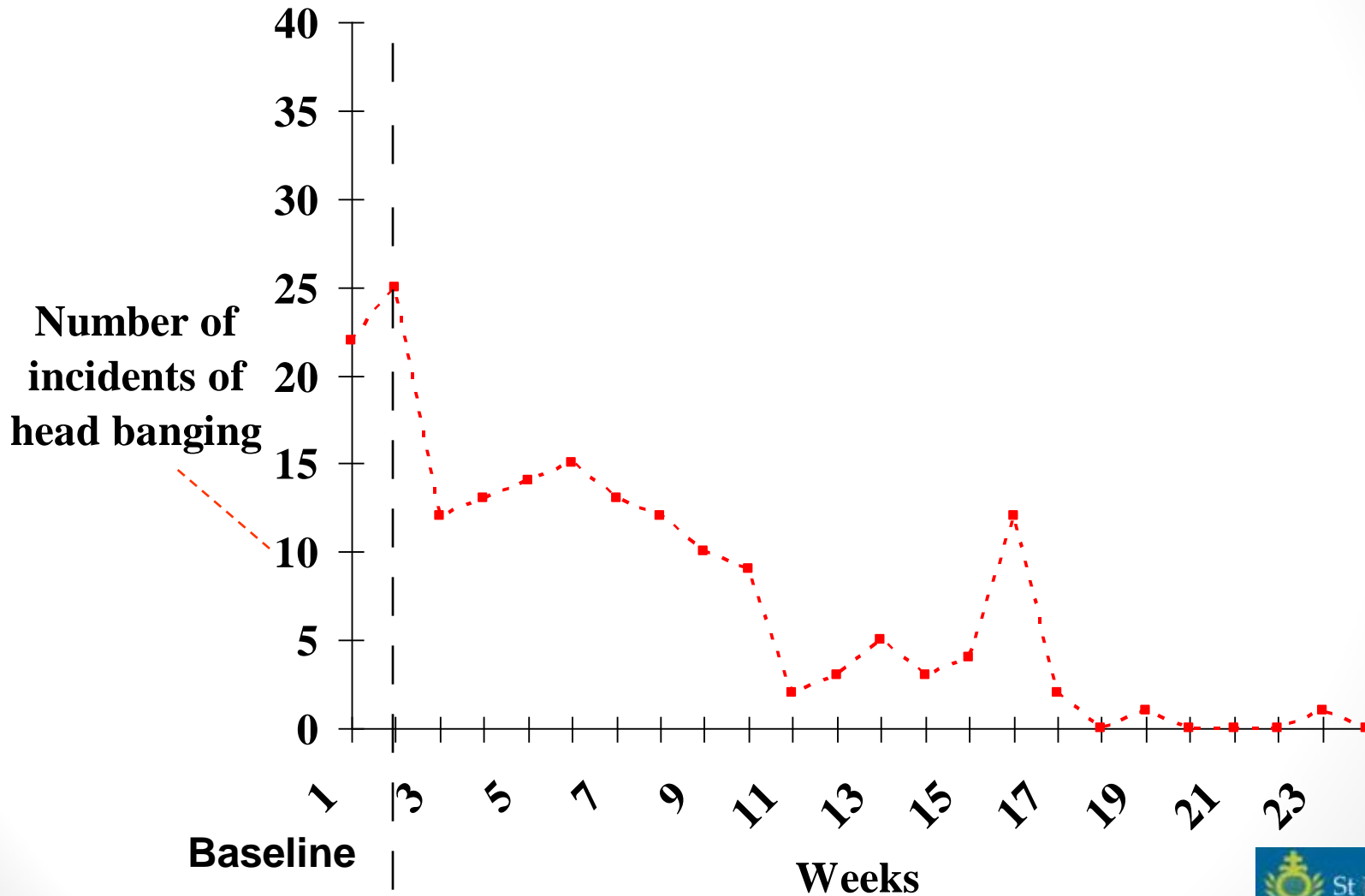
- Facilitated communication
- Redirection
- Active listening

Multi Element Behaviour Support Plan for Peter

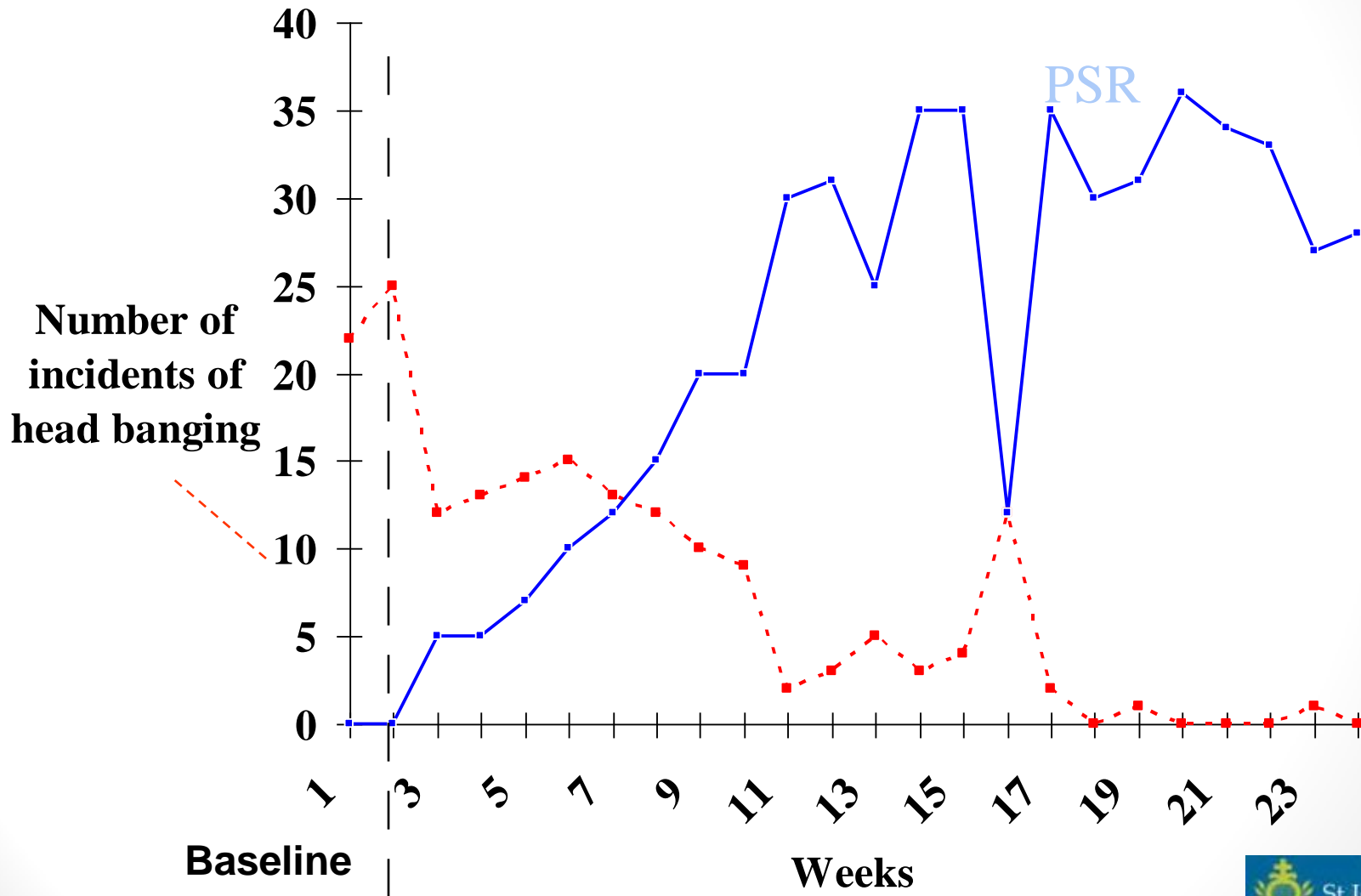
To be completed each week This week beginning _____

	+ / -	Comments						
1. Picture timetable								
2. Activity sequencing								
3. Fibre intake		M	T	W	T	F	S	S
4. Setting the table								
5. LAMH sign for pain								
6. Taking turns								

Peter's graph



Peter's graph



Unit 1

Post Test & Review

Environmental Accommodations

Christina Doody
Callan Institute

Physical, Interpersonal and Programmatic Environmental Accommodations

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
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- Variety

Skills Teaching

- General skills
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Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

Sometimes challenging behaviour occurs because of conflict between the environment and an individual's needs

How Do We Know What Environmental Factors are Affecting the Individual?

- Ecological analysis (Physical, Programmatic and interpersonal)
- Observation
- Ask

Physical environment Profile

- Setting
- Light
- Noise
- Crowding
- Space
- Food and Drink
- Sensory differences
- Pain

Sensory Profile

- How does the person hear?
- How does the person see?
- How does the person feel?
- What does the person taste?
- What does the person smell?
- How is the person's balance & coordination?

Programmatic environment Profile

- Choice
- Predictability
- Rules
- Motivation
- Opportunity to learn
- Variety
- Task Difficulty
- Instructional methods

Interpersonal Environment profile

- Respect
- Communication
- Social Interaction
- Expectations
- Friends

Physical Environmental accommodations

- Access to food and drink
- Noise modifications
- Lighting made suitable
in
- Choice of activity
- Variety of activity
- Picture sequencing

Programmatic Environmental accommodations

- Activity sampling
- Community access
- Lifestyle and leisure options
- Accommodations to activity schedule
- Accommodations to duration and type of activities
- Work experience and sampling

Interpersonal Environmental Accommodations

- Accommodations to instructional style
- Making friends –buddy system
- Choosing where and with whom you live
- Family Contact

Make Activities More Predictable / Concrete

8am



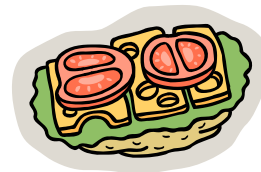
9am



10am



1pm



2pm



3pm



4pm



4.30pm



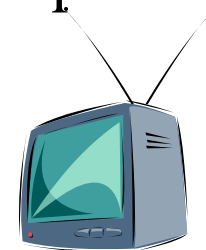
5pm



6pm



7pm



10pm



Guidelines for Picture Schedule

- Make sure it's in a medium the person understands (line drawings / photographs / objects)
- Accessible to the client
- Dignified and Respectful

Making Information Clear

e.g.: Staff Rota



Kate

Jim

Ann



Sue

?

Carl



Kate

Jim

Carl



Kate

Sue

Ann



Sue

Jim

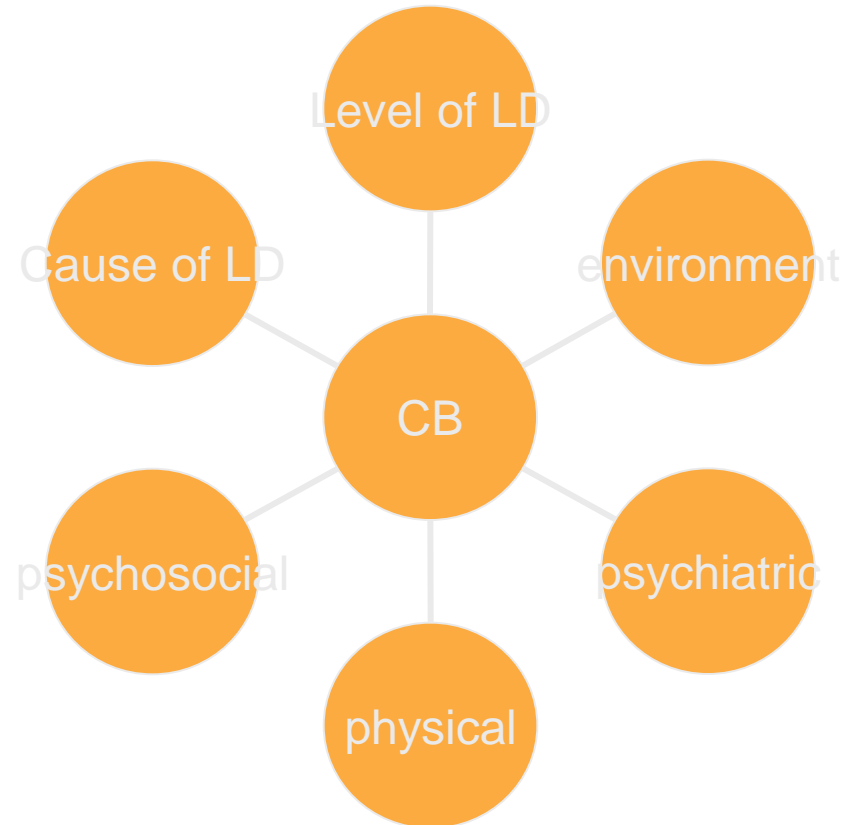
Carl

Activity Sampling

Date/Time	Activity	Response	Suggestions for next time

Medical Aspects of Behaviour which Challenges

What could be wrong?



Level of LD and Aetiology

- Level of LD: Mild, moderate, severe, profound.
- Aetiology:
 - Pre-natal- chromosomal, genetic
 - Peri-natal- (birth-1st month of life) obstetric complications, difficult labour
 - Post-natal- infections, accidents

- RULE OUT MEDICAL FIRST!!!!



Causes - physical

- Hearing & vision
- Pain/discomfort
- Infections
- GIT disturbance – constipation
- Endocrine abnormality – thyroid
- Epilepsy
- Medication side - effects



Physical causes



- Common things are common.
- Constipation a regular cause of discomfort – often with overflow diarrhoea masking same.
- Dental – may require teeth extraction.
- Infection may present easily – e.g. chest , or silently e.g. kidneys.
- Endocrine Disorder – e.g. hyper/hypothyroidism or diabetes
- Monitor, GP review, bloods and urinalysis.

Epilepsy

- Very common in ID, 30% in severe ID.
- Treatment –may cause side effects.
- Record frequency and description of seizures.
- Types – absences, ‘drop’ attacks, tonic clonic.
- Can be associated with increased irritability or bizarre behaviour prior to seizure or aggression post seizure.

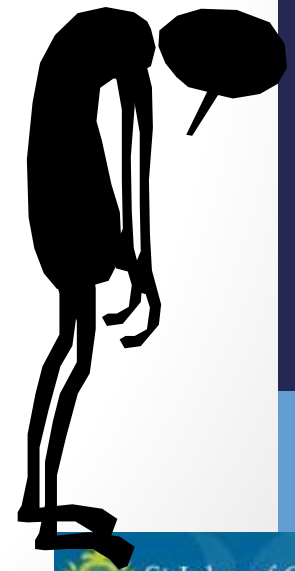


Behavioural Phenotypes

- Types of behaviour particularly associated with a medical condition, and considered part of that condition
- More difficult to change.
- Fragile X – gaze avoidance, social anxiety.
- Prader Willi – insatiable appetite, outbursts, skin picking in 90%.
- Tuberous sclerosis – aggression and SIB.
- Smith Magenis- pulling out finger and toe nails

Causes - psychological

- Communication difficulties
- Distress, anxiety, sadness
- Bereavement
- Frustration
- Psychosexual distress



Causes - Psychiatric

- PDD/Autistic Spectrum Disorders
- Psychotic Disorders
- Mood Disorders
- ADHD
- Dementia

Other Syndromes

- **“Doctor Induced”**
 - All medications have side effects
 - Antipsychotics –akathisia (a condition marked by motor restlessness, ranging from anxiety to inability to lie or sit quietly or to sleep, a common extrapyramidal side effect of neuroleptic drugs),) constipation.
 - Lithium - hypothyroidism, toxicity.
 - Blood pressure tabs - depression.
 - Herbal tablets have side effects also, e.g. SJW. (Psychosis is a rare but possible side effect of taking St. John’s Wort, particularly in people who have or are at risk for mental health disorders, including bipolar disorder).



What to look for - Physical

“I Hear Your Pain”

- Infection – temperature, discharge, rash, cough?
- Injury – swelling, deformity, limp, redness?
- Impaction – constipation VERY common – a bowel record is useful



What to look for – Physical- Head



- Epilepsy – seizure record very useful – increased frequency of seizures may have a physical cause – seizures themselves can cause irritability. Use Descriptive Recording
- Eyes – impaired vision? Sore eyes?
- Ears – hearing impairment – frustration and fear...
- Mouth – teeth, gums, eating difficulties e.g. heartburn, ulcers

What to look for- YOUr

Psychosocial Stressors

- What is going on for YOU?
- Worries? Anxieties?
- Change in routine?
- Change in familiar staff?
- Family illness? Bereavement?
- Change in home, work, social circles?



What to look for – P

- **Pain** – multiple sites and causes
- **Periods** – PMT, period pain, difficulty coping with periods, fear
- **People** – ask as many as possible to get a complete picture of the person
- **Psychiatric** – Once physical out ruled....



Psychiatric Review - Mood

- Picture over days to weeks
- Sadder than usual, tearful
- Happier than usual, elated
- Irritable
- Rapid switches in mood
- Biological symptoms – appetite, sleep, weight, energy, activity level, toileting



Psychiatric Review - Psychosis

- Change in usual behaviour
- Talking to oneself when no-one present
- Associated with fear or anxiety
- Paranoid about others
- Seeing things when the object is not there
- Bizarre behaviours
- Harder to assess due to communication problems

Psychiatric Review - Dementia

- Loss of previous function?
- Any change in level of skills?
- Any change in language skills?
- Apathy, lost energy?
- Irritable?
- Visual hallucinations?



Information Gathering

- Level of Disability and Cause (if known) – certain conditions associated with particular types of CB
- Any previous medical problems?
- Any previous psychiatric problems?
- Medication – ALL including herbal.
- Any recent changes in medication?



Information Gathering



- Dental review – when? What?
- Hearing and vision – last check-up?
- Epilepsy – If present – Seizure record
- Constipation – bowel record
- Female? – menstrual record (puberty; pregnant; menopause?)

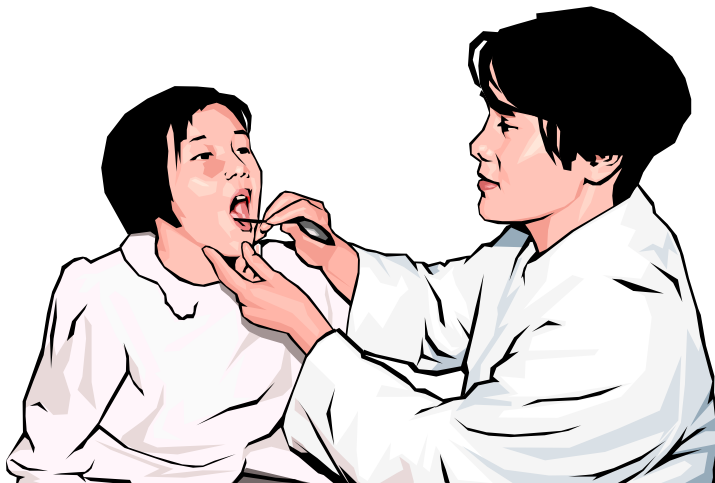
Information to Gather

- Recent presentation
 - Any physical illness?
 - Mood – any worries? Mood swings? -Mood chart helpful
 - Biological symptoms – sleep record, appetite, activity levels, energy, interest
 - Any bizarre behaviour?



What to do

- Ask the General Practitioner for a medical cause – must out rule or diagnose organic pathology
- **Never** be afraid to insist on a physical check-up



What to do

- Once a physical cause has been ruled out – check local procedure for psychiatric referral – may be in-house psychiatrist or external visiting psychiatrist.
- Psychiatry will investigate a psychiatric can assist with behaviour support as part of a multi disciplinary approach
- **Never** be afraid to ask for a review!



RULE OUT MEDICAL FIRST!

- Physical Causes
- Psychiatric Causes



AN INTRODUCTION TO SKILLS TEACHING

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Saint John of God Hospitaller Ministries

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

Skills Teaching

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & tolerance skills

Direct Intervention

- Reward no behaviour
- Reward low rates of behaviour
- Reward alternatives
- Co-operation training
- Satiation

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

What skills are you currently teaching?

- What skills have you learned in the past?
- Why?
- What was your experience of learning a new skill?

GETTING TO KNOW THE LEARNER

Communication Assessment

- Receptive: Does she understand what I am saying?
- Expressive: Is she able to express herself?
- Function of Communication To let others know what her needs are

Skills Selection (Target)

- Age Appropriate
- Community Participation
- Choice or Communication
- Functional Analysis
- Quality of Life
- Fun

Choice and communication

- ASK the person
- Who is going to benefit from this?
- Communication assessment
(support from SLT)

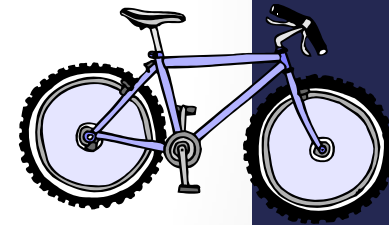
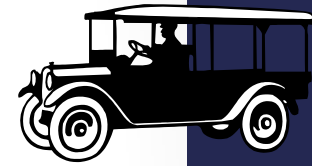
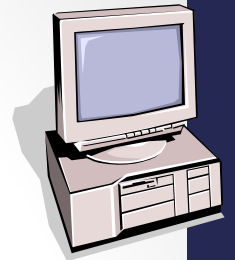
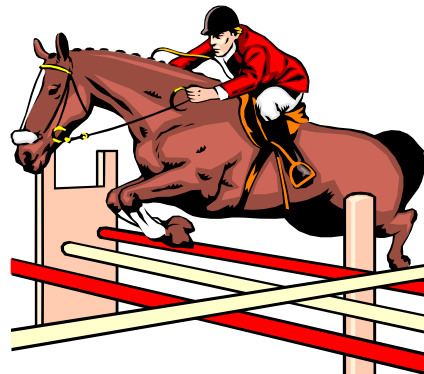
Types of skills

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & Tolerance skills



General skills training

- Useful
- Chronologically age appropriate
- Fun
- In context (E.g. Money management)
- In the community



Age appropriate

- Get inside the person's shoes!
- What are appropriate for same aged peers?
- What is their developmental profile?

Community participation

- What will help this person get on with their friends?
- Will this skill help them to get out and about in the community?
- Will this skill help them with their family?

Fun

- Culturally valued means
- Intrinsic Value
- Mastery
- The Reinforcement Inventory

Functional Assessment

- The constructive approach
- Functionally equivalent skills training
- Functional assessment questionnaire

Messages of challenging behaviours

I'm confused

I need help

Ask me nicely

I'm tired

I don't want to work when they are here

Its very noisy in here

This is boring

Let's play

I'm hungry

I want to leave

I'm unwell

No!

Don't say wait

I don't want to share your time with her

I need a five minute break please

I have a middle ear infection

Functionally equivalent skills



- Types of function
 - I want ...
 - I don't want ...
 - Sensory ...
- Examples
 - Ringing a bell vs.. self injury & screaming
 - Word card vs.. severe aggression
 - Communicating confusion
 - Saying "no"
- The issue of control

Functionally related skills

- Discrimination
 - Example: Pica
- Conversation
 - Example: Self disclosure
- Rules
 - Example: Gerry's 'dash'
- Choice
 - Example: Liam hates housework
- Predictability
 - Example: What's next?

Tolerance and coping skills

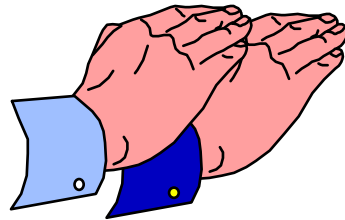
- Waiting
- Fear of dogs
- Criticism
- Transitions
- Shaping non-preferred tasks
- Relaxation training
 - Example: Progressive relaxation

Principles of Skills Teaching

Principles of systematic instruction



Target



Prompt
(Co-Trainer)



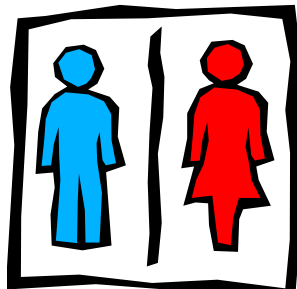
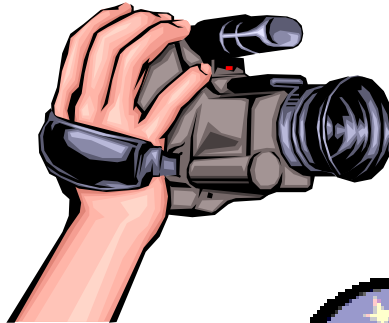
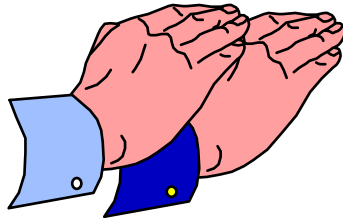
Fade



Reward

Prompts

- Verbal, Physical, Gestural, Modelling (Video), Role Play

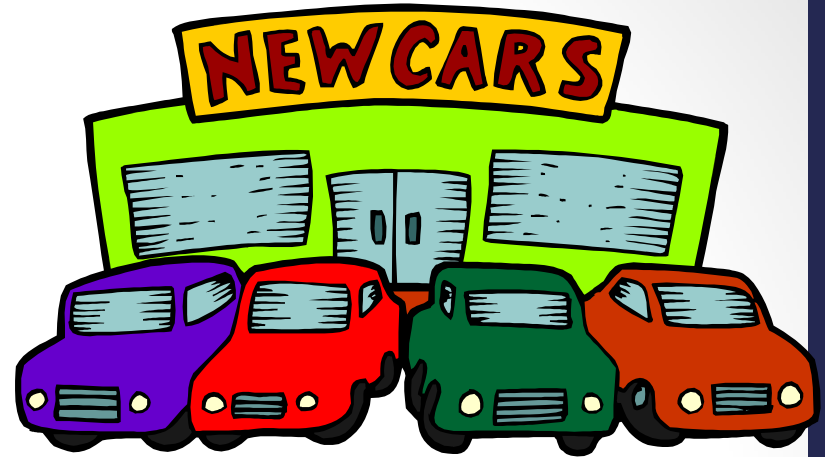


Fade



Reward

- Learning Is Hard!
- It gets easier as we get better at the skill, so we can fade the reward too
- Make sure that we're accessing natural reinforcers instead



Reinforcement

- Why do we do something again??
- Types of Reinforcement
 - Primary (deal with primary human drives & necessary for life e.g. food, hunger, comfort,)
 - Secondary (associated with the above, e.g.. Soft voice, praise, chocolate, pillow, hugs, tea, etc.)
- Pairing Reinforcement
 - Motivation Analysis
 - Creating secondary reinforcers
- Contact Natural Reinforcement where possible

Generalisation

- Teach it as it is going to be used (e.g. different instructors?)
- Make sure the skill accesses natural reinforcement
- Teach the learner to access natural reinforcement

Shaping

- As the person gets closer to the skill, we reinforce them.
- We then demand higher standards from them
 - Finger feeding → spoon feeding → knife & fork,
 - Learning to talk

Task Analysis & Chaining

- Break down Skill into it's individual tasks
 - Backward chaining
 - Forward Chaining
 - Whole task presentation

Adapting Skills Teaching

- Selecting the appropriate prompts for your learner
- Motivational Analysis – select rewards that will appeal to them
- Know the individual!!!

E.g.: Picture Exchange Communication System

- Doesn't like being touched

USE VERBAL PROMPTS / MODELLING

- Doesn't recognise photographs / PECS pictures

USE OBJECT INSTEAD – SHOWER PUFF

- Loves Music –

REWARD – KITCHEN DISCO

Drama & Skills

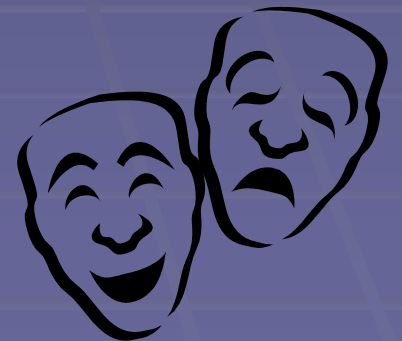
Aisling Byrne

Trinity College Dublin

& St. John of God Community Services, Ltd.

Multi Element Behaviour Support through Applied Drama

A Research Project 2012-2013



What is Challenging behaviour?

- ‘Severely challenging behaviour refers to behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to use of ordinary community facilities’
(Emerson et al 1987)

The St. John of Gods Callan Institute

- to promote the use of effective, nonaversive methods for working with individuals who have challenging behaviours so that they can enjoy community participation with satisfaction, dignity and respect.
- Services include Behaviour Support Plans, Positive Futures Planning, Systematic Instruction, Crisis Intervention and Periodic Service Review.
- Provides these services through individual consultation, staff training and regular support to staff who implement Behaviour Support Plans within the Order's services.

Multi-Element Behaviour Support

Comprehensive Functional Assessment

Proactive Strategies

Environmental Accommodations	Skills Teaching	Direct Intervention
-Setting	-General Skills	-Reward no behaviour
-Interactions	-Functionally Equivalent Skills	-Reward low rates of behaviour
-Activities	-Functionally Related Skills	-Reward Alternatives
-Choice	-Coping and Tolerance Skills	-Co-operation Training
-Variety		-Satiation

Reactive Strategies

-Ignore
-Redirect
-Feedback
-Instruction
-Facilitate
-Stimulus Change
-Active Listening
-Emergency Management



Support System

Outcomes

-Speed and Degree of effects	-Generalisation	-Side Effects
-Social Validity	-Maintenance	-Quality of Life

Skills Teaching

- General Skills
- Functionally Equivalent Skills
- Functionally Related Skills
- Coping and Tolerance Skills

Applied Drama: An Overview

- **Applied Drama** is an umbrella term meaning drama *applied* to a given community setting, educational setting, or social context. (coined by Helen Nicholson, 2005)
- Incorporates a variety of practices and a multitude of contexts such as Theatre-in-Education, Drama-in-Education, Forum Theatre and Theatre of the Oppressed (T.O.E), Community theatre, Prison Drama, dramatherapy practices and many more

Applied Drama Overview Ctd...

- **Drama-in-Education** is the use of a range of specific drama teaching methodologies (such as role-play, still-images, tableaux, thought-tracking etc.) to progress understandings in a *targeted area of learning*. *Education is the goal*.
- Often follows education system structure with a clear scheme-of-work, associated lesson plans and clearly defined learning outcomes and attainment targets.
- Rooted in fiction and in its 'purist' form takes place in a Process.
- **Some examples of its use:**
 - Teaching road safety to young children.
 - Educating students on a contentious social topic or theme e.g.. bullying in schools, the effects of drug abuse, etc.
 - As an extension of literacy learning or to implement **aspects of curriculum**.
 - Advancing general learning skills such as problem solving, decision making and what Joe Winston terms 'Moral Education'. (Winston 2000)

Why Drama?

In the context of working with people with learning difficulties, drama provides:

- A form of learning that is highly active, engaged, and immediate.
- No reliance on traditional literacy skills.
- Opportunities for mimesis and identification. ('The *'I do that sometimes..'* affect.)
- Involvement of the learner in the construction of knowledge. (Fleming 1994)
- High opportunities for empowering the learner. (Renegotiation of the traditional student-teacher dynamic)
- An enjoyable approach to an area of learning- 'the fun factor'.

MEBS through Applied Drama.

- Background: In 2010 a FETAC level 3 award in Personal and Interpersonal Skills was achieved by a class of 6 service-users, delivered entirely through drama.
- The Idea: To devise an Applied drama programme in this manner- to address issues relating specifically to **challenging behaviours**.
- Proactive strategies for service users- a **skills teaching intervention** through drama as part of an overall MEBS behaviour intervention plan.
- A concrete and engaging way to promote and maintain positive behaviour support throughout the service.
- Criteria: Learner (individual on MEBS) identified as needing support in specific areas and having a moderate ID. Verbal ability a bonus (but not essential) at pilot stage.

MEBS through Applied Drama

- **Methods including:**
- Drama skills games and exercises.
- Process drama (Learner invested in a 'fiction' e.g.. The Olympic Project, 'Welcome to the Neighborhood')
- Mime, still-imaging and the creation of scenarios through 'tableaux vivante' (moving pictures)
- Highly structured dramatic role-play involving Dorothy Heathcote's 'Teacher-in-Role'
- Boal's methods of Forum Theatre- conflict/ problem role-plays resolved and explored through the 'forum-ing' or 'trying out' of ideas and solutions.

The Pilot Project 2011

- 10 weeks, 10 participants.
- Each week targeting ***focused areas of learning***- such as *emotional expression, what is aggressive behaviour?, coping with conflict, strategies for improved tolerance, speaking up* etc.
- Building up self-awareness; starting with a vocabulary of **emotions and feelings**. (mime, still imaging)
- Starting to identify **behaviours, antecedents**, and the resulting **consequences**. (MEBS ethos of 'every behaviour has a function')
- Learning how to solve the problems as they present, by suggesting and **'trying out' different solutions**.
- *What should John do here? How can he avoid losing his temper like that? How could he cope better?*
- Linking with key-workers to promote transference throughout the week.

Learning outcome: Identifying emotions and feelings



Role-Play- Learning to critically analyse problem behaviours



What caused this situation?



What are the consequences?



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Is this a happy outcome? What could have been done differently? Lets try it out!



The Benefits: Day to Day

- Through both Facilitator and Non-participant observation of the programme huge improvements noted in **group work skills, confidence, expression and articulation of ideas, ability to problem solve/ propose conflict resolution strategies in the drama.**
- **But can transference take place?**
- Keyworkers and staff observed concrete examples of better coping skills, advocacy skills and in particular improved **ability to negotiate a conflict situation** among our pilot group of participants in the unit.
- The method offers **tangible examples** and references for staff to refer back to on a day to day basis.
- How do we measure learning and skills acquisition in this context moving forward?

MEBS through Applied Drama: The Research 2012-2013

- Applied Drama Programme as an **educational intervention** taking place *alongside* an individual's overall MEBS plan. Can it enhance certain skills? To what extent? And **where** does drama fit within the MEBS framework. What are the challenges?
- Shares the ethos of MEBS and the concept of 'Positive Programming' (Donnelan et al.)
- Six participants selected with an identified absence of skill in the specified learning area. (identified via available MEBS data)
- Specific learning outcomes: Skills in **Rational Problem Solving** (as a coping skill), **Positive Problem Orientation** and **Group Work** as the emphasis of the drama skills intervention.

MEBS through Applied Drama: The Research 2012-2013

- 6 participant keyworker's to support and promote transference of skills taught.
- Data Collection: Baseline est. through available data. Educational Progression Instrument, (Peter, Melanie 2005), Staff and participant interviews and evaluations.
- Primarily qualitative data collection. Practitioner Research (akin to action research)
- The Drama Intervention content: 'Problems in the Neighborhood'
- First time a drama programme will be specifically informed by Behavioural Technology- (Positive Reinforcement Strategies)

The future of MEBS through Applied Drama

- As a skills teaching element **alongside** an overall behaviour intervention plan the research aims to suggest that **it is a very effective educational intervention.**
- **Recommendations will be made as to how it should be implemented. *Integrated classes? Or does the 'MEBS Group' strategy work?***
- Future implementation across the service on an ongoing basis- Proposing a system of referral?
- In challenging times need creative thinking in our approaches.

Drama for General Skills- how you can use drama day-to-day in your programme

- Know how to structure 'dramatic role-play for learning' well. (*shop role-plays, social skills role plays*)
- Be aware of distancing techniques.
- Don't underestimate the skills that can be developed in using simple drama games (coping with disappointment, group work, turn taking, motivating your learners, practicing simple instructional technology)
- These are things you can try yourself.

Drama Game Examples

- Pass a Clap, greeting, Ball, hot potato, ticking time bomb. (Eye, contact, turn taking.)
- Pass the action (my favorite/ least liked things)
- Finish the sentence: My grandmother went shopping and all she got me was...
- Circle Story building
- Zip, Zap, Boing. (Focus, concentration, group building.)
- Did you hear the news?
- Wool Game- things in common.
- Mirror Mirror and Follow the leader. (assertion/ control)
- 1,2,3 Broadford.
- The Magic Bag.
- Statues- Objective Observation (change 3 things)
- Emotion Statues.
- Match the emotion to the situation

Review Post Test: Unit III

- Skills Teaching

DIRECT INTERVENTIONS

Anne O'Brien
Menni Services,
St. John of God Community Services, Ltd.

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

Skills Teaching

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & tolerance skills

Direct Intervention

- Reward no behaviour
- Reward low rates of behaviour
- Reward alternatives
- Co-operation training
- Satiation

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

Direct interventions

- Reward contracts
- Trigger control (Stimulus Control/Co-operation Training are variations)
- Satiation

Reward contracts

- Definition:
 - Reward after a specified period of no target behaviour
- Example
 - The Keys
 - Where's Giggs



Reward Contracts

- Types of Reward Contracts
 - Differential Reinforcement
 - Low Rates (DRL)
 - Other (DRO)
 - Appropriate (DRA)
 - Alternative (DR-Alt)
- Purpose of Reward Contract

Implementation of reward contracts

1. Format

- The format rule (reset or fixed format)

2. Length of interval

- The Goldilocks rule (half of average length of time between behaviours)

3. Amount of reward

- The free access rule (no more than 60% of what the person would choose if given free access)

4. Type of reward

- Motivation Profile
- Age Appropriate
- OK to be in state of deprivation to

5. Reward delivery

- Mediating systems
- Tokens / Charts / Ladders

6. Types of reward contract

- Momentary reward contract
- Progressive reward contract
- Reward low rates of behaviour
- Reward alternative behaviours

Maintaining Reward Contracts

- Fade into the natural environment
- Teach the person to access natural reinforcers
- Teach the person to access not so natural reinforcers (do you like my work?!)

Review Post Test

Unit 4 – Direct Interventions

Advanced Direct Interventions

Christina Doody
Callan Institute,
Saint John of God Hospitaller Ministries

Introduction

All behaviour serves a purpose
for the individual.

It communicates something
about or for the person.

Types of Triggers

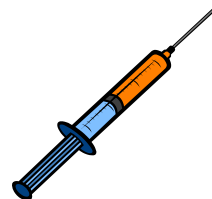
- Internal



- External

Either

- Immediate
- Distal



2. Trigger control

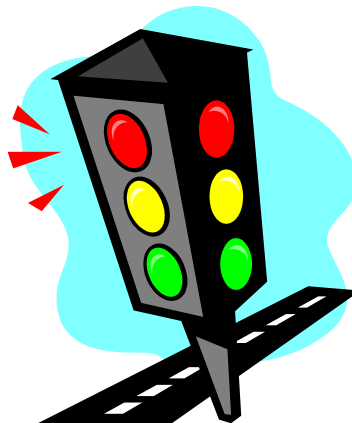
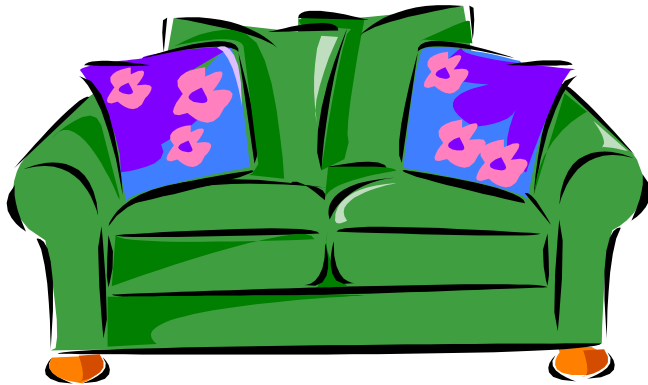
- Definition
 - Changing behavioural triggers

Trigger control

- Remove triggers
- Reduce conditions in which behaviour is more likely
- Increase conditions in which behaviour is less likely
- Remove seductive or dangerous objects
- Remove unnecessary demands
- Eliminate provocative statements (“no”, “wait”)
- Interrupt the behaviour in response to precursors

Trigger Control

- Variations - Stimulus control



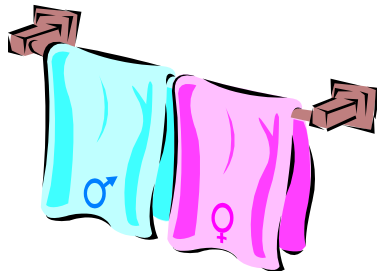
Variations – Co-operation Training

- Definition:
 - Reward requested behaviour if it occurs in response to an explicitly communicated command
- Examples:
 - Wait a second
 - The five requests game
- Other ways around – suggest – don't ask!

- Basic assessment of co-operation
- Guidelines for issuing a request
 - Obtain the learner's attention
 - Present instruction
 - Prompt correct response
 - Deliver a reward
 - Wait before next trial
 - Fade prompt gradually
- Advantages
 - Positive and constructive
 - Efficiency
 - Social validity
 - Generalisation
- Cautions
 - Forced responding
 - 100% compliance

SATIATION

- Definition:
 - The continuous and non-contingent availability of the identified reward maintaining the behaviour
- Examples:
 - Plastic Bottles
 - Towel hoarding



- Implementation
 - Identify reward
 - Non-contingent availability
 - Continuous or increased availability
- Advantages
 - Forces analysis
 - Effectiveness
- Cautions – Don't use Satiation IF.....
 - Sometimes it is difficult to provide the reward at sufficiently high levels
 - It is an addictive behaviour
 - The person has a condition which means they aren't likely to satiate (e.g. OCD, Prader Willi)
 - The item they are looking for is dangerous

Review Post Test

Unit V

- Advanced Direct Interventions

Structure of Today (Day 3)

- Reactive Strategies
- Assessment & Data Collection
- Field Work Assignment

Reactive Strategies

Caroline Dench

Callan Institute,

Saint John of God Hospitaller Ministries

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

Skills Teaching

- General skills
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Direct Intervention

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- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

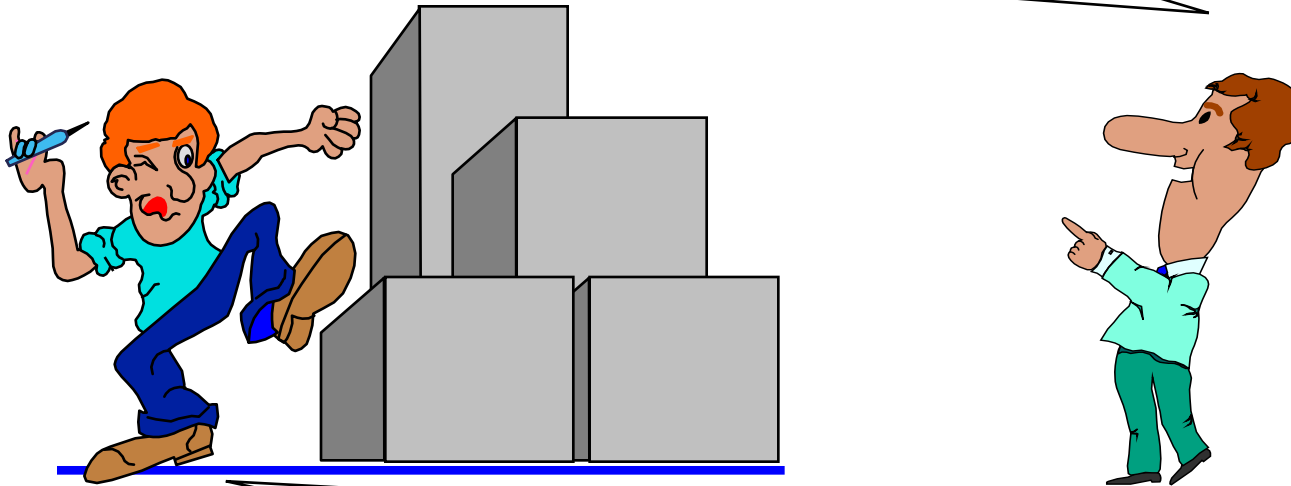
•Social Validity

•No Side effects

•Quality of life

Sieges

This is the law.... We've got you surrounded.... There is no way out.... Come out with your hands up or we'll have to come in and get you



I've got a knife and I'm not afraid to use it.... Anyone who comes in here will get hurt.... You can't get me

- Rand corporation study (1979) of 1000 hostages killed, 75% died as a result of a direct rescue attempt.
- Another study by Bristow found that in 100% of all incidents in a five year period in which trained negotiators were used, no hostages were harmed.

Mandy's Home....

Active Listening

Start every sentence with I

Repeat what was said to you

Silence

I

Repeat

Silence



Barriers to Active Listening

Do give undivided attention, be non-judgmental, allow silence, use restatements, listen for the real message

Do not order, warn, preach advise, suggest, lecture, teach judge, criticize, blame, praise, agree, shame, interpret, analyse, diagnose, reassure, sympathise, console, distract or divert!



The goals of reactive strategy

- Care, welfare, safety and security
- Speed and degree of which behaviours can be reduced with least risk
- Distinction between verbal acting out and physical acting out

Selecting an Intervention

- Fallacy of Alignment
- Non aversive, non restrictive
- Functionally based/ non functionally based
- Socially valid
- Consent
- Honours Rights (HRBA)

A Model for Reactive Strategies within a Positive Behaviour Support Framework

- Functionally Based / Non functionally based
- Always Non-Aversive and non restrictive
- *May be counter-intuitive*

Reactive Strategies in MEBS

For example;

- Capitulate
- Redirect to a preferred activity
- Stimulus change
- Stimulus naming (sensory, interpersonal, programmatic)
- Positive Leading
- Active listening
- Environmental adaptation
- Facilitated communication
- Facilitated relaxation
- Facilitated problem solving/choices
- Orientation to self and others
- Modelling
- Inter-positioning
- Relationship

Mary

At dinner time, Mary throws her cup across the dining room.

Mary

At dinner time, Mary throws her cup across the dining room because she is finished.

Mary

At dinner time, Mary throws her cup across the dining room because she is finished her drink.

Mary

At dinner time, Mary throws her cup across the dining room because she is finished her drink and wants a cup of tea.

Mary

At dinner time, Mary throws her cup across the dining room because she is finished her drink and wants a cup of tea in the sitting room.

Mary

At dinner time, Mary throws her cup across the dining room because she is finished her drink and wants a cup of tea in the sitting room while she watches Home and Away.

Course of Behaviour

- For example

What is an Emergency?

- Unexpected
 - Physical Danger is present
 - 'Once off'
 - Where the person, others (or the environment) need immediate protection.
-
- If it happens repeatedly, it's a behavioural issue, and requires a functional assessment

After An Emergency...

- Conduct an assessment to determine if procedural changes are necessary

Behaviour Services

Behaviour Management

- May be restrictive or aversive
- Focus on Topography

Psychopharmacology

MEBS

- Non-aversive and non restrictive and focus is on function (functionally/non functionally based)

Response Models

- Crisis Prevention Institute (CPI)
- Therapeutic Crisis Intervention (TCI)
- Strategies for Crisis Intervention & Prevention – Revised (SCIP-R)
- Management of Actual and Potential Aggression (MAPA)
- Studio III
- Etc....

Ethics

- Are we using the *most socially valid* approach?
- Are we working within our knowledge base?
- Are we working on proactive strategies concurrently?
- Have we evaluated the alternatives?

Medical Concerns

- If a person has a medical concern that may be contributing to their behaviour, this must be addressed *prior to or alongside* behavioural interventions.
- NEVER attempt to address a potentially medical situation with behavioural interventions only.

Monitoring Behaviour

- There should be a documented need before putting any behaviour change procedure into place.
- It is essential to continue data collection to respond to changes

Reactive Strategies

Post-Test

BACKGROUND BEHAVIOUR ASSESSMENT & DATA COLLECTION

Gillian Martin

Callan Institute,

Saint John of God Hospitaller Ministries

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Data Collection

- Stages of Data Collection
- What information to collect
- Ways to record data

Stages of Data Collection

- Scatterplot
 - What's going on?
- Baseline Data Collection
 - What's the level of the behaviour before we intervene?
- Ongoing Data Collection
 - How does the level of behaviour change when we intervene?

What information to collect?

What do we want to see change?

- Duration
- Frequency
- Severity
- Rate / Speed

How to collect Data?

- Event Recording
- Interval Recording
- Duration Recording
- Time Sampling

Scatterplot Recording

- See what's going on – This will help us to see:
 - What behaviour to focus on?
 - What way of collecting data would be most meaningful?
 - Are there any patterns to the behaviour?

Baseline Data Collection

- Allows us to see what the level of behaviour is before we do anything
- Gives us something to evaluate our behaviour support plan against later – lets us know if it's working or not!
- Baseline = AVERAGE
- Collect Information for about a week (until you have a good reflection of what is going on)
- You may *have to* work on historical data – that's OK...

Event Recording

	Mon	Tues	Wed	Thur S	Fri
10-11	✓ ✓		✓ ✓	✓	
11-12		✓ ✓ ✓			
12-1					✓ ✓
1-2	✓ ✓ ✓			✓ ✓ ✓	✓ ✓
2-3		✓ ✓			✓ ✓ ✓
Total	5	5	2	4	7

Interval Recording

Time	Mon	Tues	Wed	Thurs	Fri
10-11	X		X	X	
11-12		X			
12-1					X
1-2pm	X			X	X
2-3		X			X
Total:	40%	40%	20%	40%	60%

Time Sampling – e.g. 1 hour

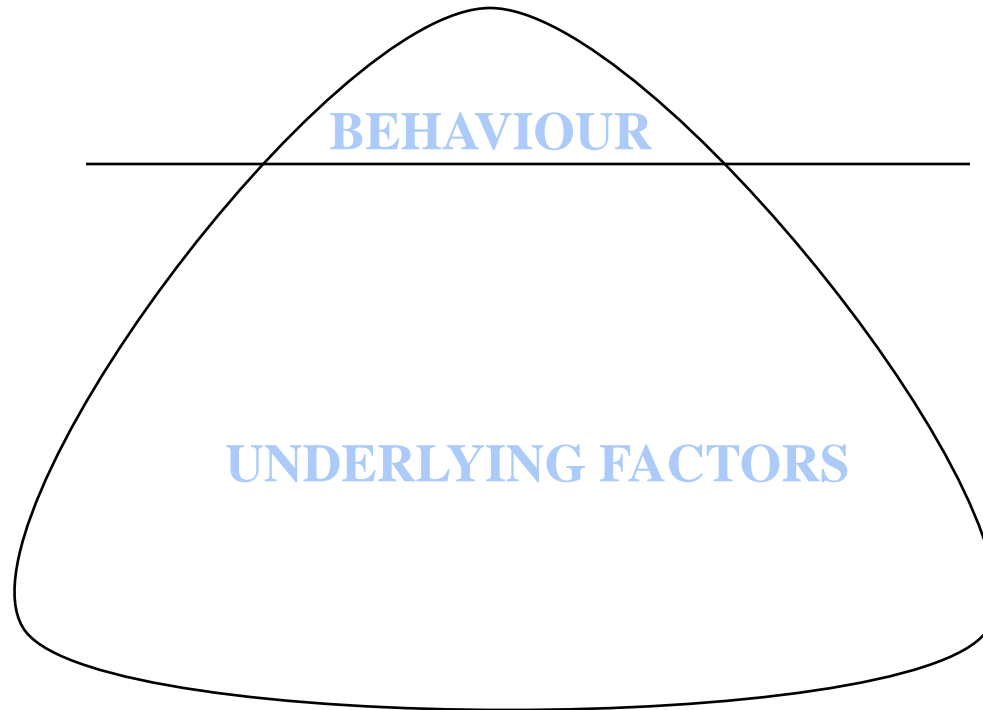
Date	Time	Strikes
14 Dec	12.40	6
14 Dec	14.50	4
16 Dec	07.00	7
17 Dec	10.30	3
19 Dec	19.45	5
	Baseline:	$25/5 = 5$

Behaviour Assessment

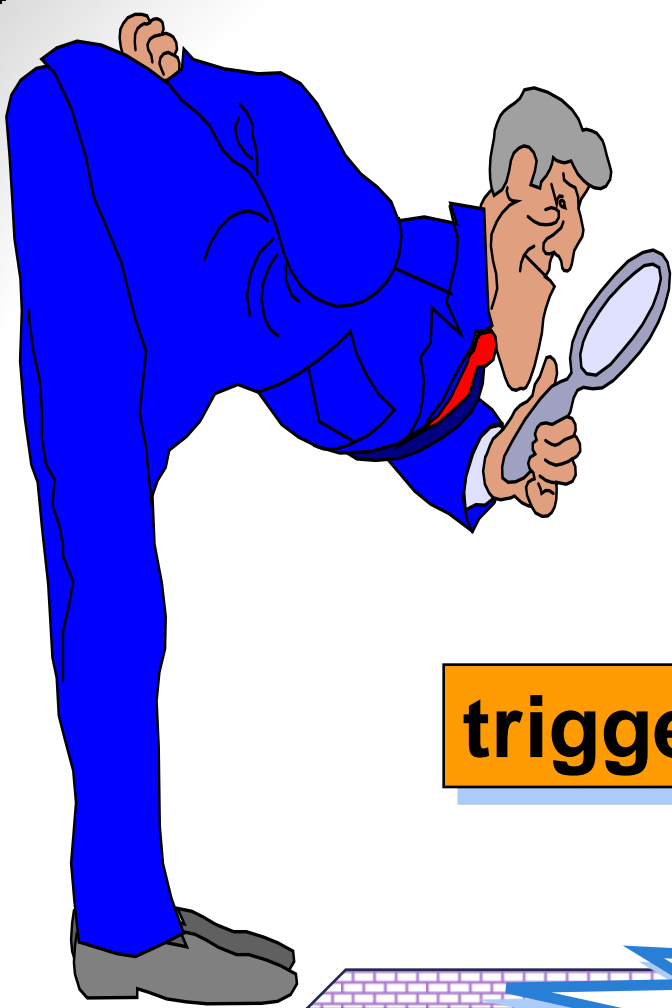
BEHAVIOURAL ASSESSMENT

- The foundation of behavioural support
- Result of improper assessment
 - Lengthy interventions with little success
 - Interventions with the wrong behaviour

ASSESSMENT



Looking for clues



triggers

Consequences

Environment

Expe...

Communication

Skills



Components of assessment

- Referral information and issues
- Background information
- Functional assessment
- Mediator analysis

Background information

- Client description
 - Reason for referral
 - Cognitive profile
 - Sensory profile
 - Communication profile
 - Life profile
 - Environmental profile
 - Health profile
 - Motivational profile
 - Summary of profiles

Functional Assessment

- Assessment of the problem behaviour
- History of the behaviour
- Trigger analysis
- Consequence analysis
- Analysis of meaning
- Checking the Message

Assessment of the problem behaviour

- Description
- Definition
- Course
- Strength (baseline)

FIELD WORK ASSIGNMENT

Assignment

1. Set up meeting with Mentor and/or Supervisor
2. Get Consent
3. Begin Baseline Data Collection
4. Complete Behaviour Assessment Workbook
5. www.callaninstitute.org
Username: callanstudent
Password: calmebs

Submitting Assignments

- Submit assignments at Module 2 using Assignment Submission Form in a self addressed envelope (unsealed)
- Written feedback will be returned
- Always submit *all work to date* to ensure quality feedback
- Retain a copy of all work submitted

Multi-Element Behaviour Support

Caroline Dench
Christina Doody
Gillian Martin

Callan Institute
Saint John of God Hospitaller Ministries

Module 2

Layout of the day

- Introduction
- Review & Submission of Assignments
- Data Collection
- Assignment – Functional Assessment

- Skills Teaching

Review and Submission of Assignments

- Assignment Submission Form
- Photocopy ALL work
- Submit ALL work to date on EACH occasion
- Revisions will be assumed to be completed

Data Collection

- What measurement will meaningfully reflect change? (event, duration, latency?)
- What resources do you have? (detail versus accurate data)

Unit VIII

Functional Functional Assessment

Functional Assessment

- Assessment of the problem behaviour
- History of the behaviour
- trigger analysis
- Consequence analysis
- Analysis of meaning
- Checking the message

Assessment of the problem behaviour

- Description
- Definition
- Course
- Strength (baseline)

Assessment of the problem behaviour

- Description
 - A clear description of the performance
 - What exactly does the person DO?
 - Paint a picture
- Definition
 - Start definition
 - Stop definition

Assessment of the problem behaviour

- Course
 - From start to finish what does the behaviour look like?
 - Start gradually or start full blown
 - Precursors in the person
 - Resolution and aftermath in the person
- Strength (baseline)
 - Frequency
 - Duration
 - Severity
 - Percentage non compliance
 - Level of assistance

Behaviour Recording

- Event recording
- Interval recording
- Time sampling

History of the problem

- Review of both long and short term history
- Key questions to be answered
 - When did the behaviour appear?
 - Long vs. short history
 - Historical cycle
 - Recent increases or decreases in the behaviour
 - Sudden changes in the person's life or environment
 - Change in residence
 - Change in schedule
 - Change in family

trigger analysis

- Purpose of the trigger analysis
- Internal triggers
 - General health?
 - Sleeping pattern?
 - Seizure activity?
 - Medication?
- External triggers
 - WHERE is the behaviour MORE or LESS likely to occur?
 - With WHOM is the behaviour MORE or LESS likely to occur?
 - WHEN is the behaviour MORE or LESS likely to occur?
 - What occurs immediately before the behaviour?
- The Scatterplot (charting the behaviour over time)

Consequence analysis

- Purpose of the consequence analysis
 - Identify what may be maintaining the behaviour
 - Identify what may be preventing or reducing the behaviour
- What do people do when the behaviour occurs?
- What have people done in the past when the behaviour occurred?
 - Ignore
 - Get angry
 - Communicate
 - Give the person what wants to keep quiet
 - Compromise / negotiate
 - Remove a demand or request
 - Ignore sometimes, get angry other times

- From the client's perspective, what is being gained from the behaviour
- From the client's perspective, what is being escaped or avoided from the behaviour
- If reinforcement is being used: Does the client know what is being reinforced?

Analysis of meaning

- The “inferential leap” from the facts
- Some possible functions
 - “Push” functions
 - “Pull” functions
- Implications
 - If the skill is absent - TEACH IT!
 - If other skills would help - TEACH THEM!
 - If the environment can support the skill - ADAPT IT!
 - If the person needs an incentive - REWARD!
 - If the person performs the skill - RESPOND!

Developing the functional assessment

- Check for overlap between stated messages
- Check each stated messages for evidence
- Incident analysis

Incident Analysis

- Find the three messages for which you have the most evidence.
- Test these messages against real time incidents of behaviour.
- Keep collecting data until one of the messages is confirmed at least 60% of the time.

date	J. Was saying 'I'm hungry'	J was saying 'I'm tired'	J. Was saying 'Go Away'	J was saying something else (please specify)
14.2.06		X		
14.2.06	X			
16.2.06		X		
17.2.06		X		
18.2.06		X		
20.2.06			X	
21.2.06		X		
21.2.06				Where's Mum?
	13%	61%	13%	13%

Assignment for Next Module

- Continue with data collection
- Complete the Functional Assessment
- Complete Checking the Message Workbook (Step 1-3)
- Design one skills teaching procedure

Skills Teaching

Errors in teaching

Repetitive practice

Specialised training conditions

Failure to motivate

Verbal prompts

Error-based learning

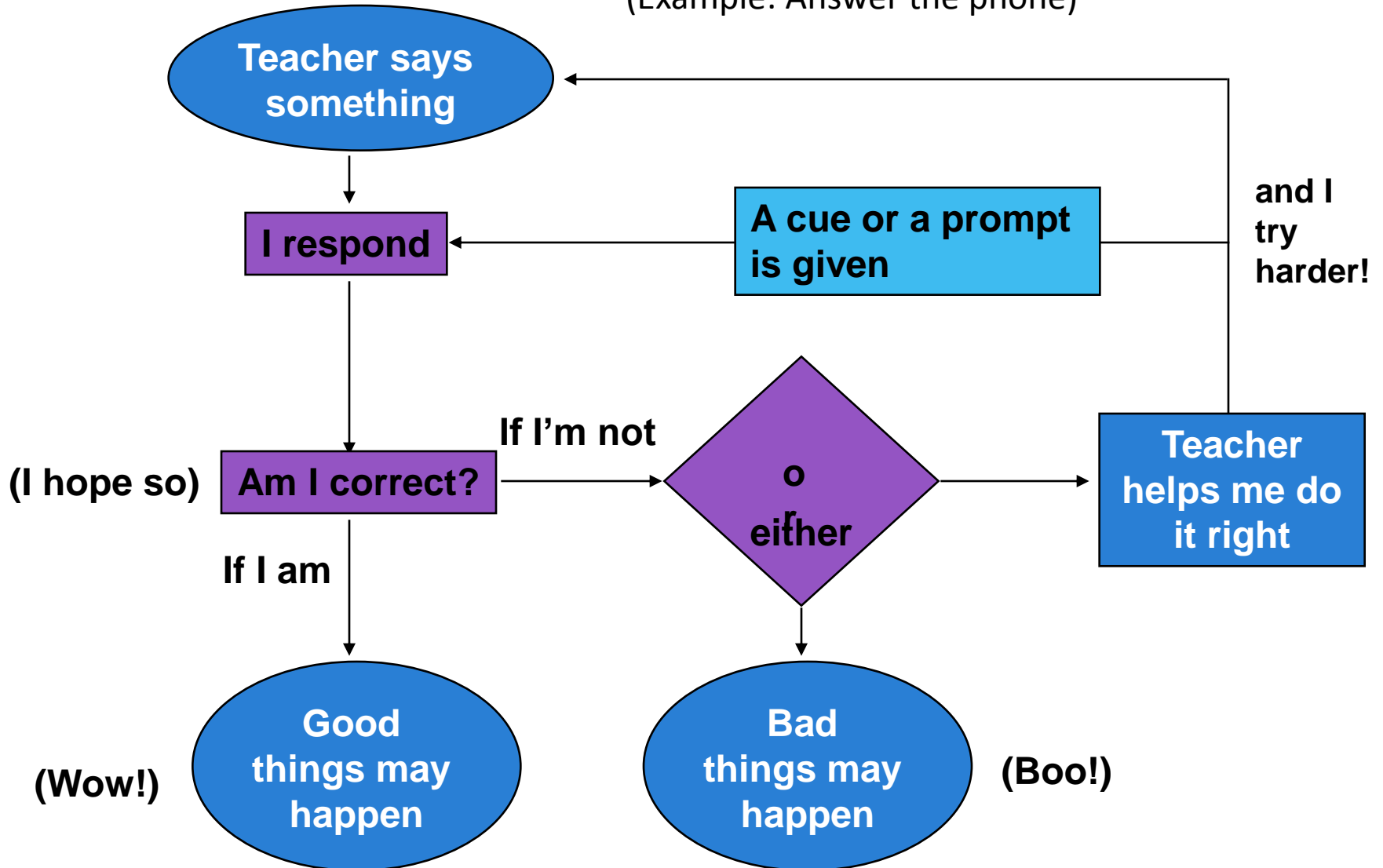
Overlooked communication competence

Names rather than requests

Insistence on prerequisites

Natural learning diagram

(Example: Answer the phone)



The perspective of the person with severe learning or communication difficulties

Something happens

(Example: Gobble the gook)

I'm not sure what I'm supposed to do about it

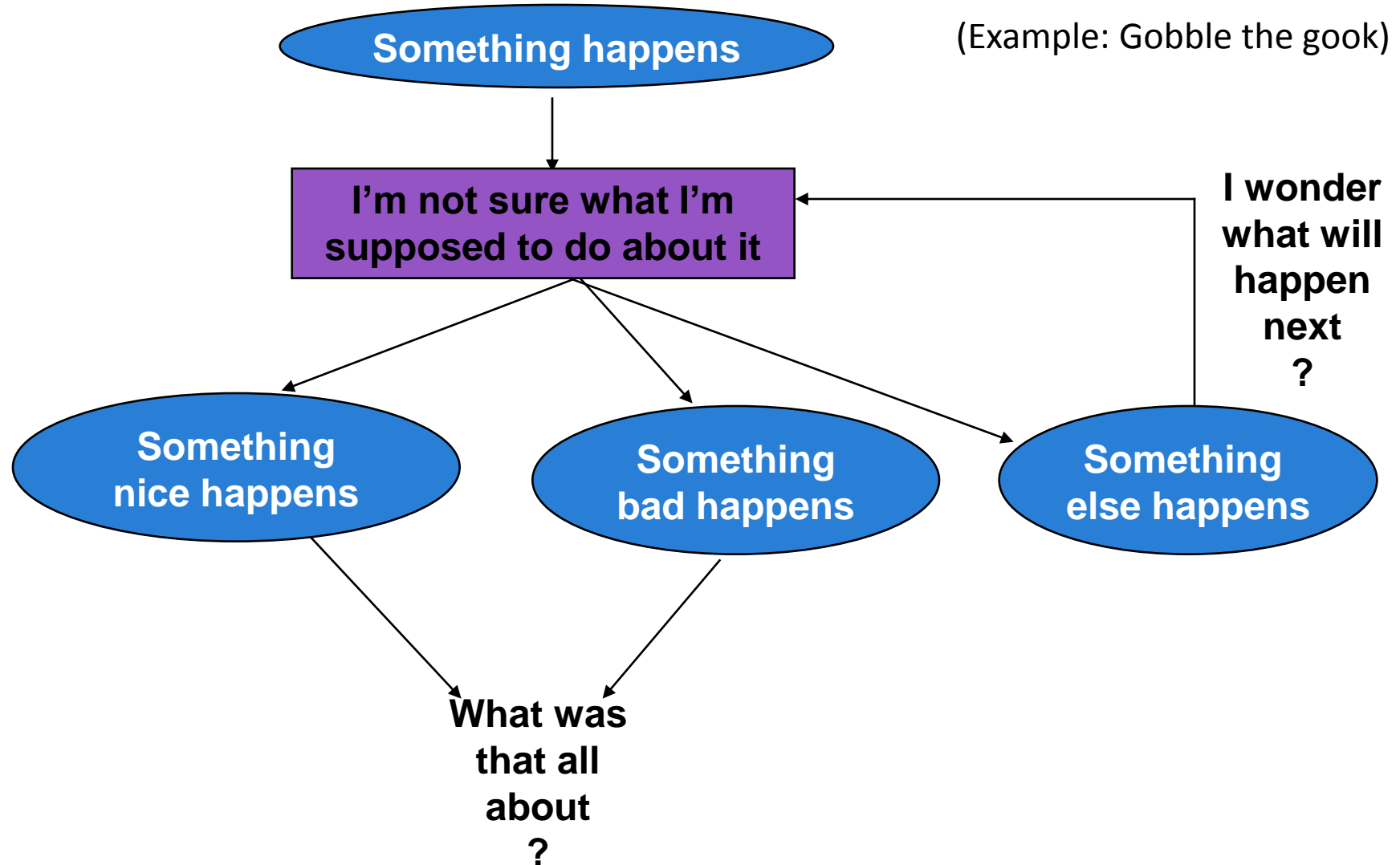
I wonder what will happen next ?

Something nice happens

Something bad happens

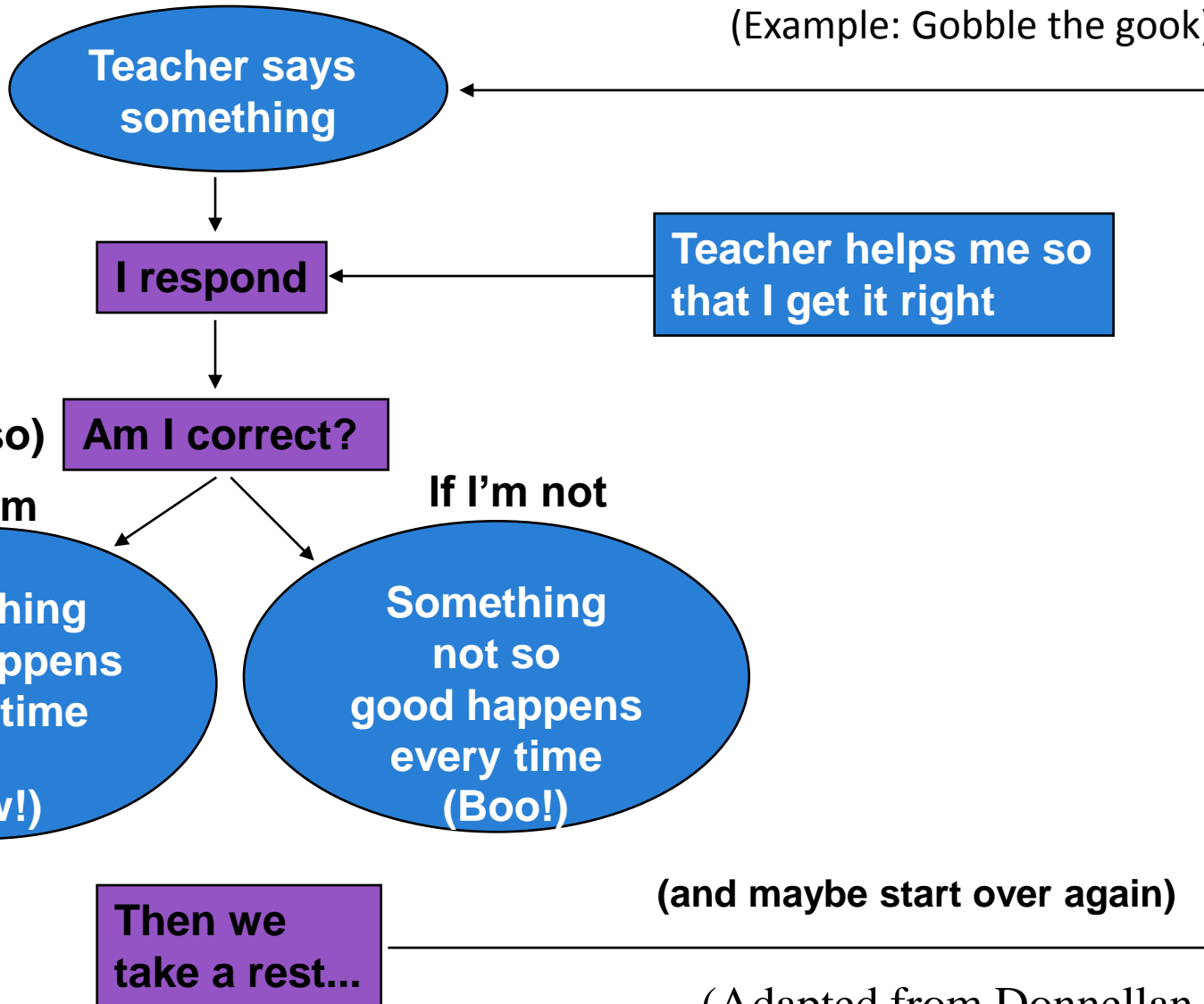
Something else happens

What was that all about ?



Systematic Instruction

(Example: Gobble the gook)



(Adapted from Donnellan et al 1988)

Deciding A Target Skill

Selecting A Skill Target

- Is it a useful skill?
- Does the person *want* to learn this skill?
- What level of success do you want the learner to achieve?
- Will this skill improve the learner's self esteem?



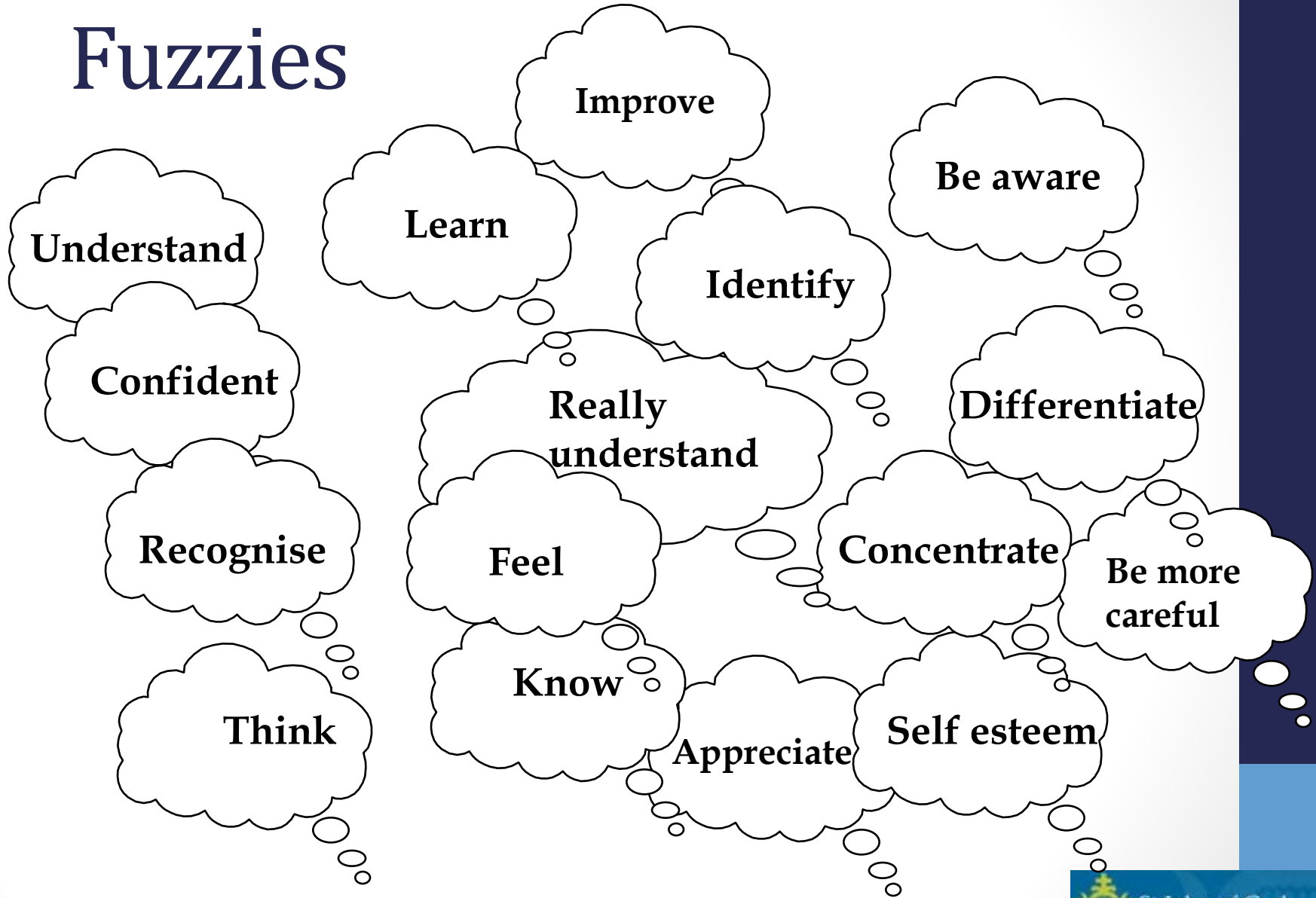
Components of the skills target

- Who
- Will do what
- Under what conditions
- To what performance criterion

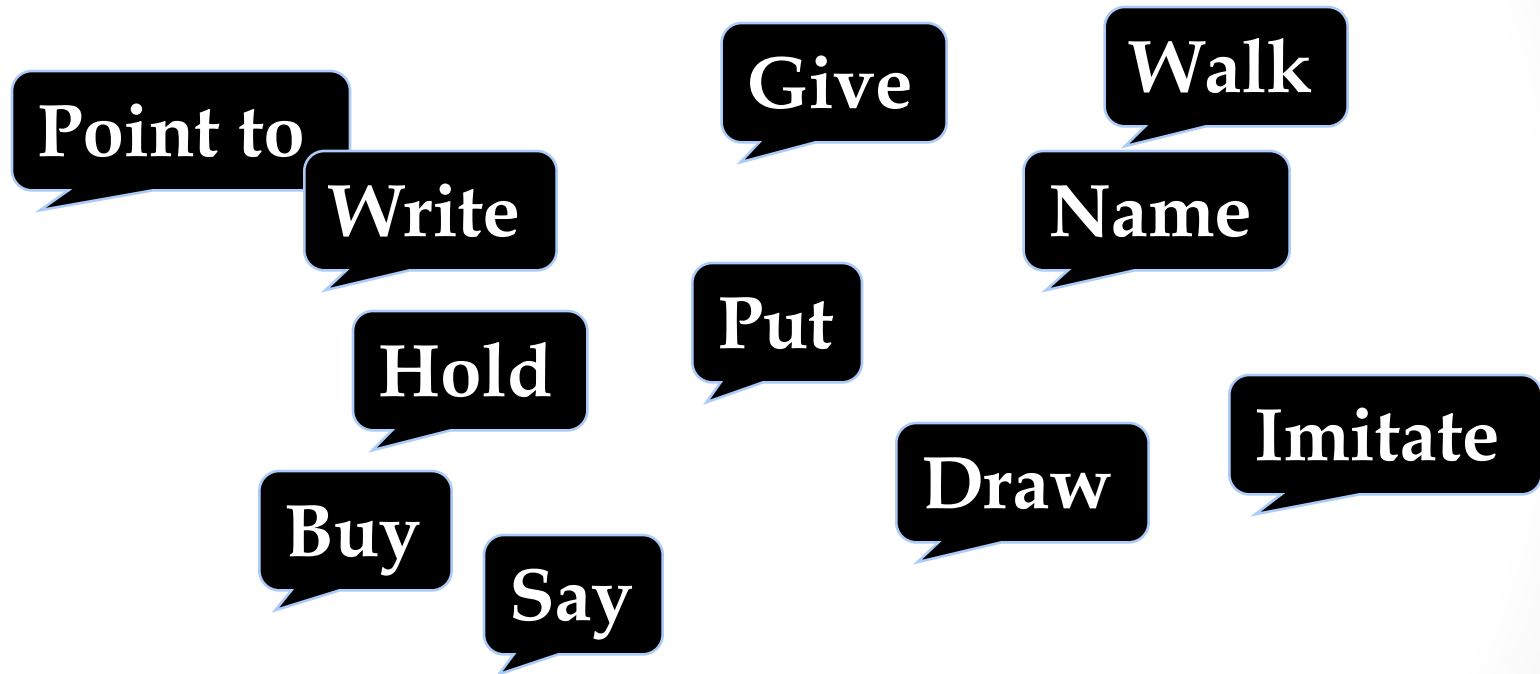
Target Response

- Defined as a performance (not a fuzzy)

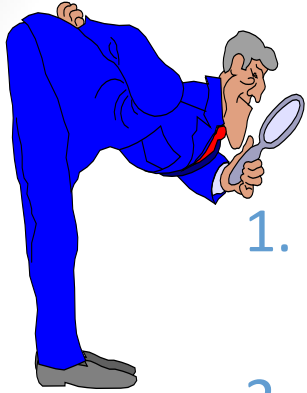
Fuzzies



Performances

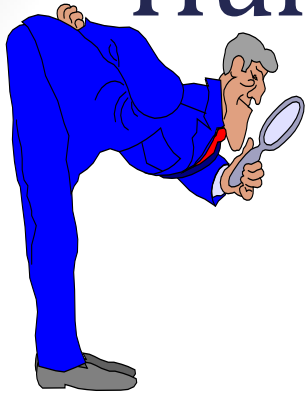


Hunt the Fuzzy (1)



1. Wayne will stop turning the knobs of the gas cooker to the on position
2. Sally will appreciate the dangers of electricity
3. Tina will create a home environment which is conducive to the well being of her children
4. After being sufficiently stimulated by the class teacher, Rebecca's workgroup will create an interesting story
5. Between the hours of 7.00 a.m. and 7.00 p.m., Charles will not be in his own bed

Hunt the Fuzzy (2)



6. At 7.45 p.m. Susie will attend her social skills group and listen with interest
7. Sam will be more loving and compassionate towards his wife
8. Jean's keyworker needs to give Jean attention for ten minutes on three occasions each day
9. Jim will stop and wait at the edge of the kerb when his mother says "James, wait please"
10. Jill will record on a chart whether or not she feels dizzy when she wakes up every morning

Examples of skills targets

- Sarah will do aerobics at the local health club with staff accompaniment on five consecutive occasions
- Jane will wait (i.e. will not show self-injurious behaviour) for three seconds when asked to on five consecutive occasions
- Ruth will serve herself an additional portion of food from the saucepan using the ladle when she has finished all of the food on her plate on four out of five consecutive occasions

Principles of Skills Teaching

Principles

- LISTEN
- Adapt the Environment
- Prompt
- Reward
- Fade

1. Listen



2. Adapt the
environment

3. Prompt

4. Reward



5. Fade

Listen

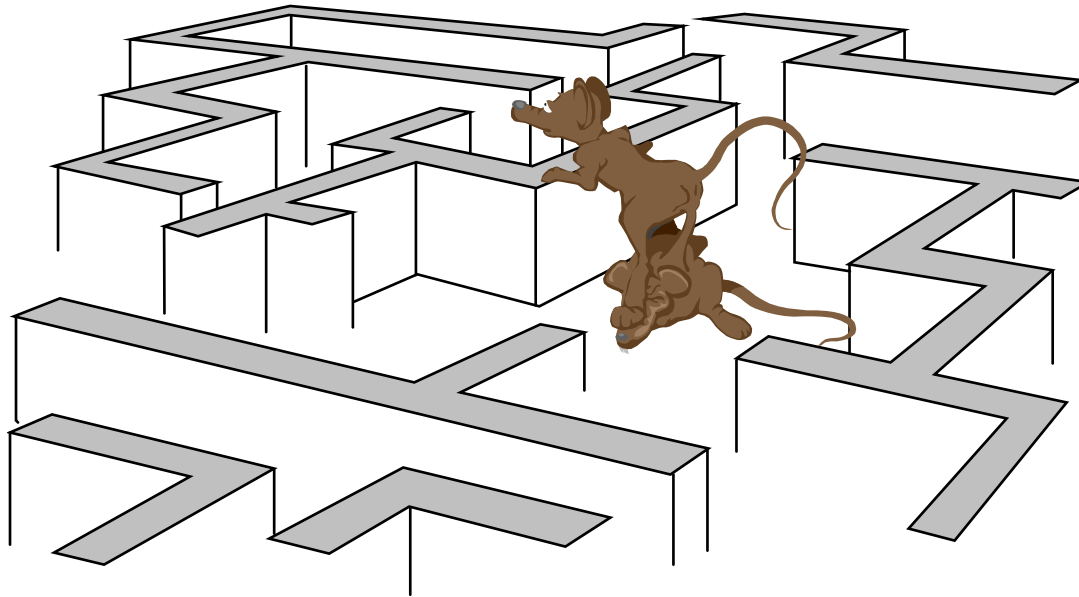


1. Listen

Listen for initiatives

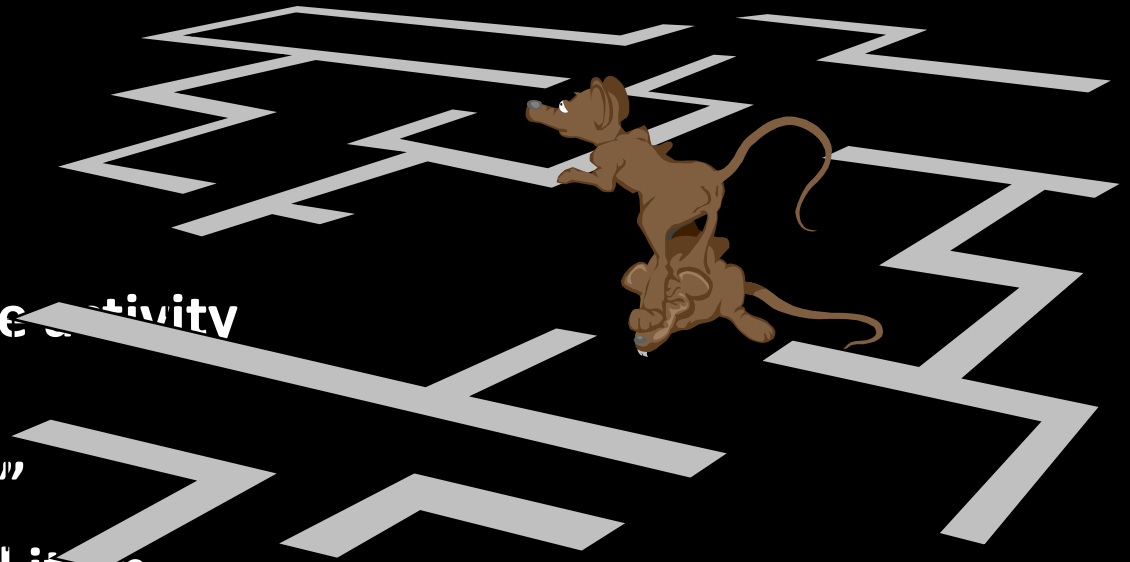


Adapt the Environment



2. Adapt the environment

- Routines
- Create need for assistance
- Out of reach
- Small portions
- Withdraw
- Interrupt a favourite activity
- Choices
- “Misunderstanding”
- Offer non-preferred item



Organisation of Space

We need to create the association of space, activity & expected behaviour

- Work area
- Group area
- Waiting area
- Free time area

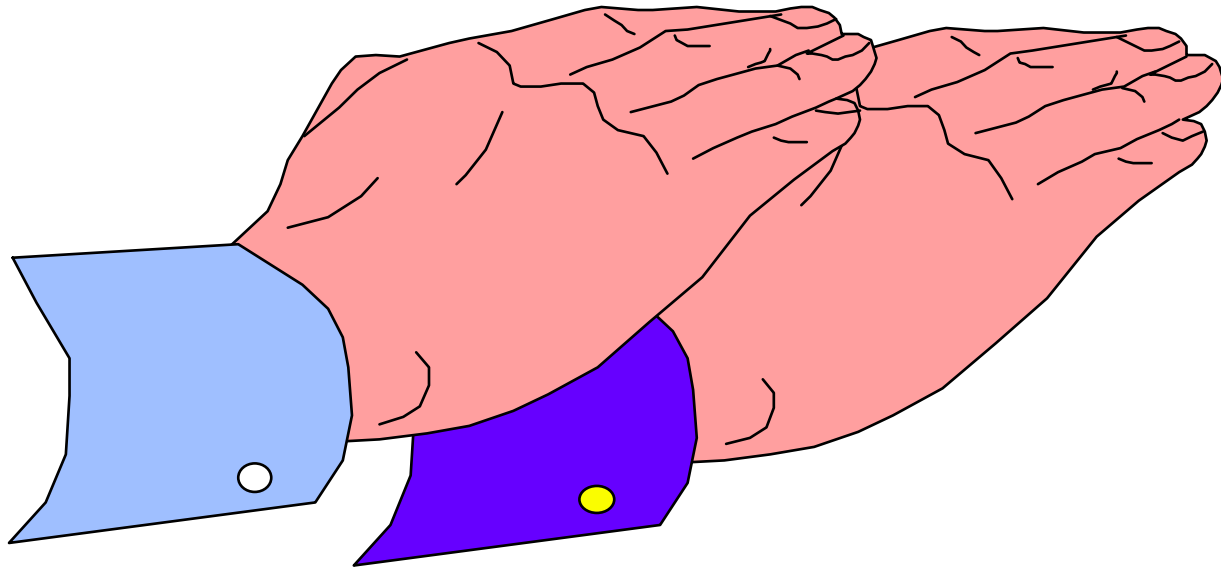
Visual Aides

- Making sure the environment is 'learning ready'
- Only use aides when necessary - if it isn't helping the person, it's hindering them!
- Labelling (cupboards, shelves, colours)

Clear Instruction

- Invisible → Visible
- Abstract → Concrete
- In Time → In space

Prompt



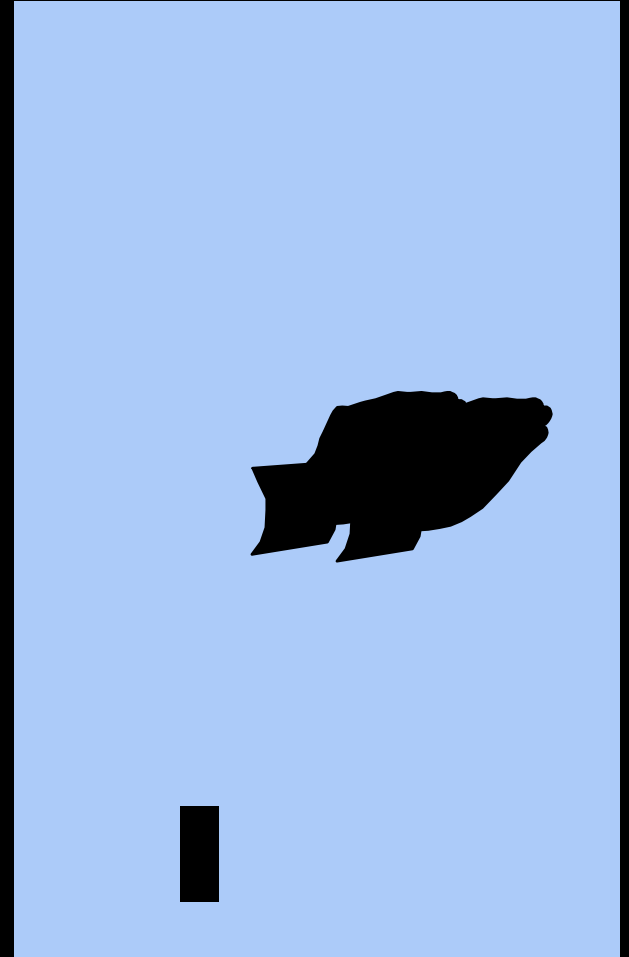
Selecting a Prompt

- What mode does the person work best in?
- Individual factors to be taken into consideration (e.g. tactile defensive, heightened sensitivity to noise).
- The Mono-sensory Learner.

What types of prompts do we use?

Prompt

- Most to least prompting
- Physical prompts
- No distractions



Reward



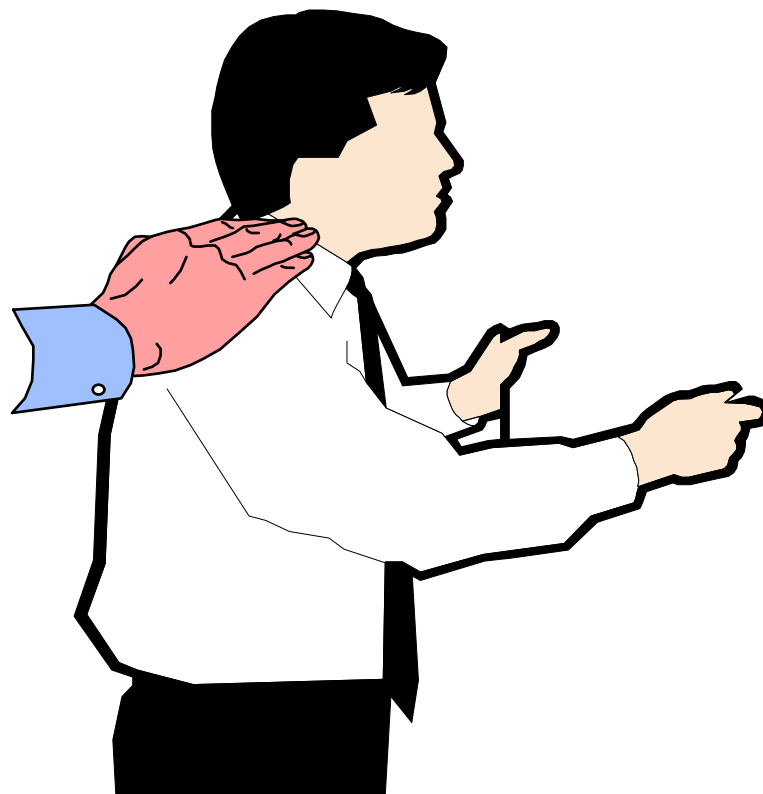
Selecting a Reward

- What motivates us?
- What would motivate the learner?
- Is the reward appropriate?
- Is it something a same aged non-disabled peer would work for?
- Is it OK to be in a state of deprivation to the reward?

- Wait
- Confirm
- Meet the request



Fade



Fading a prompt

- If we have a prompt, we have a plan on how to fade it.
- Prompt dependency

- Fading a gestural prompt
- Fading a physical prompt
- Fading a verbal prompt

Teaching Augmentative Communication Skills

Language Development

- (0-7 months) Babbling
- (7-12 months) One Word Utterances
- Generalisation
- (12-24 months) Putting words together
- (24-36 months) Identifying Pronouns correctly

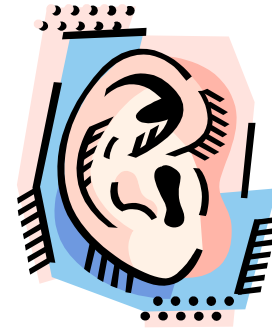
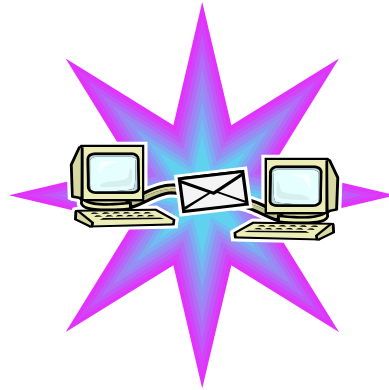


Difficulties in Producing Spoken Language

- Echolalia
- Repeated words
- 1st person confusion

- What other ways do we communicate?
- Pictures
- Gestures
- Writing

What ways do we use to communicate?



Symbolic Representation

- 1) Spoken Word
- 2) Written Word
- 3) Picture of Object
- 4) Actual object

Picture (or Object) Exchange Communication

PECS Pre-requisites

- Gestures
 - Indicate Preferences
 - Watch, track & Scan
 - Match picture to object
- *AND*
 - Remember
 - Initiate Social Contact
 - Understand Symbol
 - Imitate
- Pictures
 - Indicate Preferences
 - Watch, track & Scan
 - Match picture to object

Pictures are...

- Guessable
- Mobile
- Permanent



Before Using PECS...

- Motivation Assessment – what does the person want?
- Environmental accommodations – Is it conducive to learning?
- Picture Selection

What Picture should I use?



Using PECS

- Using a co-trainer
- Levels of PECS
- Immediate Exchange
- Getting it mobile
- Fading supports

Fading Supports

- Hand over hand
- Hand over elbow
- Hand over shoulder
- Without open hand prompt
- With movement
- With distracter card

Writing A Skills Teaching Procedure

Skills Teaching Practice

111

SYSTEMATIC INSTRUCTION TEACHING PROCEDURE

Name	<i>John O'Meara</i>				
Will do what?	<i>Will Brush his teeth</i>				
Under what conditions?	<i>Each evening with reminders from his parents</i>				
To what performance criterion?	<i>On 4/5 occasions</i>				
Revised task analysis		STEP			STEP
	1.	<i>Rinses Mouth</i>		5.	
	2.	<i>Brushes sides</i>		6.	
	3.	<i>Brushes front</i>		7.	
	4.	<i>Puts paste on brush</i>		8.	
Prompt Fading		Prompt (<i>Physical</i>)			Prompt
	A.	<i>Hand / Elbow</i>		C.	<i>Independent</i>
	B.	<i>Hand / Shoulder</i>		D.	
Environmental Adaptations	<i>Cold taps turned on for John Pump toothpaste for John to use</i>				
Reward	<i>Tick on chart for each step learned, leading to outing on the train</i>				
Additional Supports	<i>Hand / Hand where necessary.</i>				
What to Record	✓ - Correct response performed O - Opportunity to try again next time R - Refused to participate				

Start Date	Step	Prompt A.	Prompt B.	Prompt C.	Prompt D.	Date Step Achieved
2/9/02	1.	✓✓✓✓✓	✓O✓✓O✓✓	✓✓✓✓		11/9/02
12/9/02	2.	✓✓✓✓	✓✓✓✓	✓✓✓✓		17/9/02
18/9/02	3.	✓✓✓O✓	✓✓✓✓	✓✓✓O✓		26/10/02
26/9/02	4.	✓OO✓✓✓	✓✓✓✓	✓✓✓✓		30/10/02

Criterion for Revising	<i>Three consecutive 'O's.</i>
------------------------	--------------------------------

Essential Components

- TARGET
- PROMPT
- FADE
- REWARD
- ENVIRONMENTAL ACCOMADATIONS
- CRITERIA FOR REVISING

Teaching Skills

- Teach independent skills
- Teach skills that encourage self esteem
- Stay behind & quiet when teaching (cut down on distractions)
- Success can be its own reward
- Always try to make information clear
 - Invisible – Visible
 - Abstract – Concrete
 - In Time – In space

Data Collection

Main Types of Baseline Data Collection

- Event recording
- Interval recording
- Time sampling

Event Recording

	Mon	Tues	Wed	Thur S	Fri
10-11	✓ ✓		✓ ✓	✓	
11-12		✓ ✓ ✓			
12-1					✓ ✓
1-2	✓ ✓ ✓			✓ ✓ ✓	✓ ✓
2-3		✓ ✓			✓ ✓ ✓
Total	5	5	2	4	7

Interval Recording

Time	Mon	Tues	Wed	Thurs	Fri
10-11	X		X	X	
11-12		X			
12-1					X
1-2pm	X			X	X
2-3		X			X
Total:	40%	40%	20%	40%	60%

Time Sampling

Date	Time	Strikes
14 Dec	12.40	6
14 Dec	14.50	4
16 Dec	07.00	7
17 Dec	10.30	3
19 Dec	19.45	5
	Baseline:	$25/5 = 5$

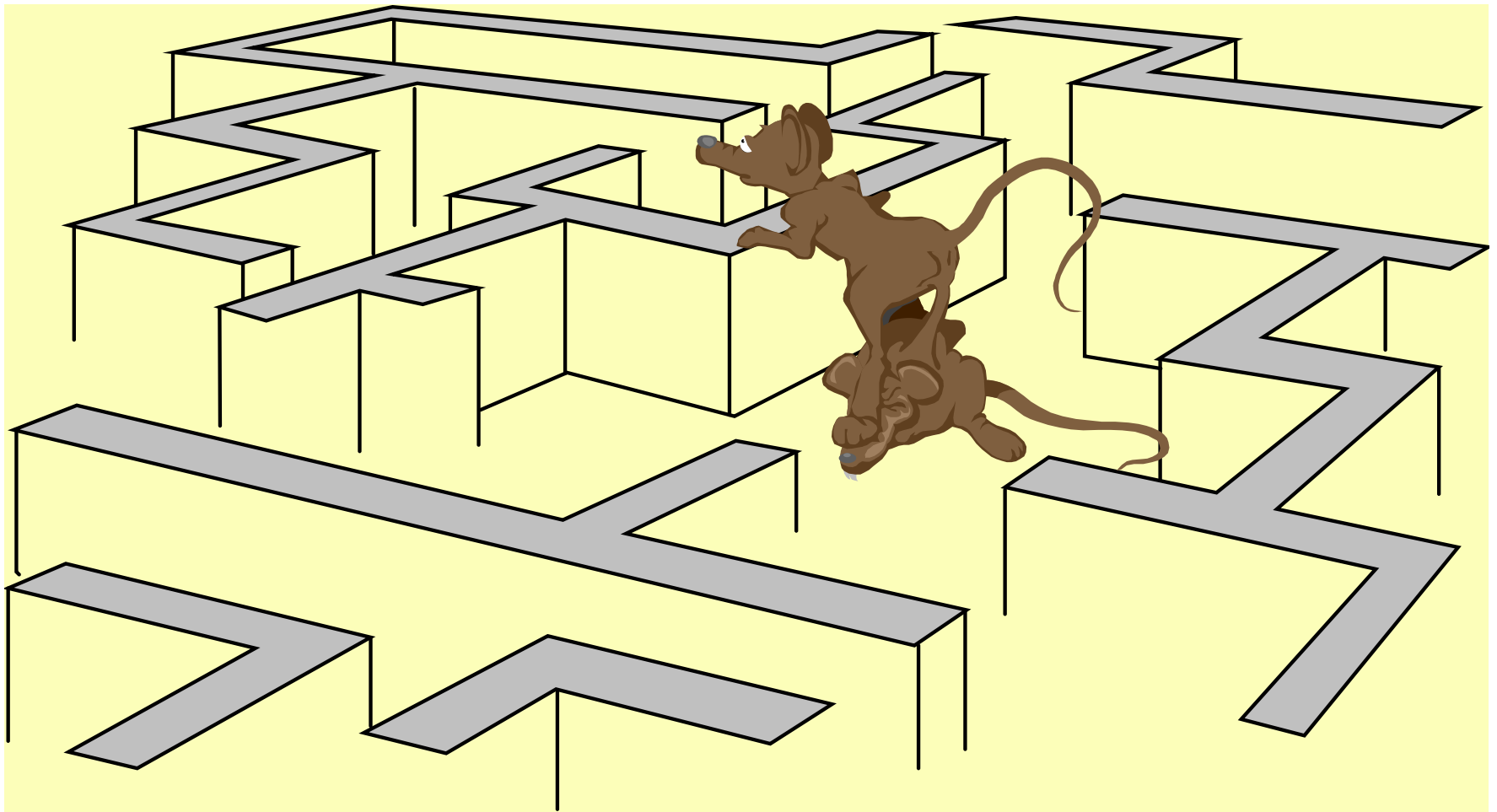
Unit X

Consultation skills

Exercise

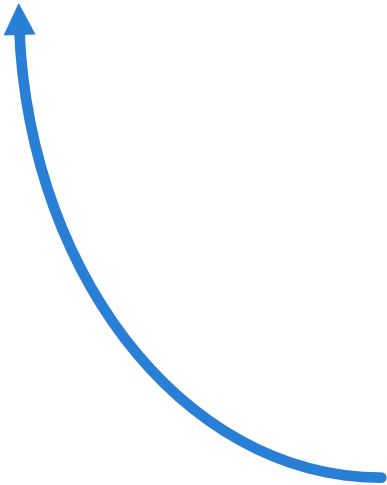
What are the obstacles to implementing a multi-element behaviour support plan for a person with behaviours that challenge in your service?

Periodic Service Review





**Performance
standards**



Periodic Service Review

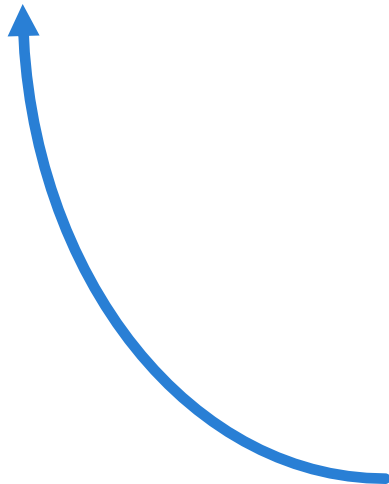
Periodic Service Review



Performance standards



Regular monitoring

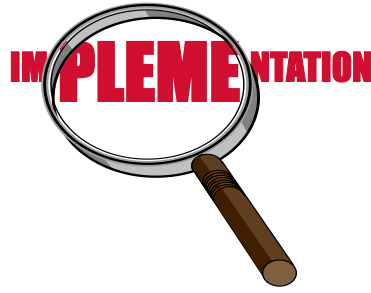


Periodic Service Review

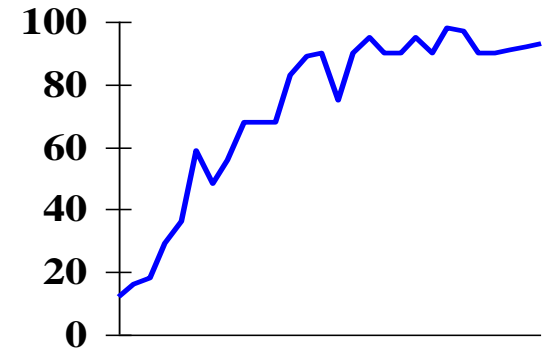
Periodic Service Review



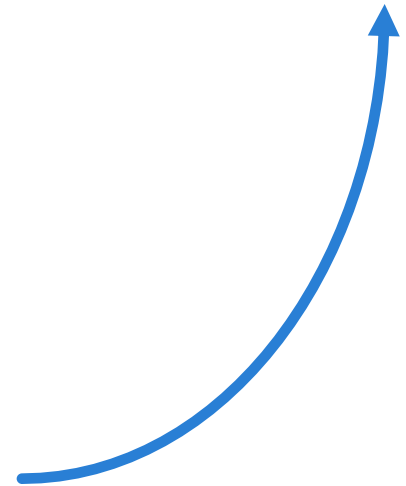
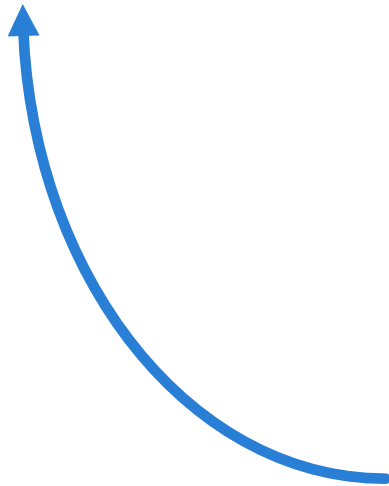
Performance standards



Regular monitoring



Visual feedback



Periodic Service Review

Periodic Service Review

Peter's Behaviour Support Plan

Proactive Strategies

Reactive Strategy

Environmental

Accommodations

- Pictorial timetable
- Activity sequencing
- Fibre intake

Skills teaching

- Setting the table
- LAMH sign for pain
- Co-operation training
- Asking for permission
- Taking turns

Direct Intervention

- DRL
- trigger control

•Facilitated communication

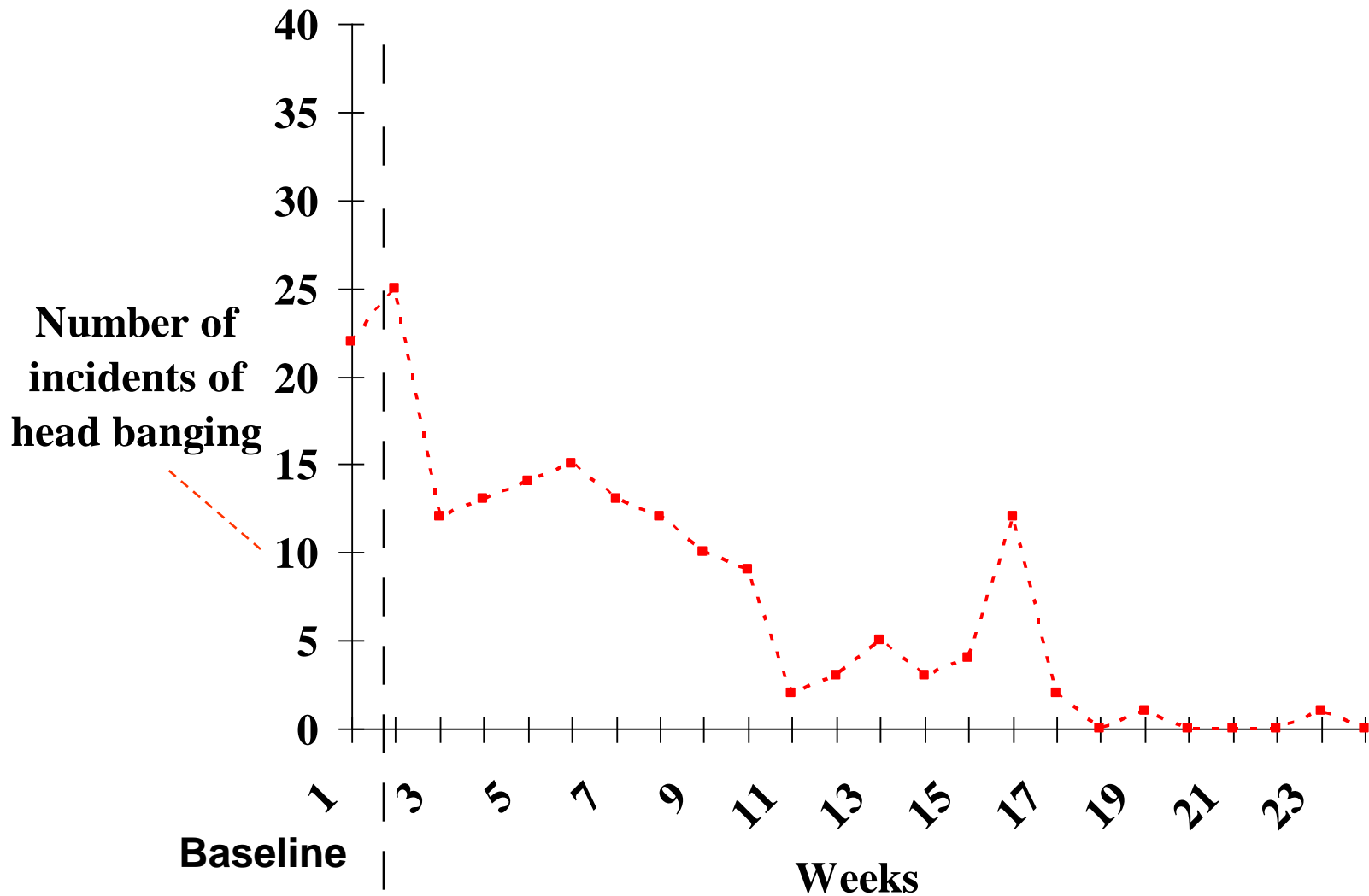
- Redirection
- Active listening

Multi Element Behaviour Support Plan for Peter

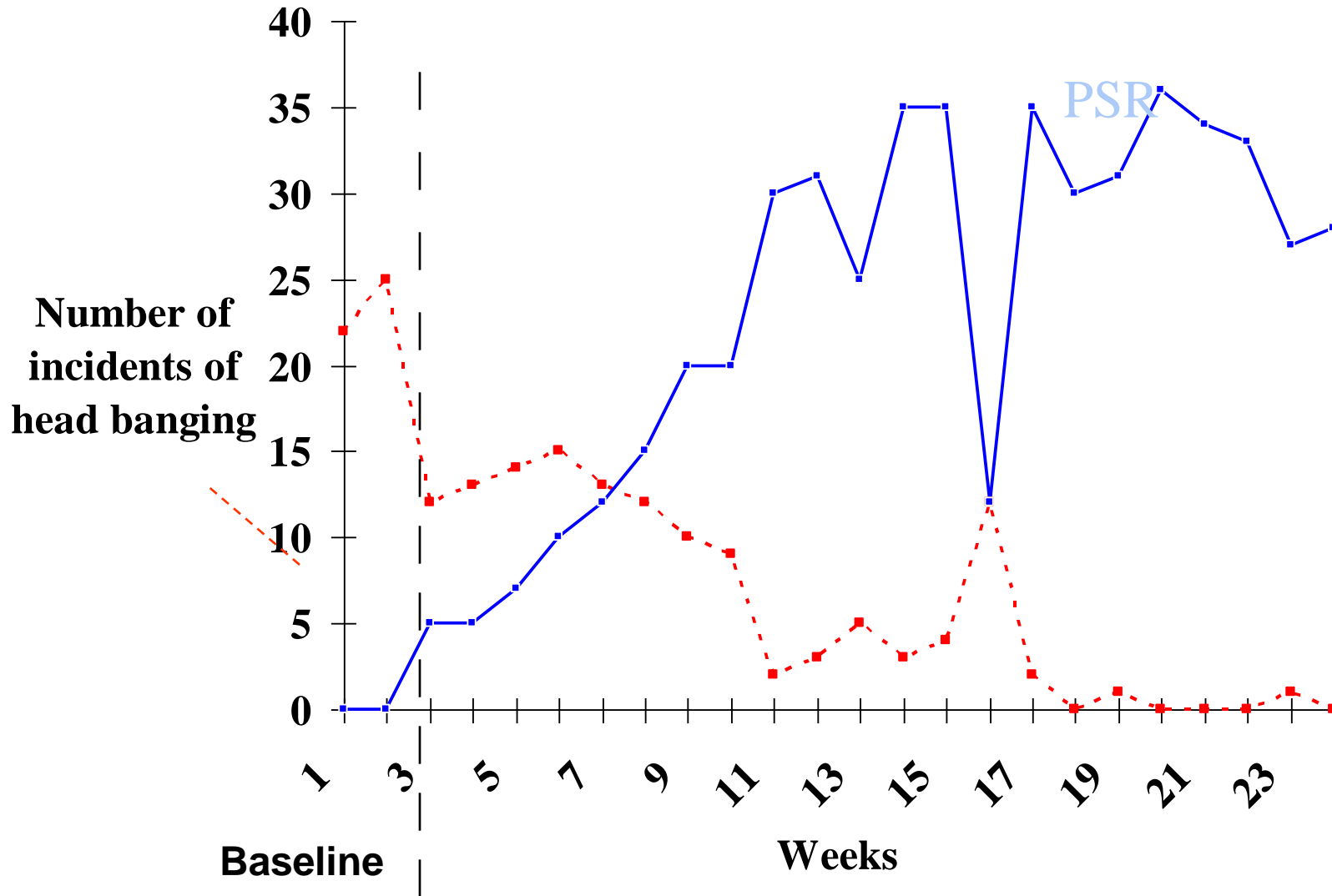
To be completed each week This week beginning _____

	+ / -	Comments						
1. Picture timetable								
2. Activity sequencing								
3. Fibre intake		M	T	W	T	F	S	S
4. Setting the table								
5. LAMH sign for pain								
6. Taking turns								

Peter's graph



Peter's graph



Roles of a manager

- Set objectives
- Organise
- Motivate
- Measure and analyse
- Communicate

Preparation

- No rigid objectives
- Gather information in advance
- Set a positive tone
- Conduct preparatory meetings
- Examine your assumptions

Consultation

Active listening

Understand
the other side

Open ended

Closed

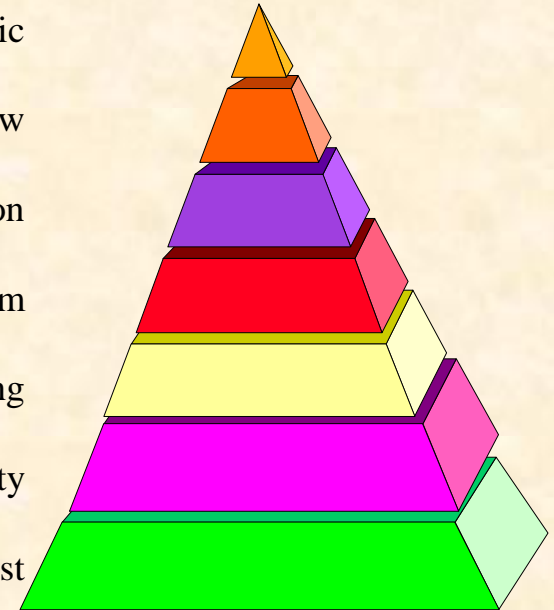
Questions

Facilitative

Leading

Needs

Aesthetic
To know
Self-actualisation
Esteem
Love & belonging
Safety
Hunger, thirst



Role of a facilitator

give undivided attention,
be non-judgmental,
allow silence,
use restatements,
listen for the real message

Multi-Element Behaviour support

Background & Functional Assessment

Proactive Strategies

Reactive Strategies

Environmental Accommodations

- Setting
- Interactions
- Activities
- Choice
- Variety

Skills Teaching

- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & tolerance skills

Direct Intervention

- Reward no behaviour
- Reward low rates of behaviour
- Reward alternatives
- Co-operation training
- Satiation

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Stimulus Change
- Active Listening
- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

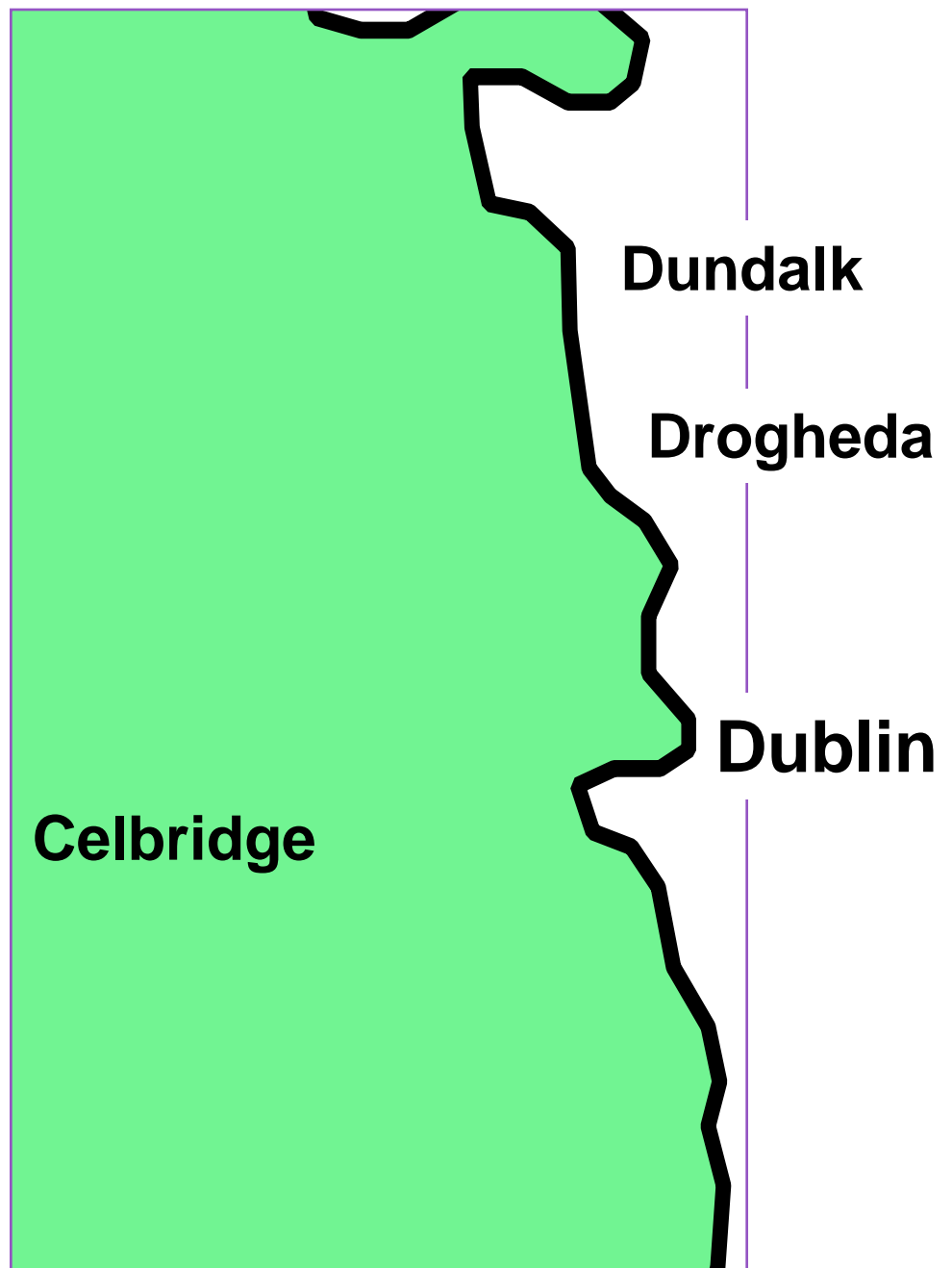
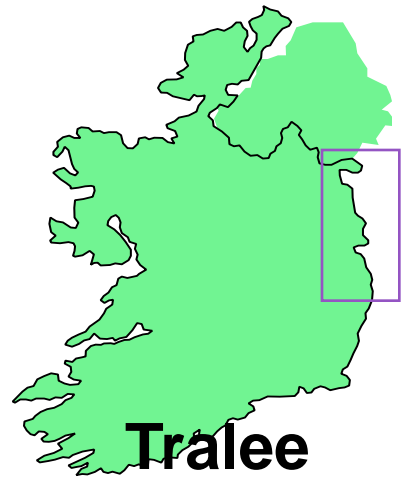
•Quality of life

Module 6

- Verbal Feedbacks
- Video Presentations
- Presentation of Portfolio
- (Lunch)
- Model of Behaviour Support Services
- Maintenance of Behaviour Support

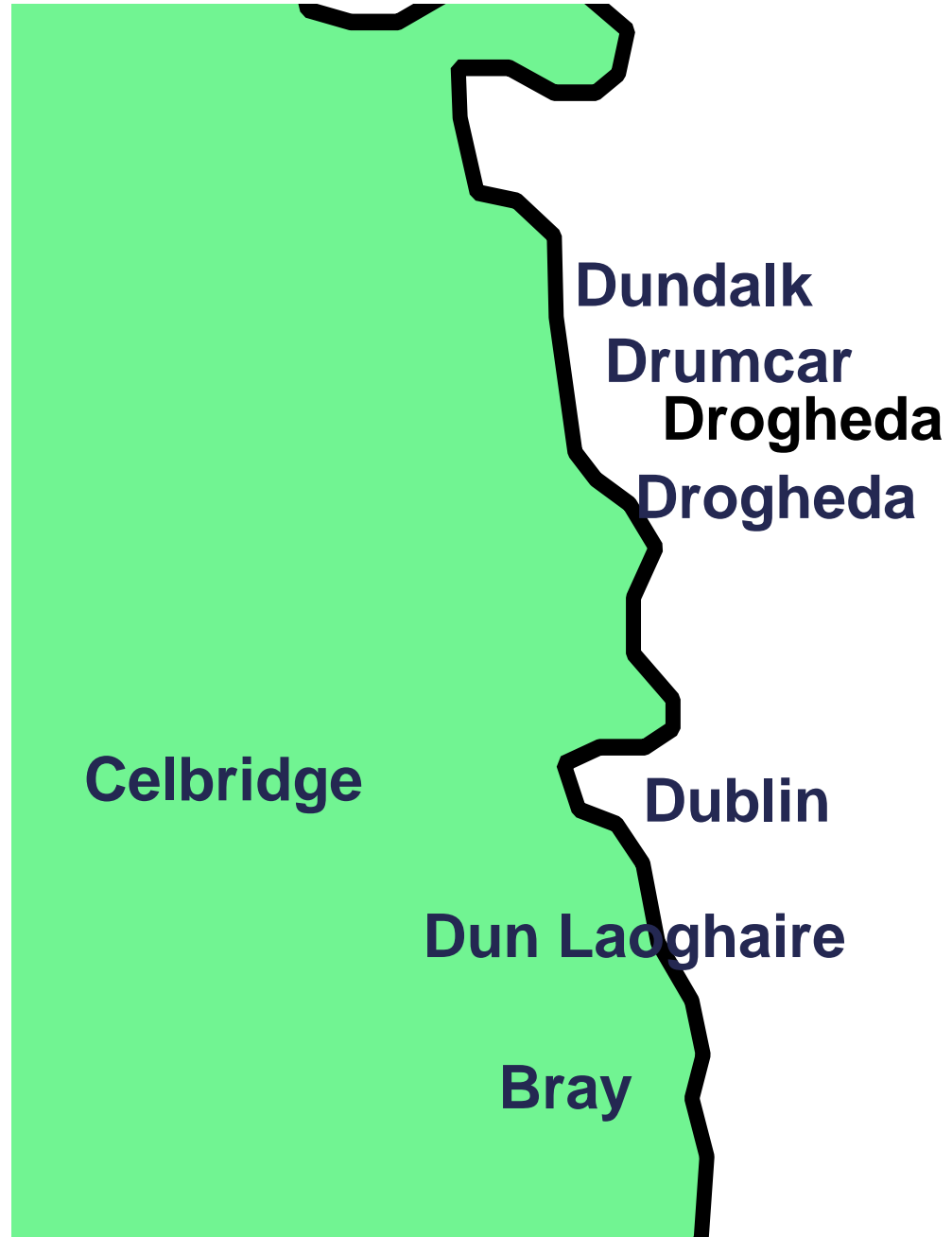
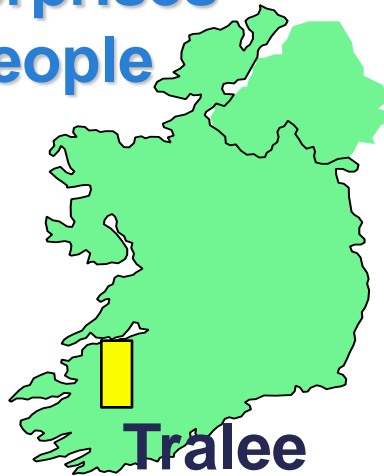
MODELS OF BEHAVIOUR SUPPORT SERVICES

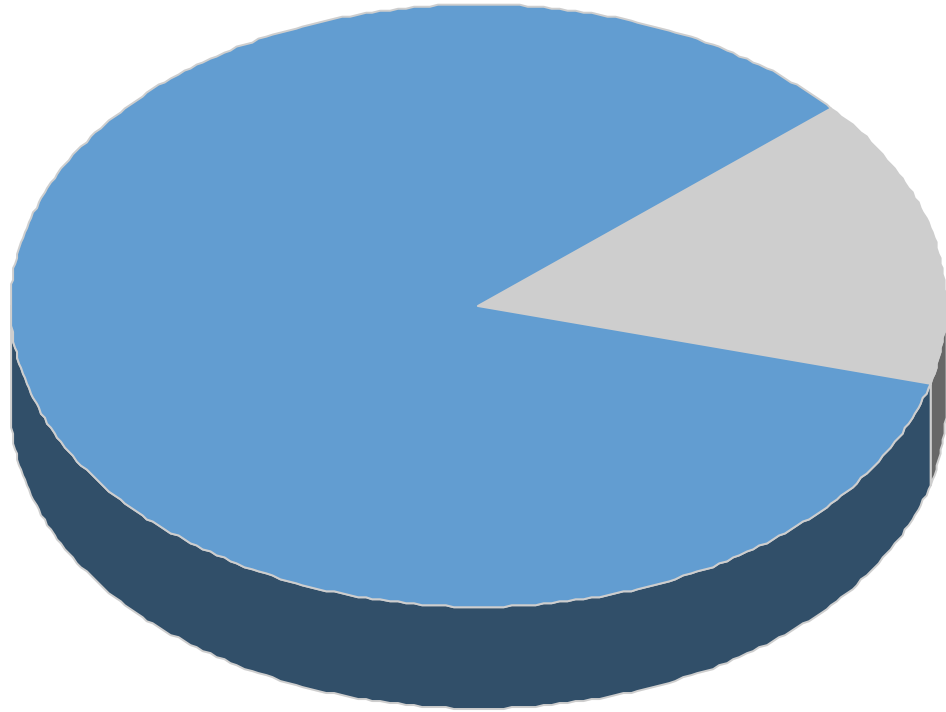
*Hospitaller Order of
St John of God*



Hospitaller Order of St John of God

Residential services
Group homes
Day centres
Special schools
Adult training &
Work enterprises
= 1,668 people





- 1,447 people with a learning disability
- 224 people with very severe challenging behaviours

= 15%

Proportion of people who show severe challenging behaviours across the services

SPECIALIST TEAMS & UNITS

Special units and special teams

Low throughput

Poor generalisation

Poor maintenance

Less staff development

Dependency

PARTICULAR CASE TRAINING

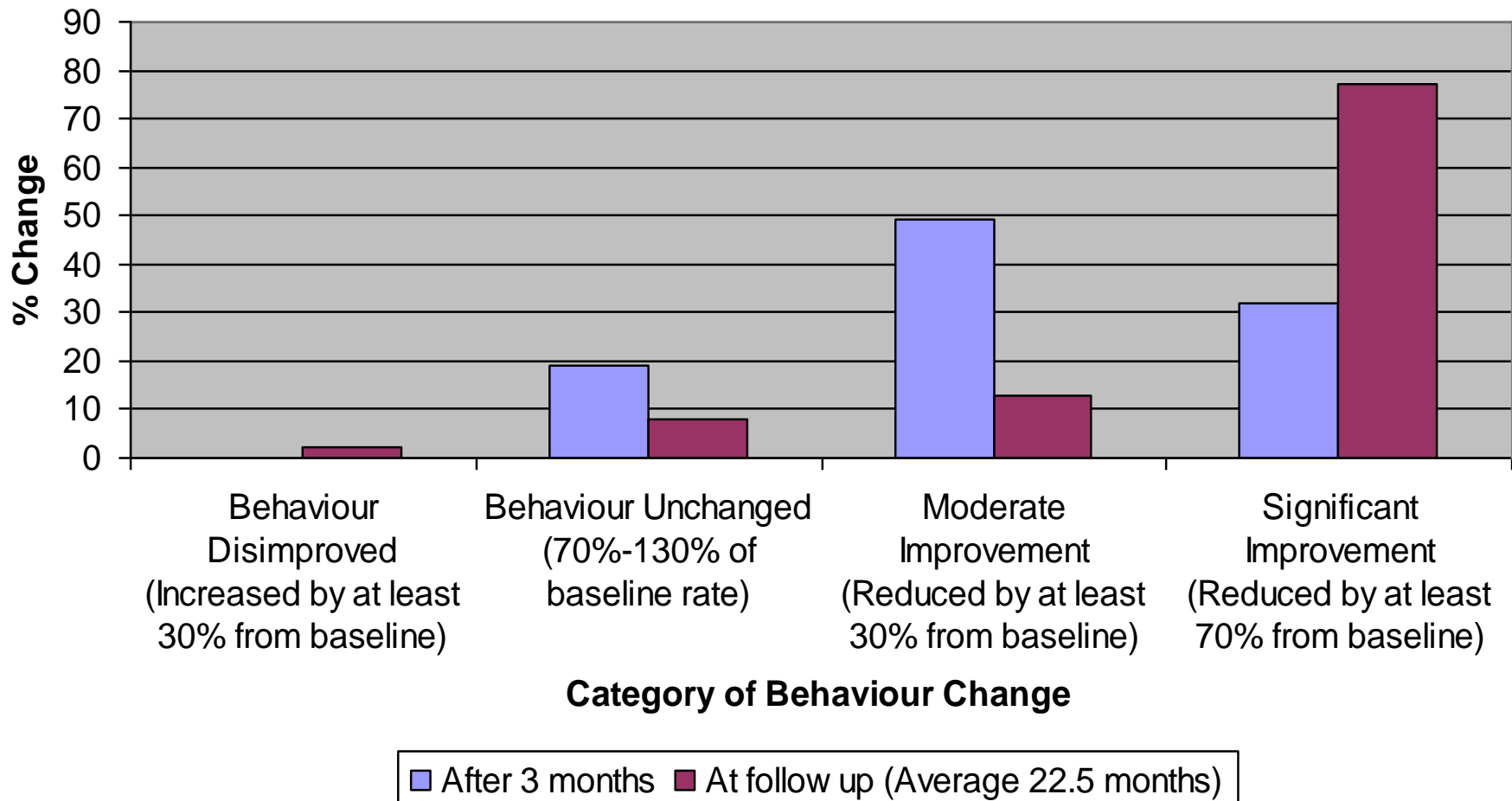
Particular case training

- Longitudinal training
- Competency based
- Cross sectional
- Comprehensive assessment and intervention
- Periodic Service Review
- Quarterly Progress Review

Behavioural outcomes, May 2001

Outcome	Percent of baseline	Percent of people
Moderate improvement	30 - 70%	11%
Significant improvement	0 - 30%	77%
Total number with BSPs		184

Behavioural Outcomes



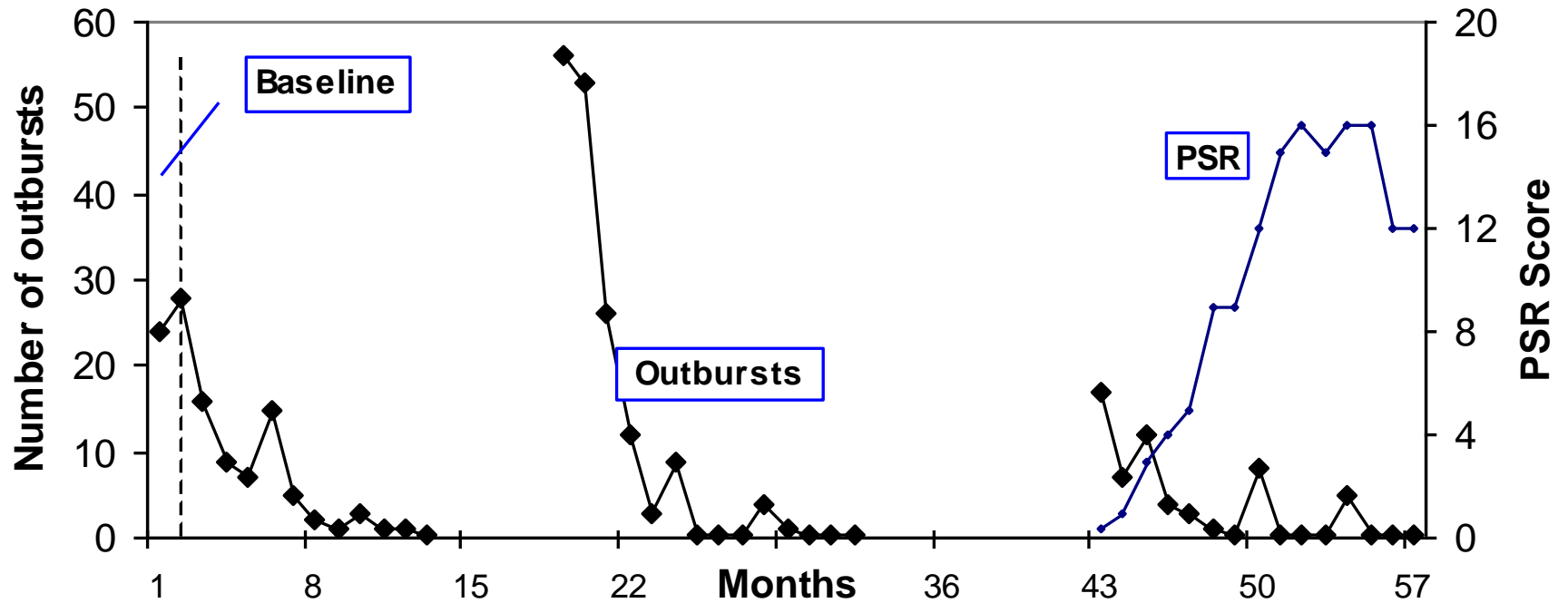
Participant on-the-job performance

- Clinical Effectiveness
- Social Validity
- Personal Validity

Organisational Outcomes

- Trained practitioners
- Access & speed of response
- Culture of Positive Behaviour Support
- Supervisory/management Policy & Procedures
- Accredited Training Body

Sarah

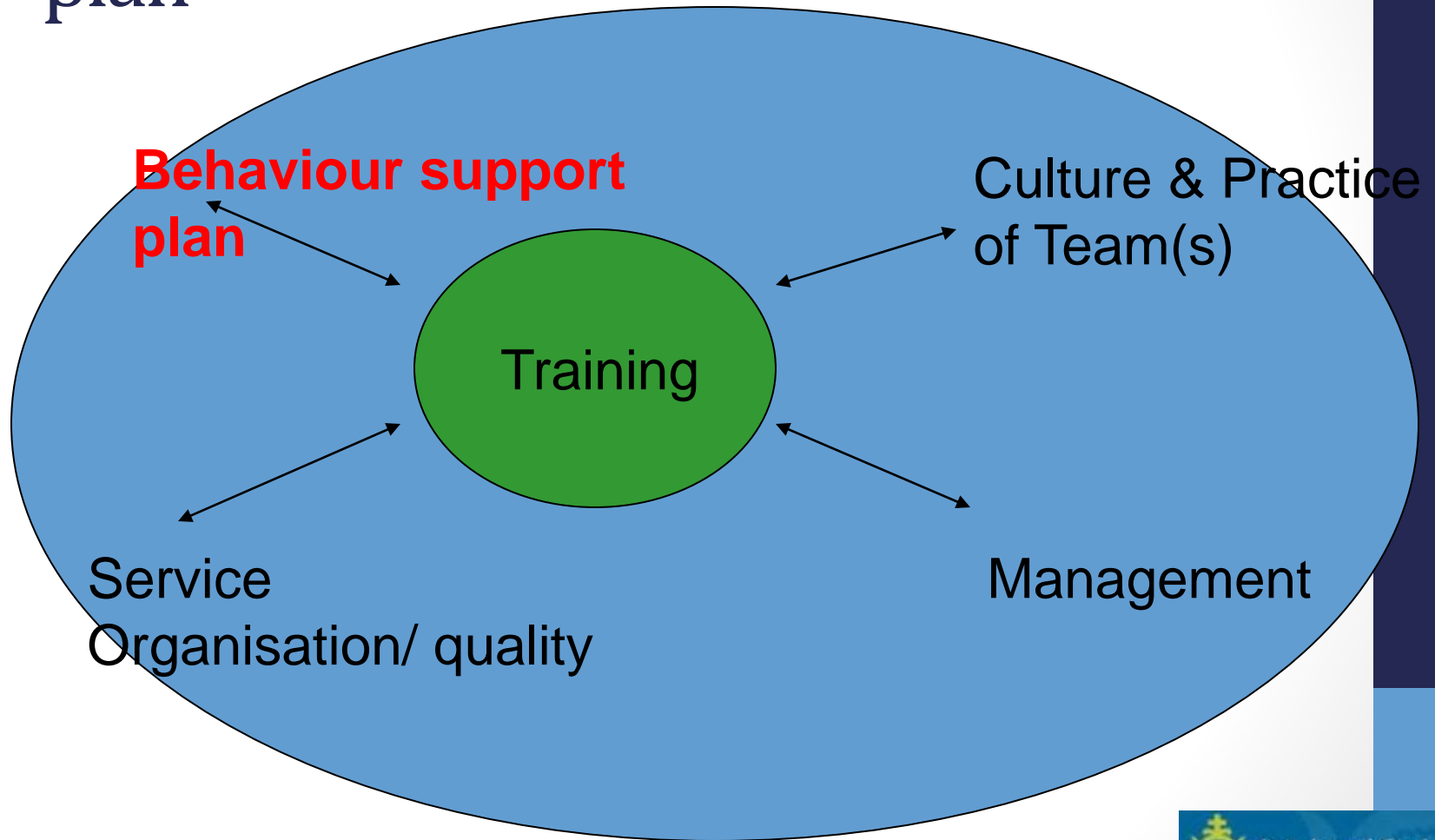


Reducing Rights Restrictive Practice

- Awareness of Human Rights Issues
- Rights Review Committee
- Behavioural Review Committee
- Use of Person Centred Planning

MAINTENANCE OF POSITIVE BEHAVIOUR SUPPORT IN SERVICES

Staff's experience of maintaining Multi-element behaviour support plan



On-Going Training

- Refresher Workshops
- Key Worker Workshops
- Management of MEBS Workshops
- Additional Casework & mentoring Module
- Introductory Workshops (1, 2 or 3 days)
- Micro Training Sessions (e.g. ASD, Dementia, NVCI, Skills Teaching)

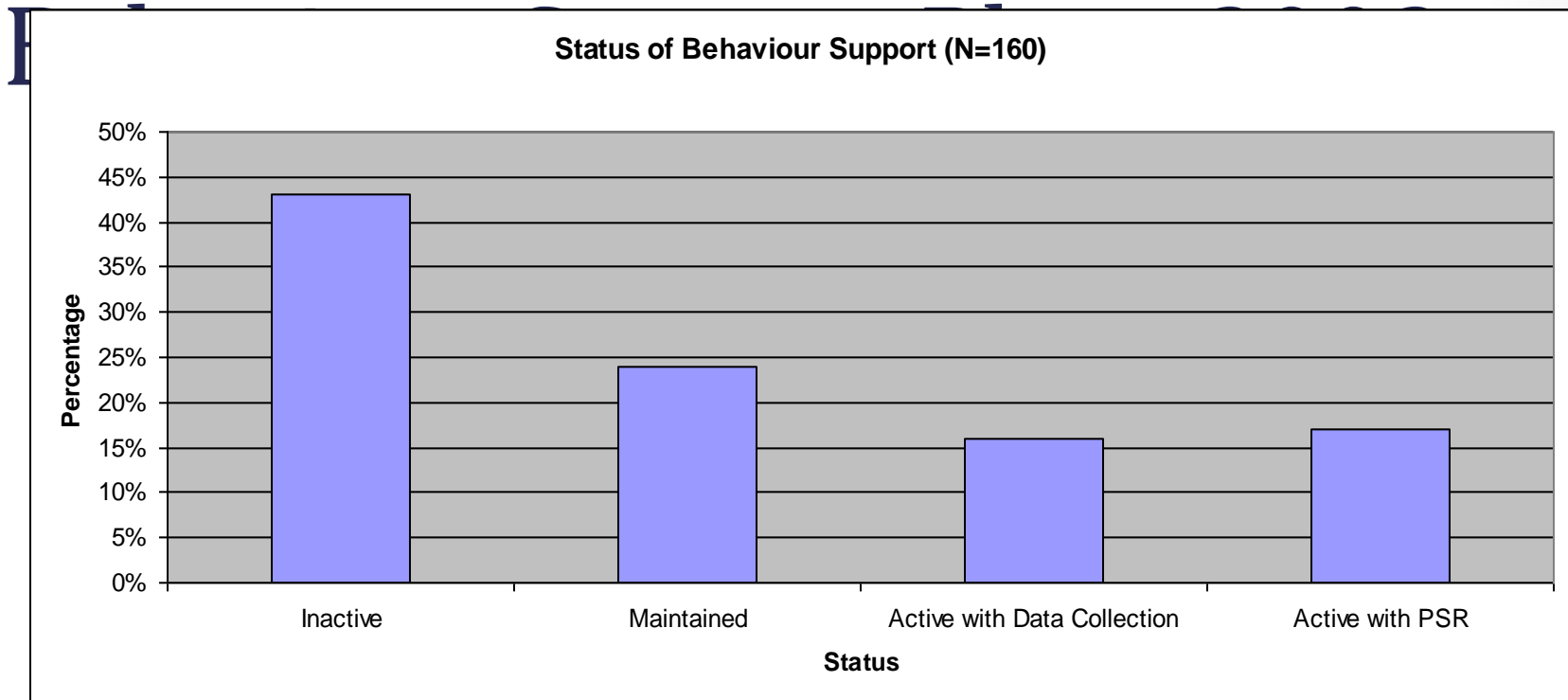
Top Down Commitment

- Accountability – Regular Review
- Use of Incident Reports
- Training for and Support from Director and Management
- Clinical staff trained & committed to Positive Behaviour Supports
- Streamlining PBS systems into existing systems

Bottom Up Commitment

- Full participation of service users
- Train a critical mass of front line staff
- Taking ownership of behaviour support
- Ongoing Data Collection
- Team Communication
- Involvement of Circle of Support

Status of Multi Element



Maintenance

- Particular case training
- Train supervisors
- Train co-workers
- Integrate into quality assurance practices
- Provide update training and repeat training
- Research on outcomes

Working with other systems

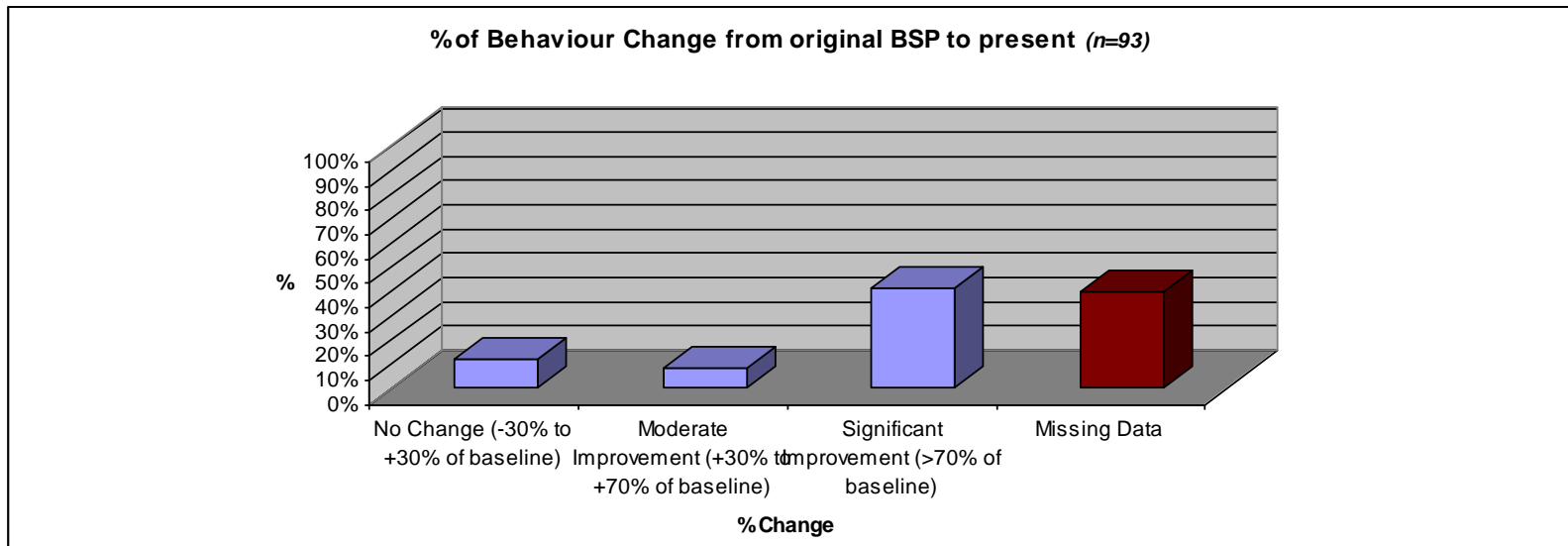
- Personal Outcomes Measures to be conducted in conjunction with behaviour supports.
- Sharing goals with Individualised Education Plans

Human Rights Based Approaches

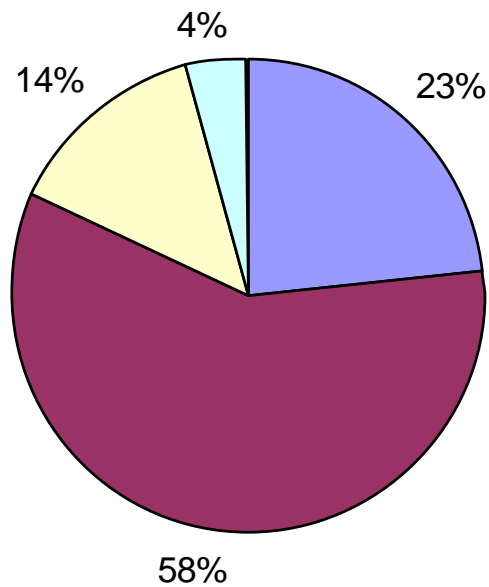
- Awareness & Identification of Human Rights Issues
- Assessment of Behaviour Support Plans for Human Rights Infringements
- Establishment of organisational structures to address Human Rights Issues

Working in Positive Behaviour Support Positions

Monitoring / Review (2007)



Current Status of Behaviour Support Plan (n=73)



- Inactive
- Maintained
- Active with Data collection
- Active with Quality Assurance Tool

Behaviour Specialists

- The Role of the Behaviour Specialist
 - Training
 - Behaviour Support Case Work
 - Management of Behaviour Support Services

Additional Training Opportunities for Behaviour Practitioners

- 9 months course
- Nursing Higher Diploma (Challenging Behaviour)
- Behaviour Analyst Certification Board
- Masters in Behaviour Analysis
- Psychology B.A. or M.Sc.
- Continuing Professional Development Credits
- Division of Behaviour Analysis in Psychological Society of Ireland
- BehaviourSupportIreland-subscribe@yahoogroups.com