

Multi-Element Behaviour Support

Callan Institute
Saint John of God *Hospitaller* Ministries

www.callaninstitute.org

Or

'Callan Institute'



Hospitality * Compassion * Excellence * Justice * Respect



WELCOME!

A bit about us....

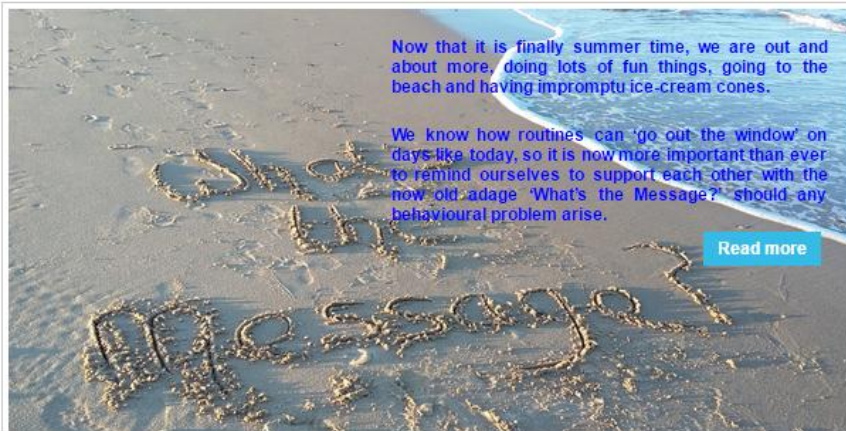
- Callan Institute as part of Saint of John God Hospitaller Ministries provides consultation and training services in Positive Behaviour Support and in Raising Understanding and Awareness (RUA) about Oneself, Friendships, Relationships and Sexuality.
- Services include Positive Behaviour Support plans using the Multi-Element Model; Relationship and Sexuality Education; Positive Futures Planning, Skills Teaching, Periodic Service Review.
- Individual consultation, staff training and regular support to staff on positive approaches for behaviours of concern and sexuality.

Structure of the Course

- 7 Units
- 49 competencies
- Assessment
- Submission of portfolio
- Line Manager/Clinical Supervisor/Mentor support

Structure of the Course

- Registration
- Folder
- Management of MEBS Workshop (27th Sept)
- Assignments
- Website: www.callaninstitute.org
 - Username: callanstudent
 - Password: calmebs



Now that it is finally summer time, we are out and about more, doing lots of fun things, going to the beach and having impromptu ice-cream cones.

We know how routines can 'go out the window' on days like today, so it is how more important than ever to remind ourselves to support each other with the now old adage 'What's the Message?' should any behavioural problem arise.

[Read more](#)

Training



- ▶ What is MEBS?
- ▶ Workshops & Courses
- ▶ Student Downloads Area
- ▶ Tutor Downloads Area

Assesment



- ▶ What is a MEBS assessment?
- ▶ How do I make a referral?
- ▶ Information for families
- ▶ Information for service providers

Research



- ▶ Literature on PBS and MEBS
- ▶ Research in MEBS
- ▶ Projects in MEBS

News & Events

Callan Institute 2016 Training Schedule

If you are interested in Positive Behaviour Support (PBS) or Friendship, Relationship & Sexuality (RUA) Training, check out our 2016 dates:
[Read More](#)

e-learning course on Positive Behaviour Support

Do you want to learn about positive ways to change behaviour with children and adults with an intellectual disability and behaviour of concern? Yes, this foundation course for you.
[Read More](#)

Callan Art Competition winner Mr. Terry Black

Another very successful Art Competition was displayed in Deansgrange Library in March. The winning piece was painted by Terry Black.
[Read More](#)

Systematic Instruction

Building Capacity through Skills Teaching: This course supports the teaching of skills using applied behaviour analysis....
[Read More](#)

Callan Facebook Page

Callan Institute Facebook Page has new posts every day. Keep up to date with events, tips and resources by visiting and liking us.
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- Training** 
- What is MEBS?
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 - Multi Element Behaviour Support 2013 - 2014
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Login

Password

Welcome to the student area. This is an secure area for students currently registered with Callan Institute, where you can access materials and get further information on assignments.

Please note that these materials have been updated in 2012. If you started the course prior to this, please contact us at callan@sjog.ie if you're looking for a familiar older version. If you are a registered student, and you are unable to access this area, please contact callan@sjog.ie



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Student Download Area

Please select the course you are currently taking

Then click on the documents to read the document (a new browser window will be opened) or right click and 'Save Target As...' to download the selected documentation.

The materials should only be used under suitable clinical guidance and referenced to Callan Institute or the relevant author.

Downloads

- ▶ [Skills Teaching Slideshow May 2016](#)
- ▶ [Skills Teaching Consent Form](#)
- ▶ [Skills Teaching Assessments](#)
- ▶ [Skills Teaching Motivation Assessment](#)
- ▶ [Community Participation Assessment](#)
- ▶ [Rights Checklist 2015](#)
- ▶ [MEBS January 15 Slide Show](#)
- ▶ [MEBS Sample Behaviour Graph](#)
- ▶ [MEBS Contents](#)
- ▶ [MEBS Lecture Notes](#)
- ▶ [MEBS Post Tests](#)
- ▶ [MEBS What is PBS](#)
- ▶ [MEBS Consent Forum](#)
- ▶ [MEBS Comprehensive Behaviour Assessment](#)
- ▶ [MEBS Functional Assessment](#)
- ▶ [MEBS Checking the Message](#)
- ▶ [MEBS Behaviour Support Plan Writing Guide](#)

Course Outline

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

Structure of the Day:

10a.m.- 4:30 p.m.

Breaks:

Coffee: 11-11.20am

Lunch: 1pm – 1.45pm

Coffee: 3pm – 3.15pm

Structure of Today (Day 1)

- Introduction
- Positive Behaviour Support
- Multi Element Behaviour Support Model
- Active Support and Skills

What is a behaviour of concern?

Behaviour can be described as challenging or 'of concern' when it is of such intensity, frequency or duration as to threaten the quality of life/optimal functioning and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (Adapted from Royal College of Psychiatrists, 2007).

‘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 and use of ordinary community facilities’
(Emerson et al 1987)

Sometimes as a result of

- Pain/Discomfort; headache, nausea
- Physical Diagnosis; epilepsy
- Physical Illness, UTI
- Psychological, a worry
- Social, a problem
- Adaptive skills; coping
- Psychiatric Disorders, anxiety
- Behavioural Phenotypes
- Skills
- Sensory
- Cognitive
- Language & communication

What Behaviours of concern do we support?

15 years ago, how do you think we supported these?

Health Act 2007 (Care and Support of Residents in Designated Centres for persons (children and adults) with Disabilities) Regulations 2013.

Positive Behavioural Support:

7.1 ...staff have **up to date knowledge and skills** appropriate to their role to respond to behaviour that is challenging and to support residents to manage their behaviour.

7.2 ...staff receive **training** in the management of behaviour that is challenging **including de-escalation and intervention** techniques.

7.3....**therapeutic interventions** are implemented with the informed **consent** of each resident....And reviewed **as part of the personal planning** process.

7.4where **restrictive procedures**are used, such procedures are applied in accordance with **national policy and evidence based practice**.

7.5 a. ...every effort is made to **identify and alleviate the cause** of.

b. **All alternative measures are considered** before a restrictive procedure is used

c. The **least restrictive** procedure for the **shortest duration** necessary.

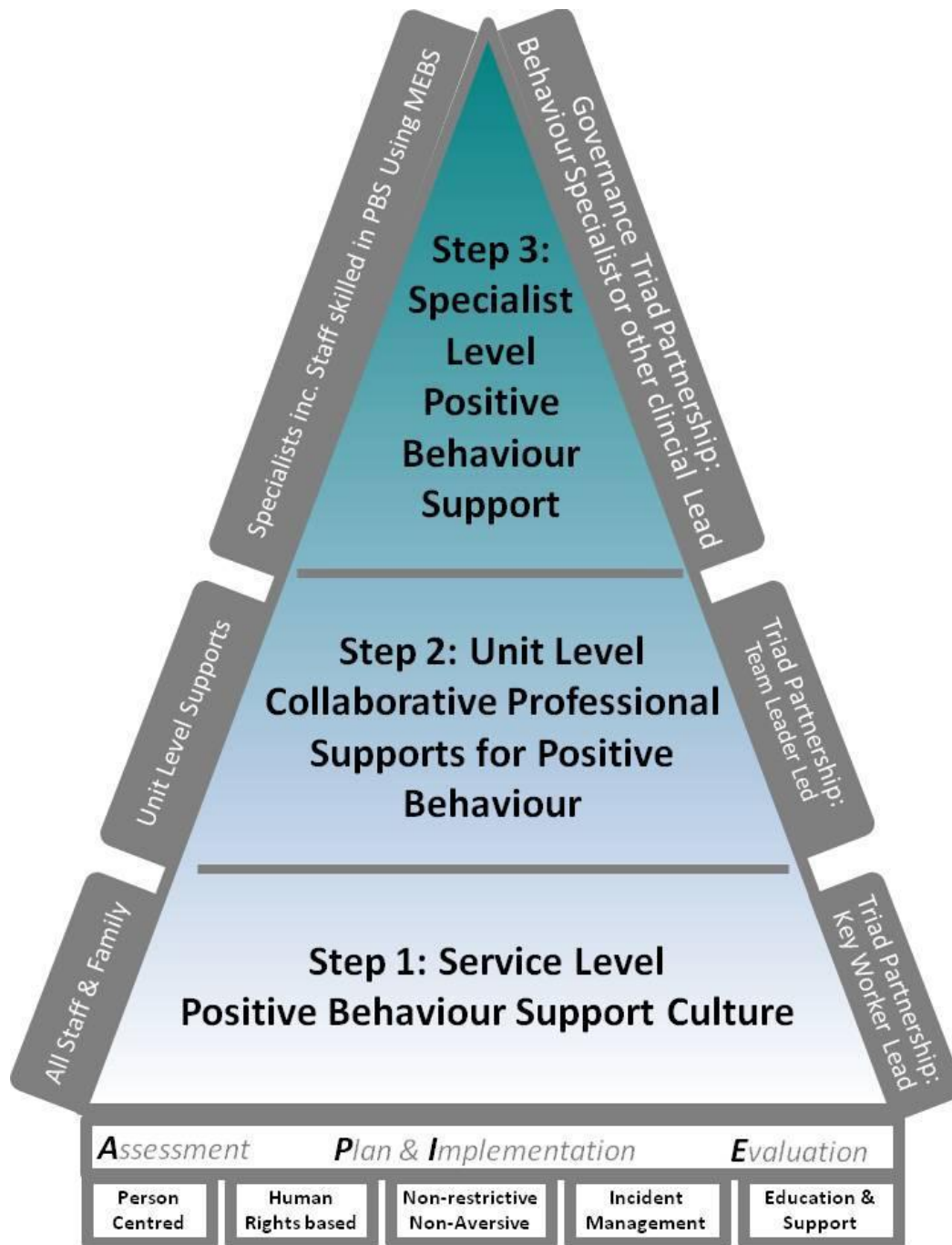
Health Act 2007 (Care and Support of Residents in Designated Centres for persons (children and adults) with Disabilities) Regulations 2013.

National Quality Standards: Residential Services for People with Disabilities. (HIQA)

- Theme 3: Safe Services:
- Standard 3.2: Each person experiences care that supports positive behaviour and emotional well being. (11 Indicators)
- Standard 3.3: People living in residential service are not subjected to a restrictive practice unless there is evidence that it has been assessed as being required due to the serious risk to their safety and welfare. (9 Indicators)

What is Positive Behaviour Support?

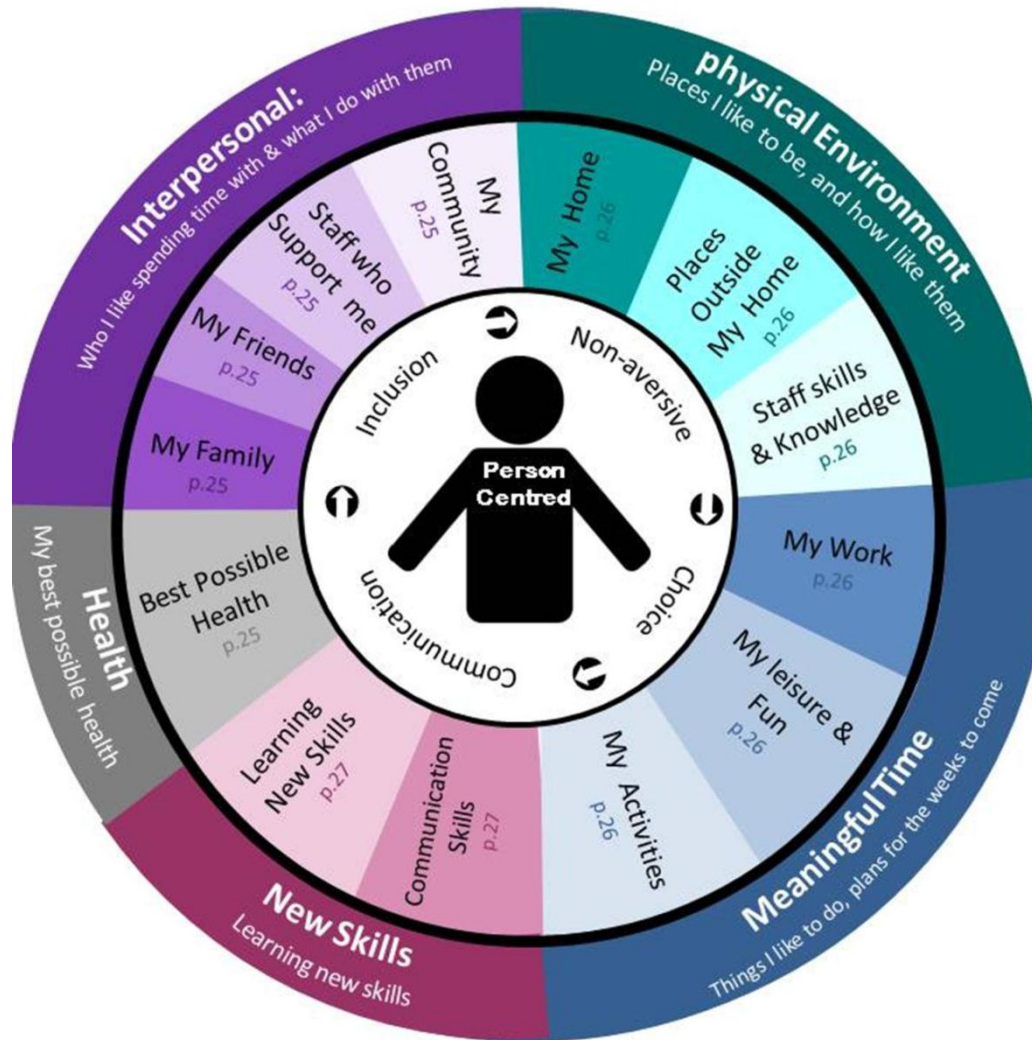
- Non-aversive:** No punishment is used
- Life:** PBS looks at what life is like day-to-day life like for the person – are they happy?
- Information:** PBS uses multiple sources of information like files, observations and interviews
- Person Centred:** The person is always involved at the heart of the process
- Message:** Behaviour always has a message hidden in it
- Assessment:** PBS uses assessment tools to find that hidden message
- Plan:** Proactive and reactive ways to support the person are developed based on the assessment.
- Scientific:** PBS is based in the science of Applied Behaviour Analysis, using proven behavioural techniques
- Other treatments:** Other treatment options can be incorporated as required (for example counselling)
- Evaluate:** PBS relies on data analysis and review and evaluate progress.



Wheel of Optimal Living:

What makes life good?

& where to look if there is a behaviour of concern



Multi-Element Behaviour Support

Comprehensive 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

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

•Active Listening

- Ignore
- Redirect
- Feedback
- Instruction
- Facilitate
- Capitulation
- Stimulus Change
- Emergency Management

Support system

Outcomes

•Speed & degree

•Generalisation

•Social Validity

•Maintenance

•Side effects

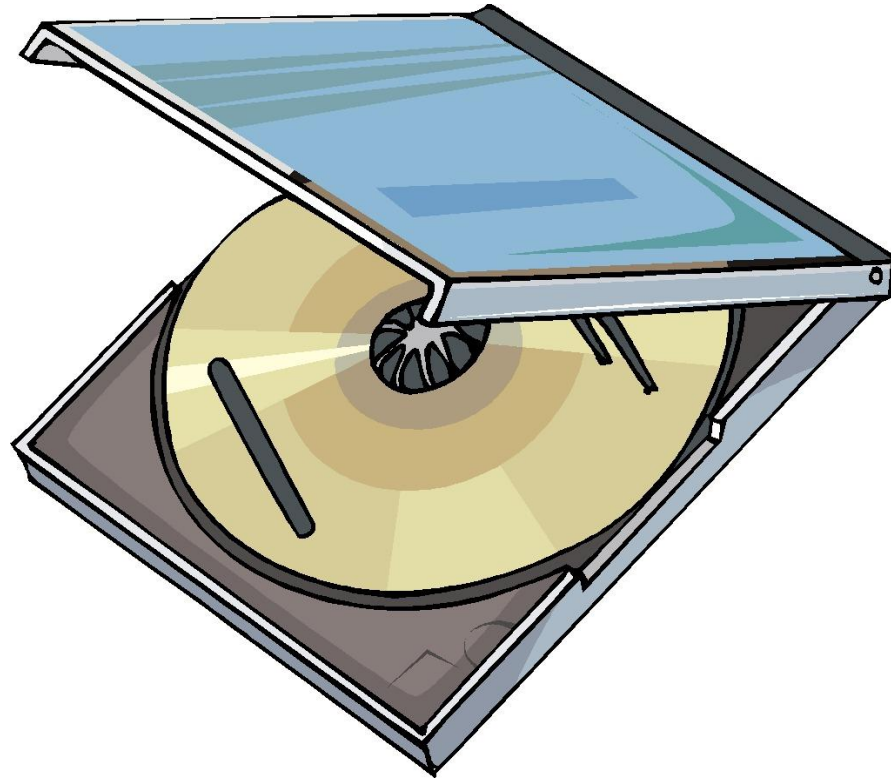
•Quality of life

Characteristics of MEBS as a model of PBS

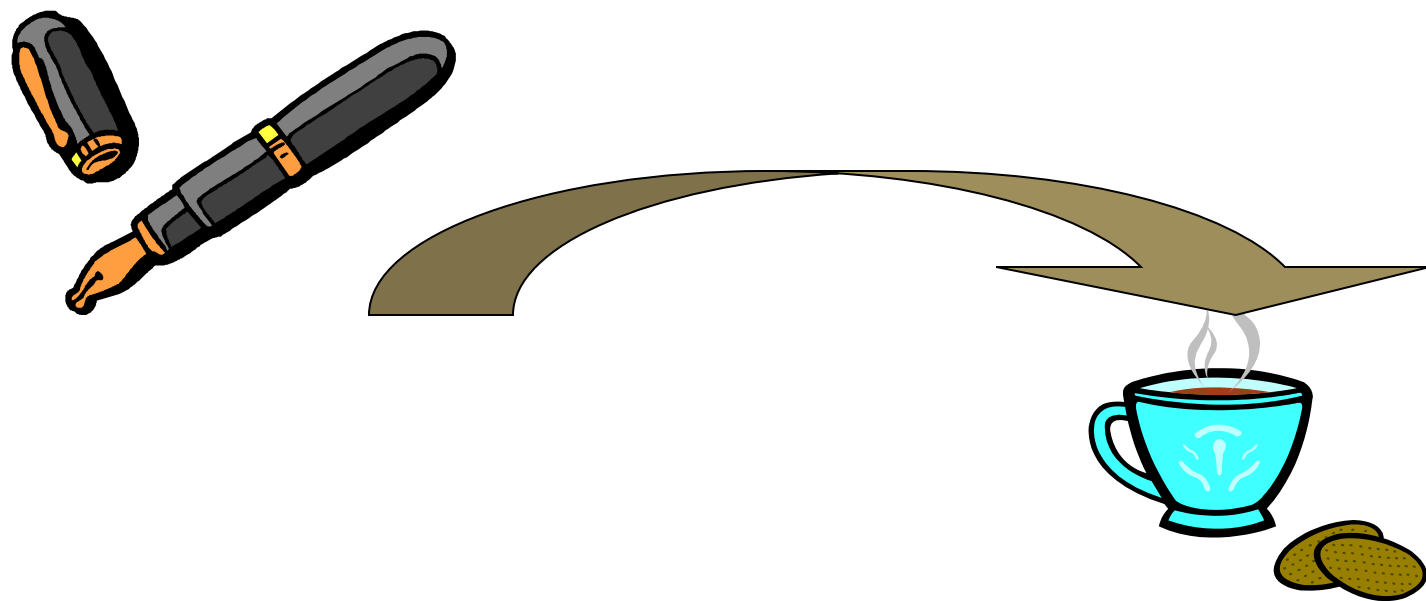
- Human Rights addressing mechanism from assessment to intervention and monitoring
- Based on a Comprehensive Functional Assessment
- Focus on Quality of Life gains as an intervention and outcome
- Focus of social validity as an intervention and an outcome
- Proactive and reactive strategies
- Non-linear model
- Functionally equivalent skills building
- Implementation factors addressed
- Range of outcomes
- Constructional / Developmental
- Minimises/eliminates use of punitive/aversive /restrictive procedures
- Long-term focus

Do the strategies used to support a behaviour of concern fit with a Human Rights Based Approach?





- All behaviour of concern serves a purpose for the individual. It communicates something about / for the person it is an unmet need.



Traditional Versus Positive Behaviour Support Approach

Traditional Approach

- Focus on Reaction Only
- Behaviour Only
- One Step Plan
- Raise issues regarding rights
- Can rely on punishment or consequence based learning

Positive Approach

- Multi Element Plans
- Interventions in MEBS plan address rights deficits identified in assessment
- Supports Systems in PBS
- Believes all behaviours occur within an environmental context
- Is proactive – intentionally structures for success
- Validates the function of the behaviour
- Systematically teaches skills and acknowledges appropriate behaviours
- Builds capacity for all staff
- Intentionally seeks to build positive, flexible environments based on review of data

Non-Aversive Techniques:

- An event one would ordinarily act to avoid



Why do we use Punishment?

- Child rearing practices
- Modelling effect
- Immediate payoff
- Expert literature
- Human responses to problem behaviour
 - Treatment needs
 - Safety needs
 - Emotional needs

What is effectiveness?

- Speed and degree of effects
- Episodic Severity
- Durability & Generalisation
- Social Validity
- Human Rights Based Approach/
 - No negative Side effects/restrictive practices
- Quality of life

A rationale for non-aversive intervention

1. Ethical considerations

- Behaviours communicate messages
- Public acceptability

2. Relationships and quality of life

3. Human Rights issues and legal considerations

- Are the strategies used violating the persons human rights?
- What are the legal implications of violating rights?
- What are the human implications of violating rights?
- Court findings

4. Effectiveness

- Is punishment more effective than the al



What are the alternatives?

- Ecological and environmental changes
- Skills teaching for fun and everyday life.
- Communication skills
- Functionally equivalent skills teaching
- Coping and tolerance skills teaching
- Relaxation skills
- Reward contracts
- Rewarding low rates of behaviour
- Rewarding alternative behaviours
- Stimulus control
- Antecedent control
- Co-operation training
- Satiation
- Active listening
- Capitulation
- Redirection to a preferred activity, item, person
- Etc.

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

Comprehensive Functional Assessment

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Reactive Strategies

Environmental Accommodations

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- Choice
- Variety

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•Active Listening

- Ignore
- Redirect
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- Instruction
- Facilitate
- Capitulation
- Stimulus Change
- Emergency Management

Support system

Outcomes

•Speed & degree

•Generalisation

•Social Validity

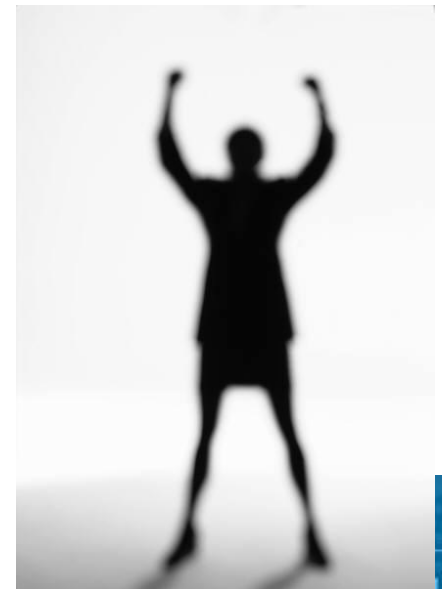
•Maintenance

•Side effects

•Quality of life

Robert's Behaviour

- May grab at staff / pinch
- May yell
- May pull own hair
- May dig nails into his scalp



Before we do Anything.....



- Why does the behaviour of concern warrant intervention and support?
- Whose concern is it?
- Do we have consent to do so?
- Are there any health concerns?

Vignette

Comprehensive Behavioural Assessment

Background Assessment	Functional Assessment	Message/Function
<p>Expressive Communication needs</p> <p>Concept of time needs</p> <p>Health needs; constipation</p> <p>Likes textures/touch</p>	<p>Transitions/change</p> <p>Offered a non-preferred activity</p> <p>Enjoys Music and the outdoors</p>	<p>No thank you.</p> <p>I find change hard.</p>

In the Proactive Strategies there are 3 types of interventions

- 1. Environmental Interventions; which can include the physical environment, as in what the environment looks like, the interpersonal environment, as in the relationships; and the programmatic environment as in what there is to do there;
- 2. Skills Teaching: There are four sets of skills included in a MEBS plan. A general skill, a skill just for fun and independence; a functionally equivalent skill, an appropriate communication skill to support the message of the referred behaviour, a functionally related skill, a skill to support other forms of communication and lastly a coping and tolerance skill.
- 3. Direct Interventions: These interventions are short-term and include reward contracts, trigger control (antecedent) strategies for example.

- All MEBS plans have at a minimum 1 environment intervention, 4 skills teaching (at least one from each category) and 1 direct intervention as part of the proactive strategies.

Function: 'No thank you'

Environmental	Skills	Direct
Picture Schedule Drinks	General Use Skype Grow herbs FE: 'No thanks' FR: This is what I would like please C&T Hand cream Music Social Stories	Trigger control Plan for transitions Preferred tasks

Reactive Strategies

- **Reactive Strategies:** These are implemented with the consent of the individual when they are upset with the whole purpose to reduce the episodic severity of the behaviour problem. The reactive strategies do not teach and are not concerned with reinforcement.

- **Reactive Strategies as part of a Multi-Element Behaviour Support Plan are written based on the function of the behaviour. They can be functionally and non functionally based and are always non aversive and non rights restrictive.**

- All MEBS plans have at least one reactive strategy.

Function: No thank you

Reactive Strategies

Active listening

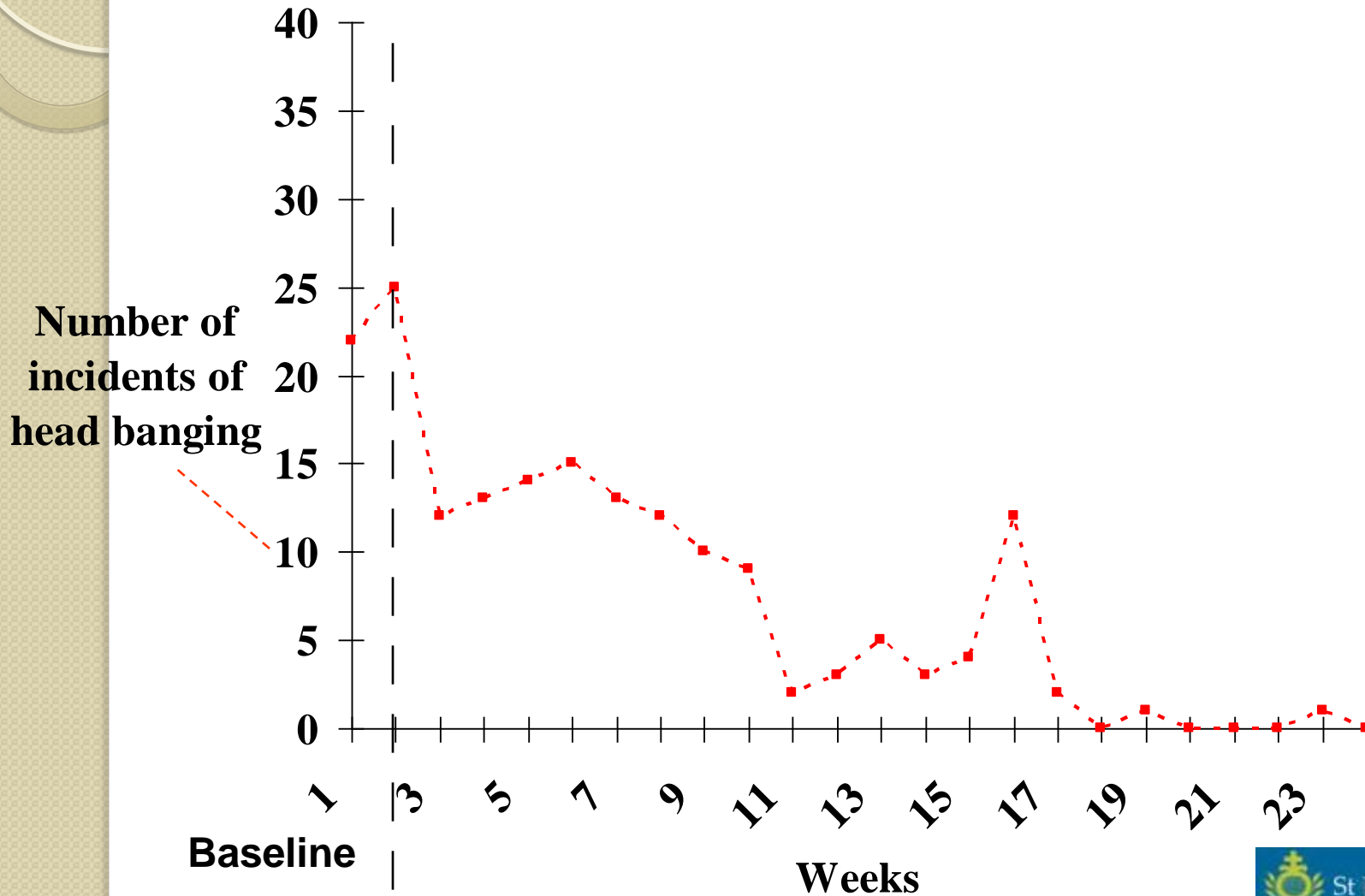
Confirm 'no thanks'.

Offer Choice/Picture schedule/Transition protocol

Function: No thank you

Environmental	Skills	Direct	Reactive Strategies
Picture Schedule	General	Trigger control	Active listening
Chat time	Use Skype Grow herbs	Plan for transitions	Confirm 'no thanks'.
Drinks	FE: 'No thanks'	My Hands	Offer
Hobby	FR: This is what I would like please	Preferred tasks	Choice/Picture Schedule/ Transition protocol
	C&T Hand cream Music Social Stories		

Robert's graph



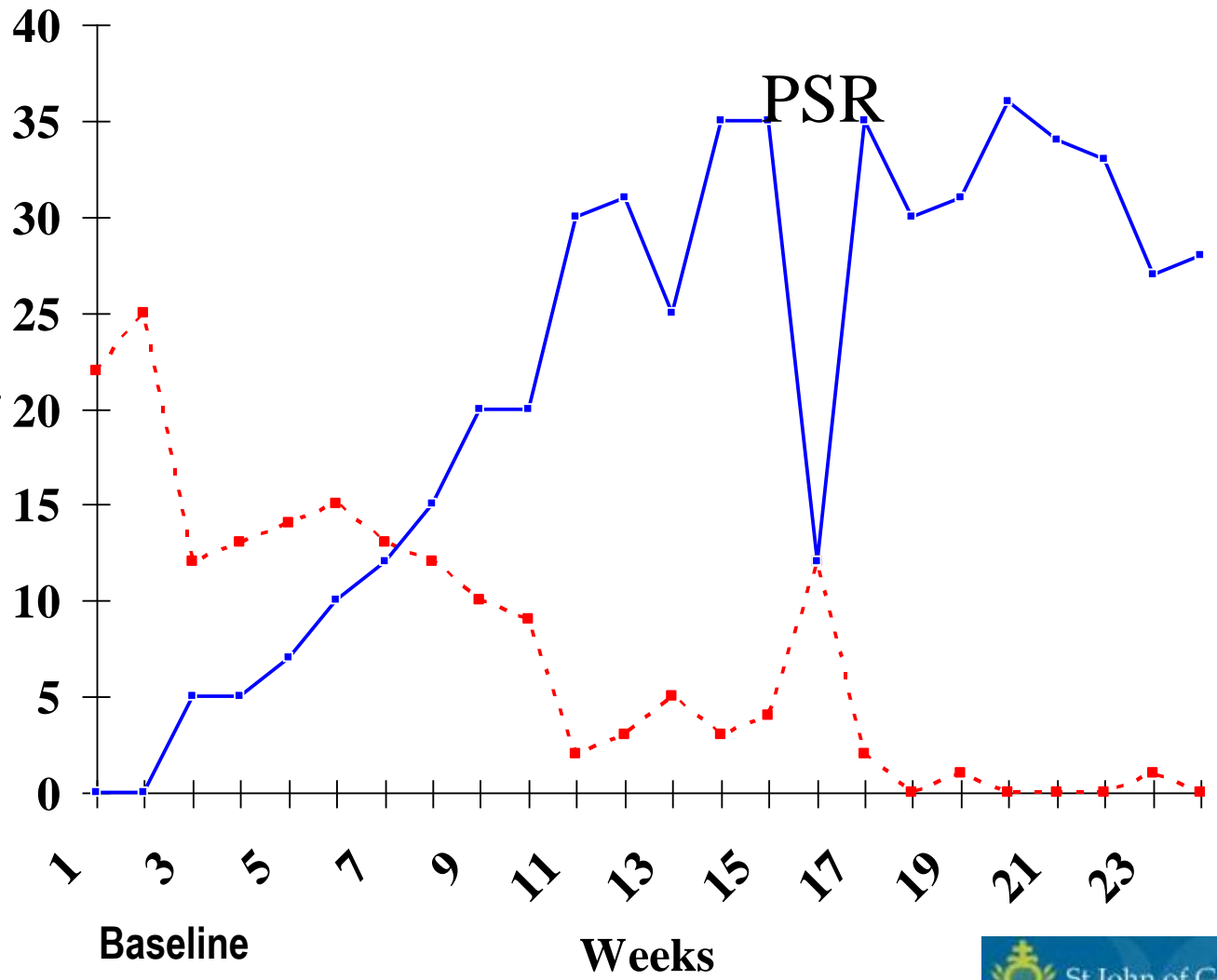
Periodic Service Review

Multi-Element Behaviour Support Plan for R

To be completed each week This week beginning _____

	+ / -	Comments						
<i>1. Picture timetable</i>								
<i>2. Drinks</i>								
<i>3. Chat-time</i>		<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	<i>S</i>
<i>4. Skype</i>								
<i>5. No thanks</i>								
<i>6. Choice</i>								
<i>7. Hand cream</i>								
<i>8. Transition plan</i>								

Number of incidents of aggression



Features of the model

- Functional assessment
 - Non-aversive
 - Multi element interventions
 - Proactive and reactive strategies
 - Functionally equivalent skills building
 - Implementation factors addressed
 - Range of outcomes
-
- Person Centred Planning



Skills Teaching & Active Support

Pádraig Walsh

Active Support and Participation

The primary focus is on **participation** with *whatever support is needed* ("partial participation") so the person can take part in life *now*.

- There is no necessary expectation that the person will become more skilled or independent (a key difference from Active Treatment).



phillipmartin.info

Research Findings Underpinning Active Support

- Direct observation in group homes shows that many people with severe intellectual disability spend lots of time doing **little or nothing**.
- These people need support to initiate and participate in activities.
- Staff can be trained to provide the support needed and so substantially increase residents' participation



Sensing that he was about to doze off, the air bag on Wade's computer rapidly deployed.

Active Support: Strengths

- Well researched, evidence based, and has been shown to be effective in real group homes with real staff and residents
- Research mostly reports directly observed **outcomes** for staff and residents (benefits are directly measured and do not have to be inferred)
- Focuses on day-to-day reality, not one-off events or “pie in the sky”

Active Support Videos

Active Support

- Active Support focuses on **what staff do** to support resident participation in individually meaningful activity.
- Staff plan and monitor daily activity with residents and interact with them in a way that encourages and supports their participation.



Doing *with*, not doing *for*

- Staff members' main job should be to **work directly with residents.**
- Active Support helps us refocus on this.
- Active Support is designed to provide a bridge to participation in everyday activities for people who lack the skills to participate independently.

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



Teaching Skills and Supporting Learning

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

Assessment

Motivational Assessment

Communication Assessment:

- **Receptive:** Does she understand what I am saying?
- **Expressive:** Is she able to express herself?
- **Function of Communication:** 'To let others know my needs and to understand the world around me'

Skills Assessment

Skills Selection (Target)

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

Types of skills

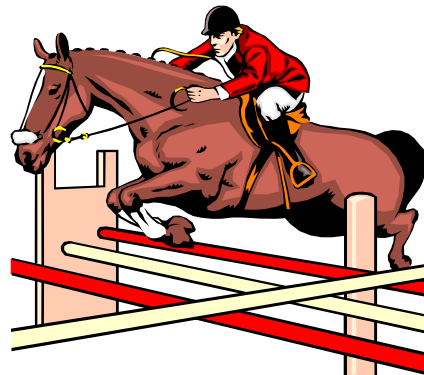
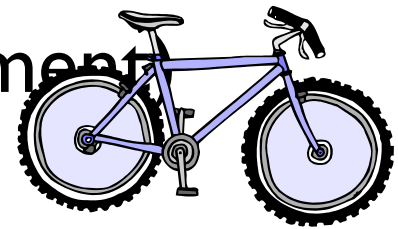
- General skills
- Functionally equivalent skills
- Functionally related skills
- Coping & Tolerance skills



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?

Choice and communication

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

Fun

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

Functional Assessment

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

Functionally equivalent skills

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



Messages of challenging behaviours

I have a middle ear infection

I'm confused

I need help

Ask me nicely

I'm tired

Let's play

I'm hungry

I don't want to work when they are here

Its very noisy in here

This is boring

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

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?

“It’s Too Noisy!”

quiet/shhh



Escape – “What would you like to do instead?”

headphones



Tolerance and coping skills

- Waiting
- Fear of dogs
- Criticism
- Transitions
- Shaping non-preferred tasks
- Cognitive Behavioural Strategies
- Relaxation training
 - Example: Progressive relaxation, mindfulness, visual imagery

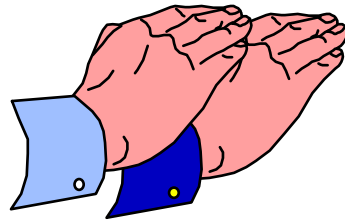


Principles of Skills Teaching

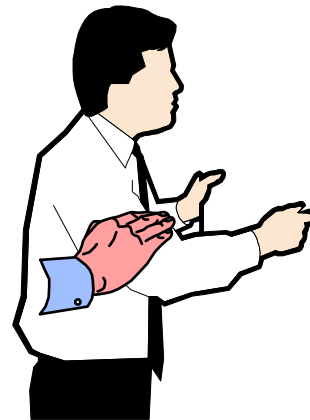
Principles of systematic instruction



Target



Prompt
(Co-Trainer)



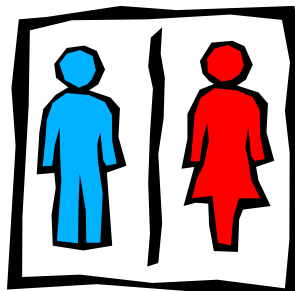
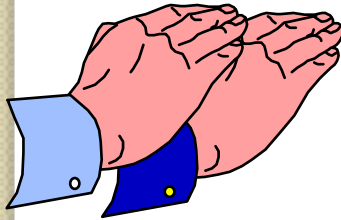
Fade



Reward

Prompts

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

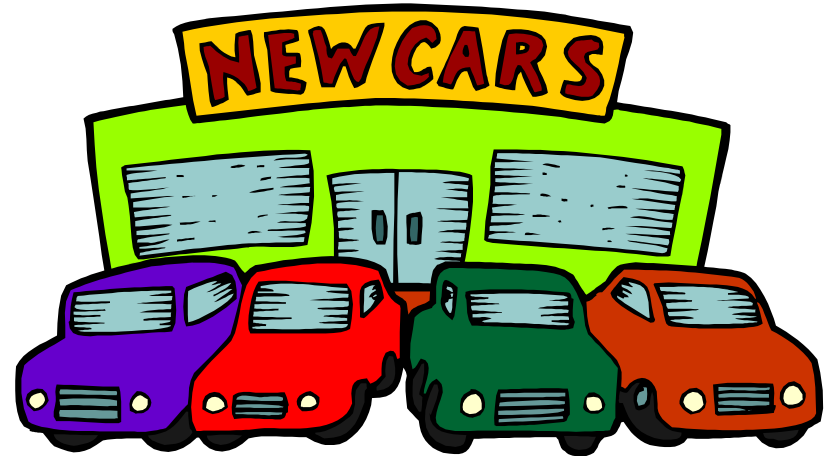


Fade



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



Have fun in the learning...

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
- Use 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

Communication Skills

Leigh Hagan

Carmona Services

Saint John of God Community Services

Review Post Test:

Unit III

- Skills Teaching

Unit I

Post Test & Review

Day 2

- Environmental Accommodations
- Medical Aspects of Behaviours of Concern
- Direct Interventions

Environmental Accommodations

Paula Lowry Hand,
Facilitator, Person Centred Approaches.

North East Services
Saint John of God Community Services

RULE OUT MEDICAL FIRST





Physical, Interpersonal and Programmatic Environmental Accommodations

Multi-Element Behaviour support

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- Emergency Management

Support system

Outcomes

•Speed & degree of effects

•Generalisation

•Maintenance

•Social Validity

•No Side effects

•Quality of life

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

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

- Ecological/Environmental 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
- Choice ^{In} of activity
- Variety of activity
- Picture sequencing
- Furniture and space

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



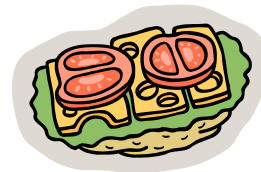
9am



10am



1pm



2pm



3pm



4pm



4.30pm



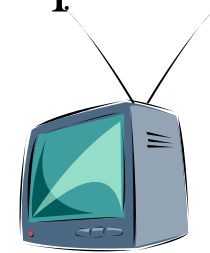
5pm



6pm



7pm



10pm



Guidelines for Picture Schedule

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



Putting it all together

The inter connectedness of environmental accommodations.

Bring it all together.

Medical Aspects of Behaviours of Concern

Dr. Jane O'Connor

Saint John of God Community Services



DIRECT INTERVENTIONS

Ann 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

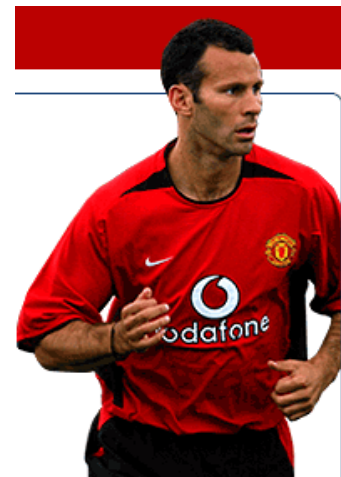
- Definition:
 - Reward after a specified period of no target behaviour

- 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

Introduction

All behaviour serves a purpose for the individual. It communicates something about or for the person.

Types of Triggers

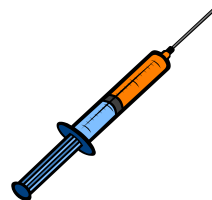
- Internal



- External

Either

- Immediate
- Distal



2. Trigger control

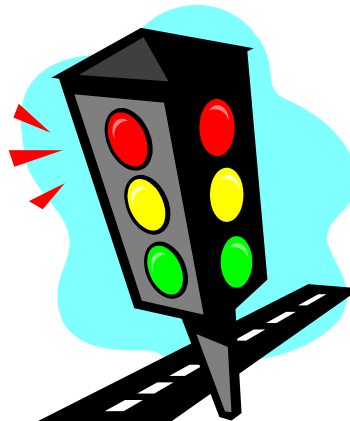
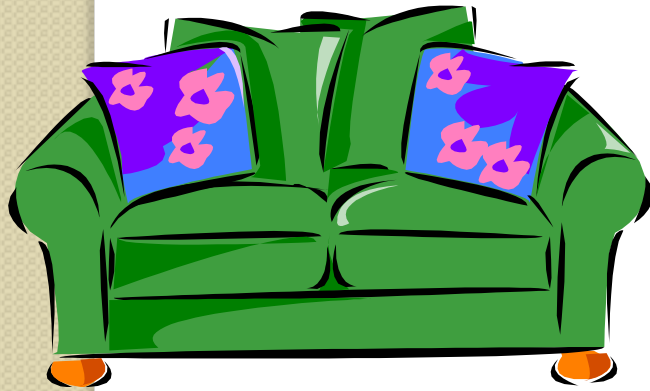
- Definition
 - Changing behavioural triggers

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:

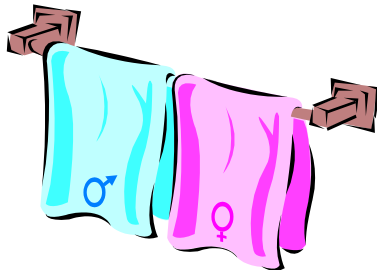
- Wait a second
- The five requests game

- 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

Coordinator of Callan Institute

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

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- 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

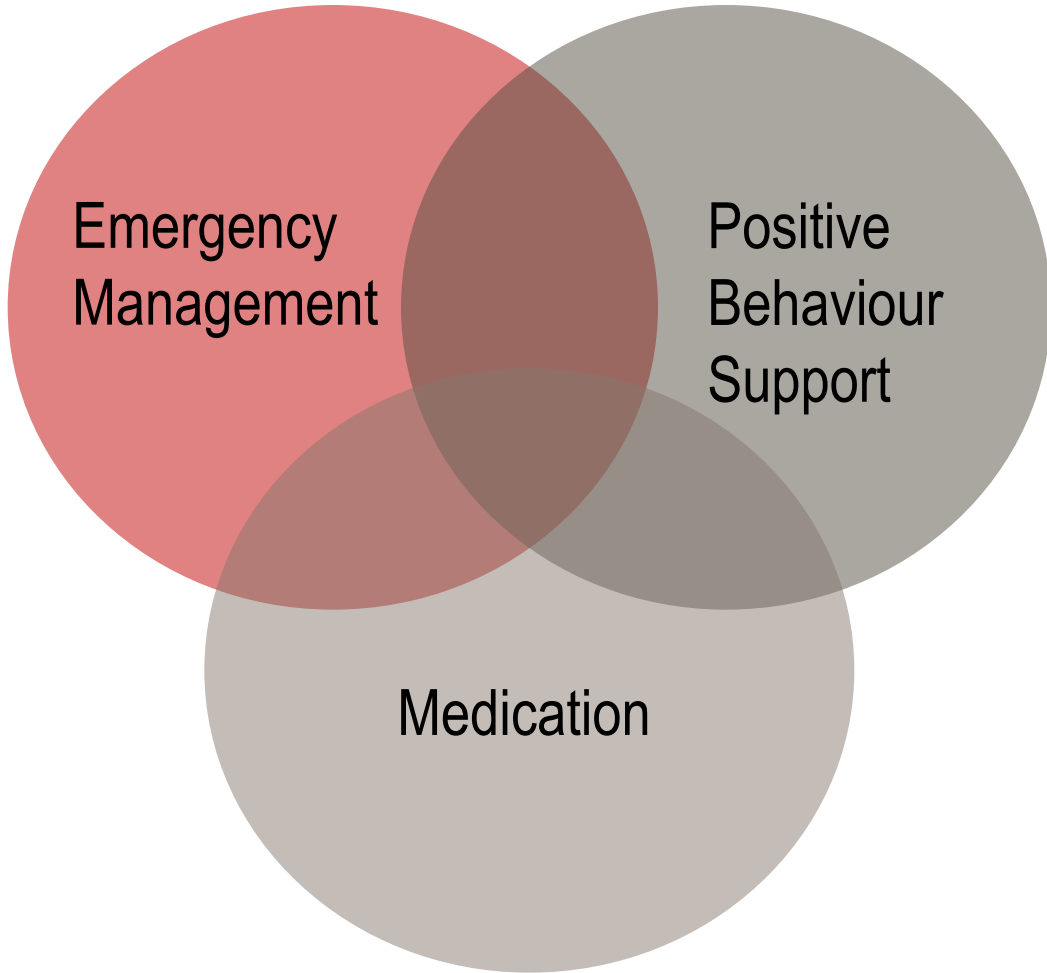
•Quality of life

Emergency or Behavioural Issue?

- An Emergency is:
 - Once off
 - Unexpected
 - Presents physical danger

After An Emergency...

- Conduct an assessment to determine if procedural changes are necessary



Emergency
Management

Positive
Behaviour
Support

Medication

Behaviour Services

Behaviour Management

- May be restrictive or aversive
- Focus on Topography
- Emergency /Planned
- Authorised/Unauthorised

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.....



When tempted to fight
fire with fire, remember
that the Fire Department
usually uses water.

@Dana_Barzilay

- 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.

Why did we traditionally respond this way?



The Principle of Alignment:

- If a behaviour is 'big' and risky, it needs a 'big' responses.

Overemphasising the power of reinforcement:

- If we reinforce something it will happen again. True, but only if done in isolation.

Confusion between Crisis Management with Treatment:

- e.g. CPR V. Good heart health

A sense of fairness:

- Why should people 'misbehaving' get nice things?

The Reactive Strategy in MEBS

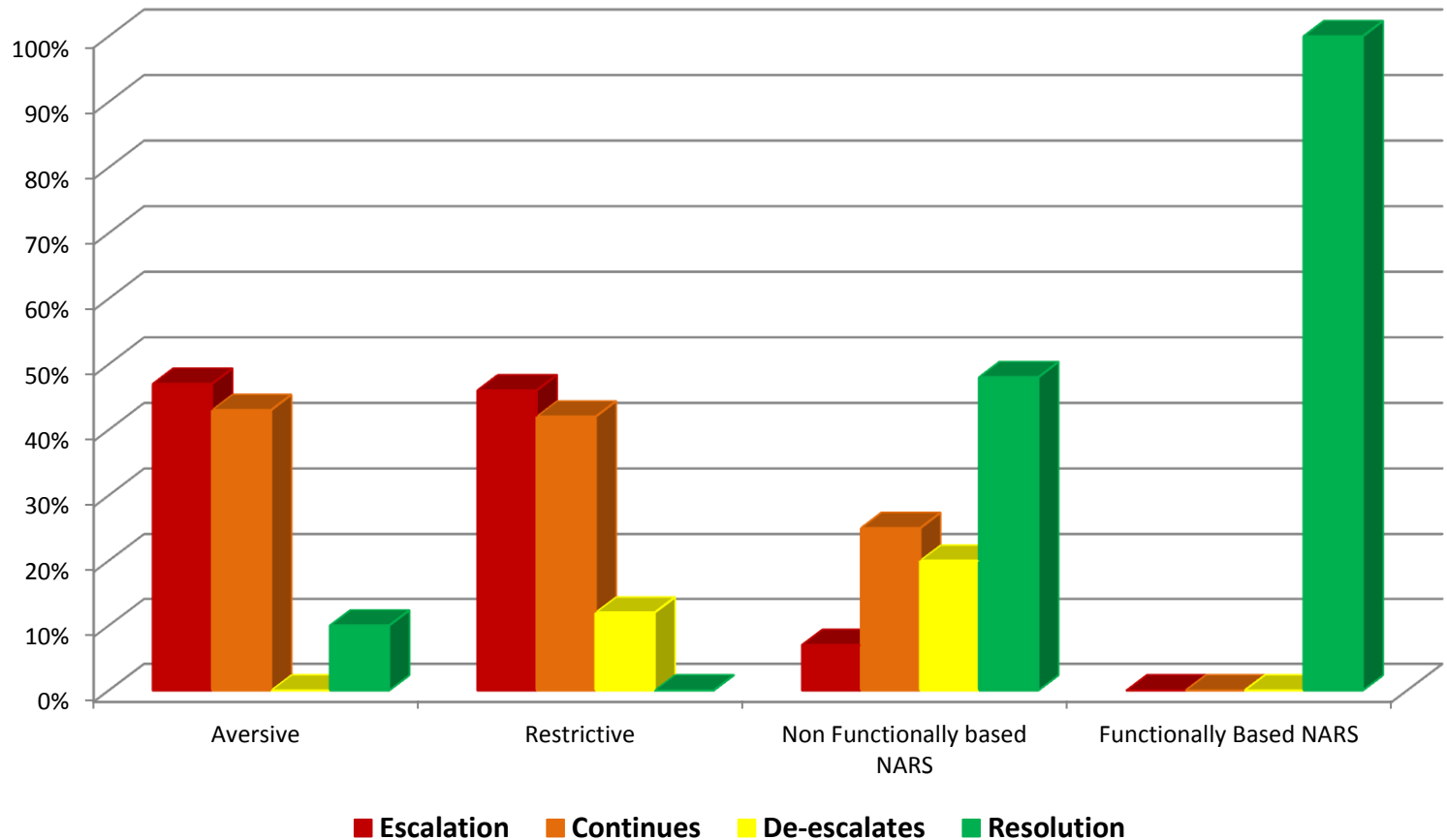
- Consent & Social Validity
- Functionally Based (preferably) / Non functionally based
- Non-Aversive
- Non-Restrictive
- Reduce Episodic Severity
- Not concerned with Reinforcement
- *May be counter-intuitive*

Arousal Continuum (Perry)

AROUSAL	REST	VIGILENCE	RESISTANCE	DEFIANCE	AGGRESSION
PRIMARY	NEOCORTEX	SUBCORTEX	LIMBIC	MIDBRAIN	BRAINSTEM
<i>secondary brain areas</i>	<i>Subcortex</i>	<i>Limbic</i>	<i>Midbrain</i>	<i>Brainstem</i>	<i>Autonomic</i>
Cognition	Abstract	Alert	'Emotional'	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

Person Centred Crisis Support (Spicer & Crates, 2013)

Resolution Strategies





Mandy's Home....

Active Listening

Start every sentence with I

Repeat what was said to you

Silence



Selecting an Intervention

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

How to write a reactive strategy

- Emergency strategy (where we may not know the function)
- Planned strategy (where we know the function)

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

Ethics of Reactive Strategies

- 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
- Rights Review Committee



Reactive Strategies Post-Test

BACKGROUND BEHAVIOUR ASSESSMENT & DATA COLLECTION

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 = the rate of the behaviour prior to interventions

- 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:	$25/5 = 5$

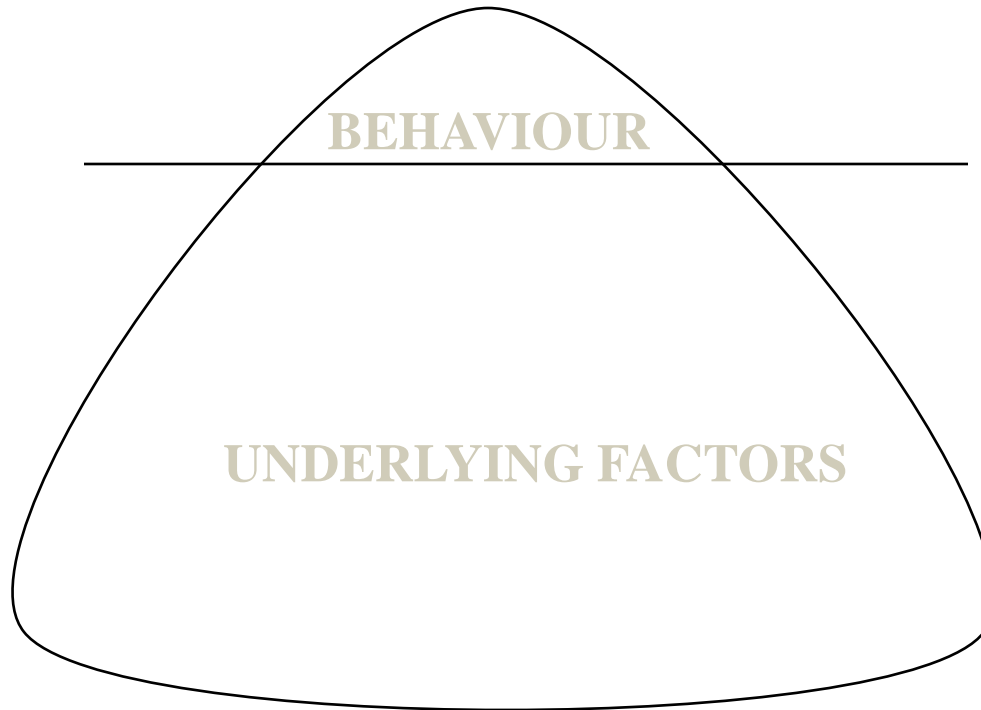


Behaviour Assessment

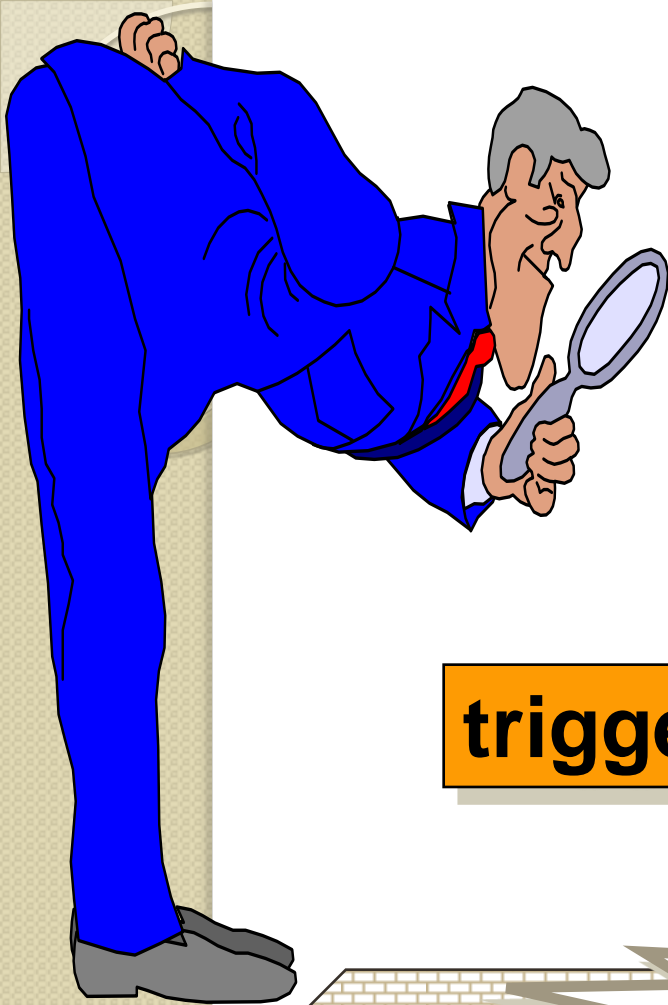
BEHAVIOURAL ASSESSMENT

- 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(Antecedent) analysis
- Consequence analysis
- Analysis of meaning
- Checking the Message

Assessment of the problem behaviour

- Description
- Definition
- Course
- Strength (baseline)
- Episodic Severity



FIELD WORK ASSIGNMENT

Assignment

1. Set up meeting with Mentor and/or Supervisor
2. Referral & Consent
3. Identify clinical supervisor
4. Begin Baseline Data Collection
5. Complete Behaviour Assessment Workbook (sanitise/anonymous)
6. 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

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 Assessment

Functional Assessment

- Assessment of the problem behaviour
- History of the behaviour
- Trigger analysis (antecedent analysis)
- Consequence analysis
- Analysis of meaning
- Checking the message

Assessment of the problem behaviour

- Description
- Definition
- Course
- Strength (baseline)
- Episodic Severity

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
 - Episodic 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(Antecedent)

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

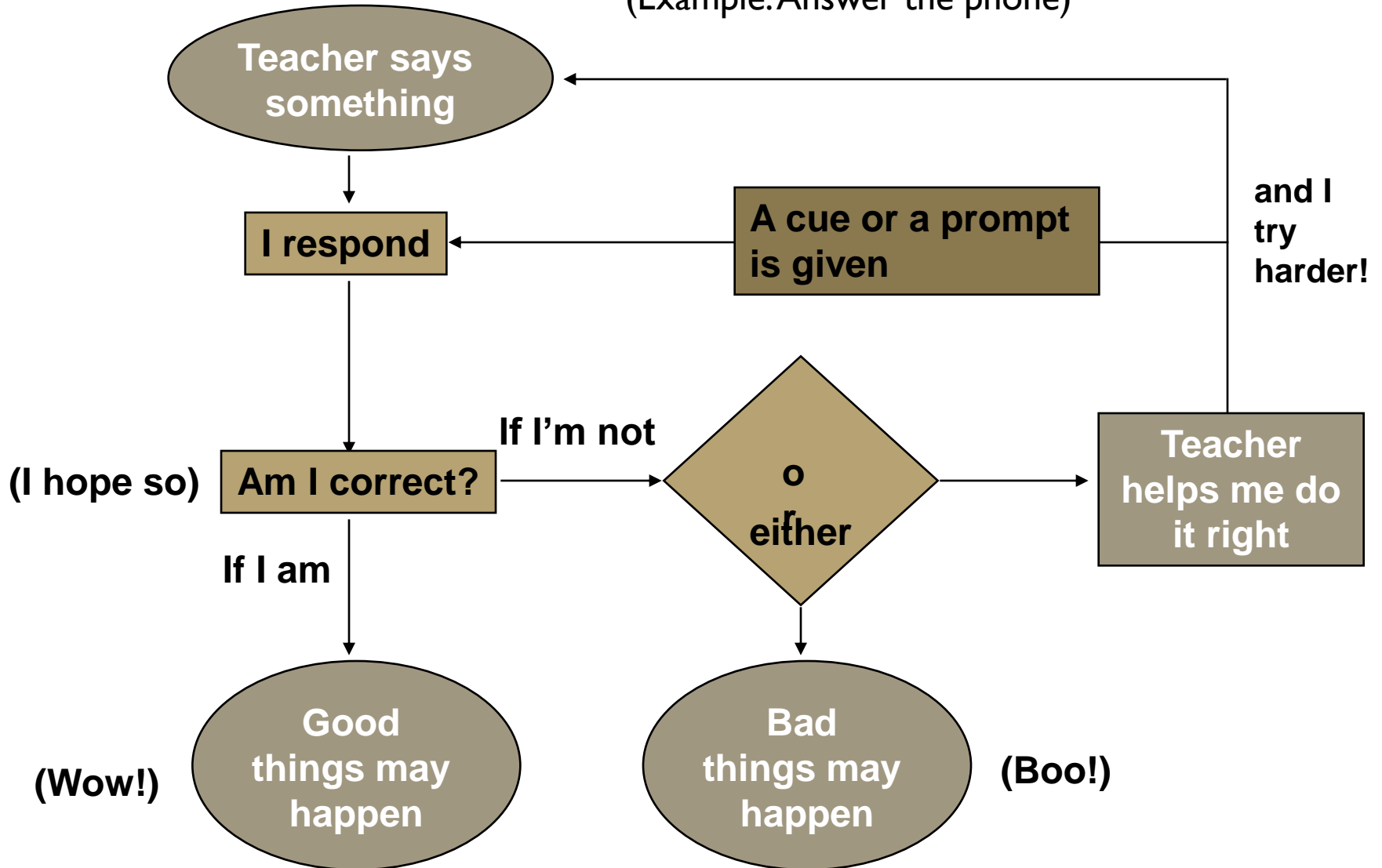
Overlooked communication
competence

Names rather than requests

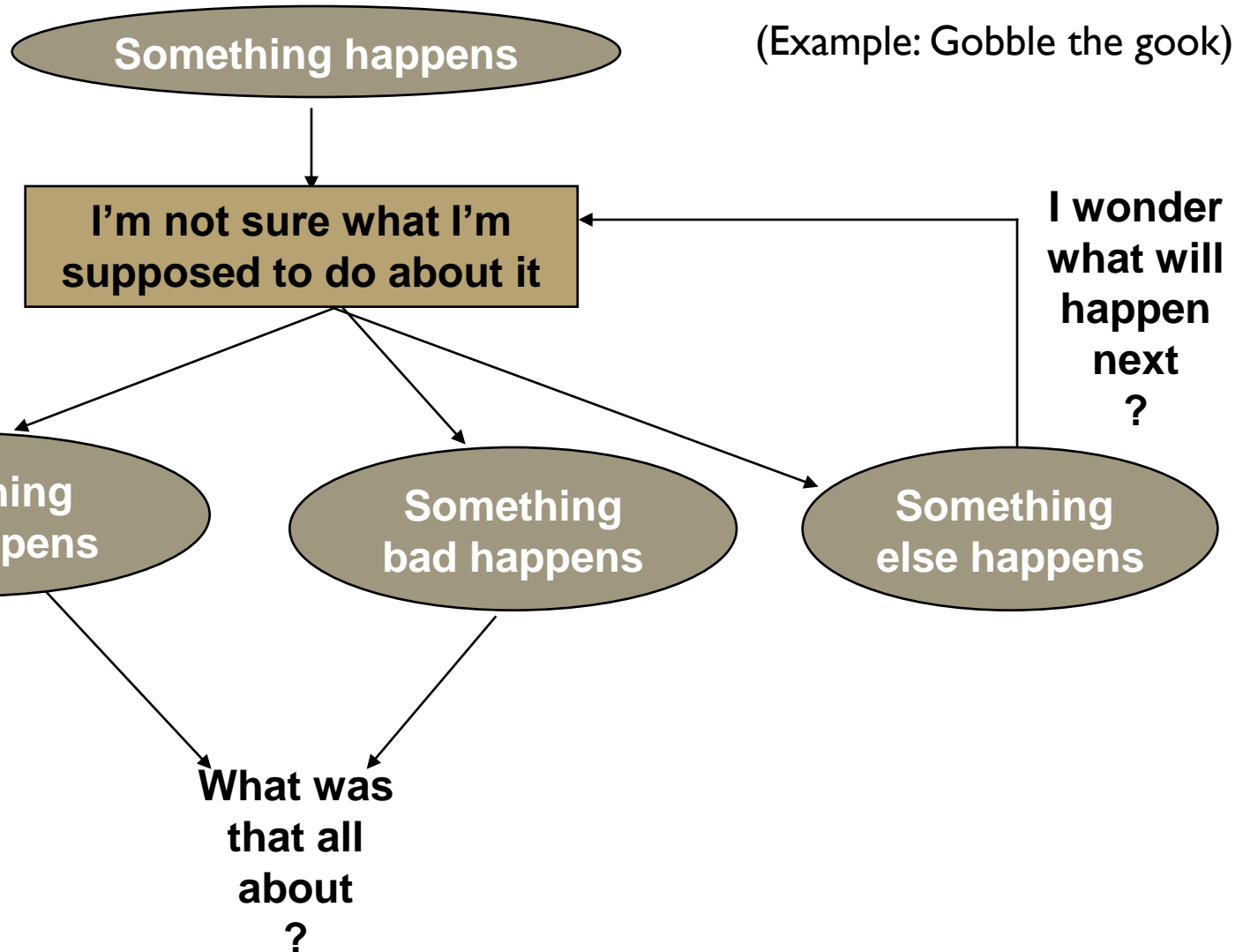
Insistence on prerequisites

Natural learning diagram

(Example: Answer the phone)

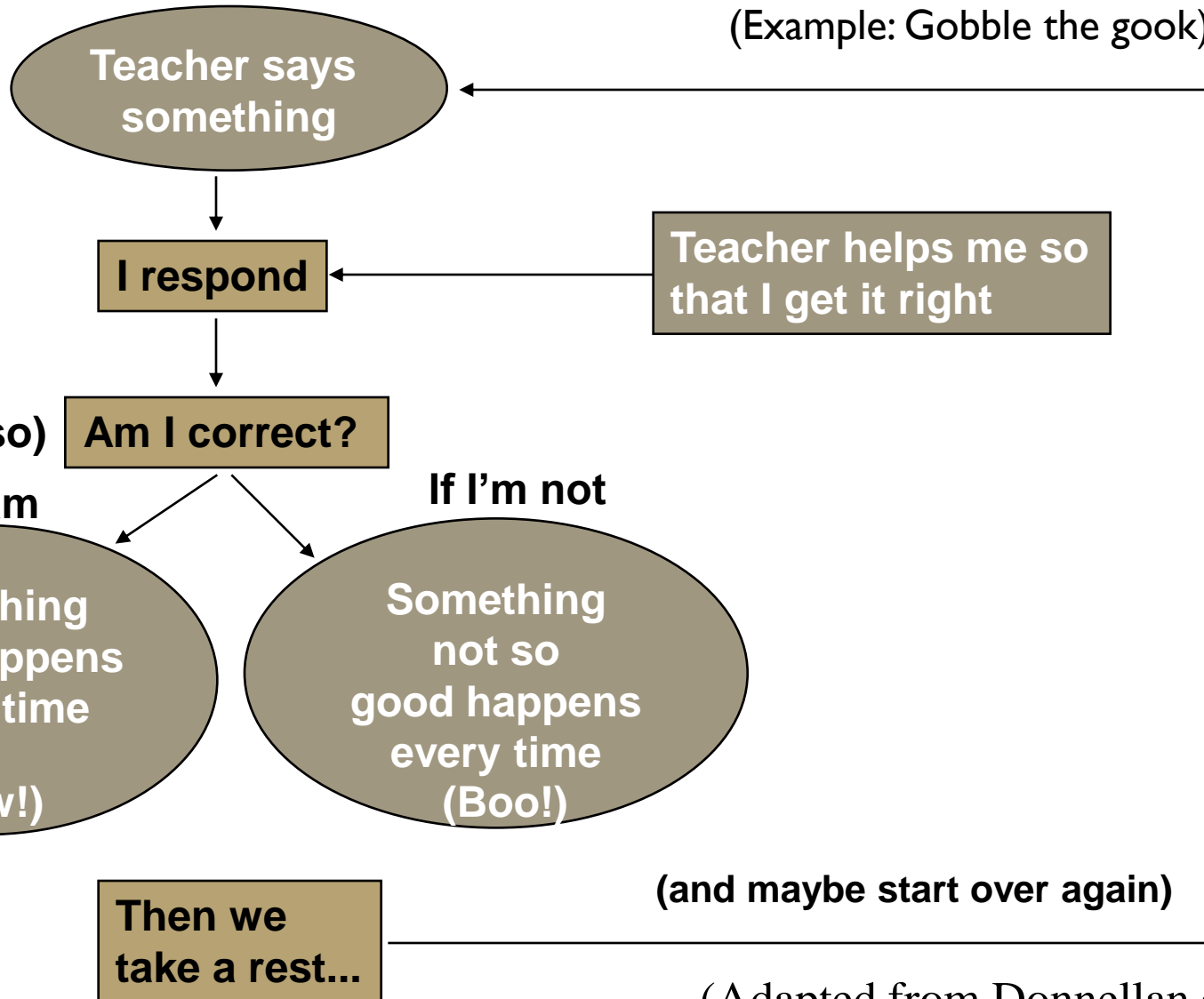


The perspective of the person with severe learning or communication difficulties



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?



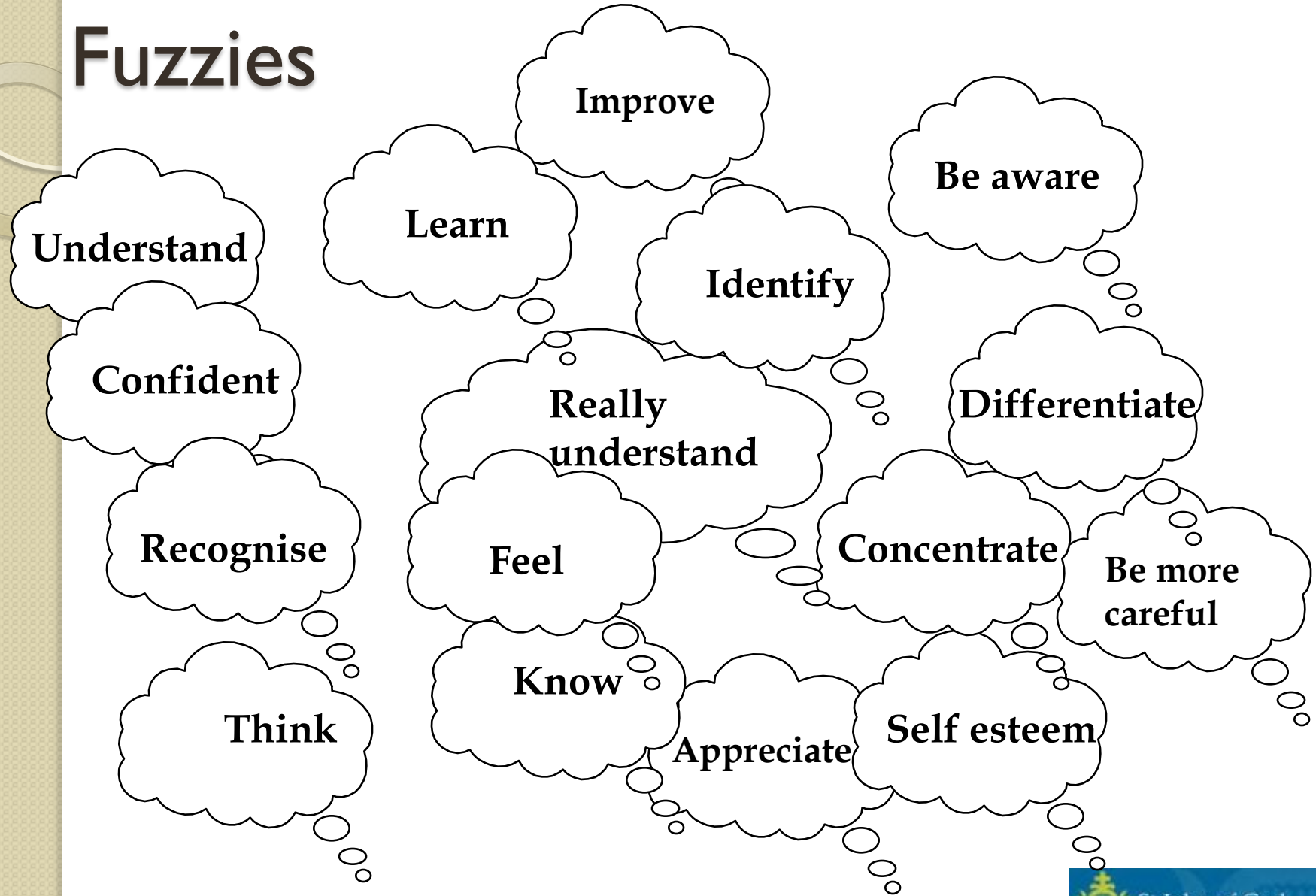
Components of the skills target

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

Target Response

- Defined as a performance (not a fuzzy)

Fuzzies



Performances

Point to

Write

Hold

Buy

Say

Give

Put

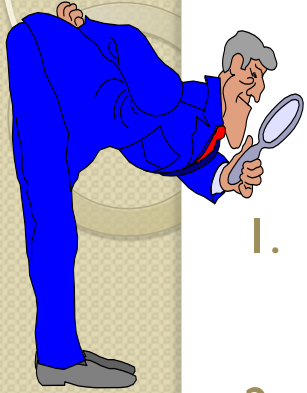
Draw

Walk

Name

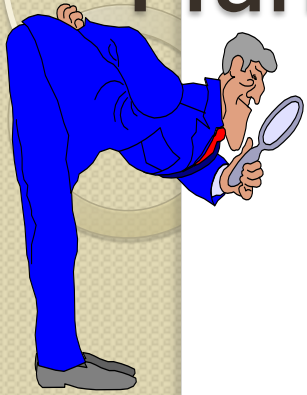
Imitate

Hunt the Fuzzy (I)



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-STEPS
- Adapt the Environment
- Prompt
- Reward
- Fade

1. Listen



2. Adapt the
environment

3. Prompt

4. Reward



5. Fade

Listen



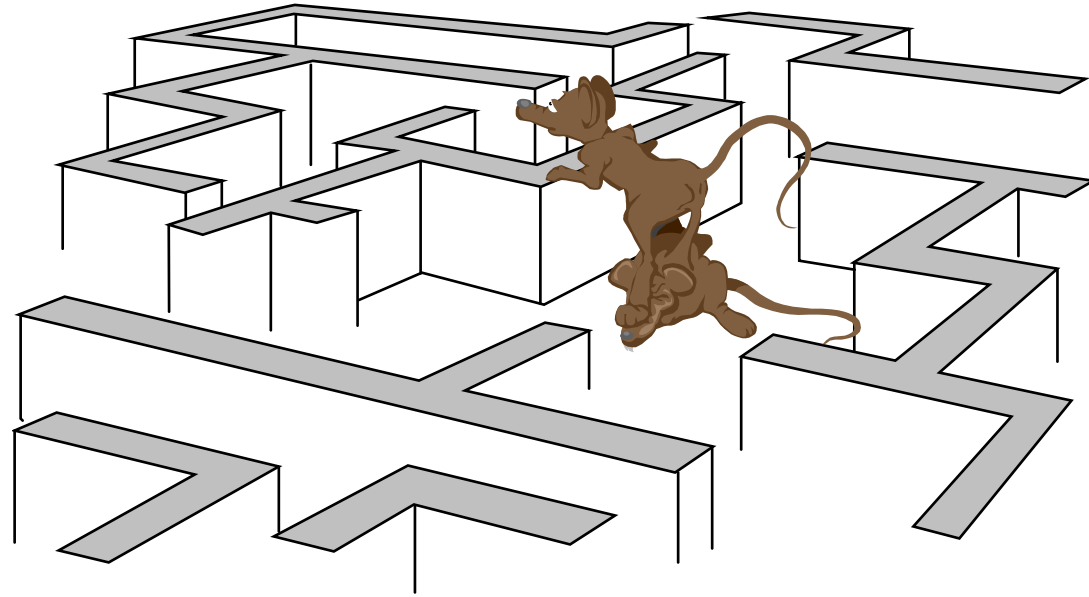
I. Listen

Listen for initiatives

Identify steps in task/

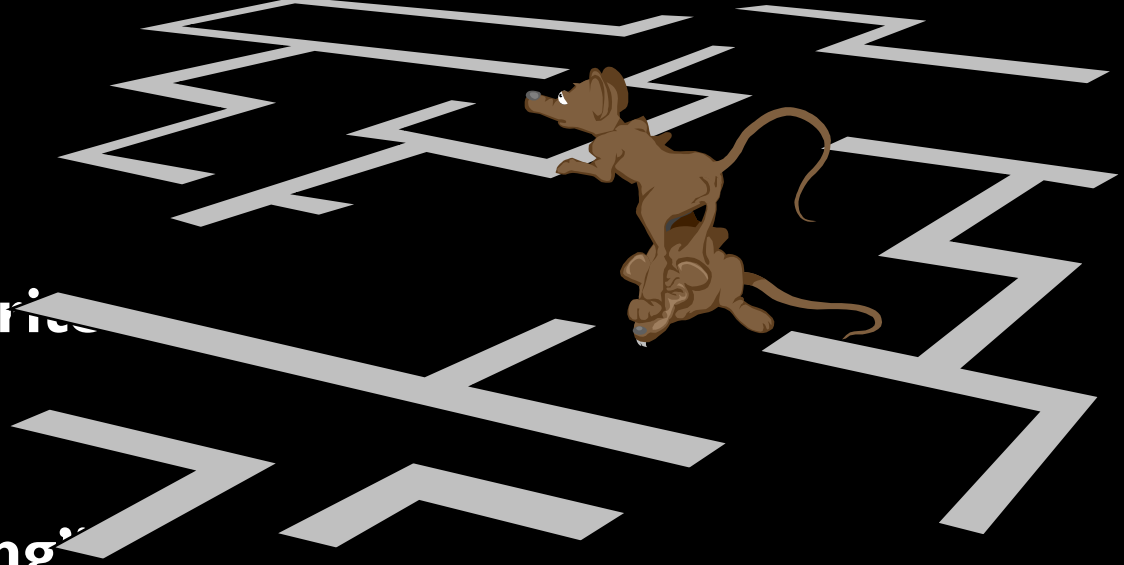


Adapt the Environment



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

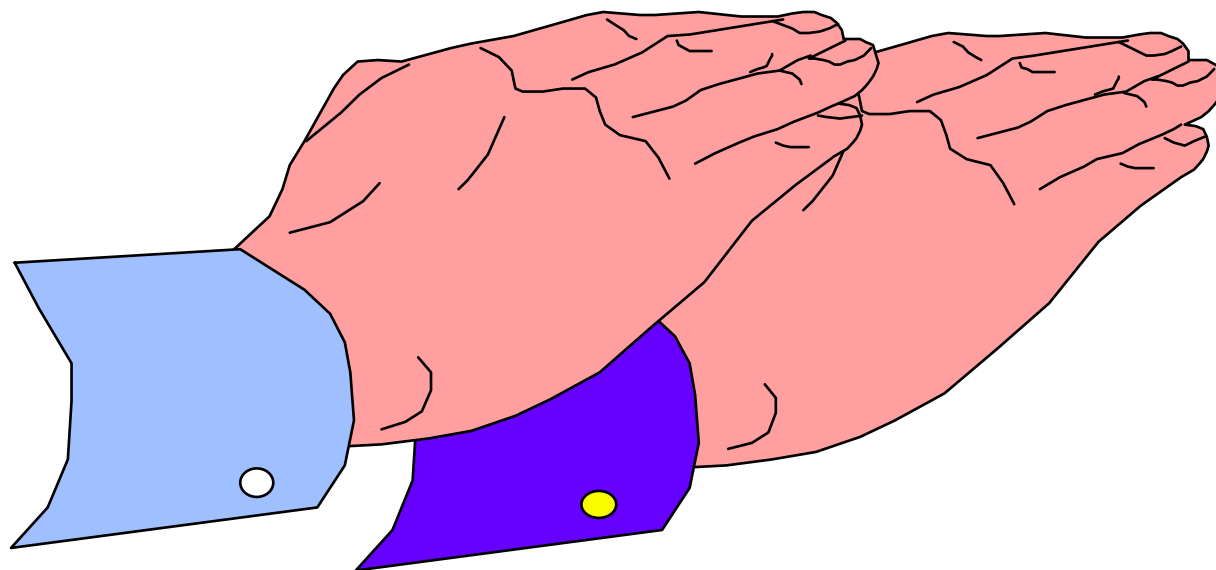
Visual Aides

- 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



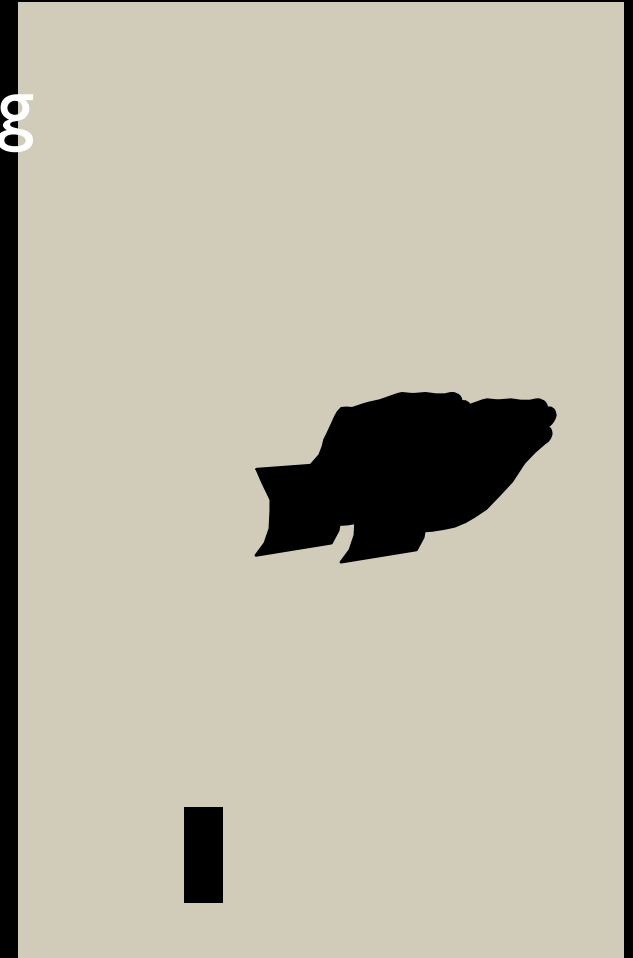
Selecting a Prompt

- 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 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

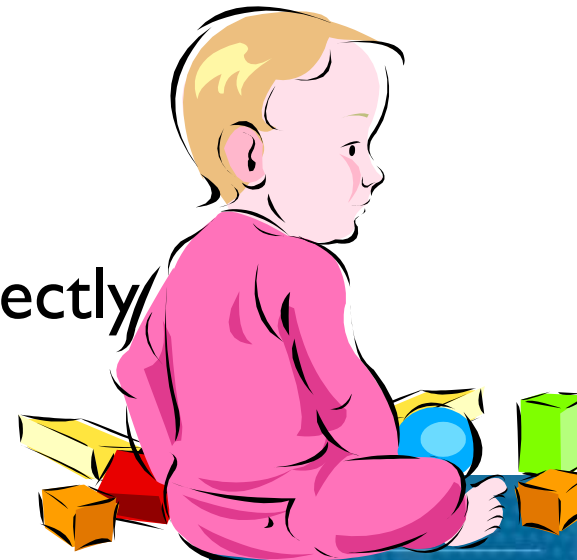
- If we have a prompt, we have a plan on how to fade it.
- Prompt dependency

- 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



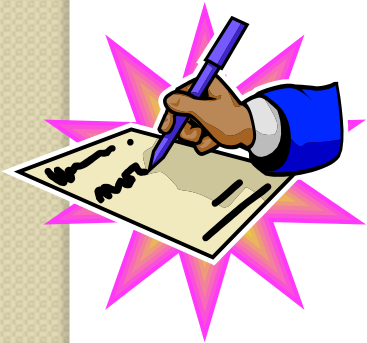
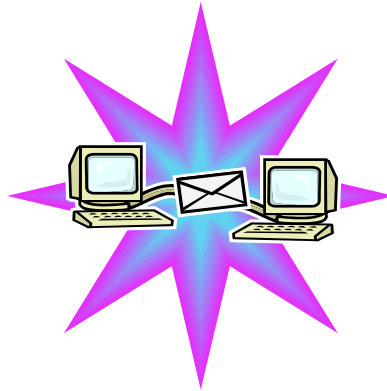
Difficulties in Producing Spoken Language

- Echolalia
- Repeated words
- 1st person confusion

What other ways do we communicate?

- Pictures
- Gestures
- Writing
- Vocalisations
- Eyes
- Objects
- Assistive Technology

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

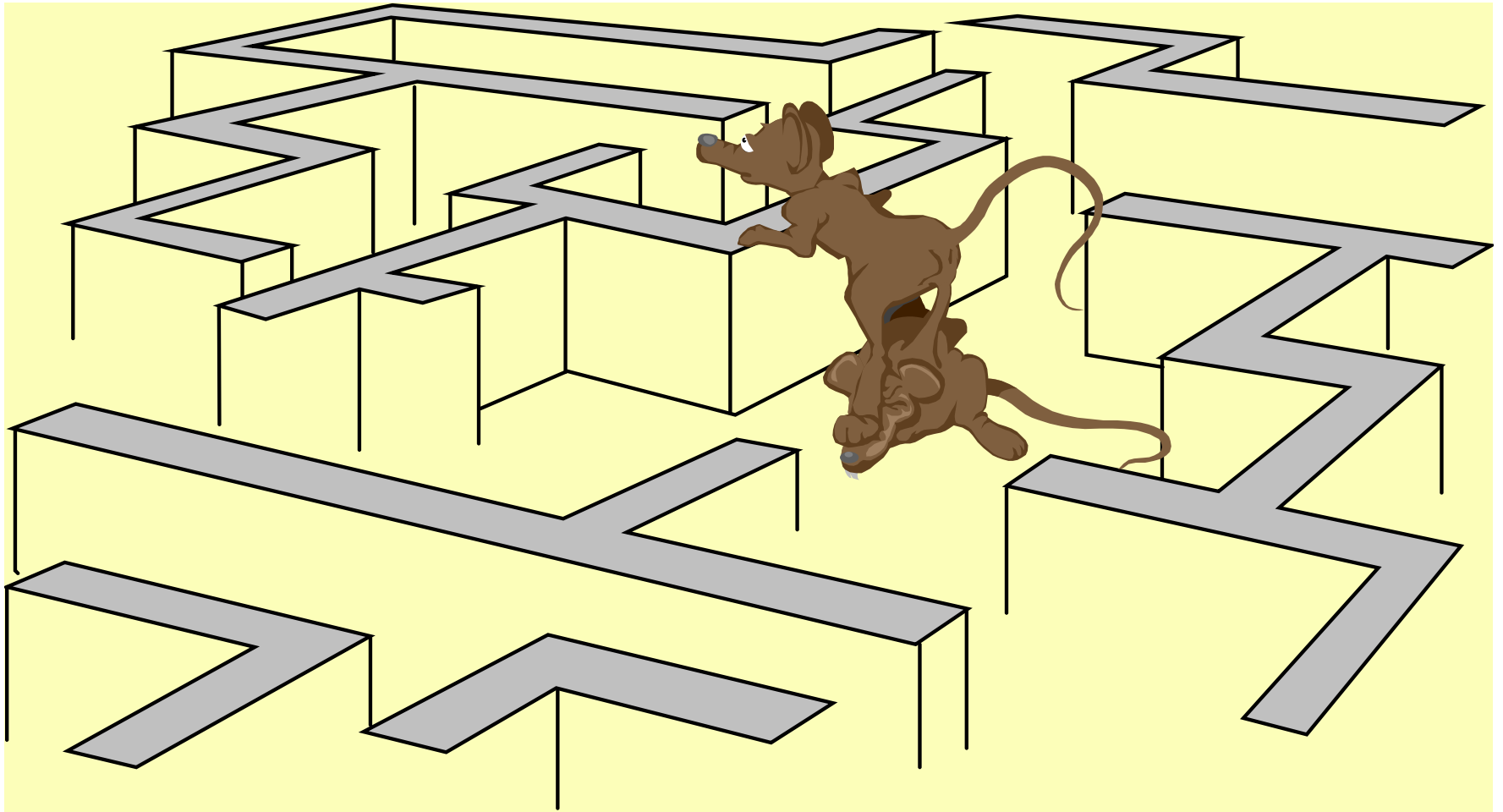
Consultation skills

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

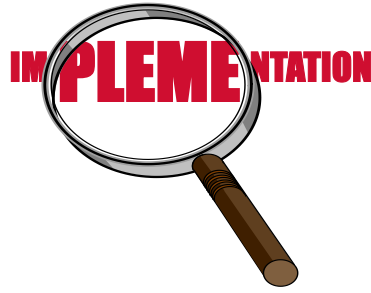


Periodic Service Review

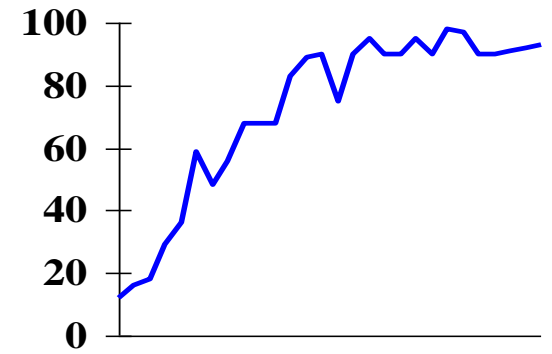
Periodic Service Review



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

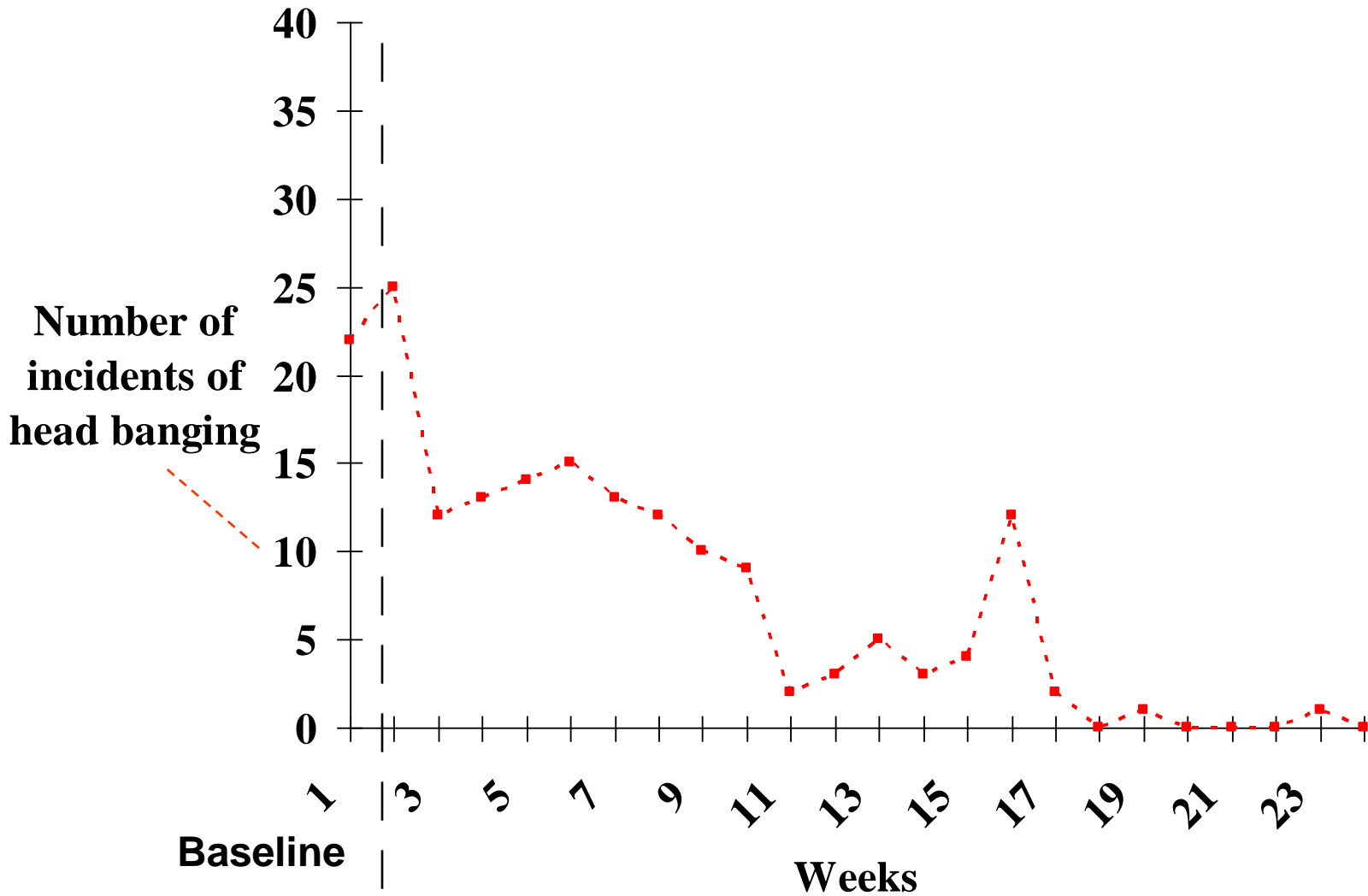
- Redirection
- Active listening

Multi Element Behaviour Support Plan for Peter

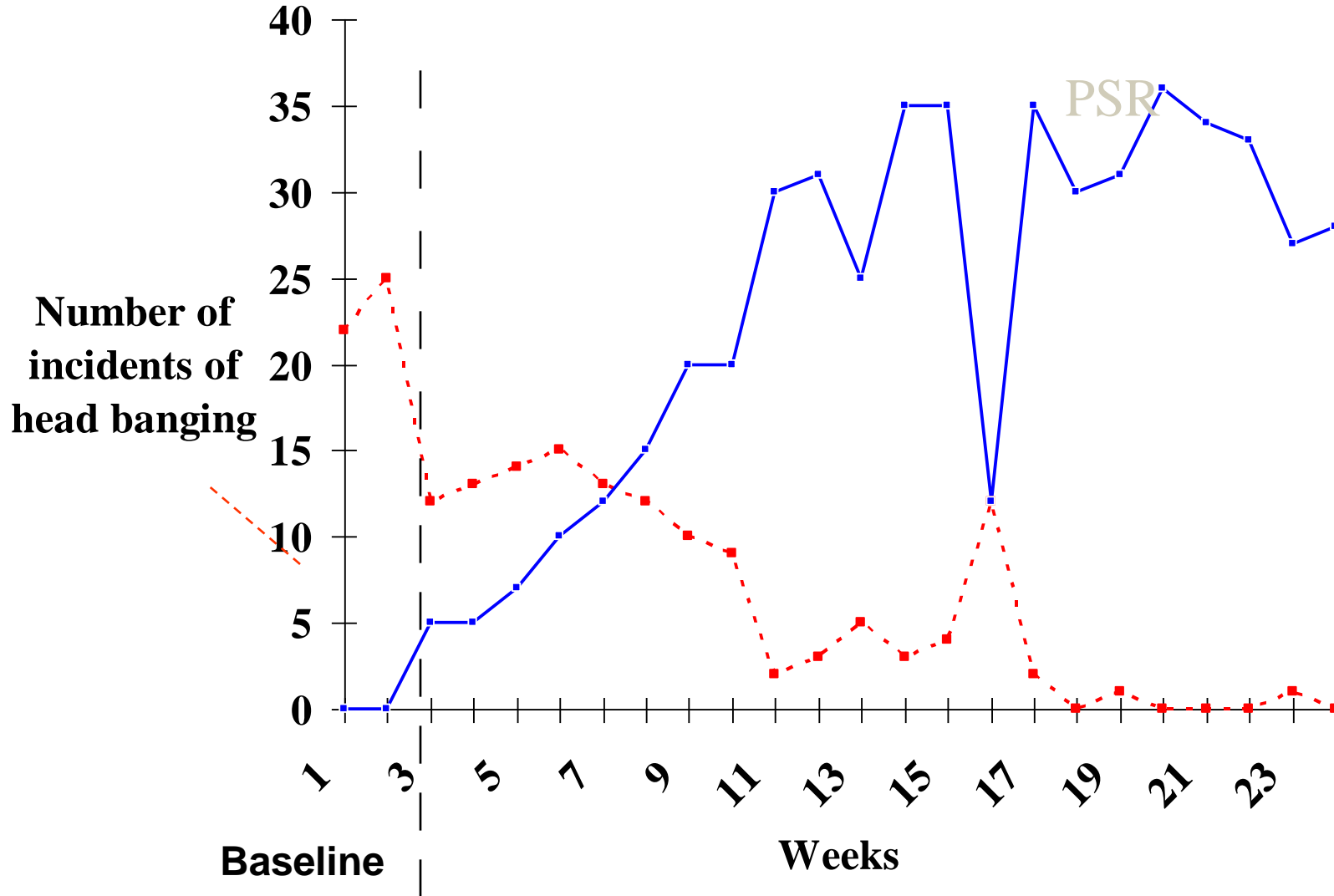
To be completed each week This week beginning _____

	+ / -	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

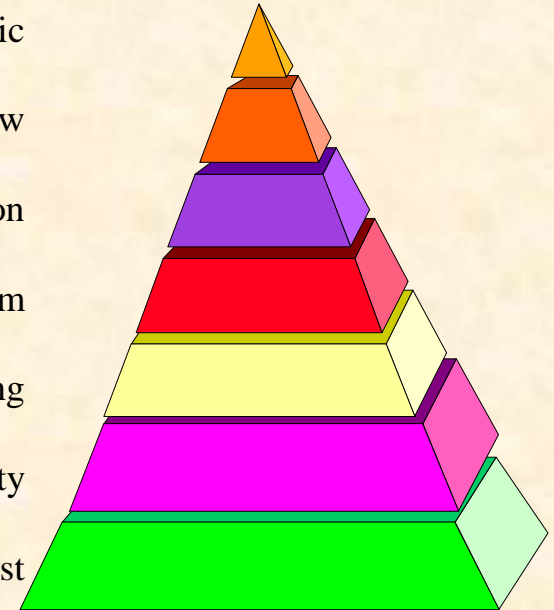
Questions

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

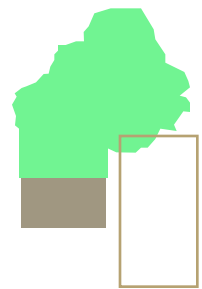
•Quality of life

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*



Tralee



Dundalk

Drogheda

Dublin

Celbridge

Hospitaller Order of St John of God

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



 **Kerry**

Celbridge

Dublin

Dun Laoghaire

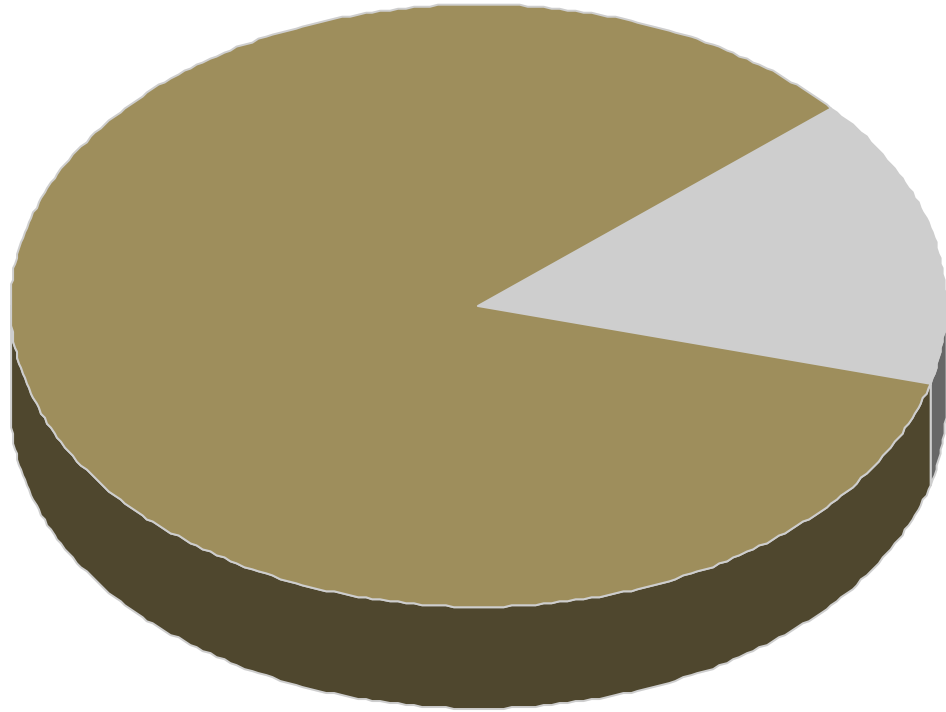
Bray

Dundalk

Drumcar

Drogheda

Drogheda



- 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

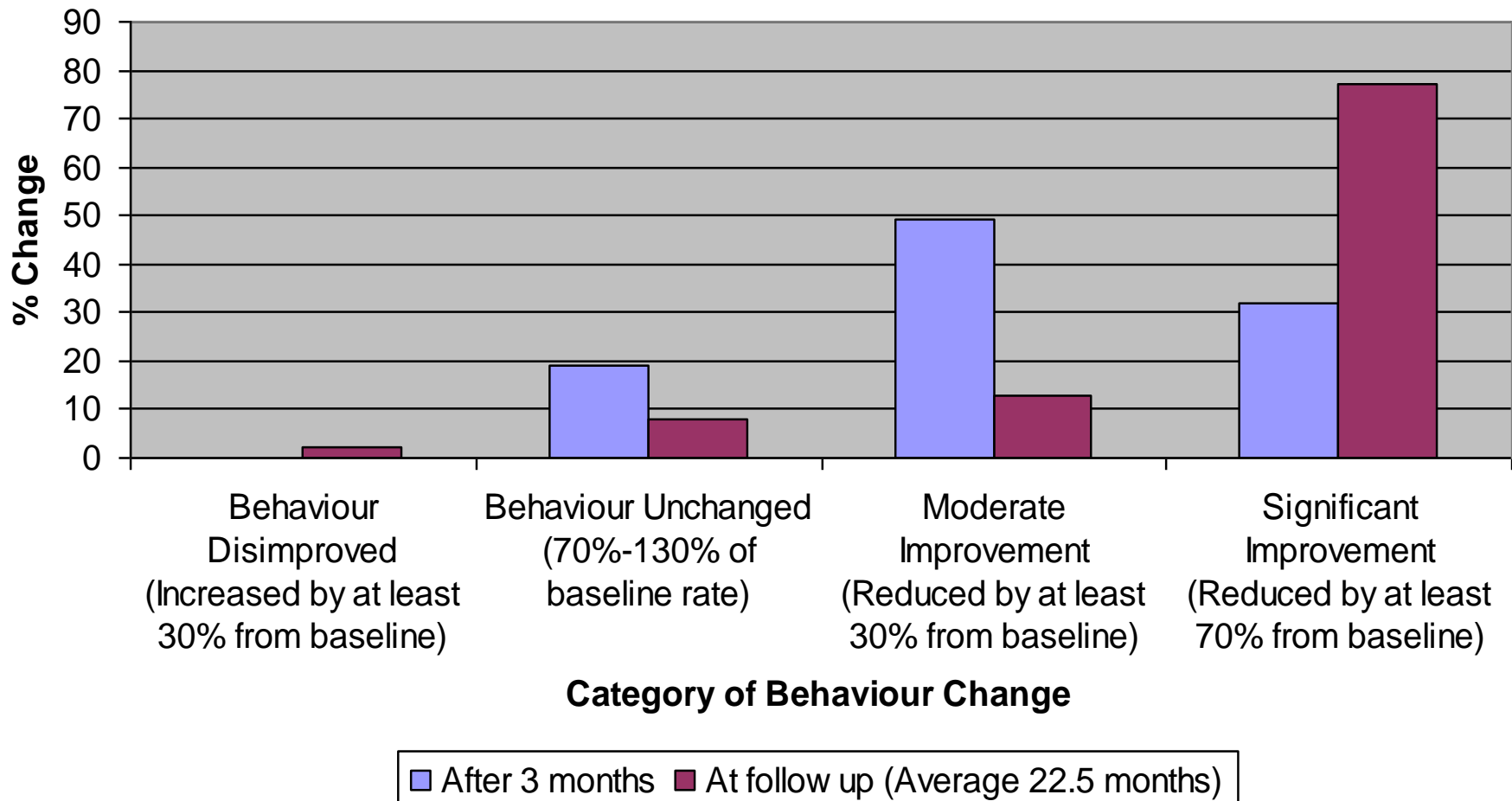
Particular case training

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

Behavioural outcomes, May 2001

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

Behavioural Outcomes



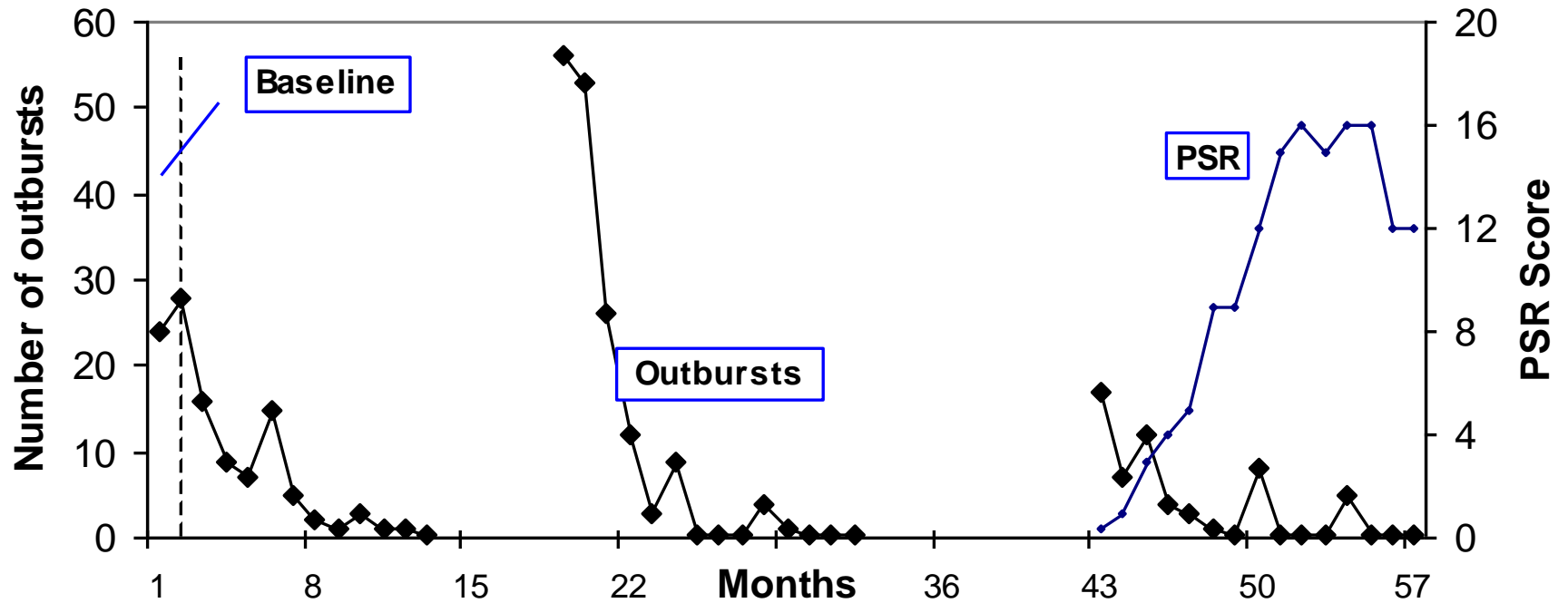
Participant on-the-job performance

- **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
- HIQA (Regulations Health Act 2007)

Sarah



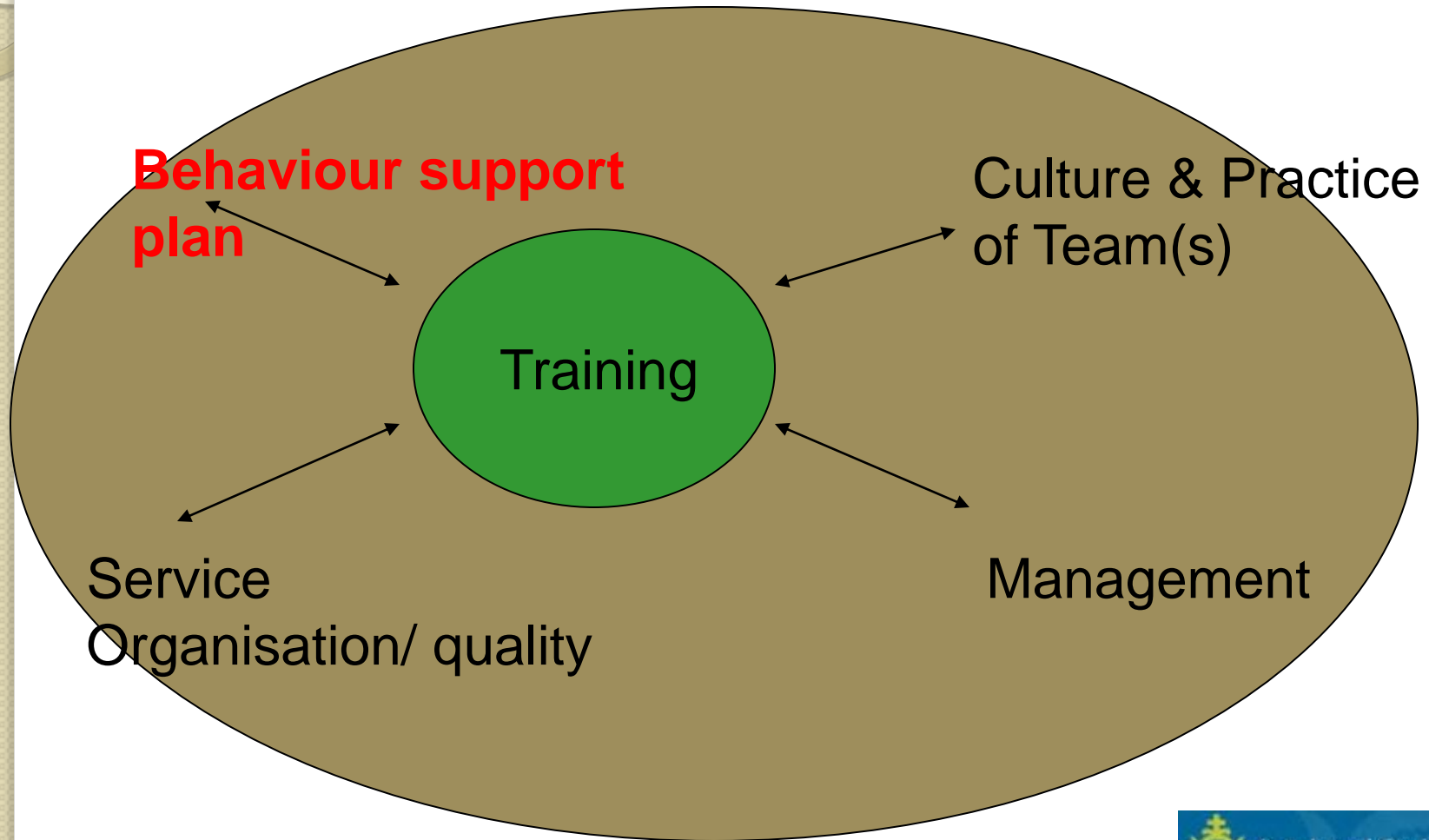
Reducing Rights Restrictive Practice

- Awareness of Human Rights Issues
- Rights Review Committee
- Positive Behaviour Support 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

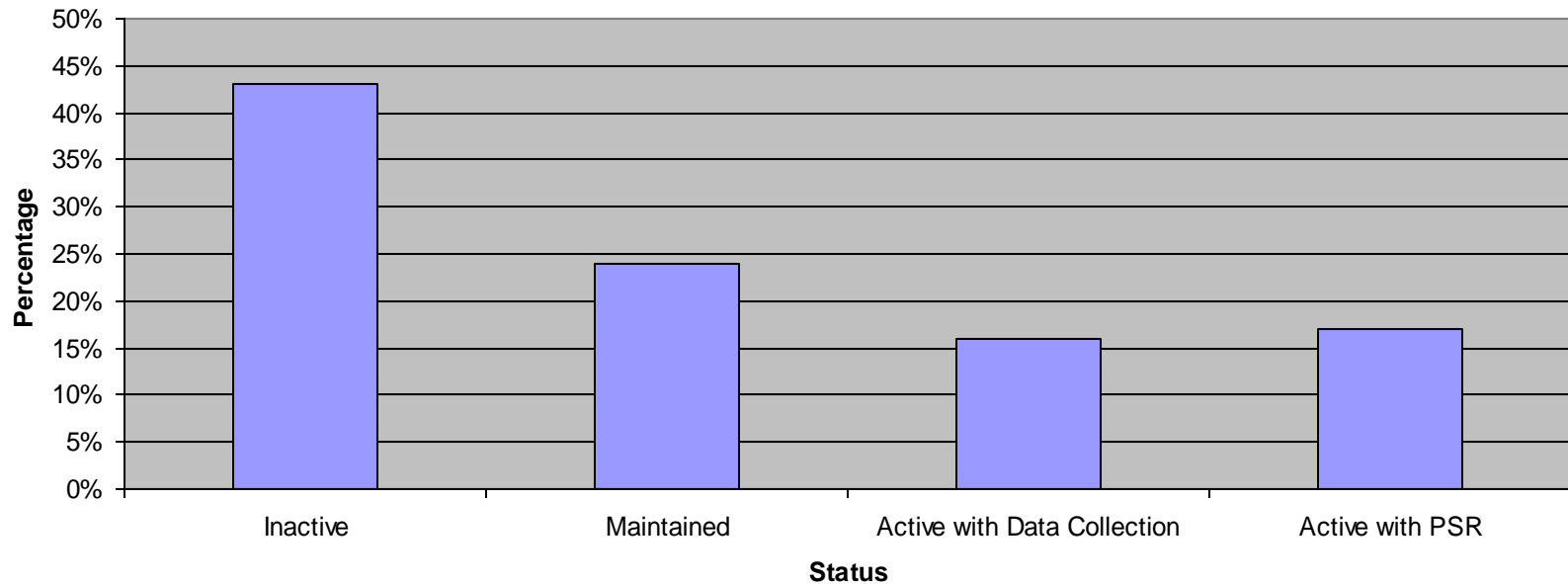
- Accountability – Regular Review & Audit
- Use of Incident Reports
- Training for and Support from Director and Management
- Clinical staff trained & committed to Positive Behaviour Supports
- Streamlining PBS systems(structures and processes) into existing systems

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 Behaviour Support Plans 2002

Status of Behaviour Support (N=160)



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

- Person centred planning (e.g. Personal Outcomes Measures) to be conducted in conjunction with behaviour supports.
- Sharing goals with Individualised Plans
- HIQA Standards

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

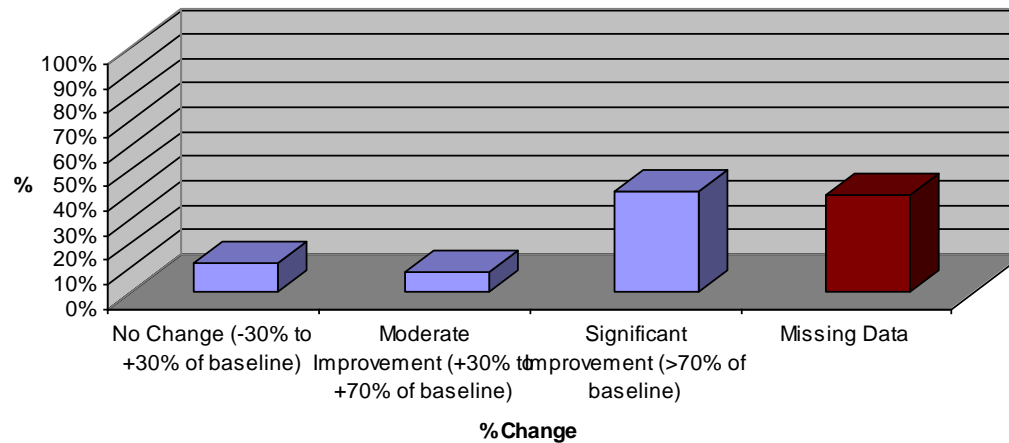
Human Rights Issues



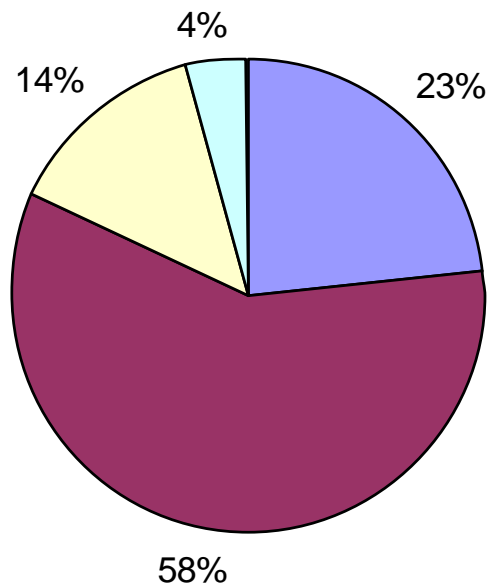
Working in Positive Behaviour Support Positions

Monitoring / Review (2007)

% of Behaviour Change from original BSP to present (n=93)



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