

Multi-Element Behaviour Support Practice Support Certificate

Callan Institute

Saint John of God Community Services clg.



www.callaninstitute.org



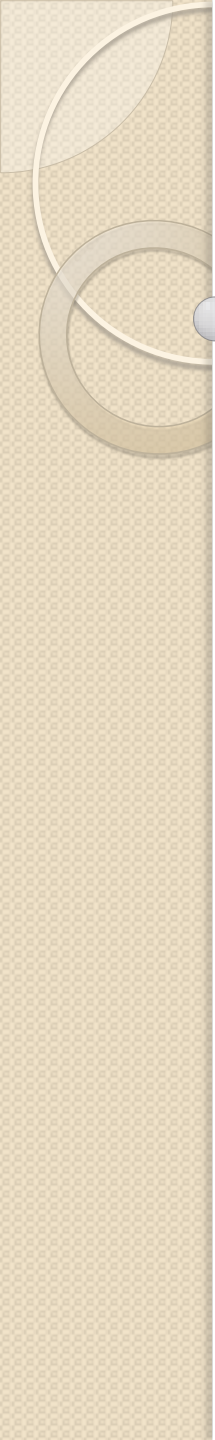
Callan@sjog.ie



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17th October 2017

*Hospitality * Compassion * Excellence * Justice * Respect*



WELCOME!



STRUCTURE OF THE COURSE

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

Course Materials

The screenshot shows the Callan Institute website with the following content:

- Callan Institute for Positive Behaviour Support** logo and navigation menu.
- News & Events** section with a dropdown arrow.
- Callan Institute 2016 Training Schedule** article: "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." Includes a [Read more](#) button.
- e-learning course on Positive Behaviour Support** article: "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." Includes a [Read More](#) link.
- Callan Art Competition winner Mr. Terry Black** article: "Another very successful Art Competition was displayed in Deansgrange Library in March. The winning piece was painted by Terry Black." Includes a [Read More](#) link.
- Systematic Instruction** article: "Building Capacity through Skills Teaching: This course supports the teaching of skills using applied behaviour analysis...." Includes a [Read More](#) link.
- Callan Facebook Page** article: "Callan Institute Facebook Page has new posts every day. Keep up to date with events, tips and resources by visiting and liking us." Includes a [Read More](#) link.
- Training** section: "What is MEBS?", "Workshops & Courses", "Student Downloads Area", "Tutor Downloads Area".
- Assesment** section: "What is a MEBS assessment?", "How do I make a referral?", "Information for families", "Information for service providers".
- Research** section: "Literature on PBS and MEBS", "Research in MEBS", "Projects in MEBS".



- Training** 
- What is MEBS?
- Workshops & Courses
- Student Downloads Area
 - Systematic Instruction
 - Multi Element Behaviour Support 2013 - 2014
- Tutor Downloads Area

YOU ARE HERE: Home > Training > Student Downloads Area

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

Training

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YOU ARE HERE: Home > Training > Student Downloads Area

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
- *Background Assessment*
- Module 2
- *Functional Assessment*
- Module 3
- *Positive Behaviour Support Plan(Multi-Element Behaviour Support plan)*
- Module 4
- *¼ Report & Periodic Service Review*
- Module 5
- *Video*
- Module 6
- *Final Portfolio*

Layout of the Day

9:30 a.m.- 4:30 p.m.

Breaks:

Coffee: 11-11.20am



Lunch: 1pm – 1.45pm



Coffee: 3pm – 3.15pm



Structure of Today

1. 10 Principles of PBS
2. PBS Policy
3. Functionally Based and Non-Functionally Based Non Aversive Reactive Strategies
4. Robert case study
5. Ethics of intervening
6. Data collection
7. Assignment



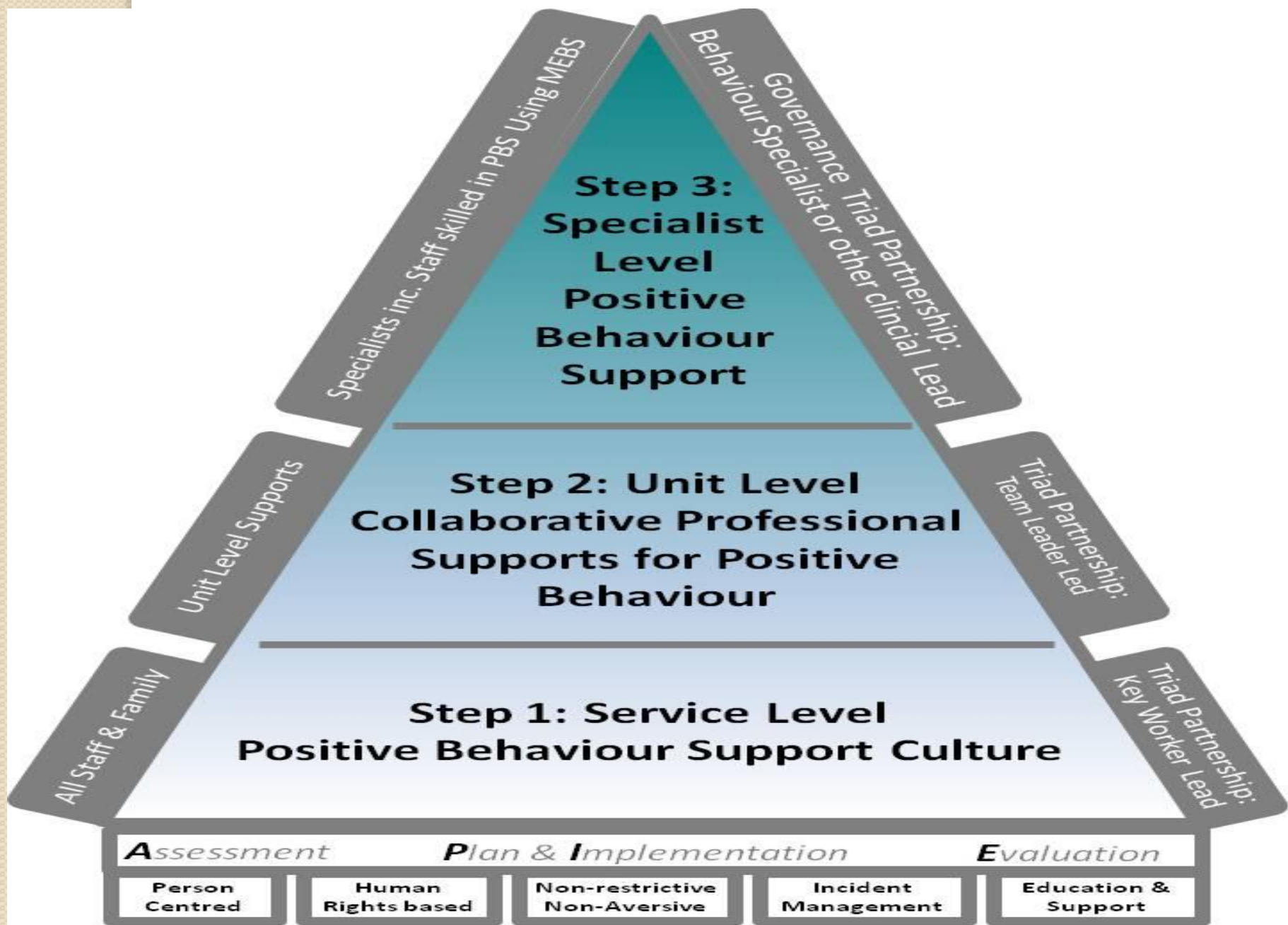
10 PRINCIPLES OF PBS

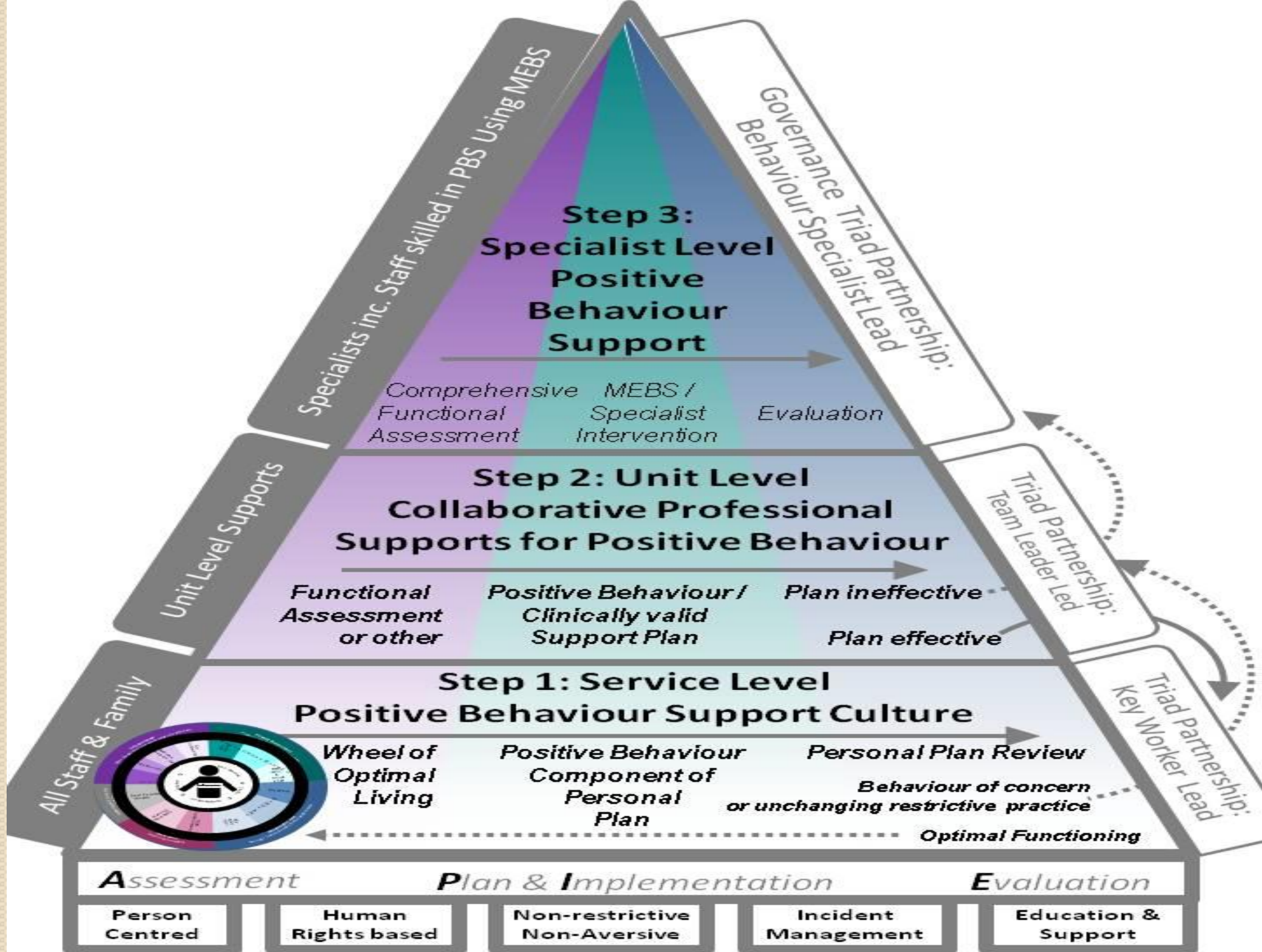
What is Positive Behaviour Support?

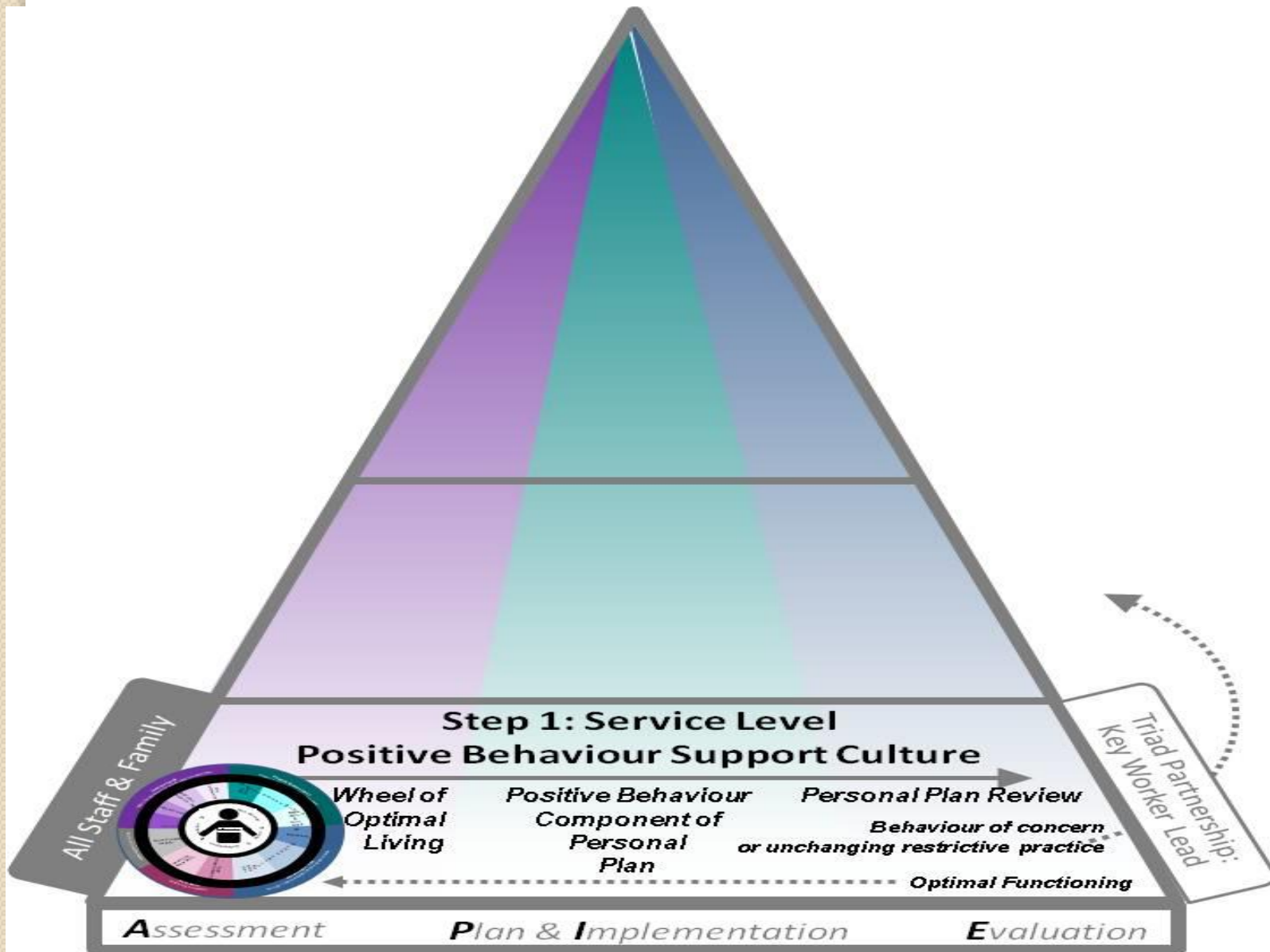
- Non-aversive:** No punishment is used
- Life:** PBS looks at what life is like day-to-day life like for the person – are they happy?
- Information:** PBS uses multiple sources of information like files, observations and interviews
- Person Centred:** The person is always involved at the heart of the 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.



PBS POLICY



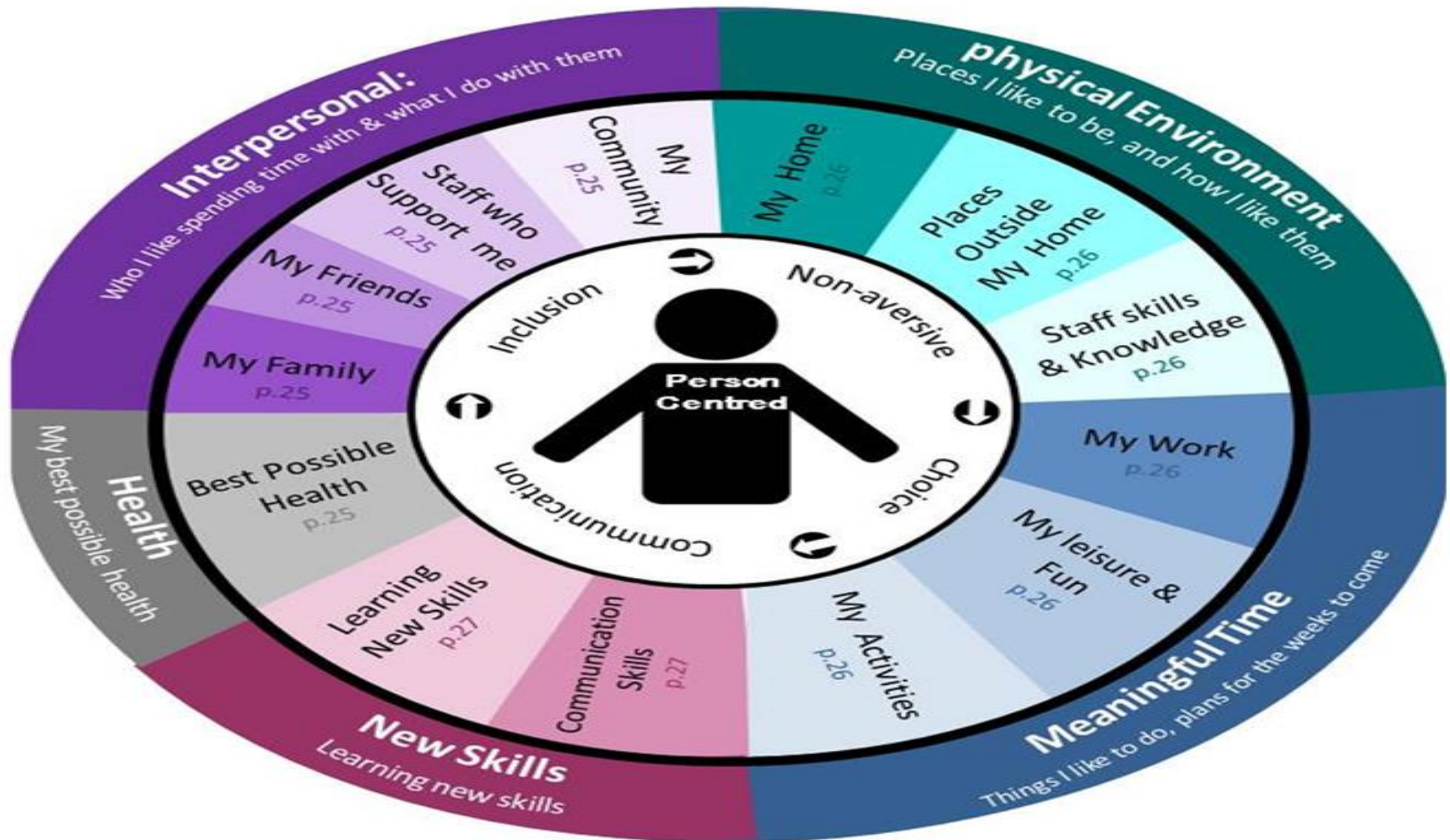


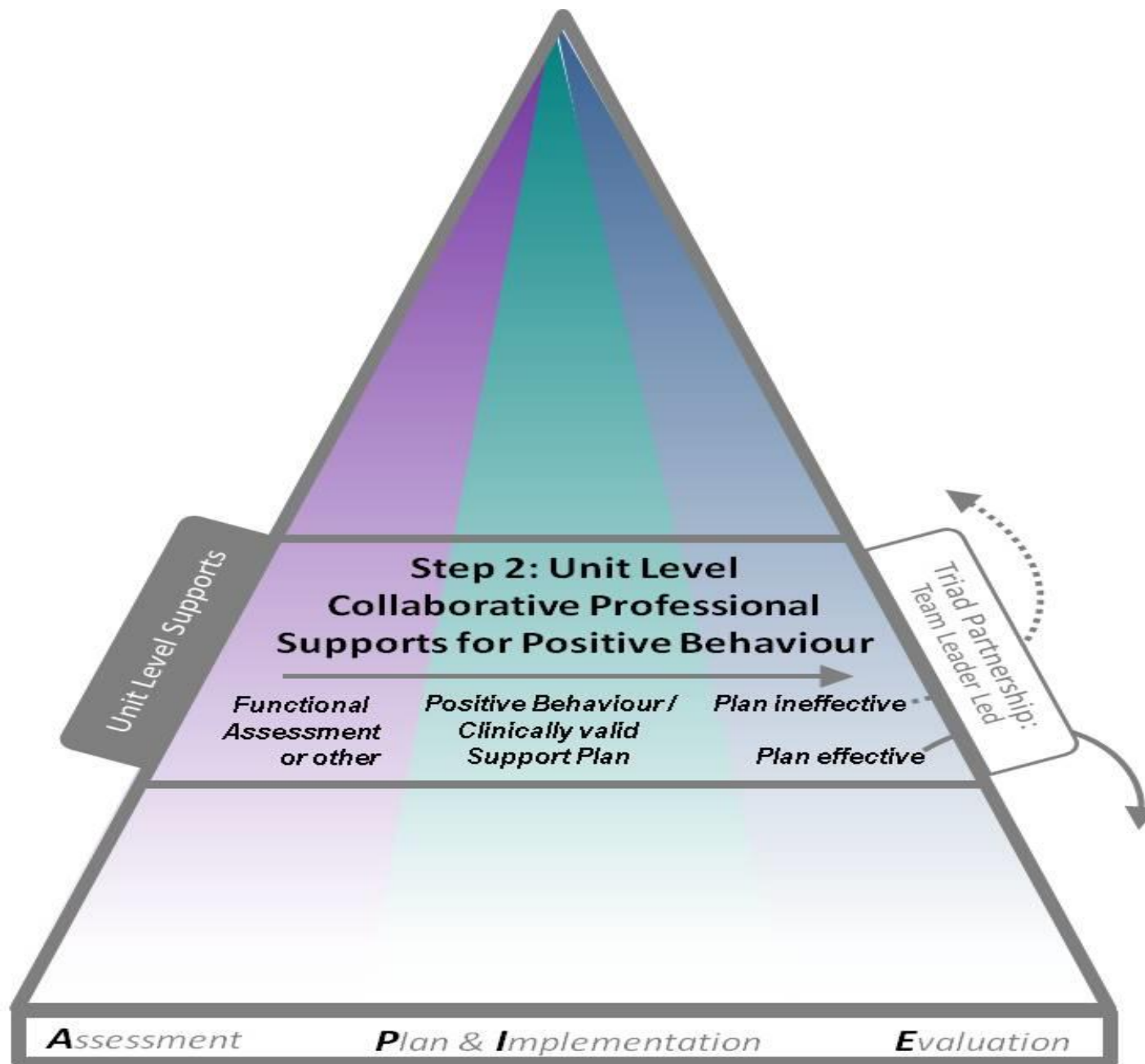


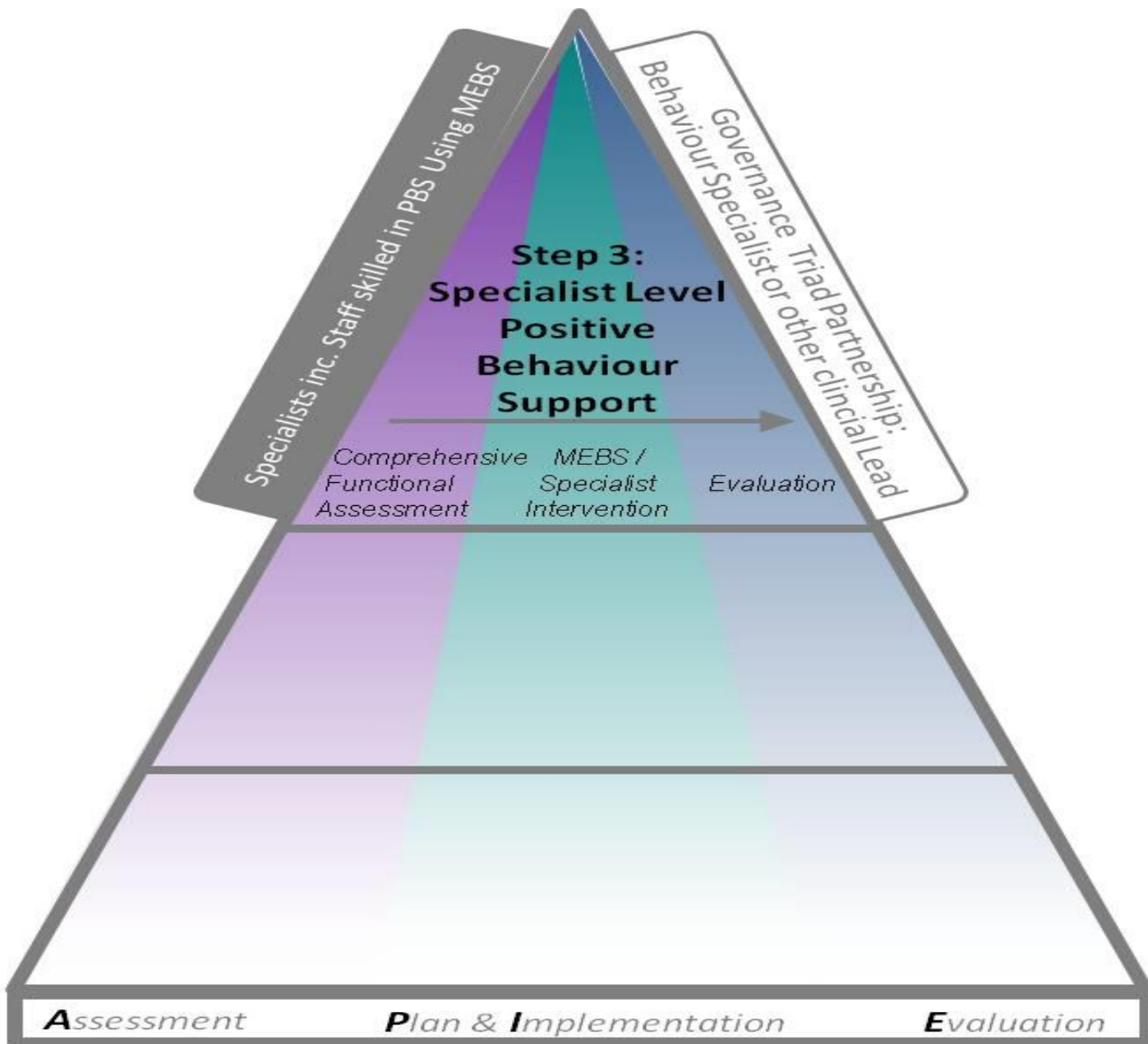
Wheel of Optimal Living:

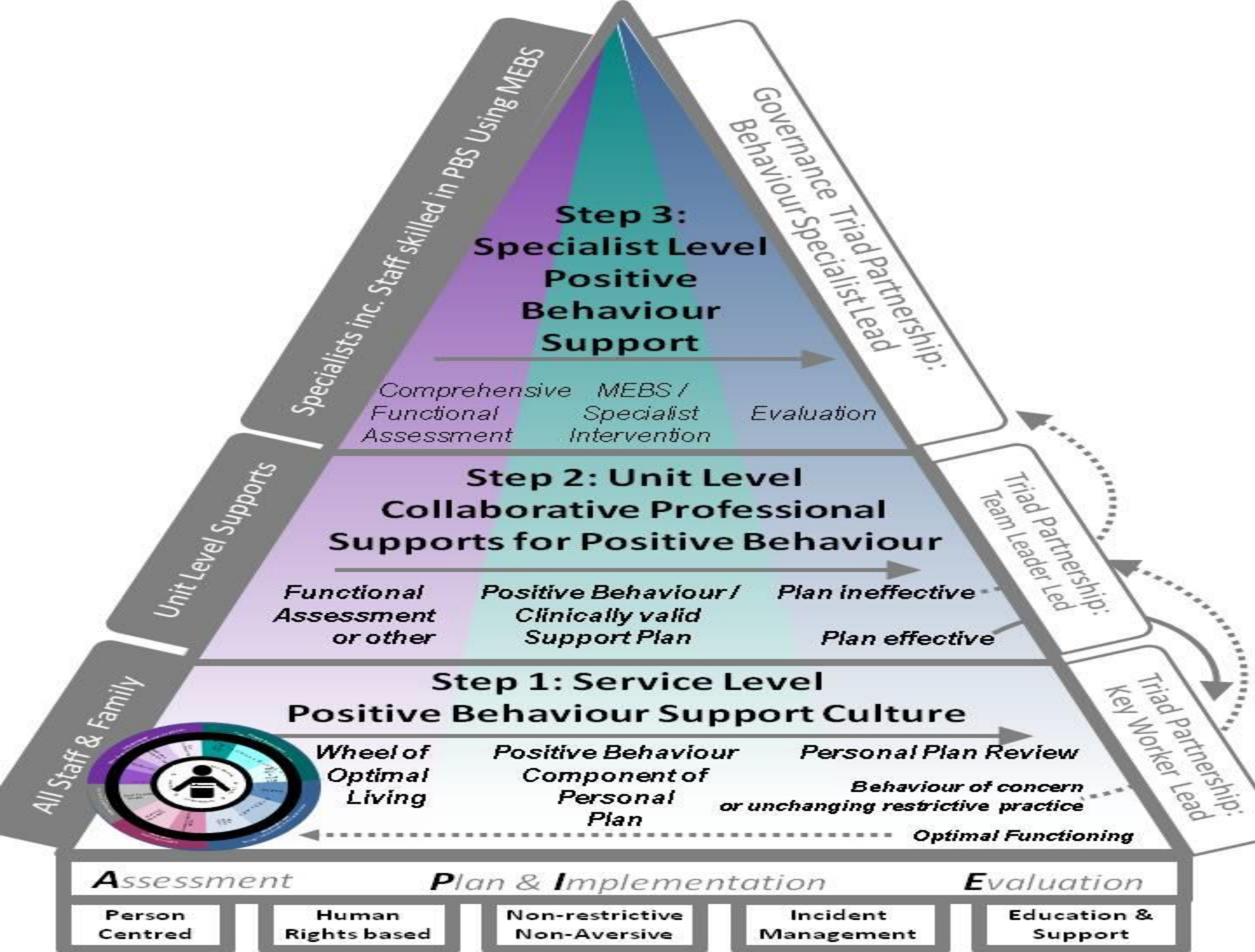
What makes life good?

& where to look if there is a behaviour of concern











NON-AVERSIVE REACTIVE STRATEGIES

Why did we traditionally respond in aversive ways?



The Principle of Alignment:

- If a behaviour is 'big' and risky, it needs a 'big' response?

Overemphasising the power of reinforcement:

- If we reinforce something it may 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?

Episodic Severity

Reference

- LaVigna, G. W. & Willis, T.J. (2005). Episodic Severity: an overlooked dependent variable in the application of behaviour analysis to challenging behaviour, *Journal of Positive Behaviour Interventions*, 7(1) 47-54.
- Spicer, M, & Crates, N. (2016) Non-aversive reactive strategies (NARS) to reduce the episodic severity of aggression and to reduce the need for restrictive practices. In R. P. Liberman G.W. LaVigna (Eds.), *New Directions for Treatment of Aggressive Behavior in Persons with Mental and Developmental Disabilities*. Nova Science Publishers.

- 
- The need to align restrictive practices with the severity of challenging behaviour is a fallacy.
 - A Functional understanding is the only way.

A large red arrow pointing upwards, with the word "Escalation" written vertically inside it in black text.

Escalation

A large green arrow pointing downwards, with the word "Resolution" written vertically inside it in black text.

Resolution

Response Strategies

- **Aversive**
 - Where an aversive stimulus was introduced, something the person does not like such as a threat to call the Gardai or loss of privileges.
- **Restraint (Restrictive)**
 - Where the person's freedom of movement, access or behaviour is restricted .
- **Non-Functionally Based Non-Aversive Reactive Strategies (N-FB NARS)**
- **Functionally Based Non-Aversive Reactive Strategies (FB NARS)**

Functionally Based Reactive Strategies

Positive Resolution - Introduce a Stimulus to Reduce Behaviour

Capitulation

Active Listening

Something they love to do / Preferred Events

Ask them to help you

Ask them to do something they always do.

Remind of previously arranged goals /targets for Positive Behaviour

Inject Humour

Facilitate skills

- Communication
- Problem solving
- Physical Activity
- Relaxation/Deep breathing

Negative Resolution - Remove a Stimulus to Reduce Behaviour

Capitulation

Active Listening

Stimulus change by reducing stimulation in the environment

- Turn off the lights
- Turn down sound
- Move people away

Evasion- Stay safe while implementing strategies

Use of physical environment to provide barriers to contact

Self protection through protective clothing, objects and deflection

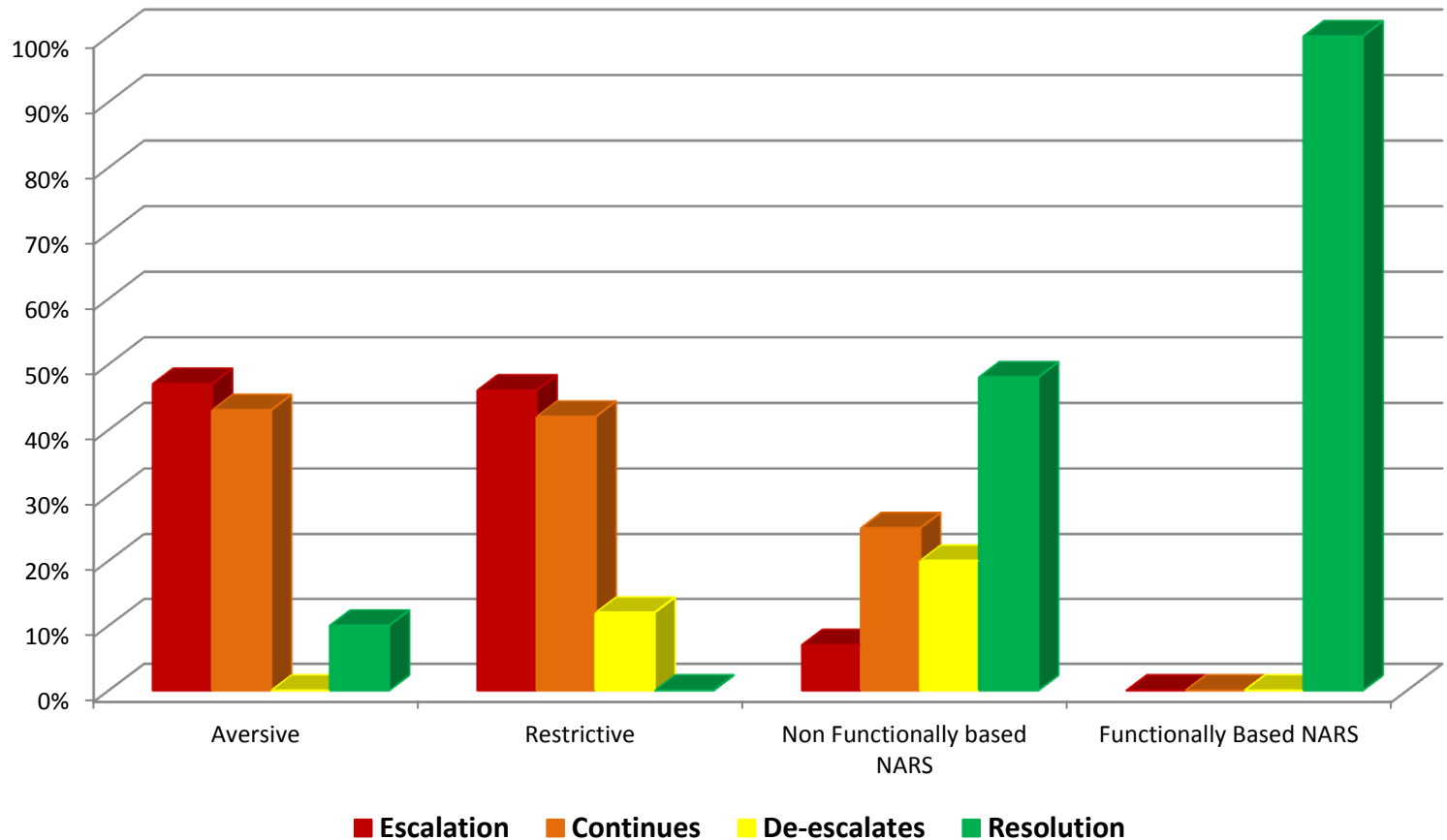
Maintaining a safe distance

Arousal Continuum (Perry)

AROUSAL	REST	VIGILENCE	RESISTANCE	DEFIANCE	AGGRESSION
PRIMARY <i>secondary brain areas</i>	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <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

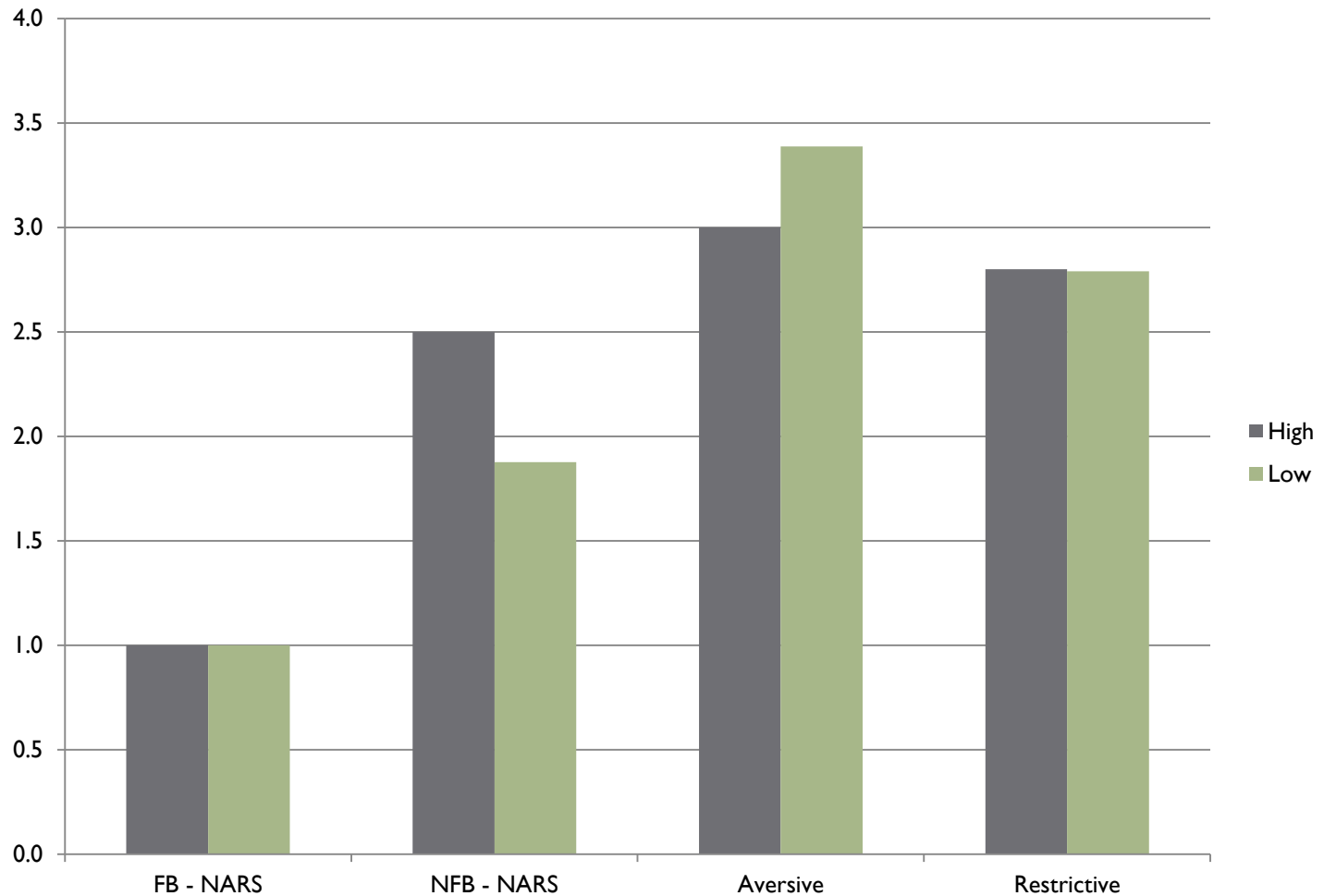




Results

Steps From Resolution

Steps from Resolution – High (>5) vs Low (<=5)) ME Severity

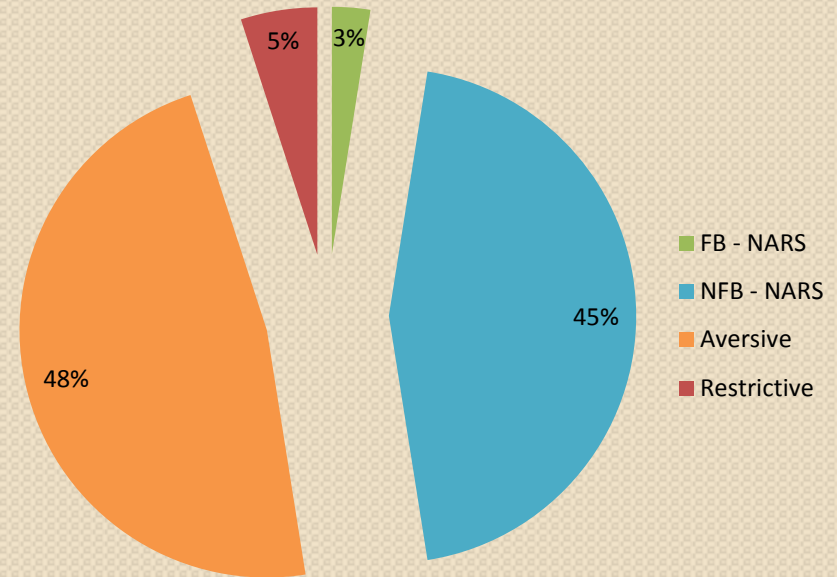
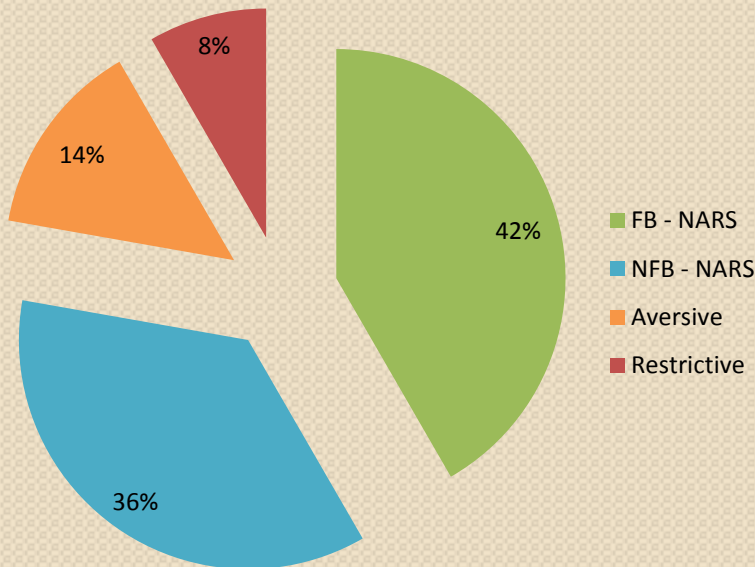


Kruskal-Wallis $H(3, N=230) = 66.36984, p = 0.0000$
FB-NARS (R:45.0) = NFB-NARS (R:100.67) < Aversive (R:162.75) = Restrictive (R:154.00)

Staff Use of Crisis Strategies

ID - Strategy used when we knew the function

Trauma - Strategy used when we knew the function



To put it simply...

- Do I understand the area of concern?

Topography	Restriction/Restraint
I. The person is throwing items.	1. Remove all items; 2. Low-Hold the person's hands/ arms;

Function	Functional Response
Stop telling me what to do	How can I help? (Active listening and Capitulation)



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

@Dana_Barzilay

Conclusions

Rapid safe control, compliance and contemporary practice can all be achieved with Non Aversive Reactive Strategies(NARS)

The alignment principle which states that, the more dangerous the behaviour the more justified, in fact necessary, it is to use more restrictive and aversive strategies to manage risk, is a fallacy!

Restrictive and aversive responses are in most cases less effective and more likely to lead to escalation.

It has been demonstrated that the use of Functionally Based and Non-Functionally Based NARS within the context of a multi-element plan removes the potential for counter-therapeutic side effects.



ROBERT

A CASE STUDY

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

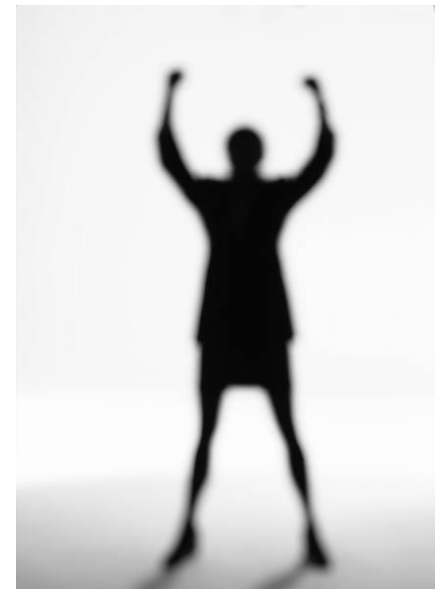
•Maintenance

•Side effects

•Quality of life

Robert's Behaviour

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



Vignette

Comprehensive Behavioural Assessment

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

Proactive Strategies Review:

- **1. Environmental Interventions:**

Physical environment,

Interpersonal environment

Programmatic environment

- **2. Skills Teaching:**

General Skill

Functionally Equivalent Skill

Functionally Related Skills

Coping and Tolerance Skill

- **3. Direct Interventions:**

Reward Contracts

Antecedent 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

- Functionally Based
- Non-Aversive
- Focused on Episodic Severity

Function:
No thank you

Reactive Strategies

Active listening

Confirm 'no thanks'.

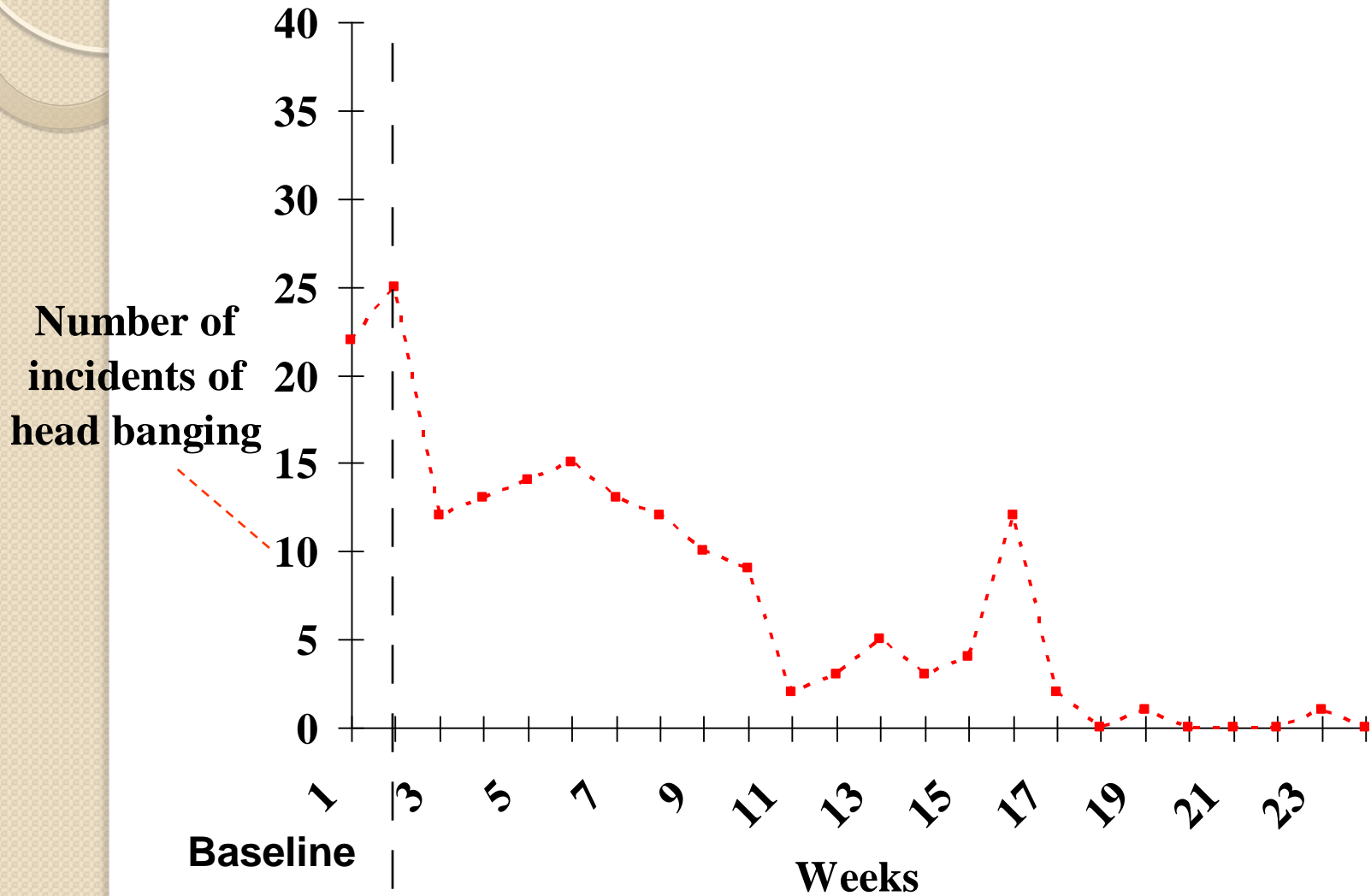
Offer Choice/Picture schedule/Transition
protocol

Function:

“No thank you”

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

Robert's graph



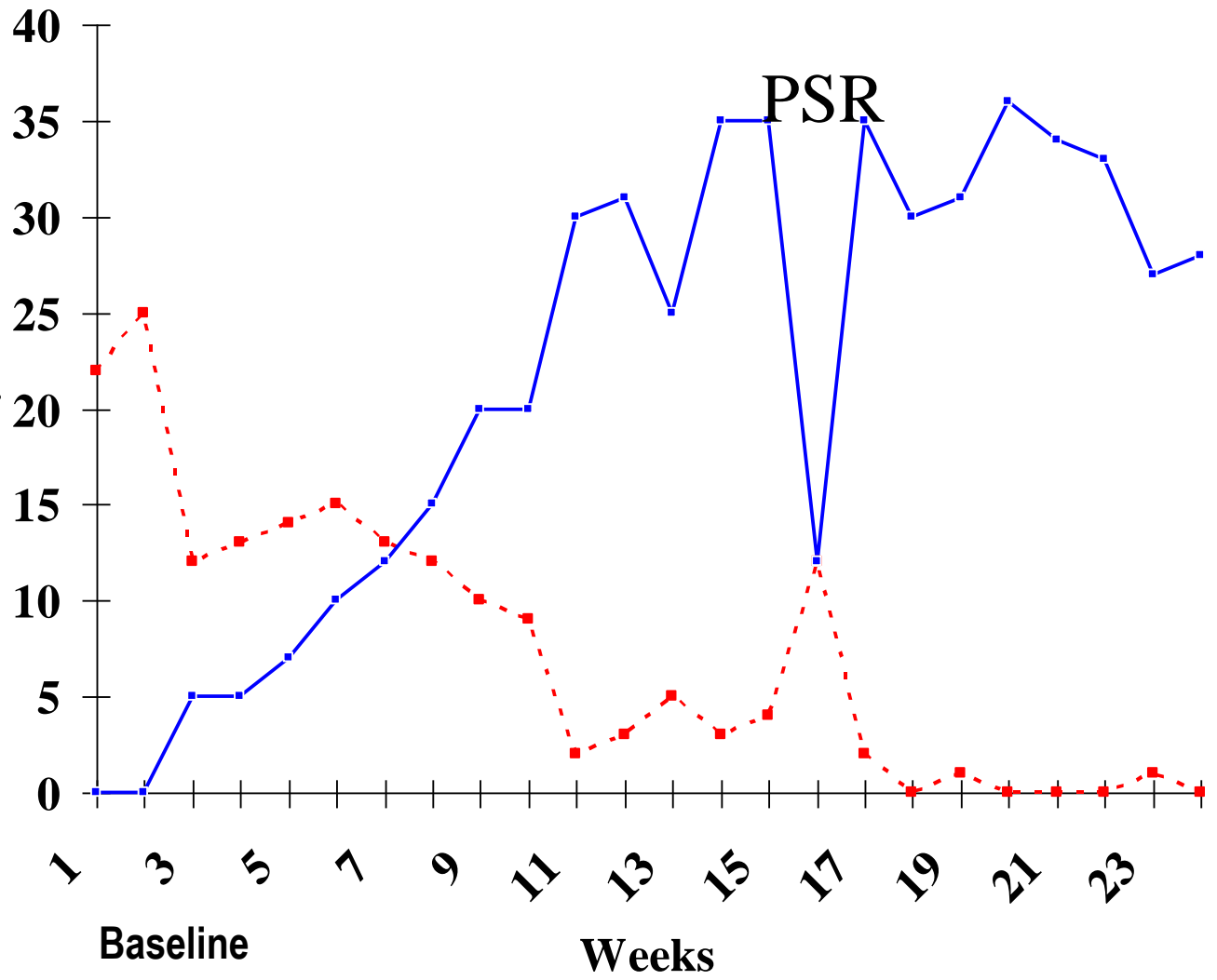
Periodic Service Review

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



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
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Direct Intervention

- Reward no behaviour
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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



ETHICS OF INTERVENING

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?

Responsibility to Client

- Rights of Clients
- Confidentiality and disclosure
- Maintenance of Records & Data
- Interruption or termination of Service
- Is this a 'behavioural' issue or a well being one?

Pre-Intervention Behaviour

- Review efficacy of environment
- Work within the limits of your knowledge & skills
- Get Written consent
- Conduct a functional assessment
- Explain results and recommendations

Also Consider.....

- Generalisability
- Treatment Robustness
- Informed Choice
- Willingness to participate
- Adverse effects AND benefits to treatment

Consent

- Capacity (attaining the age of 18 and being competent to make the decision)
- Information in terms client understands (procedures, right to refuse, withdrawal of consent, benefits and risks)
- Voluntariness (no coercion or duress)

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! (Sounds obvious, but it's been done!)

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
- Do not start an intervention if the baseline is improving – only intervene if there is a worsening or stable trend

Golden Rules to Practicing Ethically (Paul Chance)

1. Encourage the person whose behaviour is to be changed to participate in the design of the intervention
2. Avoid Aversives
3. Consider the alternative to the planned intervention
4. Monitor the results of an intervention



DATA COLLECTION

What is our primary goal in PBS?



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

Different ways to collect Data?

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

Scatterplot Recording

- An initial picture of 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!
- Collect Information 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	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 per hour	

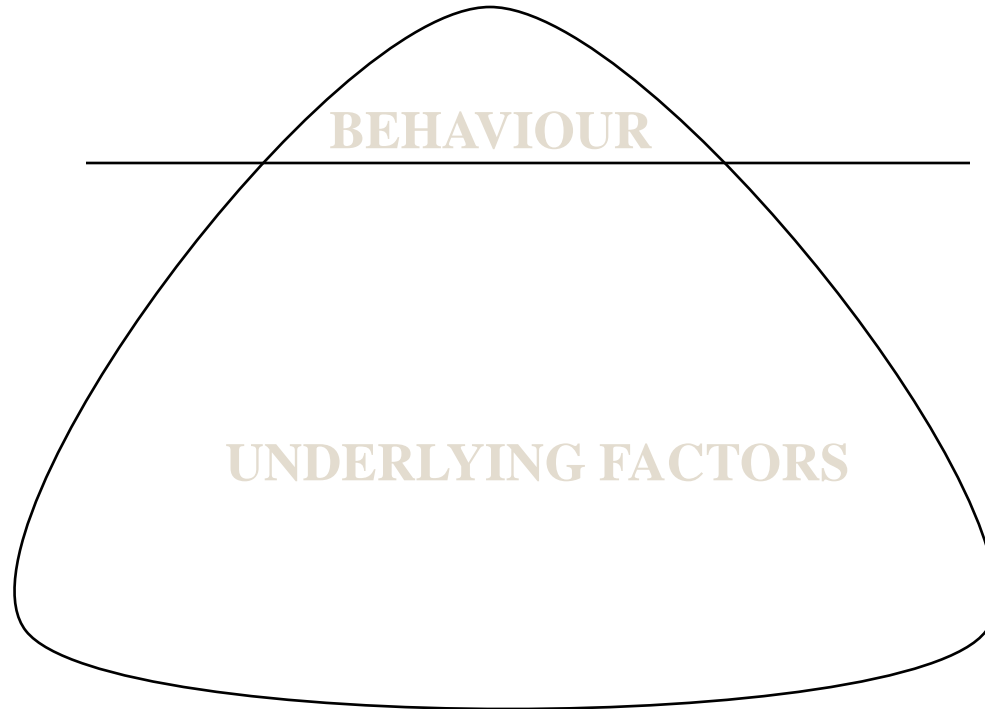


BEHAVIOUR ASSESSMENT

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

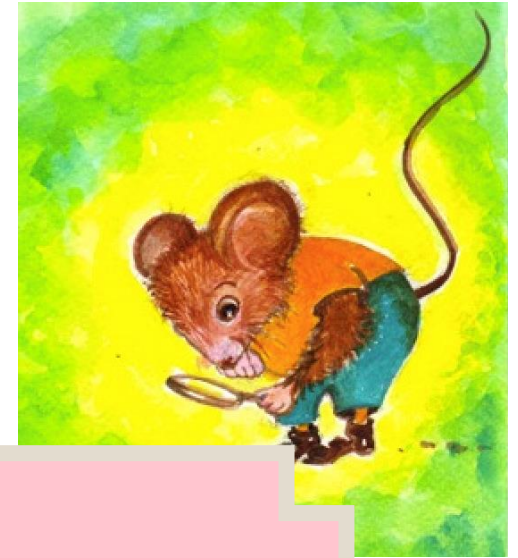
Environment

Consequences

Communication

Experiences

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

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)



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%



Skills Teaching

Errors in teaching

Repetitive practice

Specialised training conditions

Failure to motivate

Verbal prompts

Error-based learning

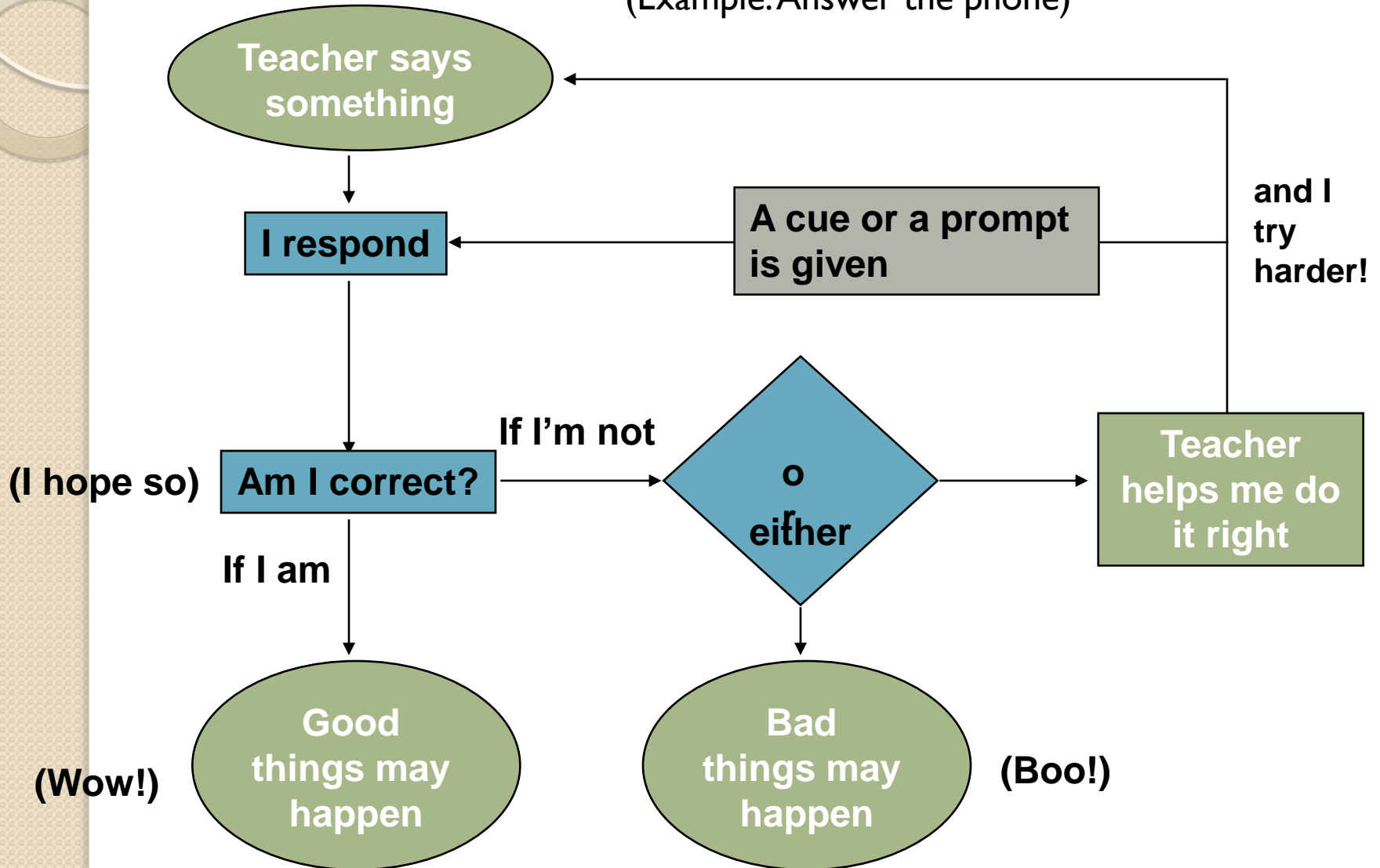
Overlooked communication
competence

Names rather than requests

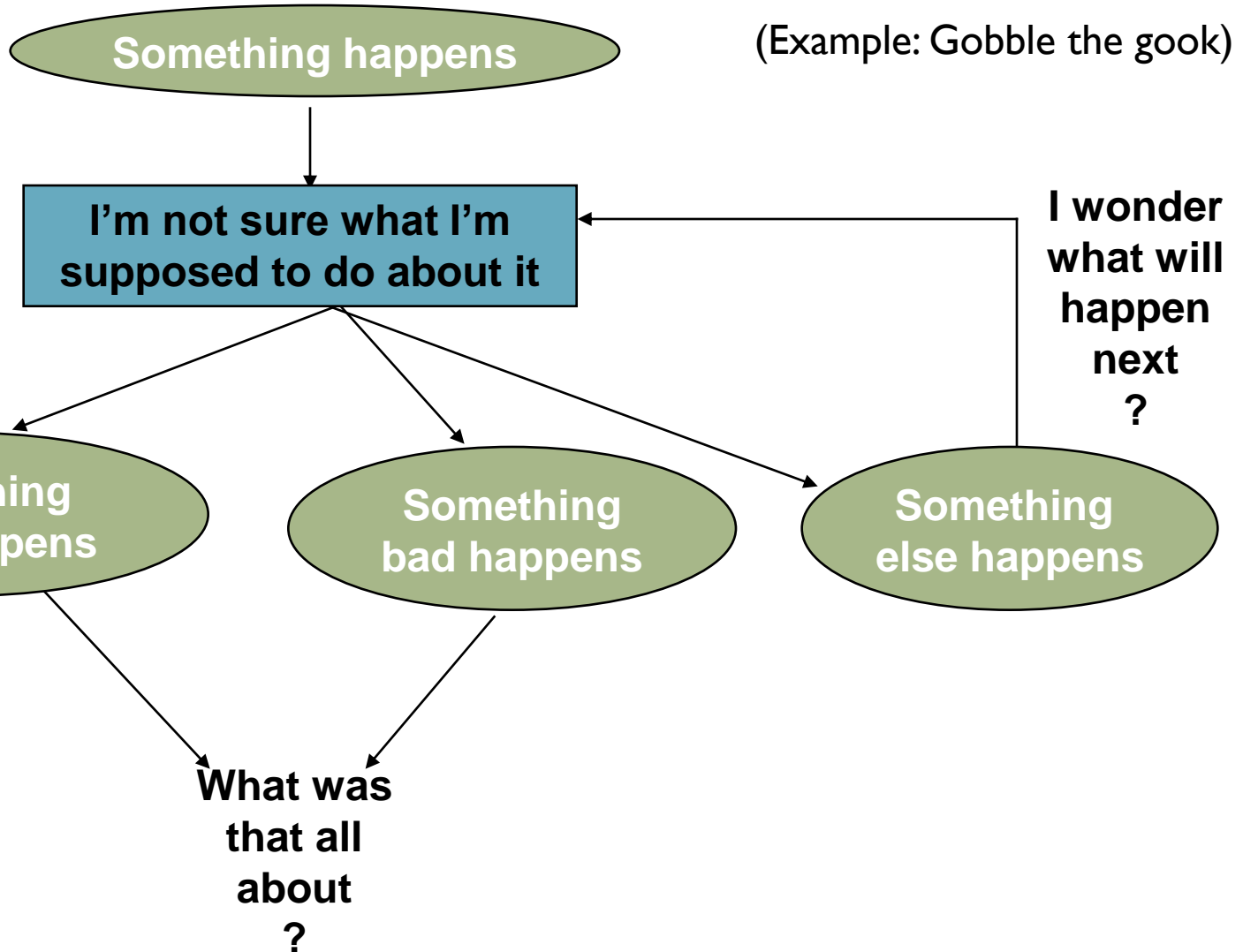
Insistence on prerequisites

Natural learning diagram

(Example: Answer the phone)

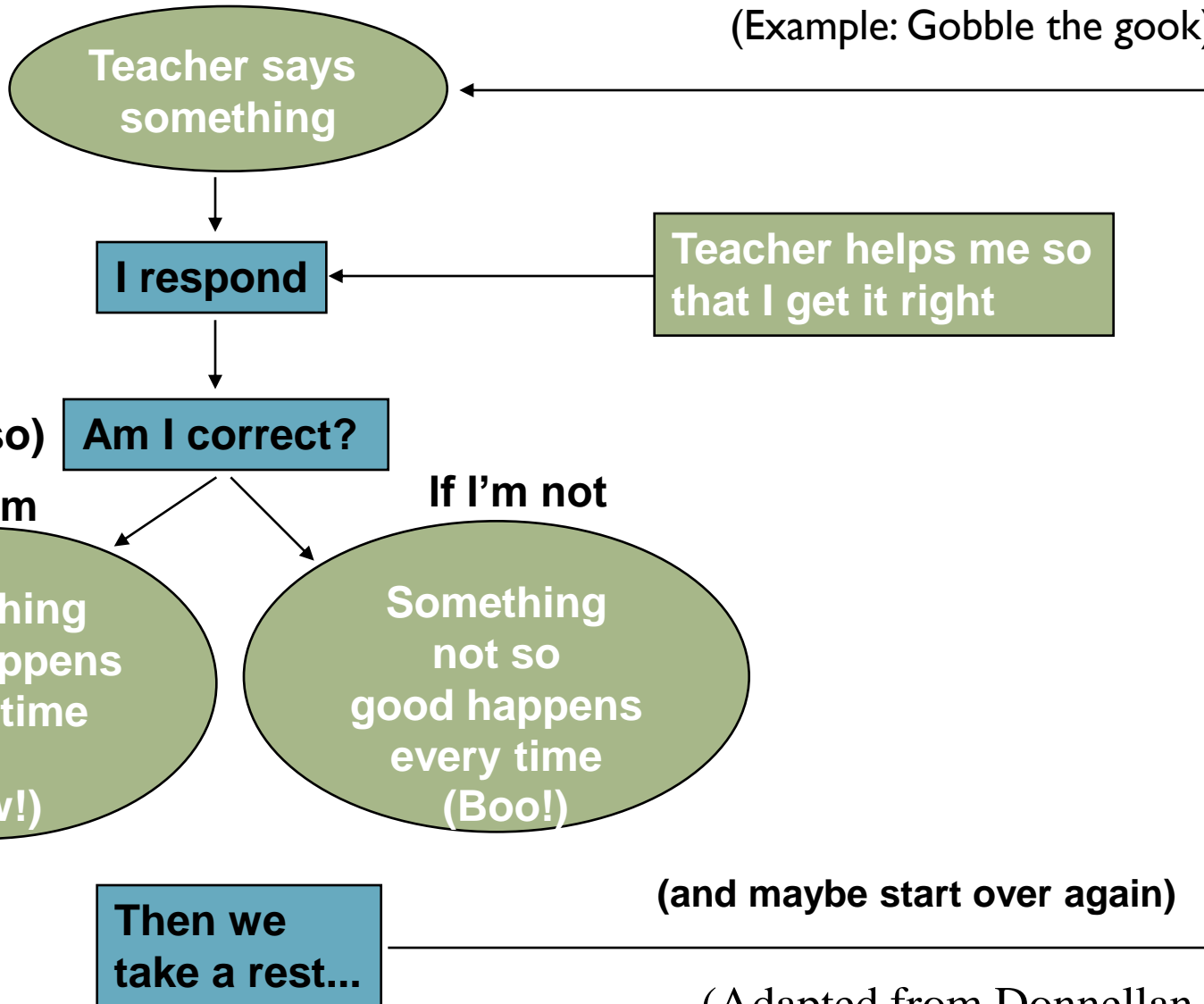


The perspective of the person with severe learning or communication difficulties



Systematic Instruction

(Example: Gobble the gook)



(I hope so)

If I am

If I'm not

Something good happens every time

(Wow!)

Something not so good happens every time
(Boo!)

Then we take a rest...

(and maybe start over again)

(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

Understand

Confident

Recognise

Think

Learn

Improve

Identify

**Really
understand**

Feel

Know

Appreciate

Be aware

Differentiate

Concentrate

**Be more
careful**

Self esteem

Performances

Point to

Write

Hold

Buy

Say

Give

Put

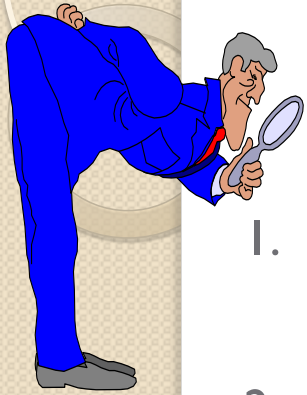
Draw

Walk

Name

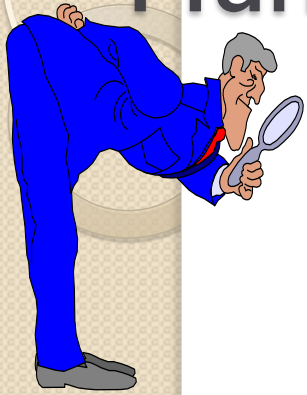
Imitate

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

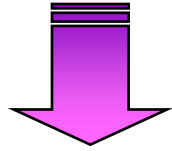


Principles of Skills Teaching

Principles

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

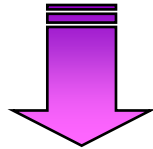
1. Listen



2. Adapt the
environment

3. Prompt

4. Reward

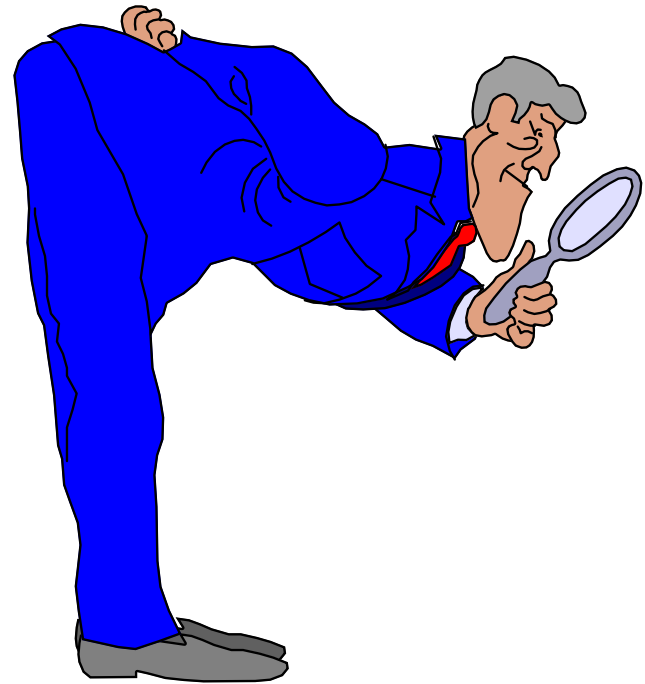


5. Fade

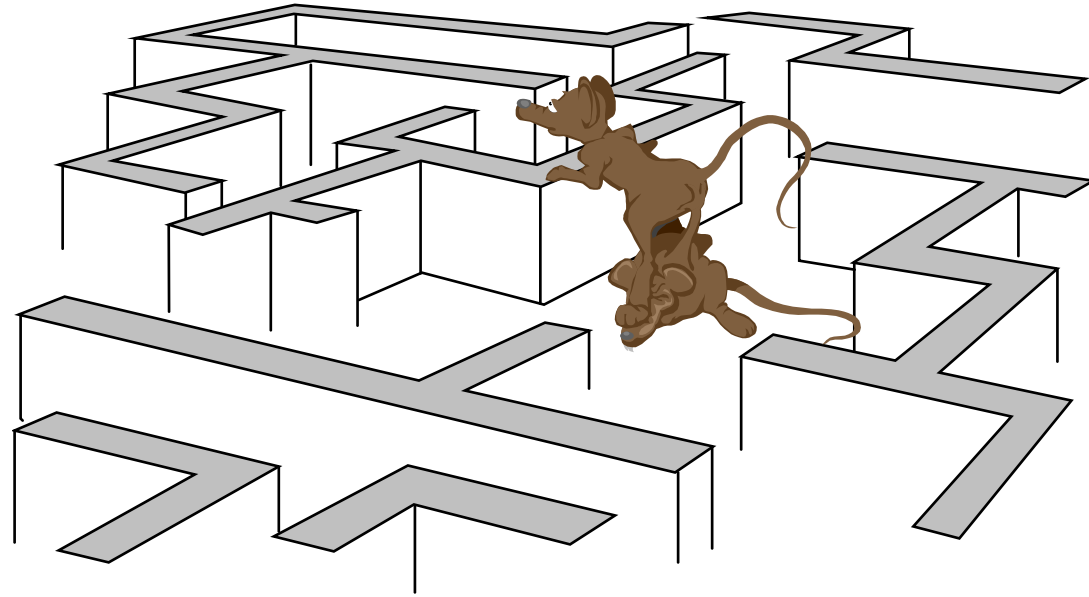
Listen



I. Listen

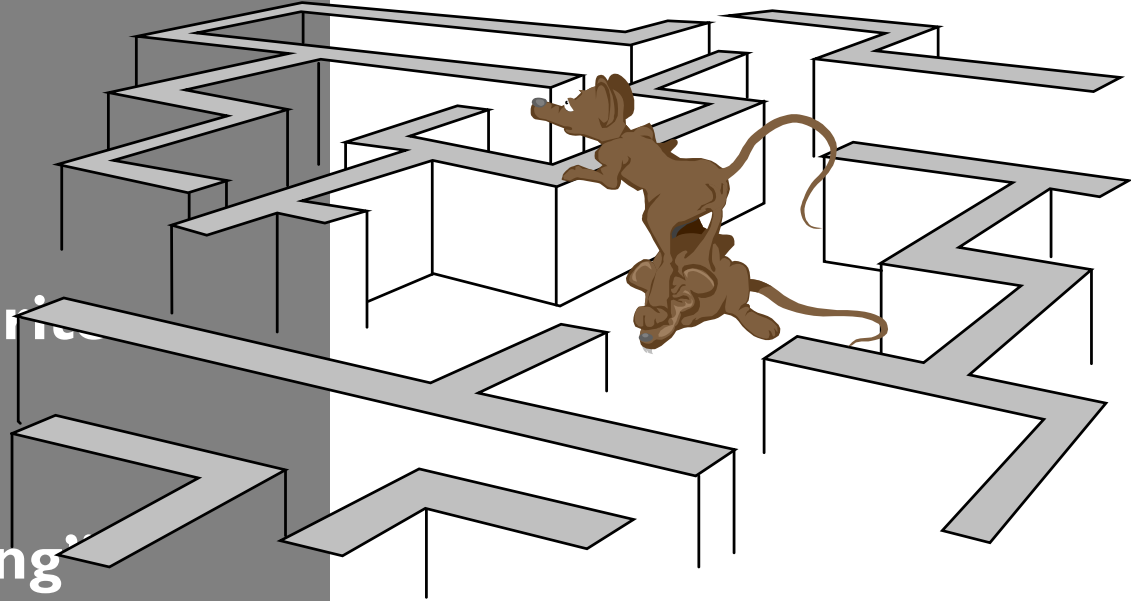


Adapt the Environment



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

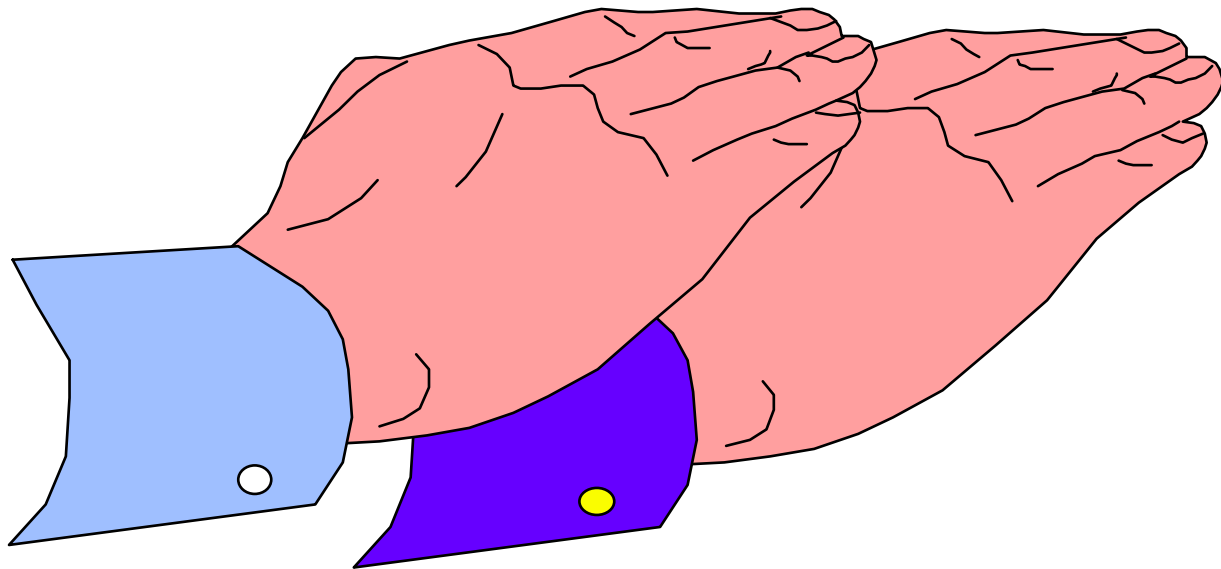
Visual Aides

- 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

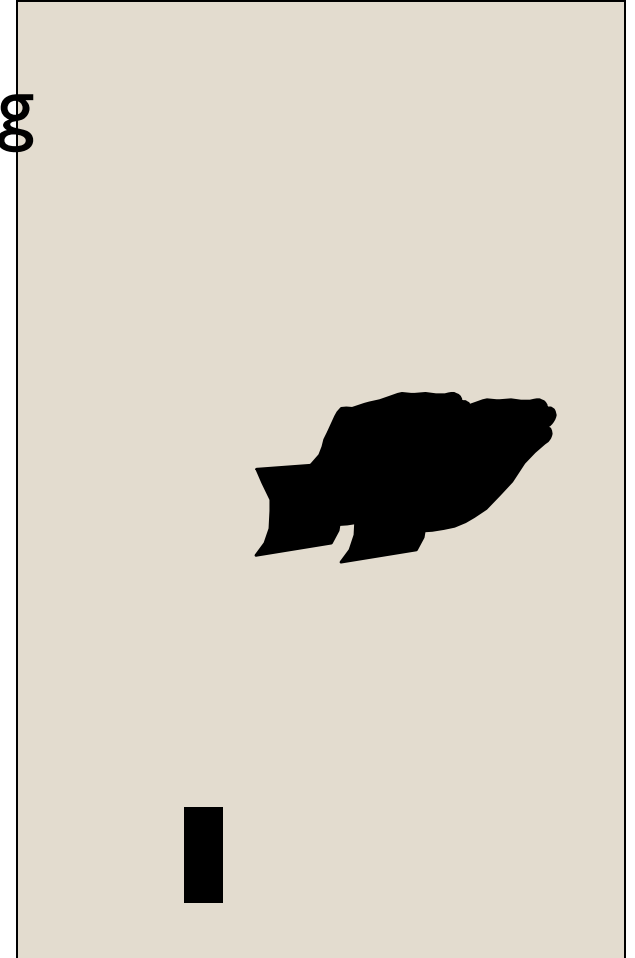
- What mode does the person work best in?
- Individual factors to be taken into consideration (e.g. tactile defensive, heightened sensitivity to noise).
- The Mono-sensory Learner.



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

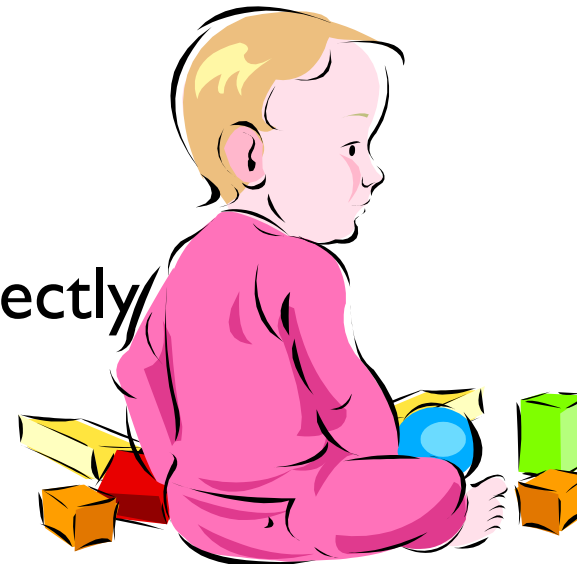
- If we have a prompt, we have a plan on how to fade it.
- Prompt dependency
- Fading a gestural prompt
- Fading a physical prompt
- Fading a verbal prompt



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

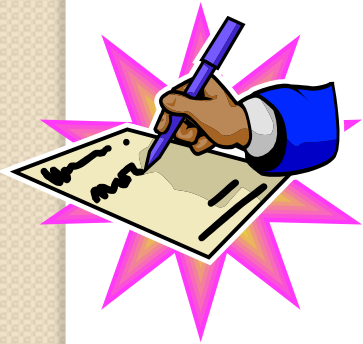
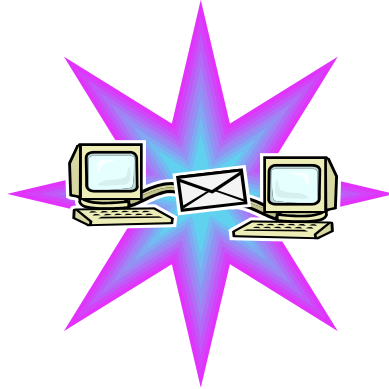
- Echolalia
- Repeated words
- 1st person confusion



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
<i>2/9/02</i>	<i>1</i>	<i>✓✓✓✓✓</i>	<i>✓O✓✓O✓✓</i>	<i>✓✓✓✓</i>		<i>11/9/02</i>
<i>12/9/02</i>	<i>2.</i>	<i>✓✓✓✓</i>	<i>✓✓✓✓</i>	<i>✓✓✓✓</i>		<i>17/9/02</i>
<i>18/9/02</i>	<i>3.</i>	<i>✓✓✓O✓</i>	<i>✓✓✓✓</i>	<i>✓✓✓O✓</i>		<i>26/10/02</i>
<i>26/9/02</i>	<i>4.</i>	<i>✓OO✓✓✓</i>	<i>✓✓✓✓</i>	<i>✓✓✓✓</i>		<i>30/10/02</i>

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:	$25/5 = 5$

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

Module 3

Layout of the day

- Introduction
- Review & Submission of Assignments
- Multi-Element Behaviour Support(MEBS)
Plan – skills and protocols
- Assignment – MEBS Plan

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



DEVELOPING A PROTOCOL

Consider

- What is the rationale?
- What is required to prepare?
- When should it be done?
- What are the steps?
- How often should it be done?
- What needs to happen to maintain it?

Steps in developing a protocol

- Rationale for the intervention
- Write it out– who, will do what, when;
- Practice it;
- Refine it
- Give it to another person – is it clear to them?

Social Validity

- Is it PBS?
- It is acceptable to the person?
- Is it acceptable to others?
- Is it acceptable to the person implementing it?
- Has the person been consulted?
- How easy is this to implement? (If it's difficult, it may still be important, but we need to be aware of it)

Assignment for Next Module

- Continue with data collection
- Complete Checking the Message Workbook (Step 1-5)
- Write the MEBS plan
- Design one more skills teaching procedure
- List all interventions on one page

Module 4

Layout of the day

- Introduction
- Review & Submission of Assignments
- Periodic Service Review
- Assignment –
 - Develop the PSR
 - Quarterly Report- Implementation and Evaluation

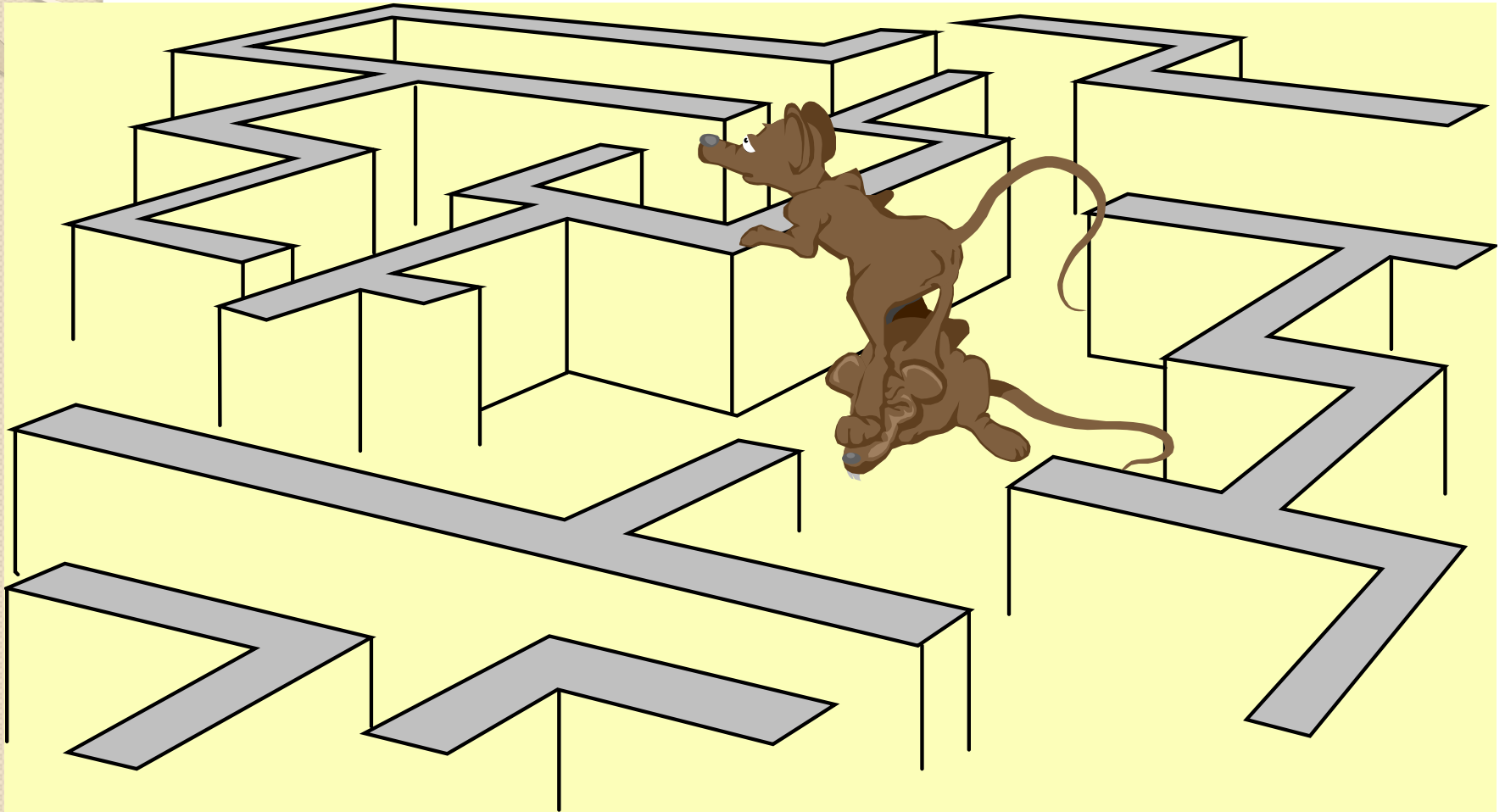


Consultation skills

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

- 'No, thank you' Skill: Score a + if there is a skills teaching procedure which is implemented on 5 occasions each week.
- Chat time: Score a + if there is a protocol written and agreed and it is implemented every day.
- Have a go....



Performance standards



Regular monitoring

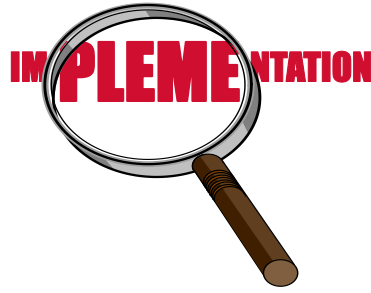


Periodic Service Review

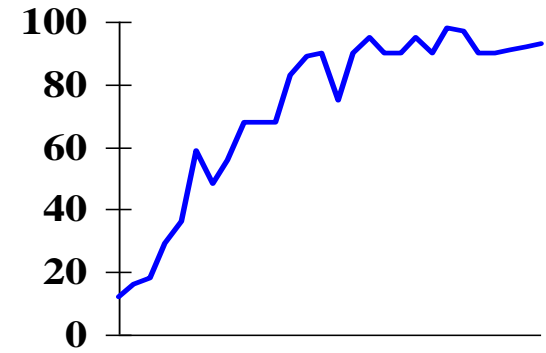
Periodic Service Review



Performance standards



Regular monitoring



Visual feedback

Periodic Service Review

Periodic Service Review



Robert'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

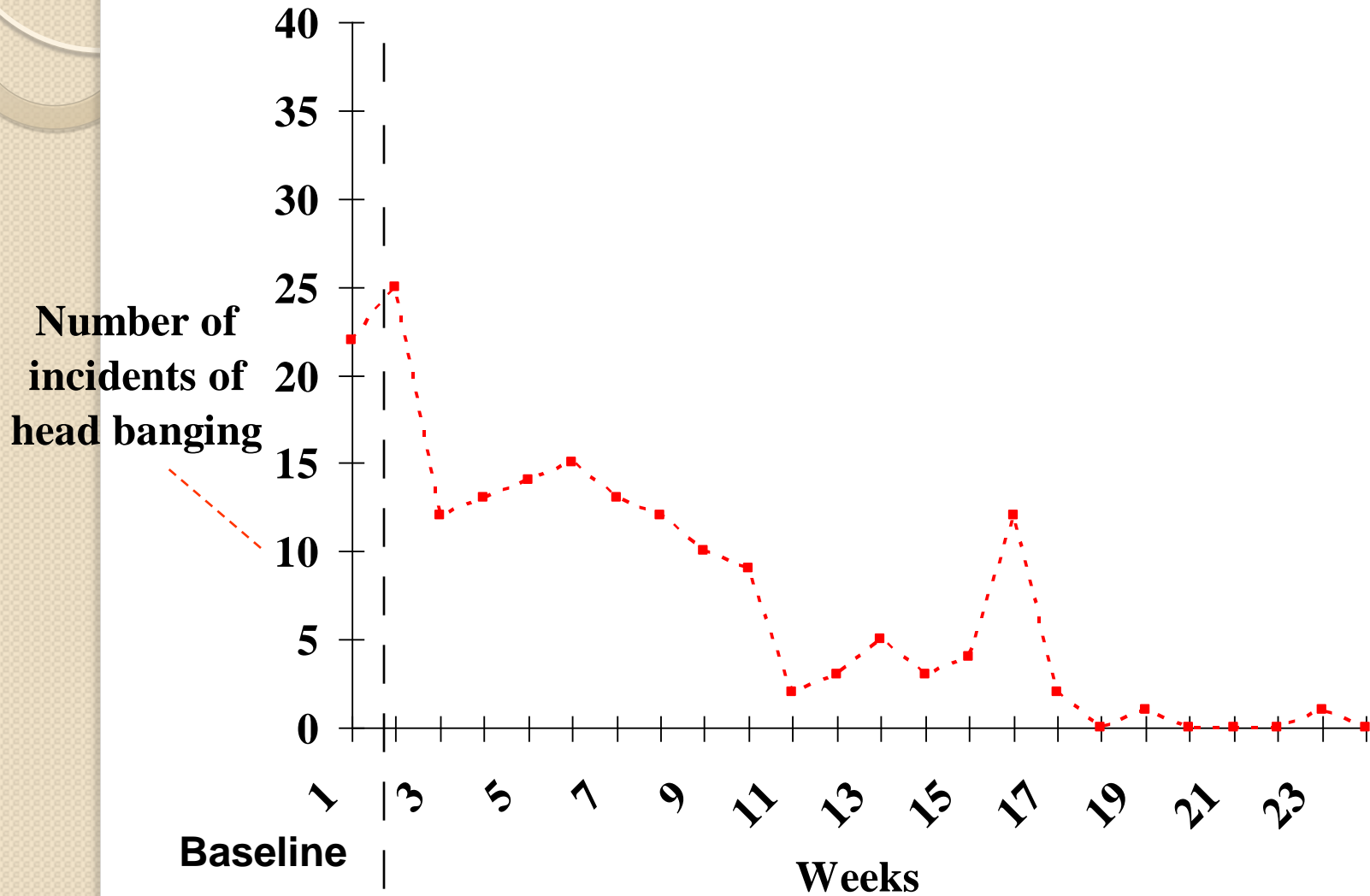
- Facilitated communication
- Redirection
- Active listening

Multi Element Behaviour Support Plan for Robert

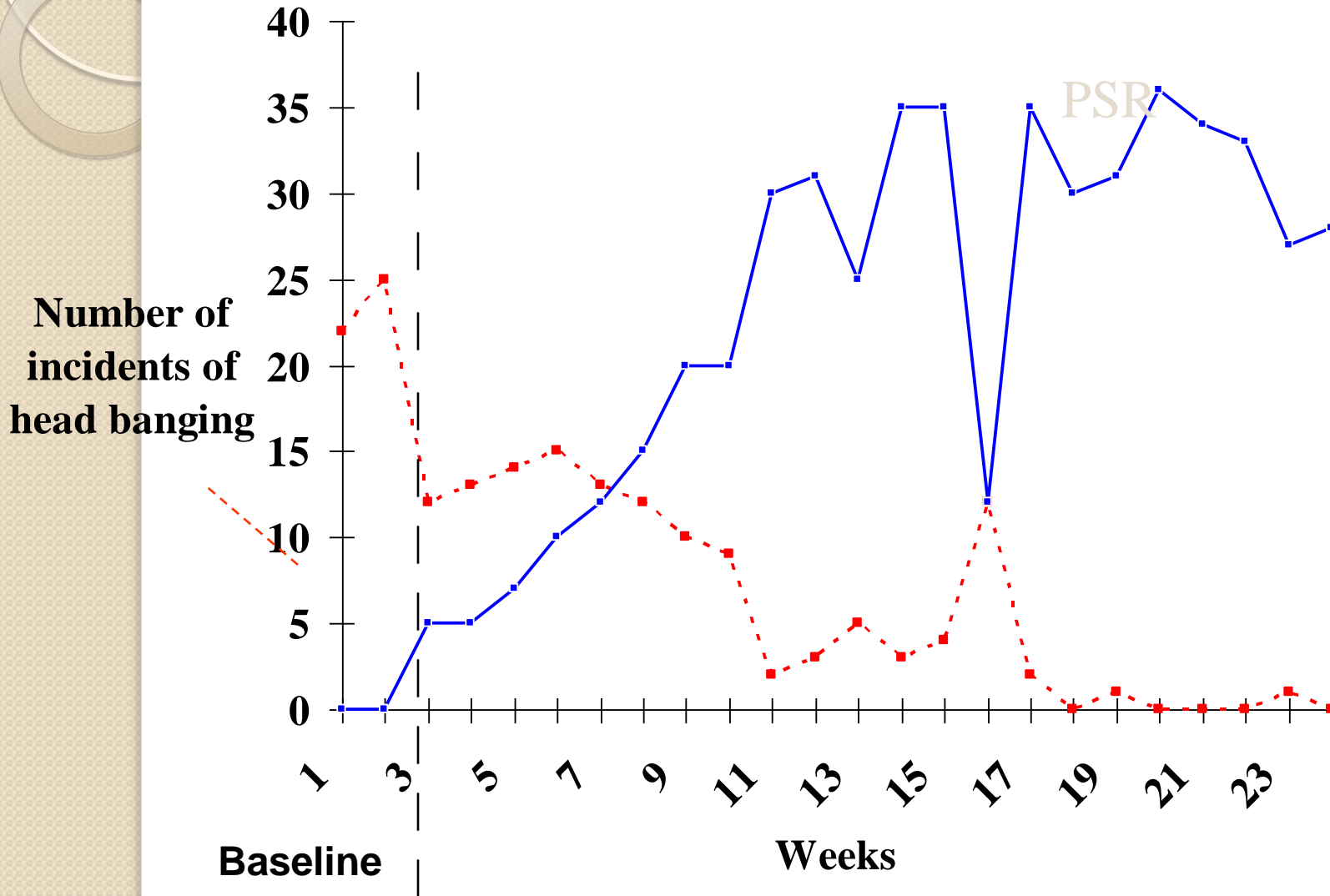
To be completed each week This week beginning _____

	+ / -	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								

Robert's graph



Robert'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

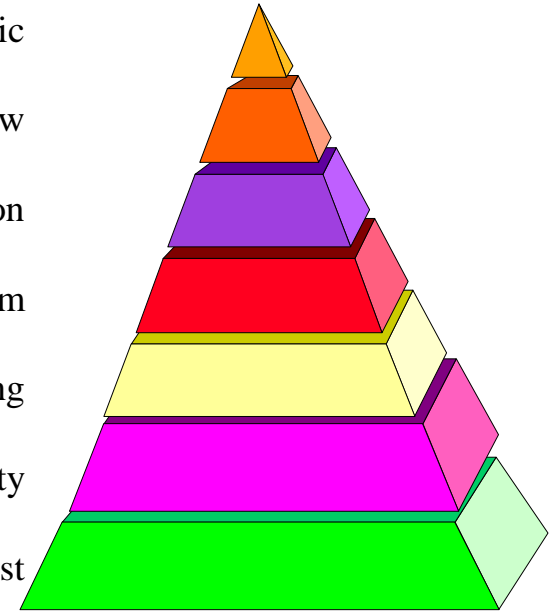
Questions

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
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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

Assignment for Next Module

- Continue with data collection
- Design the Periodic Service Review
- Quarterly Report
- Design one more skills teaching procedure

Module 5

Layout of the day

- Introduction
- Review & Submission of Assignments
- Case Study
- Assignment –
 - Implementation and Evaluation /Quarterly Report
 - Summary of the MEBS plan in accessible format.



PORTFOLIO CHECKLIST AND PREPARATION

Motivational Interviewing Process

- Engagement
- Focusing
- Evoking
- Planning

Types of Questions for Interviews

- Open Ended
- Closed

- Leading
- Focusing
- Reflecting / Summarising

- **ALL REQUIRE ACTIVE LISTENING!!**

MEBS Process

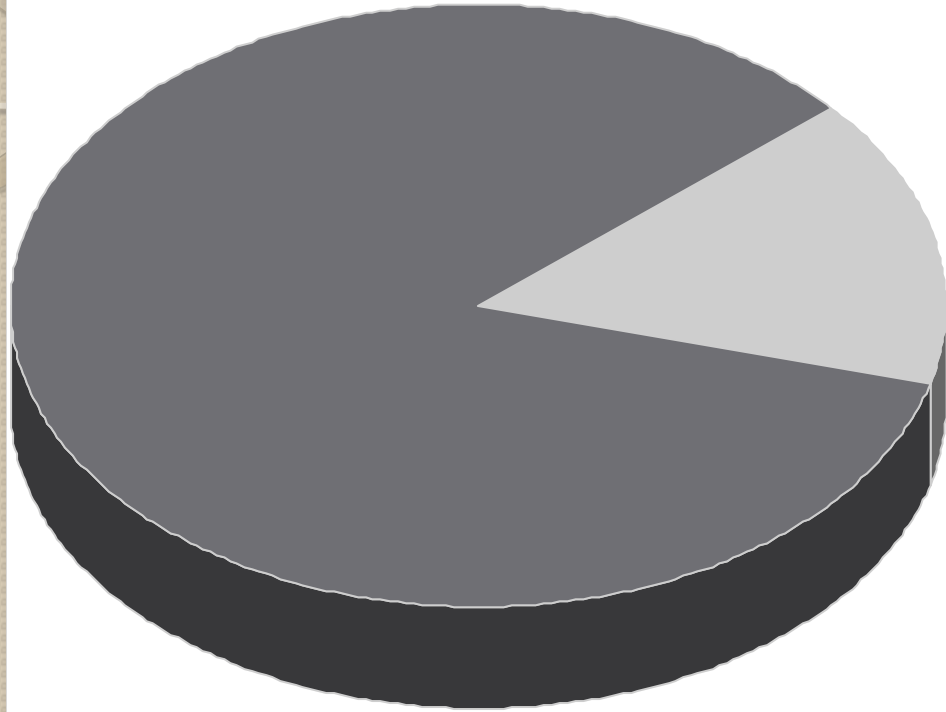
- **Assessment: Background Assessment & Functional Assessment**
- **Plan**
- **Implement**
- **Evaluate**

Module 6

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



MODELS OF BEHAVIOUR SUPPORT SERVICES



- 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

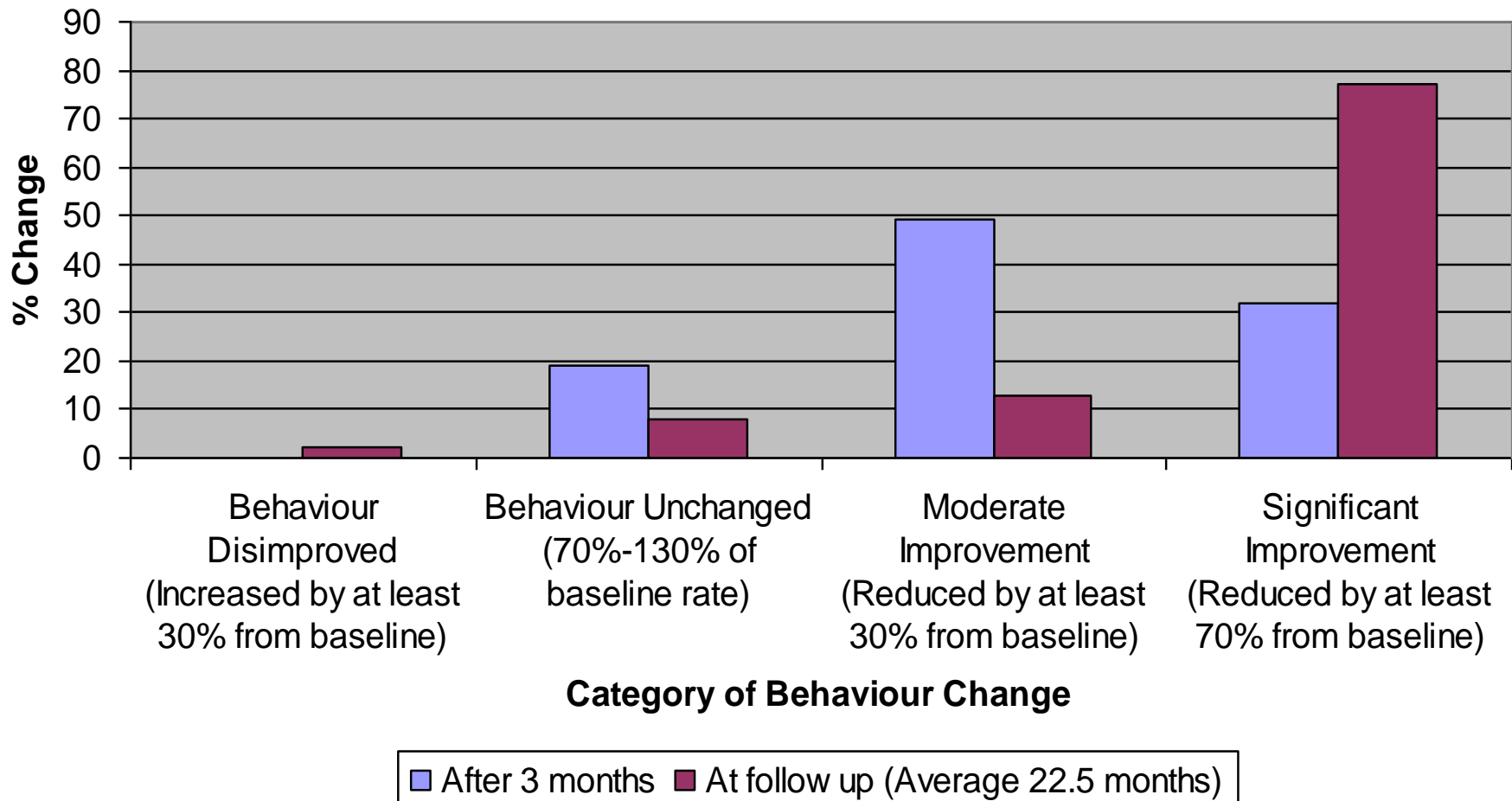
Particular case training

- 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





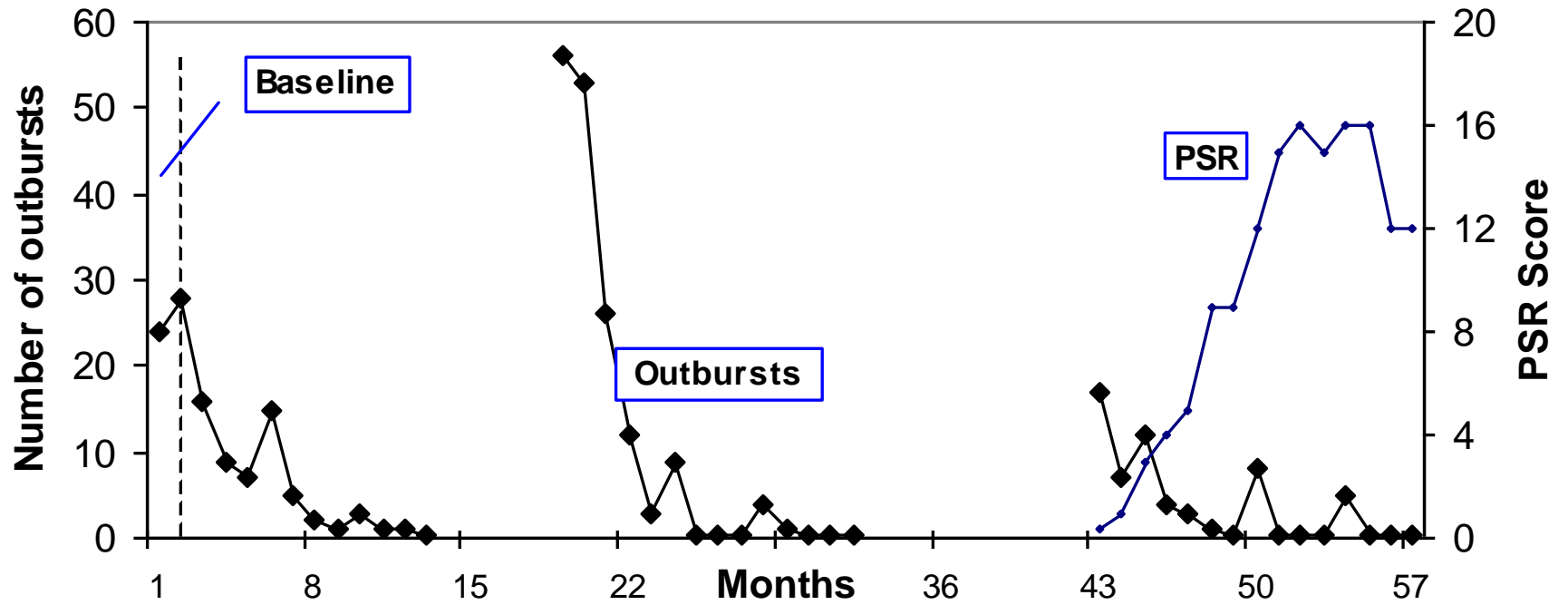
Participant on-the-job performance

- **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



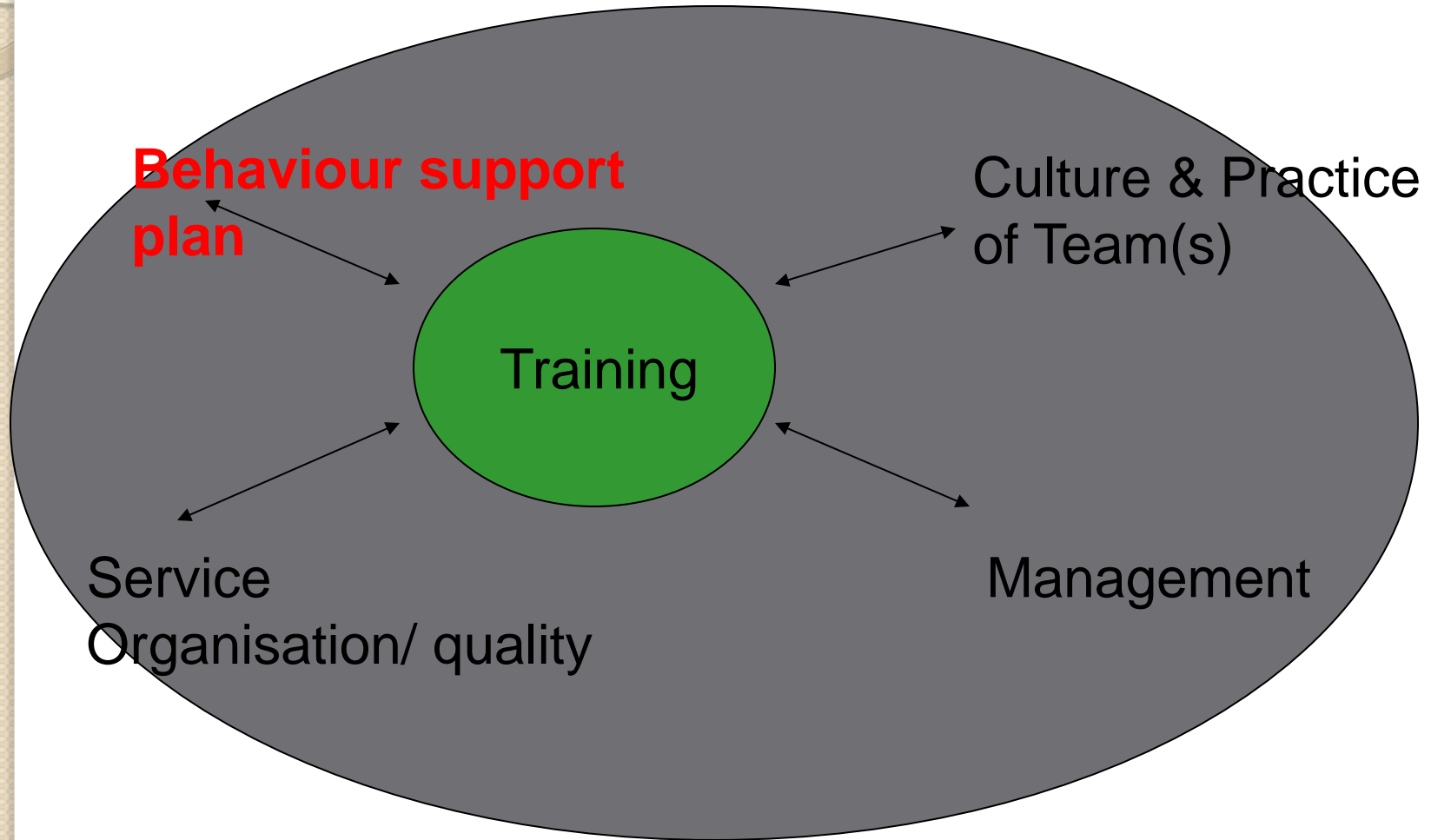
Reducing Rights Restrictive Practice

- 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

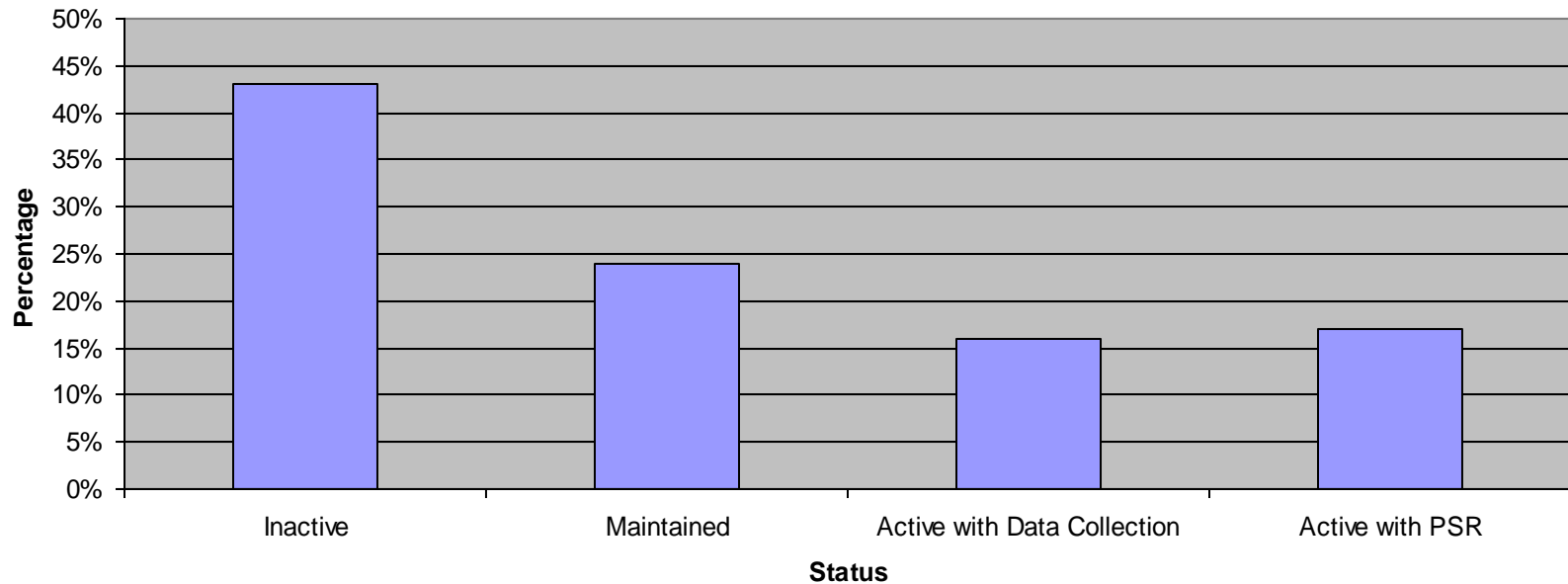
- Accountability – Regular Review & Audit
- Use of Incident Reports
- Training for and Support from Director and Management
- Clinical staff trained & committed to Positive Behaviour Supports
- Streamlining PBS systems(structures and processes) into existing systems

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

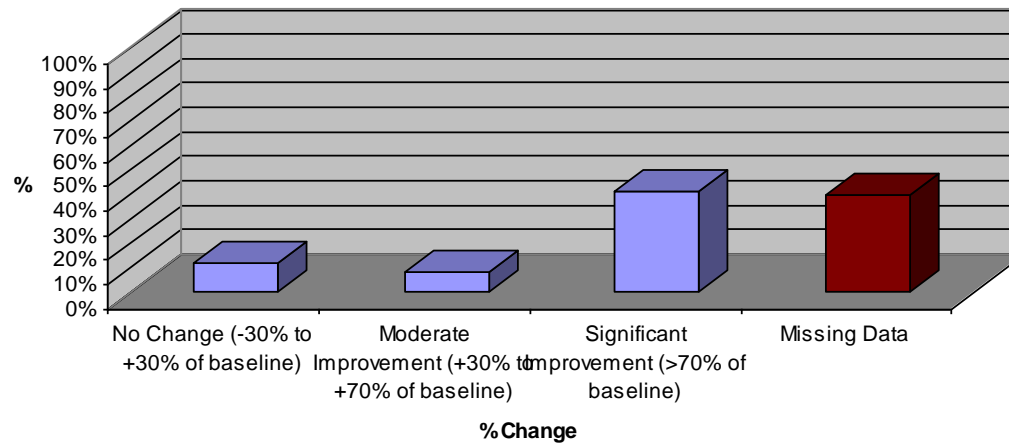
Human Rights Issues



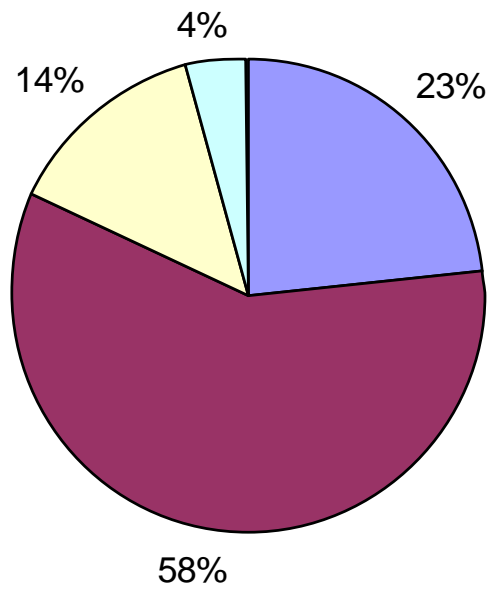
Working in Positive Behaviour Support Positions

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

- IABA Accreditation
- 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@yahoogleroups.com

Multi-Element Behaviour Support Practice Support Certificate

Callan Institute

Saint John of God Community Services clg.



www.callaninstitute.org



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