Massachusetts Department of Developmental Services
Positive Behavior Support Initiative

Janet George, Ed. D.
Assistant Commissioner DDS

Christopher Fox, Ph.D.
Springfield/Westfield Area Office

Susan Roberts, Ph.D.
Metro Residential Services

Jonathan Worcester, Ph.D., BCBA-D
Seven Hills Foundation

A Few Words about DDS

• DDS was part of DMH until 1987
• From 1987 until June 30, 2009 we were DMR
• Became DDS in 2009
• DDS supports more than 34,000 individuals, primarily adults with ID
• DDS is largest employer and has third largest budget in MA state government

DDS PBS Initiative


Advisory Group Membership:
• DDS personnel from Central Office and Field Operations;
• Vendors – e.g. an Executive Director, a VP & Clinicians;
• Self-Advocate;
• Family members;
• School PBS consultant.

Subcommittees: Definition, Staff Training, and Clinical
DDS Definition of PBS

Positive Behavioral Supports is a systematic, person centered approach to understanding reasons for behavior and applying evidence based practices for prevention, proactive intervention, teaching and responding to behavior with the goal of achieving meaningful social outcomes, increasing learning, and enhancing the quality of life across the lifespan.

How does DDS see PBS?

PBS is:

- A framework for enhancing quality of life;
- And a clinical system for clinicians to address behavior problems

WHY PBS?

- PBS is a good fit for DDS clinical goals & values
- DDS in other states have adopted PBS: VT & KS. Two states: SC & MS have attempted statewide PBS
- IDEA specifically references PBS & is used in school districts across the country.
- PBS is evidence based.
GOAL of PBS Initiative

Establish a *framework* for:

- Enhancing quality of life (happiness, health, engagement, increasing choice)
- Anticipating and proactively responding to problems
- Decreasing controlling interventions

Positive Behavior Supports

PBS emphasizes four integrated elements:

1. socially valued and measurable outcomes
2. empirically validated and practical practices
3. systems that efficiently and effective support implementation of these practices
4. continuous collection and use of data for decision-making.

Emphasize: 4 Integrated Elements

- Supporting Staff Behavior
- Supporting Individual Behavior
- Supporting Quality of Life and Prosocial Skills
- Supporting Decision Making

OUTCOMES

SYSTEMS

DATA

PRACTICES

Supporting Quality of Life and Prosocial Skills
Supporting Decision Making
Supporting Individual Behavior
Supporting Staff Behavior
PBS is SYSTEMS Based

- Agency commitment - “All hands on deck”.
- Objective (graphed) data used to monitor outcomes and make decisions
- Team data based decision making at all levels
- Emphasis on treatment integrity: “Is treatment being implemented as planned?”

PBS PRACTICES are Evidenced Based

PBS is based on learning theory (ABA):
- Emphasize antecedent control (e.g. more choices, pre-teaching, preventing problem behavior);
- Seek to understand the function(s) of problem behavior;
- Emphasize importance of teaching skills; and
- Use objective DATA for treatment decisions

PBS PRACTICES are Evidenced Based

PBS is holistic & has a broad biomedical base:
- Promote healthy lifestyle (e.g. physical activity, sleep, healthy diet)
- Address health issues (e.g. constipation or pain)
- Address neurological issues (e.g. seizures)
- Address MH problems (e.g. depression, anxiety)
- Address adjustment issues (e.g. loss, moves)
Good OUTCOMES via School-wide Positive Behavior Supports

- SWPBS → reductions in problem behavior and improved academic outcomes (Bradshaw, Mitchell, & Leaf, 2010; Horner, Sugai, & Anderson, 2010).
- SWPBS associated w/improved maintenance of behavior support gains (Feinberg, Simonsen & Putnam, 2010).
- Multi-year, multi-site study showing SWPBS associated w/less problem behavior and improved pro-social behaviors. (Bradshaw, et al 2012).
- Dunlap & Carr (2007) note PBS originated in dev dis & review relevant literature. (For citation & summary go to http://ddslearning.com/dds-pbs-initiative/)

PBS is Values Based

- Based on an individual's and community values
- Plan person centered – “What is person’s choice?”
- Use least intrusive, least restrictive interventions
- Appreciate individual's family & culture

PBS has a Terminology & Strategy

LEADERSHIP TEAM OVERSEES the 3 TIERS:

- Intensive INDIVIDUALIZED support; interventions needed by a few, up to 5%
- Targeted support interventions needed for some, up to 15%
- Universal interventions for 100%
ALL

Primary Prevention: UNIVERSAL Agency Wide Systems for All Individuals, Staff & Settings

Secondary Prevention: Tertiary: Intensive Individualized PBS plans for Individuals with High-Risk Behavior

TARGETED with High-Risk Behavior

Prevention of problems by establishing and PBS Interventions (tiers)

Universal Interventions: ARE FOR - Everyone and are “always available” GOAL = Prevent problems by ensuring individuals are in positive & responsive environments in order to increase QOL & decrease problem behavior.

Targeted Interventions: ARE FOR – Any one “at risk” of problem behavior. GOAL = Prevent (potential) problem from becoming a “big problem” via quick action.

Intensive Interventions: ARE FOR - Any one with on-going challenging behavior. GOAL = Prevent “big problem” from occurring, lasting longer than it has to or by reducing severity of challenging behavior via individualized treatment.

Example Universal Supports:

GOAL = Prevention of problems by establishing and maintaining a nurturing & teaching social environment

- Agency trains all staff and individuals on “Best ways to praise”;
- Part of house manager’s job is to catch people praising; and
- Leadership team ensures objective data taken on this intervention and used to make related decisions.
Example Targeted Supports:
GOAL = Proactive interventions prevent problems

Jim drops his shoes and coat on the floor when he comes home = a tripping hazard & he lives with elderly folks.

Jim and staff select a designated place to put these items. Jim taught to puts things away and tell staff. Staff praise Jim and play a game of Uno with him. (Target support = Activity schedule with reinforcement)

Intervention examples:

Universal: Everyone’s responsibilities and roles are defined; positive interactions are taught and expected.

Targeted: Individual w/challenging behavior moves into home; 3 housemates are monitored more closely & there are more “house meetings” to address concerns; meetings are run by House Manager and a clinician attends.

Intensive: A highly individualized Positive Behavior Support Plan based on a detailed FBA (Functional Behavior Analysis)

Oversight: Agency Leadership Team ensures objective data collected and used for decision making for all interventions

PBS Materials Development

- Clinical sub-committee meets monthly to discuss and develop framework :
- Intensive Supports, FBA, and P-BSP
- Targeted Supports and fidelity check
- Universal Supports and QUIC
- Leadership Team, Readiness Checklist, Action Plan format
DDS PBS Pilot Project

• May - July 2013 DDS Pilot project to identify reaction to and issues involved in implementing PBS.
• 10 agencies, 8 private and 2 state-ops participated
• Feedback from participants was very positive, with the potential benefits of PBS clearly recognized
• Issues of training and clarification of system components were identified

PBS Materials Dissemination

• Department has communicated with DDS community in Feb 2012, September 2012, and Spring 2013
• Department published Informational Bulletin in October 2013
• DDS PBS material available in October 2013
• All DDS PBS materials are our on our website at: http://ddslearning.com

DDS PBS Implementation Plan

Implementation has started, expectation =
• PBS will be adopted by each agency
• PBS will be refined to be consistent with DDS-PBS framework and agency culture
• There will be variability in PBS implementation to meet the needs of individuals in each agency
Proposed Agency PBS Requirements

- Develop **PBS LEADERSHIP TEAM** (it oversees all PBS work).
- Develop **data based Action Plan** to implement PBS
- Train ALL staff in PBS
- Use DDS certified restraint curriculum
- Categorize behavior plans into PBS framework
- Address all elements needed for FBA and P-BSP

Leadership Team Responsibilities

- Establish a culture reflecting PBS principles and supporting PBS implementation
- Develop extensive communication and data collection system among agency units
- Provide guidance and support to all staff, teams, and individuals in the PBS process

Leadership Team Duties

- Hold regular meetings with inclusive membership
- Assess agency readiness for PBS
- Select key indicators
- Write agency Action Plan
- Establish & support Universal, Targeted, Intensive teams
- Monitor teams and indicators
- Reward success
Leadership Team Duties - Example

• Assess agency readiness for PBS
• How’s that done? A way to start =
  • “PBS READINESS ASSESSMENT”; it’s Appendix C (pg. 11) in the “PBS Leadership Team” document in the packet you received.

• Here’s a related example …

Seven Hills Foundation:
A Case Example of Initial Systems-Wide PBS Adoption & Implementation Within A Large Human Services Organization
Jonathan Worcester, Ph.D., NCSP, BCBA-D
Seven Hills Community Services

Assessing Our Readiness For PBS

1. Is PBS consistent with who we are and what we do?
2. Where do we find relevant case examples?
   * Individual-level PBS, school-wide PBS
3. How can we prepare ourselves to adapt and scale up the PBS framework to fit our organization?
How Are We Getting Ready?

- Review relevant research and development in PBS
  - Carr et al.’s AAMR Monograph on PBS
  - PBIS Blueprints (OSEP TA Center on PBIS; pbis.org)
    - Implementation
    - Evaluation
    - Professional Development

The Critical Role of Leadership & Communication

- Key Questions:
  1. Is PBS consistent with our vision and mission?
  2. What is the cost-benefit to those we support? How does this improve their QOL?
  3. How does adopting this model improve the QOL for our employees?

The SHF PBS Leadership Team

- SHF senior leadership—Chief Program Officer, Chief Learning Officer
- SHF clinical leadership—Psychologists, behavior analysts (co-chairs)
- SHF Director of Quality Assurance/Program Improvement
- SHF clinicians & key multi-disciplinary personnel across affiliates
SHF’s Approach to PBS Readiness

- Reviewed existing SW-PBS tools and instruments used to assess readiness and to evaluate progress.
- School-wide Benchmarks of Quality (Revised; Kincaid, Childs, & George, 2010)
  - 10 domains, 53 items; typically completed in the Spring of each school year.
- Purposes of the BOQ:
  - Identify areas of strength/success
  - Identify areas for improvement
  - Evaluate progress, both annually and long-term
  - Identify model PBS schools/pilot site scan

The SHF SW-BOQ

- 12 domains, 63 items
- Purposes:
  - Identify areas of strength/success
  - Identify areas for improvement
  - Evaluate progress, both annually and long-term
  - Used to develop SHF SW-PBIS goals & projects for next year (7/1/13 to 6/30/14)

Some Current & Upcoming Goals & Projects

- Goal: Establish PBS teams
  - Orient/train members of affiliate PBIS teams on mission and purpose
- Goal: Begin collecting and collating data for use in PBIS system
  - Create a standardized list of definitions for critical behavioral incidents for tracking
- Goal: Current clinicians are working consistent with PBS initiative
  - Establish a list of approved and defined “evidence-based” intervention procedures
- Goal: Create a clinical policy and procedure manual
  - Revise clinical policies and procedures throughout SHF affiliates to reflect specific PBIS components
What Does This Illustrate?

- Support from senior leadership and key personnel is essential for PBS adoption and implementation.
- Focus on linking PBS framework to your organizational mission and vision.
- Leadership and team development is predicated on good communication and using the strengths and motivation of staff to affect change.
- Resources are available to assist with this process!

What’s been done on DDS’ PBS Project:

- Definition work is done;
- Staff training work has begun;
- Clinical work is partially done;
- Pilot project is done;
- Regulatory work has started; and,
- Implementation of PBS is beginning.

DDS Staff Training Plans

- DDS approved restraint curricula contains PBS elements (e.g. focus on preventing need for restraint)
- DDS new employee orientation includes PBS
- A “train the trainers” course has started
- Training scheduled for regional & area managers, agency directors, and clinicians
DDS Regulation Changes

Behavior modification regulations (5.14) remain in effect until replaced.

Other DDS Changes Still to Come

Peer Review
Human Rights Review
Survey and Certification

Summary

• DDS moving toward “System wide PBS” vs. focus on intensive PBS interventions only
• Adopting PBS is a process & implementing PBS will occur over time
• There’s a lot left to do - (a work in progress)
Readings

- Carr et al. cover PBS' history, evolution & roots of ABA, normalization & PCP.

- Biglan et al. call for paradigm shift from focus on problems to nurturing environments.

- Bradshaw et al. present a multi-year, multi-site study showing school wide PBS associated w/decrease in problem behavior and improved pro-social behaviors.

The end

Thank you for coming.

We hope to see you at our afternoon sessions which give more info on DDS & Vendor PBS efforts to date.