16th Annual New England Positive Behavior Support Forum

Entering the Challenge of System-Wide positive Behavior Supports (SysWPBS) across Diverse Clinical Service Models and Populations

Joseph Ricciardi, PsyD, ABPP, BCBA-D, CBIST
Jonathan Worcester, PhD, NCSP, BCBA-D, LABA, CBIS

Seven Hills Foundation
Seven Hills NeuroCare
Seven Hills PBS Leadership Team

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Seven Hills is More or Less Starting Out

- We were directly involved with the regulations development, working on the committee
- We revised policies to reflect PBS
- Made some progress in reorganizing systems into three “tiers” of severity
- Developing PBS at Tier 3
- Made some progress with training decisions (PBS in pre-service, Safety Care as CPRR, etc)

Our work on a coordinated system is all new
The Challenge
Massachusetts’ DDS new regs mandate system-wide PBS to community-based human service agencies serving people in programs funded by the DDS. The Department has assured providers that it’s a 2-3 year process, starting now.

But there’s an upside
SWPBS is understood as “a framework for creating a positive school culture” (Sugai & Horner, 2020).
With research demonstrating cultural change effects: Bradshaw et al (2009, 2012), Calderella et al (2011), et al...

“[PBS] is not a treatment per se...It’s a framework for how we want to work with people. PBS is a framework, changing the way we think about people.”
Janet George, EdD
Assistant Commissioner, DDS

SWPBS and the “Other” Systems Challenge
• A wealth of research supports school-wide PBS (SWPBS).
• The research as led to widespread dissemination in over 26,000 schools (Sugai & Horner, 2020).

• Research (20 years) has given schools resources to replicate PBS in their settings
  1) SWPBS resources: Exemplar components, plans, and tools
• Specifically developed for schools, matched to setting, they guide widespread dissemination
  2) Leads to SWPBS implementation: Adopt, sustain, and scale
From schools to community agencies: A Translational Challenge

- Adopting/adapting
- Evaluate and modify with experience
- Ideally: share with others

What we call things is important

- PBS refers to the whole enterprise
- PBIS appropriate for school-based applications
- SWPBS (SWPBIS) for school-wide K-12
- PWPBS for program-wide (early childhood programs)

On Terms

“The growth of PBS has presented challenges for the definition and also for terminology. A great variety of terms have been used to refer to PBS including the original “nonaversive behavior management,” “positive behavioral support,” “positive behavior supports,” and “positive behavior(al) interventions and supports (PBIS).” A recent essay published in the Journal of Positive Behavior Interventions discussed the origins of these terms and the relative advantages that each brought to the field (Dunlap, Kain, Homer, Knoster, & Bradshaw, 2014). The authors endorsed “positive behavior support” as the best term to refer to the entire enterprise of PBS, and acknowledged that PBIS would continue to be appropriate for school-based applications and that other terms would also be beneficial as designations for categories or settings of PBS applications. For instance, program-wide positive behavior support (PWPBS) is used to refer to PBS in early childhood programs; school-wide positive behavior support (SWPBS) pertains to PBS in schools serving students in kindergarten through Grade 12 and is used interchangeably with PBIS. The authors acknowledged that the definition of PBS remained an important issue for the field.”
Translation of PBS across a Complex Human Services System

- SHF provides a set of distinct human service models to different populations
- We organize the services as “Affiliates” which are their own organization with independent executives (VP), and independent clinical directors

### Seven Hills Community Services
- Residential/Group Home, Independent Living
- 100 homes, over 400 individuals served
- Adults with ID, ASD, other?
- Spread across the state

### Seven Hills NeuroCare
- Residential/Group Home Model
- 20 homes, over 70 individuals served
- Adults with ABI, other?
- Programs spread across the state

### Seven Hills Aspire!
- Day Program: CBDS, ADH, Day Hab, Vocational
- 3 on site locations, over 580 individuals
- Adults with ID, ASD, ABI, other?
- Also provides off-site/remote services

### Seven Hills Family Services
- Shared Living and Individual Supports
- 119 SL, 79 IS (over 190 individuals served)
- Programs are spread across the state

### Differences in models, resources, and populations

- **Models.** Affiliates differ: Residential/group home, shared living, independent supports, day program
- **Resources.** Between affiliates, differences in funded clinicians, staff ratio, entry staff education
- **Populations:** Affiliates serve different adult clinical populations: ID, mild/borderline ID, ASD, brain injury, neurodevelopmental/not ID, medically complicated severe-profound disability
Translating SWPBS to SysWPBS requires flexible adaptation
• Sensitive to differences in service models and resources

<table>
<thead>
<tr>
<th>Intervention tiers</th>
<th>Residential</th>
<th>Shared Living</th>
<th>Individual Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Universal</td>
<td>Universal</td>
<td>Universal (case manager)</td>
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<tr>
<td></td>
<td>Targeted</td>
<td>Targeted</td>
<td>Targeted (limited to no FBA, PBSP interventions)</td>
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<tr>
<td></td>
<td>Intensive</td>
<td>Intensive (limited options)</td>
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<tr>
<td>FBA</td>
<td>Scales</td>
<td>Observation tools</td>
<td>Clinical interview and referral for consultation</td>
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<td></td>
<td>Observation tools</td>
<td>Brief clinician direct asmt</td>
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<td></td>
<td>Clinician direct asmt</td>
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<td></td>
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<tr>
<td>Data collection</td>
<td>Full range of options including direct frequency count</td>
<td>Options limited by provider lifestyle</td>
<td>Self-monitoring?</td>
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<tr>
<td></td>
<td></td>
<td>Daily rating scales/checklists (like “CGI”)</td>
<td>Recurrent check-in?</td>
</tr>
</tbody>
</table>

Data collection is essential. Flexible options are necessary.
• **Setting characteristics.** What can be done in a “home” will be different from what can be done in a “group home”
• **Caregiver characteristics.** What we ask a Shared Living provider to do, is different from what we expect from a direct support staff.
• **QPBS-C resources.** What can be done when clinicians are funded for a caseload of 20 (SHNC) will be different from a system funded for one QPBS-C for 500 individuals (SH Aspire)
Adapting the leadership logic of SWPBS to SysWPBS

- **Standards and resources.** The PBS Leadership team (PBS-LT) is the clearing house of standards and resources to support the “core drivers” of implementation

- **Ownership and autonomy.** Affiliate clinical directors and operating VPs decide the PBS implementation that fits their service, population, and resources

“Core drivers”

Several lines of SWPBS research supports that these four leadership team functions drive implementation

Affiliates Completed PBS Exploration (Fixsen at al., 2005)

- Qualifying clinicians across each affiliate (Sr QPBS Clinician, QPBS Clinician, supervised Assistant to QPBS Clinician)

- How do we stand against the new regulations: Affiliate Gap Analysis Process

- Meeting with OVPs: Ensuring commitment of executives to staff time and clinical direction
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Translating Universal Interventions: From kids in schools to adults in homes and day supports

- The core aim of a school is different from the aim of adult human services

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prevention Description</th>
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<tbody>
<tr>
<td>I. Primary (Universal)</td>
<td>Preventing the development of new cases (incidence) of problem behaviors by implementing high quality learning environments for all students and staff across all settings (i.e., school-wide, classroom, and nonclassroom).</td>
</tr>
<tr>
<td>II. Secondary (Targeted)</td>
<td>Reducing the number of existing cases (prevalence) of problem behaviors that are presenting high risk behaviors and/or not responsive to primary intervention practices by providing more focused, intensive, and frequent small group-oriented responses in situations where problem behavior is likely.</td>
</tr>
<tr>
<td>III. Tertiary (Intensive)</td>
<td>Reducing the intensity and/or complexity of existing cases (prevalence) of problem behavior that are resistant to and/or unlikely to be addressed by primary and secondary prevention efforts by providing most individualized responses to situations where problem behavior is likely.</td>
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</tbody>
</table>

Is there an adult human services core aim?

- Person-centered environment
- Easy access to preferred activities, relationships, and interests
- Focused on achievement of meaningful goals

PBIS Implementation Blueprint, Part 1, www.pbis.org

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Several Universal Interventions targeting staff preparation

A person-centered environment, choice, preference, and personal goals

- Knowing the person you are supporting
- Knowing their life goals and support needs
- Positive, therapeutic interactions

SHNC (Brain injury, residential rehabilitation)

- Neurobehavioral Profile
- MPRS: Mission, Population, and Rehabilitation Strategies Training
- Positive, therapeutic interactions
  - General, effective interaction
  - De-escalation (Safety Care)
  - Teaching (collaborative) problem solving / social skills in-vivo
Effective Interaction and Engagement

The Eight Skill Sets of Effective Interaction

1. Voice tone is friendly and engaging
2. Ensure mutual dignity and respect
3. Apply active listening
4. Invite and encourage participation during household activities
5. Use prompting and prompt fading to support skill development and independence
6. Reinforce positive behaviors with praise and positive comments
7. Check in with participants every 30-minutes
8. Avoid inappropriate interactions

PBS Intensive Interventions: Person-centered approach and ABI

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Integrated Behavioral Intervention and Person-Centered Therapy Within Community-Based Treatment of an Adult With Acquired Brain Injury

Joseph N. Ricciardi, Sonya Wootle Bouchard, James K. Lubin, and Trudy Doudt
## SHF Gap Analysis of DDS 115 CMR 5.0 Standards to Promote Dignity

<table>
<thead>
<tr>
<th>Section/Domain</th>
<th>Strengths: What do we do well in this domain?</th>
<th>Weaknesses: Gaps, areas in need of improvement, missing elements from this domain?</th>
<th>Opportunities: Opportunities for improvements &amp; innovation in this domain?</th>
<th>Areas in Need of Clarification</th>
<th>Recommendations &amp; Additional Comments Relative to this Domain</th>
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<td><strong>Note:</strong> In your review, please note your affiliate &amp; name with each comment. One color per affiliate.</td>
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<td>5.01 Scope &amp; Enabling Authority</td>
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<td>5.02: Definitions</td>
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<td>5.03: General Principles</td>
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<td>5.04: Other Rights of Individuals</td>
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<td>5.05: Mistreatment</td>
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<td>5.06: Special Sanctions for Violation of Rights of Individuals</td>
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<td>5.07: Legal Competency, Guardianship &amp; Conservatorship</td>
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<td>5.08: Informed Consent</td>
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<td>5.09: Labor</td>
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<td>5.10: Possessions (&amp; Funds)</td>
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<td>5.11: Crisis Prevention, Response, &amp; Restraint</td>
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<td>Section</td>
<td>Required Elements of PBS for All Providers</td>
<td>Section 3: Required Elements of PBS for Providers with Individuals Needing Targeted or Intensive Supports</td>
<td>Section 4: PBS Leadership Team</td>
<td>Section 5: Tiers of Support</td>
<td>Section 6: General Principles of PBS</td>
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<td>5.15: Medication</td>
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<td>5.16: Rights &amp; Responsibilities of Service Providers</td>
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