Case Illustrations of PBS Implementation Across Adult IDD Residential Programs

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Symposium Rationale

- The changes DDS is proposing are both ambitious and essential.

- Provider agencies adopting the PBIS framework will need to:
  - Emphasize the use of data for informing decisions about the selection, implementation, and progress monitoring of evidence-based practices.
  - Organize resources and systems to improve durable implementation fidelity.

- How do you get there?
  - Start small.
  - Build upon what you do well.

Sugai & Simonsen, 2012
Case Study: Bobby

- Who is Bobby?
  - 29 y/o male w/autism spectrum disorder, intellectual disability, mixed receptive-expressive language disorder, obsessive compulsive disorder, gastroesophageal reflux, chronic constipation, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS)

- Aggression: Defined as attempts and/or occurrences where Bobby grabs, head butts, bits, hits, scratches, kicks wraps legs around another person's body.

- PCP Goal: Teach Bobby to independently request a break.
Assessment & BSP Overview

Function: Escape

Interventions:

- Transition to new, more structured residential home.
- Provide and reinforce natural opportunities for Bobby to request a break (where appropriate).
Bobby’s Replacement Behavior Data

Percent Independent Responses of Requesting A Break

House A

House B
Bobby’s Challenging Behavior Data

Average Percent Occurrences of Aggression

House A

House
Bobby: Data & Summary

- **Data**
  - **Requesting A Break**
    - *Pre:* Monthly Mean Accuracy = 3%
    - *Post:* Monthly Mean Accuracy = 69%
  
  - **Aggression**
    - *Pre:* Monthly Frequency = 4%
    - *Post:* Monthly Frequency = 1%

- **Summary**
  - Change in residential environment (with changes in expectations) led to higher expectations and more opportunities to learn practical skills.
  
  - Staff learned that Bobby was using aggression to communicate. Rates of aggression decreased when staff realized that Bobby could be taught a more socially-appropriate method to obtain escape.
Case Study: TB

- 61-year-old man autism spectrum disorder, intellectual disability, & generalized anxiety disorder.

- He enjoys listening to a variety of music, purchasing CDs, visiting with his family, and going out to eat with staff.

- Challenging behaviors include: Repetitive questioning, intentionally misplacing items, aggression, and self-injury.
## TB’s Challenging Behaviors

<table>
<thead>
<tr>
<th>Challenging Behaviors</th>
<th>Operational Definition</th>
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<tbody>
<tr>
<td>Aggression</td>
<td>Defined as attempts and/or occurrences where TB grabs, head butts, hits, scratches, shakes, bear hugs, or leans heavily onto another person’s body. <strong>Baseline Frequency:</strong> 4-10x/month. <strong>Functions:</strong> Attention/preferred, escape.</td>
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<tr>
<td>Repetitive Questioning</td>
<td>Defined as attempts or occurrences where TB continually asks questions or makes requests repeatedly and continually after being provided the answer to the question on one occasion by staff. <strong>Baseline Frequency:</strong> 5-10x/daily. <strong>Functions:</strong> Attention/preferred, escape.</td>
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## TB’s Replacement Behaviors

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<td>Topic Conversation</td>
<td>Defined as occurrences where TB reciprocates a conversation with another person by answering a question, comments when presented with subjects to speak about on his subject cards, or uses his question and answer notebook to obtain information pertaining to questions that staff have already answered.</td>
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TB’s Question & Answer Intervention

**Question & Answer: Attention**

- Staff will first remind TB that they are only going to answer his question once. Staff will say “TB I’m only going to answer the question once, so are you paying attention?” “What is your question TB?”
- Staff will also cue TB to look at them when they are answering the question to ensure that he is paying attention to their response to his question.
- Staff will answer the question **one** time.
- Staff will then document the question in TB’s question and answer book and then document the answer that staff provided in the question and answer book.
- Should TB ask the same question again, then staff will respond by pointing to the question and answer book.

**Question & Answer: Escape**

- Whenever TB responds to a request to complete non-preferred or undesired tasks by attempting to engage them in answering questions, staff will redirect TB to the task.
- Staff will restate their request of TB and will frame the interaction by stating a first/then contingency (e.g. “Let’s get your laundry into the washer first, then we can talk about your question TB”).
- TB will be provided with a few seconds to process and then respond to the request.
- After he has begun to perform the task, staff will provide TB with immediate specific verbal praise for beginning the task.

- Mother’s Illness Worsened
- Mother Passed Away

**Graph:**
- Y-axis: Frequency
- X-axis: Months (Nov. to Oct.)
- Two lines:
  - Purple line: Aggression
  - Green line: Repetitive Questioning

**Events:**
- June: Mother’s Illness Worsened
- October: Mother Passed Away
On a daily basis, staff will lead TB in an exercise to practice discussing subjects that are listed on subject flash cards adapted from a well-respected language curriculum (Freeman, 1997). The rationale is to promote sustained conversation.

Staff will first model conversation x3, and then provide TB with the opportunity to draw a card to discuss/comment about the subject. Staff provide verbal prompts as necessary.

In the event that the conversation lasts for less than 5 minutes, staff will prompt a continuation of the conversation.

If TB is unable to maintain the conversation, staff will resume the exercise at a later time.
Topic Conversation: Dec. 2013

TB Topic Conversation Data: December 2013

Average Prompts Per Session

Average Duration Per Session In Minutes

Christamas
(No Opportunity)
TB Topic Conversation Data: Sept. 2014

- Avg. Prompts Per Session
- Avg. Duration Per Session

Sessions

Avg. Prompts
- Avg. Prompts for each session from 1 to 30.
- Prompts range from 0 to 8 per session.

Avg. Duration
- Avg. Duration for each session from 1 to 30.
- Duration ranges from 0 to 4.5 per session.
TB’s Summary

- **Summary**
  - Identifying the function of TB’s challenging behavior
  - Implementation of functional communication training intervention
  - ↓ challenging behavior (aggression, repetitive questioning-escape), ↑ replacement skills (reciprocating conversation, obtaining information)
Case Study: Matt

- Matt is a 26 year old man whose diagnostic history includes autism spectrum disorder, intellectual disability, gastroesophageal reflux disease, and migraine headaches.

- Matt is a friendly gentleman who enjoys helping others, listening to music, art projects, puzzles, going out to eat and going to the gym. He has strong organizational skills and is particular about how his items are arranged.

- Challenging behaviors include: Physical aggression, aggressive outburst, self-injury, property destruction.
# Matt’s Challenging Behaviors

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<th>Target Behaviors to Decrease</th>
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<tr>
<td><strong>Aggression</strong></td>
<td>Defined as attempts and/or occurrences in which Matt squeezing others hands, pokes eyes, grabs necks, face, body parts of others, head-butts, pushes his body into any other part of another person or attempts to choke another person.</td>
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<td><strong>Outburst</strong></td>
<td>Defined as episodic occurrences of two or more of the following behaviors demonstrated simultaneously or in succession: Physical aggression, screaming/crying, self-injury, and/or slamming doors.</td>
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Assessment

**Functional behavior assessment (FBA):**
- Multi-function behavior, including staff attention during LOM
- Assessed aggression in isolation vs. an episode (outburst)

**Intervention history:**
- Emergency restraint was ineffective
- Timeout was ineffective
- Injuries (family, staff)
- Lengthy & intense incidents

BSP Overview

**Intervention:** Access to a safe timeout area as an alternative to ineffective responses (including bedroom timeout).
- Required extensive collaboration with guardian, agency staff, and funding source (DDS)
- Developed state-of-the-art timeout space
- Location of timeout room dramatically reduced distance requiring physical escort
Matt’s Challenging Behavior Data

Matt: Frequency of Challenging Behavior & Consequence Interventions

- Aggression
- Outburst
- LOM (Least OBJective Measure)
- Timeout

Graph showing frequency of challenging behaviors with interventions: Prior BSP, BSP Revision, BSP + Time Out Room.
Matt: Data & Summary

- Data (Prior BSP vs. BSP + Timeout)
  - Aggression (76.3% decrease)
    - Pre: Monthly Frequency = 13.5
    - Post: Monthly Frequency = 3.2
  - Outbursts (55.2% decrease)
    - Pre: Monthly Frequency = 12.5
    - Post: Monthly Frequency = 5.6
  - LOM (89.7% decrease)
    - Pre: Monthly Mean Accuracy = 2.9
    - Post: Monthly Mean Accuracy = 0.3
  - Timeout (91.1% decrease)
    - Pre: Monthly Frequency = 10.1
    - Post: Monthly Frequency = 0.9

- Summary
  - As the result of a strategically-placed state-of-the-art timeout space:
    - The need for physical management dramatically decreased (provided the least restrictive, most effective intervention possible)
    - For remaining LOM, the location of timeout room dramatically reduced distance requiring physical escort
    - Injuries to Matt and his staff decreased significantly
    - The timeout room provides stimulus control (Matt now independently uses space for calm)
    - Bedroom timeout was discontinued (improved sleep routine/hygiene)
Summary & Implications

How Do These Case Studies Relate to the PBIS Framework?
How We Apply PBS Within A Large System (System-Wide PBIS)

Tier 1 (Stephanie): Program-Wide Systems for All Individuals, Staff, and Settings; In Place at All Times

Tier 2 (Lisa): Focus on Specific Problems Facing Setting or an Individual Using Simple “Off The Shelf” Approaches

Tier 3 (Trisha): Comprehensive, Individualized Interventions with Intensive Oversight; Program- and Individual-Focused

~80% of Individuals

~15%

~5%
Summary & Implications

   - Each can be used as part of a system of least-to-most restrictive practices

2. Focus on behavior function is essential.

3. Tier 1 intervention is critical, even for individuals who justify Tier 3 intervention.

4. Person-centered planning drove intervention planning.

5. Some interventions could not have occurred without stakeholder support.
   - Change in environment
   - State-of-the-art timeout room

6. In each case, staff morale and job performance improved compared to baseline.
References


QUESTIONS?

THANK YOU!