• Dr. Joan Beasley has worked both nationally and internationally to promote the development of effective services for people with disabilities and their families for more than 30 years

• Dr. Beasley co-founded and directed the START/ Sovner Center program from 1989 until 2000. In 2001, the program was identified in the US Surgeon General's report as a national model. She currently serves as the Director for START Services at the University of New Hampshire Institute on Disability.

• Dr. Beasley has worked for almost 10 years for the Commissioner’s office as a consultant to both the Connecticut Department of Developmental Services and for four years to the Office of the Medical Director at the Department of Mental Health and Addiction Services.

• Dr. Beasley served on the Board of Directors of NADD from 2000-2006, and as Chair of the NADD U.S. Public Policy Committee from 2002-2008.

• Dr. Beasley has written numerous articles and book chapters, and was a contributing editor to the journal *The Mental Health Aspects of Developmental Disabilities*
How do we use positive behavior support plans?

Joan B. Beasley, Ph.D.
LASSIE! GET HELP!!
Predicated on the notion that creating a life of quality and purpose embedded in a supportive environment should be the focus of caregiver efforts
Assessment

Ten Factors to Consider in the Differential Diagnosis of challenging behavior (Lowry & Sovner, 1991)

Medical illness
Medication side-effects
Pre-seizure irritability
Irritability secondary to mania, depression, or organic mental syndrome
Rage attacks
Task-related anxiety
Schizophrenia-related paranoid delusion
Inability to express needs
Means to gain positive reinforcement
Means to avoid or escape an unpleasant event.
Chief concern for planning

Not with the problem behavior
Not with the people

The chief concern is the problem contexts
What is our job?

• To redesign counter productive and unfair environmental contexts

• To teach people skills, coping strategies

• To support the desire to deal with frustration that is an inevitable part of life

• Provide the support caregivers and people with disabilities need to receive appropriate services and supports

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What is Support?

• Refers to the use of educational procedures to enhance personal competencies

• And systems change procedures to create environments in which those competencies can be used for a good quality of life.

• This includes trained caregivers who can monitor medical conditions, medication effects, etc.

• Focus on centerpiece strengths
Do not focus on a “cause and cure approach”

- Think in terms of acceptance
- Sometimes have to live with problems we cannot completely resolve
- Job is to improve life experiences
- Support makes human frailty bearable
- Even in the treatment of medical illnesses, it has been found that the quality of a person’s life is important.
How do we build effective support strategies?

• Systems change makes support possible: facilitate meaningful and lasting gains

Discussion example: If you attempt an intervention in an inpatient setting and it works under those conditions, but the person returns home with no improvement in behavior noted shortly after the return, does this mean the intervention does not work?

If we cannot identify what works under ideal conditions, how can we find out what works?

We must attend to systemic factors that either impede or facilitate support strategies.
Meaningful supports are defined by strategies that are effective over a long period of time.

Maintenance is not a function of procedures, but rather a function of the systems in which they occur.

Dysfunctional systems cannot maintain effective support.

The system must be able to sustain the application of the evidence based practice in order to maintain effectiveness.
Sustainability

• Refers to the durability of the intervention or behavior change efforts

• For durability we need both positive effects (outcomes) and positive efforts (approach)

• Long term remedies are sought

• Link maintenance to sustainability to systems change
### Systems change

Efficacy occurs in a controlled setting. Effectiveness occurs in the real world outside of the controlled setting.

The model must promote both, requires a capacity for systems change in order to do so.

Systems change occurs on both a structural and strategic level.

- Must have shared understanding and goals
- Must consider construct of the system; skills, roles and responsibilities, etc.
- Must include incentives for the system as a whole.
- Effective interventions take what has been proven to help the individual and translates this into action in the context of the system where these issues are addressed.
Common Features of Challenging Behaviours

• Appear unpredictable as to when they occur
• Vary in frequency and severity across time
• Are chronic
• May be frightening and/or dangerous
• Are puzzling
• Appear to be beyond the control of the person
• Occur across different situations
• Represent ways of gaining a desired consequence or avoiding an aversive event
Three features of effective behavior support strategies:

1. Must focus on prevention: attend to the broader needs of the setting or the community that contribute to difficulties.

2. Need to build social support: inadequate social support acts as a stressor to initiate or exacerbate behavior problems.

3. Empowerment: teach people ways to get what they wish or desire.
An Integrated Biopsychosocial Assessment (Gardner)

Areas of Assessment for the Integrated Biopsychosocial Model

BIO (medical)- medical, psychiatric, medication reactions, syndromes, neurological state, health

PSYCHO (logical)- current psychological features and skill deficits, brain function, developmental issues

SOCIAL- quality of life, environmental, interpersonal, programatic, physical
Positive psychology

Positive emotions (laughter, joy, fun, love)

Positive character traits (centerpiece strengths, interests, skills)

Enabling settings related to the concept of environmental redesign
Programmatic and positive support approaches in service planning

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Carey’s Positive Systems Approach

These approaches include:

- **applied behavioural analysis**

- **behaviour communication theory** - acknowledging that challenging behaviours are often attempts to communicate needs, and advocates for teaching more acceptable methods of self-expression

- **systems theory** - that all members of the system interact to create a context social that creates a setting in which challenging behavior may be more or less likely to occur. This is based on the belief that systems are sets of components, which when coupled together, interact and influence each other to form a whole.
Carey’s Positive Systems Approach

• gentle teaching - a concept developed by McGee based on the psychology of interdependence (seeing change as being mutual and bringing about a feeling of companionship in the community). This philosophy advocates (a) teaching individuals to feel safe with caregivers, (b) teaching individuals to feel engaged, (c) teaching individuals to feel unconditionally valued, and (d) teaching individuals to return unconditional valuing.
Carey's Positive Systems Approach

**Identification** - understanding behaviour in the context in which it occurs. Includes an evaluation of biomedical and mental health issues as instigators or perpetuants to challenging behaviour.

**Communication** - looking at an individual's behaviour as a form of communication that has function and meaning.

**Stimulation** - heightening exposure to fun and stimulating activities not contingent on behaviours.

**Reinforcement** - advocating intense non-programmatic and non-contingent reinforcement that occurs on a frequent basis.

**Redirection** - changing aspects of the individual's environment and interaction pattern; capitalizing on stimulus change opportunities.

**Coping** - teaching methods and skills to handle stressors and friction.
Carey's Positive Systems Approach

Six systemic factors which must be addressed in understanding and treating challenging behaviours. These are listed as:

**Flexibility** - the system must offer as much flexibility as possible in areas such as: staffing, living arrangements, and day program requirements.

**Perseverance/Tolerance** - support programs must demonstrate strong agency commitment towards maintaining individuals in their community - rather than having individuals “fit” into a prescribed environment, a commitment requires service providers to establish an environment that is fluid, and can best fit individuals and their presenting needs and desires.
Carey’s Positive Systems Approach

**Consistency** - one cannot implement a PSA approach on a part-time, haphazard basis. Protocols of support should be established to promote a positive, methodical response to the problematic behavior (i.e. cross systems crisis plan).

**Portability** - the support plan must have the ability to move with persons in the various settings in which they interact - staff and family in all locations must be trained in the approaches.

**Intensity** - this has to do with the frequency and quality of interactions with individuals during the course of the day.

**Change** - refers to rearranging the environment or teaching staff/caregivers to become sensitized to stimuli or triggers that cue behaviors, with a focus on prevention of these behaviours manifesting themselves (again, crisis plan)
Resilience and Optimal Supports

As caregivers, we can help our clients become more resilient to the vulnerabilities previously discussed.

**Resilience** is a characteristic in some individuals which is protective, or which lessens the negative impact of stressors for them.
Resilience and Optimal Supports

**Resilience** is thought to be an aspect of the personality, and some features of a person's environment may increase a person's resilience. These include:

- early emotional support from one's family of origin
- few risk factors in one's environment (examples of such risk factors would be exposure to financial distress, disruption in the family structure, abusive relationships)
- encouragement to learn independent problem solving
- supportive environments outside of the home
- development of positive self image.
Resilience and Optimal Supports Check List

Decreasing Stress in the environment and Helping the Individual feel more Competent:

• Increase opportunities for success in work / leisure
• Increase opportunities for satisfying social / life experiences
• Ensure ability to communicate and make choices
• Offer medical intervention / therapy when appropriate
• Offer information / education on how to cope with frustration, issues of sexuality, loss
Resilience and Optimal Supports Check List

• Redefine person / situation to allow for new approaches (i.e. externalize the problem so the person does not see it as part of himself) (i.e. cognitive restructuring)

• Encourage expression of and validation of emotions

• Assist individual in developing supportive social networks

• Ensure social and other supports sufficient to meet individual’s health and emotional needs
Resilience and Optimal Supports Check List

Attention to the above contributes to:

• Increased emotional and social supports available to client

And client experiences:

• Increased coping skills
• Increased self esteem
• Fewer stressful life events
• Decreased anxiety
• Greater ability to regulate mood
Let's talk about this

• Given this presentation, what should data collection and analysis look like?
• How do we know what is working?
• How do we promote efficacy and effectiveness?
In a nutshell:

Residential and day services must provide a positive systems approach that promotes an individual’s abilities to develop skills, enjoy life and cope with life’s many challenges. Without these opportunities, behavioral challenges are more likely to occur.
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