Building capacity to implement positive behavior support with long-term sustainability
Donald A. Jackson, Ph.D.
Elaine C. Brown, Ph.D.

Outline
• Positive behavioral health supports
• Research: what we know and don’t know
• PBS in Nevada
• Status of implementation

Context – circa 1966
• Vietnam war (1955-1975)
• JFK assassination (1963)
• LBJ & The Great Society programs, “war on poverty”
• Civil Rights Act & the Economic Opportunity Act (1964)
• Head Start
• VISTA
• 1968: King & Kennedy assassinations; democratic convention in Chicago

Kalamazoo Psychiatric Hospital
aka Western Michigan Asylum
Michigan Asylum for the Insane
Kalamazoo Regional Psychiatric Hospital (KRPH)
“In the ten years that behavior modification has existed as an identifiable discipline, workers in the area have produced a wide variety of techniques which are quite effective to modify the behaviors of abnormal populations.

Their effectiveness in developing techniques to productively modify the behaviors of professional and administrative persons is not as apparent. Perhaps there will be an improvement in this problem during the next ten years. After all, the first twenty years are the hardest.”

-B.L. Hopkins, 1970

Applied Behavior Analysis

1960s

• “Better applications, it is hoped, will lead to a better state of society.”

• Applied research “is not determined by the research procedures used but by the interest which society shows in the problems being studied.”

-Baer, Wolf & Risley, 1968

...The most important source of our current disappointment is the fact that our technology has been successful in changing the behaviors of the special populations but government service agents have not widely bought or used our technology.”

(COMMENTS ON THE FUTURE OF APPLIED BEHAVIOR ANALYSIS, B.L. Hopkins, JABA, 1987)

Early large-scale programs

• Achievement Place
   – Mont Wolf, Dean Fixsen, et al.

• Behavior Analysis Follow Through
   – Don Bushell, Jr.

BUT...

It took 28 years to understand the need for the site-based expertise model (Riesen, 2016)

The nature of systems

“All organizations [and systems] are designed, intentionally or unwittingly, to achieve precisely the results they get.”

-R. Spencer Darling

“The tyranny of the status quo.”

-Fritz Oser

• Health care
• Prisons
• Great Society social initiatives
• NAEP data – mediocre mean
• Behavioral healthcare – ACE Study
Positive behavioral health supports
Historical/Foundational Perspective
- Behavior modification/contingency management
- Applied behavior analysis 1970s-80s
- Disability/civil rights movements mid/late 80s
- PBS beginnings: severe disabilities – “nonaversive behavior management” mid 80s
- PBS approach well established 1990s
- Circa 2000: Expansion to multi-tiered systems of support/prevention model

Science, Values & Vision
- Positive behavior support (PBS) is a great and worthy idea predicated on the notion that creating a life of quality and purpose, embedded in and made possible by a supportive environment, should be the focus of our efforts as professionals.

Standards of Practice

- Reduction of problem behavior is an important, but not the sole, outcome of successful intervention: effective PBS results in improvements in quality of life, acquisition of valued skills, and access to valued activities.

Definition of Positive Behavior Support

- Includes research-based assessment, intervention, and data-based decision making
- Building social & other competencies, creating supportive contexts, & preventing problem behaviors
- Strategies respectful & drawn from behavioral & other sciences
- A multi-tiered framework at individual or larger systems level

The processes of PBS

Three tiers of implementation

- Individual:
  - Individualized (intensive) behavior support plan
- Group/targeted:
  - Building competence in specific areas (e.g., social)
- System/universal:
  - Program-wide or school-wide, provided for all

All tiers are needed for optimum implementation

Continuum of services

Link all efforts to Quality of Life

A good quality of life exists when people with disabilities:

- Receive the support, encouragement, opportunity and resources to explore and define how they want to live their lives;
- Choose and receive the services and supports that will help them live meaningful lives;
- Direct the services and supports they receive;
- Lead a life rich with friendships;
- Have their rights, dignity and privacy protected;
- Are allowed to take risks in their choices; and
- Are assured of health and safety.

Adapted from AAMR at http://www.aamr.org/content_143.cfm

EXTENDING THE REACH OF PBS
Mission and Vision

• “Positive Behavior Support is a set of processes that combine information from social, behavioral, and biomedical science and applies this information at the individual and/or systems level to reduce behavioral challenges and improve quality of life.”
  – apbs.org/about-apbs

“...seek collaborative possibilities with our colleagues in many different sciences so that we can transcend our superficial differences and focus on deeper commonalities.”
  – Carr, 2007, p.12)

"The history of science is rich in the example of the fruitfulness of bringing two sets of techniques, two sets of ideas, developed in separate contexts, for the pursuit of new truth, into touch with one another."
  – J. Robert Oppenheimer

PBS and Neuroscience

• Build synergy between ABA and biomedical intervention to advance assessment & treatment, and promote broad changes in quality of life (Carr & Herbert, 2008)
• Now able to assemble a clear picture of the neurological underpinnings of fear & anxiety (Pittman, et al., 2015)

Fortunately, studies in neuroplasticity and gene expression suggest there may be a potential for reversal.

So the need for positive behavior supports and nurturing environments, especially early in life, is not just a matter of happiness, but a matter of physical health and long term well-being.

Research on Individual PBS
Individual PBS

- Large body of research on components of PBS
- Functional assessment can lead to successful interventions
- Assessment of setting events, contextual fit, etc. can be beneficial
- Person-centered-planning
- Functional equivalence and functional communication training
- Building functional skills
- Manipulation of antecedent events
- Multi-component PBS interventions

Dunlap & Carr, 2007; Dunlap, Jackson & Greenwald, in press

Positive Behavior Support and Applied Behavior Analysis

2016

- Scale up effective innovations & interventions
  - Improve human service systems

-Fixsen, 2016

Larger scale PBS

- Structures for capacity building
- MTSS/School-wide PBS
- Models of PBS Implementation
  - PTR
  - PTR-YC

Research on large-scale PBS

WHAT WE KNOW

JPBI Research – Populations
Percent of Articles

1999-2003 TOTAL
2010-2014 TOTAL

JPBI Research – Settings
Percent of articles – early & most recent years

1999-2003 TOTAL
2010-2014 TOTAL
What we need to know more about:
Gaps in research & applied strategies

- Populations & venues still limited
- Maintenance
- Wellbeing of caregivers/family functioning
- Lifestyle change
- Quality of life continues to be a challenge
- Scaling up – few evaluations of large-scale PBS implementation
- Organizational systems variables

Dunlap & Carr, 2007; Dunlap, Jackson & Greenwald, in press

IMPLEMENTATION
What we’re learning

Scaling up

Implementation

- Evidenced-based innovations
- Evidence-based implementation of evidence-based programs
- Scaling positive outcomes in human service systems
- Are we delivering the services we intended to deliver? With FIDELITY?
- The system determines our outcomes

Fixsen, 2016

Degrees of Implementation

- Paper implementation
- Process implementation
- Performance implementation

Fixsen et al., 2005

“Implementation occurs in the context of community.”

“The community both defines the problem to be solved and tests the adequacy of the answer.”

Felner, 1997

Formula for Success

- Effective Innovations
- Effective Implementation
- Enabling Contexts

= Socially Significant Outcomes

nim
Structures for Building Capacity to Implement PBS

- Implementing with fidelity
- Comprehensive statewide training
- Raise your sites...
- The Nevada experience

Building PBS Implementation Capacity
Nevada’s 20-year experience

Total Population: 2.7 million

-Nevada’s 20-year experience

Geographically & politically diverse
7th largest state; 80% rural
35th most populous; 88% live in urban areas
High growth rate
Low funding for schools & disability services, but also no large system of institutional care
The larger context in Nevada

- 1980s-90s: Full community inclusion (Inclusive classrooms; group home “placements”)
- Early 1990s: First supported living arrangements (SLA) with individualized plan & budget
- Some capacity-building efforts & use of PBS
- Continued use of aversive interventions
- 1999: Legislature passes AB280 – aversives strictly limited, training in PBS required

Impact of the Olmstead decision (1999)

- Accreditation Council – setting, teaching and evaluating standards

Growth of PBS in Nevada

- 1999: PBS-Nevada founded
- NV accepted into Research & Rehabilitation Training Center (RRTC)
- Total of 26 states participated
- RRTC – national experts prepared statewide PBS training team & assisted in implementing local capacity in PBS
  - Family members, school and IDD agency staff trained as a team
  - Up to 60 hrs to learn PBS, create and implement support plan

Expert support for Nevada

- Rob Horner*
- Rick Albin
- Ann Todd
- Rachel Freeman
- Heather George
- Glen Dunlap**
- Kent McIntosh
- Jackie Anderson

Strategies & achievements

- Many presentations/meetings, legislative hearings, state advisory committee reports to build buy-in & support
- Endorsed by NV Commission on MH & DS
- Included as key strategy in Governor’s 10-yr plan for IDD (2002, Olmstead plan)
- Statutory authority for funding (2002-present)
- Supported by stakeholders and decision makers
- Numerous sources of financial/in-kind support

Other PBS-Nevada projects and activities

- Assisting in writing policy
- Training of locally based staff as PBS trainers
- School-wide training
- Opened regional PBS-Nevada offices with BCBAs
- Developed 3-tiered approach to services (based on intensity of needs)
- Participation/collaboration with national network of researchers & practitioners
- Projects in schools (SWPBS, School mental health), autism, juvenile justice, aging, court mandated parent training
Nevada’s Vision (1999)
- People with disabilities participate fully in their communities
- People choose personal goals and services
- People live in typical family or other natural support settings
- Services are designed using best practices based on research
- People are safe, respected and exercise full rights

Vision for PBS/Behavioral health supports (1999-present)
- Increase choices, independence, and quality of life of consumers through the application of positive behavioral supports (PBS) across settings
- Develop a network of individuals throughout the State that can provide leadership, training, and consulting on PBS and related topics
- Build the capacity of individuals providing direct care, treatment, or education for individuals with disabilities to provide PBS
- Create a durable state and regional network to support trainer/consultants in delivering PBS services

Current status of PBS in Nevada
- Renamed the Nevada Positive Behavioral Interventions and Supports (PBIS) Technical Assistance Center
- 100% grant funded – state and federal funds
- Operating budget of over $1 million/year.
- Array of training and technical assistance services in a variety of settings, across many state agencies, and with diverse clientele.
  - PBS-NV Family Services, PBS-NV Aging Services, juvenile justice and the School Climate Transformation Project.
- Currently employs a total of 12 Board Certified Behavior Analysts (BCBAs) across the state
- Every activity/project of the center is focused on building PBS capacity.

About PBS-NV
- PBS-NV provides training and technical assistance
- Funded by: Fund for a Healthy Nevada (FHN), Aging and Disabilities Services Division (ADSD), & Nevada Center for Excellence in Disabilities (NCED)
- Rely upon Interagency Collaboration for Resources and Administration

Promoting Positive Environments
Preventing Challenging Behaviors
Enhancing Quality of Life
School Climate Transformation Project

93 schools, 7 school districts

Tier 1 Practices

- Focuses on the “smallest functional units” required for generating outcomes
  - Contextually and culturally relevant
    - E.g. defining and teaching expectations
  - Matrix
    - Establishes stimulus control & discrimination by teaching social skills in the natural context and providing behavior examples

Tier 2/3 Practices

- Designed for students that would benefit from:
  - More salient and frequent antecedent prompts
  - Additional structure
  - Increased rate of reinforcement
  - Enhanced support in teaching appropriate skills

The workshops and seminars are designed to help educators and staff develop comprehensive behavioral support plans that result in OOE improvements in school settings. Most workshops are co-sponsored by community agencies.

Beyond Chicken Nuggets and French Fries

Contextually and culturally relevant solutions to prevent and address a variety of eating problems.

From 2011-2013, PBS-NV has collaborated with many agencies, often repeatedly, to bring behavior support services to individuals of all ages statewide. Collaborations include:

Statewide Collaboration

As a result of regionalization; PBS-NV has dramatically increased its presence and availability of services, statewide, resulting in increased community partnerships and resources across the state.
Two Types of Evaluation

1. Evaluating Implementation
   - Are we following the Action Plan?
   - Are we meeting the needs of our staff?

2. Evaluating SW-PBS and its effects
   - Are we getting the outcomes we want?
   - Are we meeting the needs of our students?
   - Are there problem areas to address?

Six Key Features to Achieve Large-scale Application of Evidence-based Practices

1. Focus on comprehensive outcomes defined by the values of the social system
2. Expand the unit of analysis
3. Measure process as well as outcome
4. Make ABA principles more accessible
5. Focus on sustained effects
6. Define procedures for scaling-up effective practices.

School-wide PBIS

2. Expand the unit of analysis
   - Whole school
     • Classroom
       - Groups of “at-risk” students
         » Individual students needing intensive support
   - Districts = unit of implementation

School-wide PBIS

4. Make Evidence-based Practices Accessible
   - Use the language of the implementation context
   - Combine technologies needed to achieve valued outcomes.
     • ABA + Person-centered planning + Organizational Systems + Bio-Medical
   - Collaborate with other disciplines
     • Mental Health, Juvenile Justice, School Psychology, Sociology
   - Study implementation as well as application
     • Function-based intervention
     • Contextual fit

The promise of PBS

Are we meeting it?

• “We need to develop a much broader and richer database so that the promise of PBS as an approach to all human behavior challenges can be more fully met.
• To accomplish this goal, we need to link [our] behavior analytic and special ed methods... with concepts strategies, and procedures derived from other relevant sciences and disciplines.”  (Carr, 2007, p.8)
Take home points

• People we serve need and deserve a positive home and community climate (predictable, positive, safe, consistent
• Climate change happens at a systems level
• Multi-tiered behavior frameworks allow for maximization of resources in impact
• PBS happens across the country and each state has available resources and support

20 Years Later...
(Segue to Elaine’s section)

• What we learned...
• Did we sustain capacity-building structures?
• What survived for 20 years...
• What did not survive...
• Organizational systems variables
• Barriers and opportunities...(Elaine)

The problem

"Hang in, I think I knew what we’re doing wrong."

Thank You!

Namaste

Don Jackson, Ph.D.
donj@unr.edu