**Comprehensive Behavior Supports for VR Clients**

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A webcast sponsored by the American Institutes for Research (AIR) and

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Ann W. Outlaw: Hi, everyone. I’m Ann Williams Outlaw from SEDL in Austin, Texas, an affiliate of the American Institutes for Research. I will be moderating today’s webcast entitled “Comprehensive Behavior Supports for VR Clients.” The webcast is offered through the Center on Knowledge Translation for Disability and Rehabilitation Research or KTDRR, which is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research. I also want to thank my colleague, Joann Starks, for her support today. The Center on KTDRR has a sub-grant with the American Institute for Research to develop a series of webcasts and to establish a community of practice to help promote the understanding and use of evidence-based practices in the field of vocational rehabilitation. Cindy Cai is the project director of the sub-grant. Her colleague, Emma Hinkens, has been instrumental in the development of this webcast and the related community of practice. We have information that accompanies today’s webcast on our website. These include a PowerPoint file and a text description of the training materials. Please remember that these materials are copyrighted, and you must contact our presenters to ask permission to use any of the information.

 Here’s the agenda for today. After an overview of the webcast topics, I will introduce our presenters, and we’ll have a facilitated discussion. We will then wrap up by letting you know how to become part of this discussion. In the first webcast, we discussed the issues surrounding the use of the practice guidelines in the VR field. The most recent webcasts have focused on research and practice in motivational interviewing, supported employment for transition-age youth, and returning to work after traumatic brain injury. In today’s webcast, we will follow the same thread by translating research to inform VR service delivery. We’ll have a dialogue with a researcher and two VR practitioners to discuss comprehensive behavior supports for VR clients. In our dialogue today, we will discuss four central questions. What is behavior support and why do we need it for VR clients? How is behavior support provided for the VR clients and by whom? What are some of the VR practices in providing behavior support? Finally, what are the key issues that VR practitioners should consider in providing the supports to their clients?

 We are very happy to have these three panelists with us today. Christine Hoffner Barthold, PhD, is an Assistant Professor of Special Education at the Graduate School of Education at George Mason University. Richard Kriner, MS is the Autism Research Coordinator at the Virginia Department for Aging and Rehabilitative Services. Finally, Jessica Stehle, MA, is Virginia’s Department for Aging and Rehabilitative Services (DARS) ID/DD Employment Resource Consultant. Now, I’m going to turn it over to Chris, who will start off with some key concepts and research about behavior support, followed by Richard and Jess, who will then share about how they have provided behavior support to their clients. Chris, are you ready to begin?

Christine Barthold: Thank you, Ann. First, I want to talk a little bit about what behavior is. The first thing that you have to keep in mind is that behavior is anything that we do, so for purposes of this presentation, I’ll use the term “problem behavior” to refer to issues that are addressed in behavior supports. While often we prepare students for the work environment by analyzing specific tasks required on the job, it’s really the soft skills that clients tend to struggle with the most. For example, things such as getting to work on time despite extensive travel training, appropriate communication with co-workers and supervisors, hygiene, asking for help and more work, or independence in work and with activities of daily living. Often, these skills are not necessarily a priority in K-12 education since they don’t really interfere with instruction, yet, it’s often the people who are considered – and I want to put these in quotes – “high functioning” who have the most difficulty securing and sustaining community employment, that is, the people who seem to have the most skills tend to struggle the most with those soft skills. Often, what makes adults a little different are these challenges tend to be complex and long-term, which makes intervention with adults a bit more challenging than interventions with kids.

 What exactly is a behavior support? It’s important to note that behavior supports are comprehensive, and they’re implemented in the natural environment to both reduce problem behavior and teach appropriate alternatives. I like the definition by Rob Horner that he had in 2000, which is make problem behavior “ineffective, inefficient, and irrelevant” and that is that supports should be so that the individual no longer needs to engage in problem behavior. You’ve given them an easier alternative that’s more socially appropriate. Behavior support should be comprehensive, and they should consist of very good assessments of the triggers of problem behavior as well as how people in the environment respond to it because that will help us make the changes. We will want to make sure that we’re assessing social and communication skills - those soft skills that I talked about earlier – and social and other environmental factors such as the individual schedule, possible stressors, family dynamics, et cetera. We really want to talk about what motivates the individual or what are their reinforcers.

 Unless we do that comprehensive assessment, also known as functional behavioral assessment, which we’ll talk about in later webcasts, the results should be incorporated, again, in a comprehensive plan. It’s important that this plan is implemented in the natural environment as much as possible to maximize long-term maintenance gains. It’s not really good to pullout or try to do this in a clinic. It’s much better to do it right in the natural environment, and this plan should consist of preventative supports such as visual schedules, organization of the work environment or other types of reminders, teaching appropriate behavior that could replace the problem behavior - for example, asking for help instead of walking around scripting, reinforcement of appropriate behavior - for example, asking for help should probably result at first in immediate cheerful help, a consistent plan on how to respond to inappropriate behavior that’s agreed upon by all stakeholders, and continuous progress monitoring and plan revision.

 Then, we’ll talk about what behavior support is not, and I think this is the most important part. Behavior support is not counseling. It’s coming up with a teaching plan that helps people increase their skill. It’s also not a one-time observation and plan. This is an ongoing set of supports, and it is specially is not a way to control the individual. It is to teach them skills to get them to where they want to be, so it’s very important that this is not a control procedure. As you can see, comprehensive supports require a lot of work, and they also require the buy in and input of the [Audio Gap] employer, the individual, the job coach, the rehab counselor, and other natural, unpaid supports such as family members.

 There are a lot of good reasons to refer for behavior supports, and we encourage you to think outside of the box - think behavior supports early and often - but these are some reasons why people may be referred for behavior supports in both my practice and in my research. One of them is if you have an individual with multiple terminations, more intensive supports might help. If you have an individual having trouble with the interview process and the soft skills that have to do with that, more intensive supports can help. If you have an individual whose communication and social skills are leaning to placements that don’t match the job skills or interests of the individual, more intensive supports can help. If you have a client at risk for multiple employment failures, more intensive supports can help. While behavior supports are often associated with clients with autism spectrum disorder, it’s important to note that any client can really benefit from behavior supports. I encourage you to think when in doubt, refer for support.

 Now, it may seem that anyone with a background in psychology or counseling might be qualified to provide behavior supports, but in truth, there are specially trained providers who are best qualified to provide these services. I often say that behavior supports are easy to do and easy to mess up, so it really is important that you have a qualified provider. Two of these types of providers are PBS facilitators, and typically, PBS facilitators have a bachelor’s degree, minimum, in human services. They’ve had an endorsement board interview, and in Virginia, it’s a recognized endorsement. PBS facilitators are the first ones. Also, board certified behavior analysts – BCBAs have a minimum of a master’s degree and have at least six rigorous graduate courses in applied behavior analysis. They’re required to engage in intensive practicum and are required to take any national board certification exam to show competency in applying behavioral principles. In some states such as Maryland, Virginia, and Pennsylvania, BCBAs are also required by the state to be licensed to practice. However, that’s not universal. While sometimes BCBAs are associated with doing 101 training at a table in a very contrived environment, they really are prepared to create community-based supports as well. Now, the number of individuals who are qualified to provide adult services is growing, but it’s a good idea to verify with the BCBA you hire that they have experience working with adult populations.

 Like I said earlier, it’s really important that you take a team approach when supporting people with inappropriate behavior in the environment, and it really does require a systems approach. Who provides this support? Much like in supported employment, the behavior analyst or the PBS facilitator will come in, do a comprehensive assessment, make the plan, help to troubleshoot, will provide training, may model the intervention, but really it is the entire team that provides the support. Ideally, the individual sets their own goals for intervention, and in the end, it’s the natural, unpaid supports that are really doing a lot of the work. It really is important that you have a team that works together in that process. Who pays for it? I’m actually going to turn this over to my colleague, Richard Kriner, who can talk a little bit more about funding sources. I think he may be talking about this a little bit later as well.

Richard Kriner: Thanks, Chris. I’m going to share a little bit of information today about Virginia’s Therapeutic Behavior Services which is our model for addressing the behavior support needs of consumers of our VR agency who are receiving our services. I want to start a little bit on the origins of this service item and where it came from. In terms of our agency’s approach to behavior service and our interest in developing these services, it really initially sprang from our involvement in a NIDRR DRRP research study that we did in collaboration with VCU-RRTC. In particular, one of the research studies that we did where we were replicating a project search model that focused on individuals with autism, we included positive behavior support interventions as a core component of that model. As we carried out the research study, we found that there were certain components of that model that were really key to the success that we were observing at that research site. A major part of that were the behavior interventions that we were providing.

 On this slide right here, what did we learn or the Virginia model. This is an example of the things that when we looked back at that research site and the types of interventions that we were using that crosswalk to behavior practices that we found to be very important, and so when we went about developing our model here in Virginia and created a service item that we could create access to - for our VR counselors to purchase these services for our clients, we wanted to be sure to integrate those things that were affected. Real quickly just looking over this, some of the things that were included at that project search site that we thought were good and really served as a good template, as you can see a mix of things here, everything from doing just good proactive environmental interventions in terms of creating structure, providing visual supports, priming with folks, doing skills development training. Then, at that next level up, we also ensured that there was access to a behavior consultant onsite who could work with individuals and their support teams in that environment and go through the full process of completing a functional behavior assessment facilitating the team, developing and implementing a plan. These were the things that we really looked to as we went about developing our model here in Virginia.

 Moving to the next slide. In terms of Virginia’s model, we developed policy and guidance documents in order to establish that structure and be able to implement this service across our field program. The way we define our behavior service model was it’s a behavioral treatment and interventions provided in community settings for individuals who need comprehensive, specialized supports to address challenging behaviors. Then, our main goal here - and I think this is probably the most important point in this slide – is to improve the quality of life and the ability of the individual to function successfully in the workplace and other community settings. You can see here that with our model we’re really looking to quality of life, comprehensive planning and supports, and promoting meaningful participation, not just in the workplace, but across environments because we feel that, that continuity and consistency across environments will have a significant impact on an individual’s success in the workplace. Really, if we look long-term, it’s something that promotes sustainability when we’re able to support the individual consistently across different environments and ensure that things are being generalized.

 Moving to our next slide. Chris talked about this already a little bit and Jessica will also be covering this, but in terms of our providers for our service, we have a vendor process where a community provider can submit an application to our agency to apply to provide this service. Before working with a consumer in Virginia, we do have a financial means test. If they meet our financial means test which means that they will qualify for paid services, a VR counselor – and Jessica is going to talk to you all a little bit about this in more detail later on during the presentation – but our VR counselor can work with a vendor that’s been approved by the agency who is either an applied behavior analyst or a positive behavior support facilitator to authorize and implement these services. Then, just to piggyback on what Chris said, each state is going to be unique in terms of how your provider credentialing is managed. In Virginia, we have a training program and an endorsement board process for credentialing our positive behavior support facilitators, and then we also have our Board of Health professionals has a licensure process for our behavior analyst.

 Moving to the next slide. In terms of the services, the types of things that we have outlined in our guidance and modeled these behavior services include an array of services to include preliminary consultation with the team - that intake assessment - and we see that as an opportunity for a provider to meet with our rehab counselor and learn more about the individual that is seeking service and to determine whether or not the behavior service interventions are going to be a good fit for the individual. Sometimes, it’s not only about determining whether or not the individual needs is going to be a good fit for the intervention, but it can also be a chance for their rehab counselor and that provider to talk about what they’re looking for in terms of a provider, in terms of availability and expertise. Again, Jessica will talk a little bit more about that. We also include a functional behavioral assessment intervention as part of this service array as well as a written behavior support or intervention plan, a positive behavior support plan in other words, as well as we require that our providers are able to develop and facilitate a behavior support team and then provide training to the members of that support team as well as the individual they’ll be working with to implement the recommendations within that plan.

 Moving to the next slide. I want to talk a little bit more about the support team, and we see this as really a critical component in our model to the extent that we feel like in order to be able to implement a behavior services intervention that we need to have that support team in place. Now, it’s the provider’s role, once we have that support team in place, to be able to coordinate and facilitate that support team as they go about completing the assessment and developing the plan. Our providers tend to take the perspective here, in terms of the way we implement this model, that it’s the members of the support team that are really experts about that individual that we’re going to be supporting and that they’re input is critical in terms of developing the goals, defining the behavior, implementing the interventions, and identifying challenges or areas that might need to be tweaked as we go about implementing the plan and promoting the individual’s long-term success.

 It’s crucial to ensuring that the services are supportive across environments, and that goes back to that point about continuity. If you look at our typical support team here in Virginia, although I don’t know that we can really say there’s a typical support team, but some of the providers and support team members that we’re seeing frequently on our support teams would include family members, our community rehab providers - we call them ESO Virginia - so we typically have a job coach or another provider that works for that ESO who may be providing community-based services like functional skills training sitting on a team and/or anybody else that we identify as a valuable contributor to that support team. It tends to really be based on the environments where we’re going to be implementing the plan and the context of that goal. Again, that last point hits on the fact that we see the behavior support specialist is the key person to ensure that the teams are developed and facilitating that team process.

 In terms of what do our providers do, I talked about the service array and really that’s the checklist or the task analysis of what our providers do. Based on our model and our vendorship criteria and the services that we are looking at purchasing for our consumers through those vendors, we’re promoting a process of behavior intervention process that is both formal and scientific in approach. Both positive behavior supports and behavior analysis are well known evidence-based interventions that have been found to demonstrate a positive impact for individuals when applied with fidelity. Our focus here is on positive behavior change, and so it’s really about promoting quality of life and meaningful participation and removing obstacles whether that means understanding how to go about modifying environments to ensure the individual is able to navigate a situation because we’re providing visual supports or more predictability or more structure to addressing skills training needs and looking at ways that we can support an individual with learning new skills so that they can be effective and have meaningful participation in those target environments. We also recognize that as we’re working with folks that we might identify a list of challenging behaviors or concerns as the providers working with the support team, but we also want to emphasize the need to prioritize those things that are the most important. What are those core challenges that we feel as a team that if we direct some interventions towards that will have the most impact for the individual in terms of their ability to participate and find success in those target environments that we’re looking at?

 Continuing on with what the providers do, the providers after they have developed the team and they’ve gone through the assessment process and we use a functional behavior process, which includes a mixture of different activities - direct and indirect observation, records review, working with the team to operationalize the behavior including a number of things. This is something we’ll get into more detail in our follow-up session with you guys, but after that work is done, they would develop the plan and provide a plan to the support team as well as our rehab counselor that outlines the specific interventions and strategies that are going to be used across the various target environments that we’re looking at.

 The provider also then works with the team to train them. For example, if we’re implementing a behavior plan in the workplace and the job coach is being asked to implement some skills training strategies or some visual support strategies and this is something new to them, our behavior provider would work one-one-one with that job coach, possibly model the behavior depending on the situation in terms of the workplace. If it’s a workplace where really it’s not feasible to bring the provider in because we want to respect that business and not interfere with the business operations, it could be something that was done offsite where the training and support is provided, more of a coaching model. We’ve also had situations where we’ve developed behavior plans, and part of the plan includes some strategies that we’re going to put in place to support the individual and the home environment, and so that provider could be working with family members and teaching them how to use new tools and how to perform a specific strategy like maybe priming with somebody before they have to go out into the community and participate in something that may be identified as causing anxiety and contributing to challenging behavior.

 The other thing that we want to do is as we deliver our behavior services, we want to make sure that we’re tracking progress so that we can determine the impact of the interventions and strategies that we’re using. Our behavior providers are either collecting data themselves or, again, teaching and supporting members of the support team with data collection tools, so that we can take a look and see what kind of progress we’re making. This is also a good way, not only to measure the impact of the interventions, but it’s a good way to demonstrate progress. I think it can be a very effective motivator for the individuals that we’re supporting as well as their support team when we can show that they’ve really made strides towards a behavior change that we have identified in the individual that we’re supporting as identified as meaningful and valuable to them.

 Then, we’re able to come back and make changes to the plan as needed. The reality here is that in a perfect world, we would do our assessment, facilitate our team, identify the behaviors, identify the interventions and implement it, and everything would work great, but it really just doesn’t happen that way. Frequently, the value of that team process and a key role that our behavior providers play is to be able to bring the team back together and take a look at things that may not be working and come up with alternate strategies or address maybe a training or support need in terms of somebody on the support team who’s struggling with implementing something.

 Then, we also want to look at how do we fade, so a lot of the strategies we’re putting in place we’ll look at ways that we can support the individual with generalizing their skills and help the individual develop some self-monitoring types of tools and strategies, so that in the long run, we can increase their independence and their effectiveness and their ability to implement these new effective behaviors and strategies on their own across environments. In moving forward, you’re going to get a chance to hear from Jessica Stehle, who’s one of our rehab counselors here in the agency, who has been using these behavior services and working with our providers and supporting our consumers through this intervention package. She’s going to talk to you a little bit about the service delivery from her perspective and what she’s learned and the key considerations for our rehab counselors as they go about providing these interventions.

Jessica Stehle: Thanks, Richard. There are several factors to think about when choosing a TBS provider. The goal is to find someone who will best match the needs of the person you’re working with. Factors to consider that include the providers’ specialty, their availability, and also their experience with a team-based approach. Providers may specialize in certain disability population, so whenever possible, it’s ideal to link the individual you’re working with a provider who’s experienced with the same disability that your client has. Some providers only have experience working with a specific age group. Most commonly, you’ll find that that age group will be children or school-age youth, so again, it’s important to link the person you’re supporting with a provider who has experience working with people of a similar age as them. Behavior support specialists use strategies that may not be appropriate or effective for the adult population, so we need to always ask potential providers what age groups they’ve worked with. Since many providers that have experience working with adults can be challenging, it’s good for your area looking at ways to develop the pool of adult providers, so that you have resources for people to access when they need them.

 For vocational rehabilitation, we’re looking for providers to not only have experience with the adult population, but also who has experience developing plans of support in the employment setting. Carol Schall from VCU’s Autism Research Center captures some of the challenges that are unique to the employment setting. She does this in her article “Positive Behavior Support: Supporting Adults with Autism Spectrum Disorders.” She notes that providing TBS that work presents challenges related to many factors specifically the fact that TBS must be implemented in additional covered context of work may make it more difficult to implement. She also talks about how there’s typically a smaller number of paid support staff to implement the intervention, especially compared to the school setting in that adults in this article, she is specifically talking about adults with ASD or as Chris mentioned, behavior support services are for people with any type of challenge. Specifically, adults usually have limited access to staff behavioral expertise while the staff works. Again, typically have a lower tolerance for the time and resources it may take to implement TBS intervention with the worksite. In spite of this, positive behavior support and therapeutic behavior service, as a whole have - and they do take place on the job and this has been through interventions that are specifically designed to fit in these community-based environments. Again, though having a provider who has experience working within the confines of the employment setting and who’s dealt with the unique challenges that occur in these settings is really important.

 Another factor to consider is provider availability. Teams need to think about the intensity of supports that someone requires and if there are specific times of day or days of the week that the person needs their support. Our discussion about the individual’s needs and then the provider’s availability should happen upfront, so that individuals can be matched the first time with the provider who’s going to meet their needs. The location of their services or where to be provided is another factor. Some geographic areas may have little to no providers with experience working with adults in the important arenas. This could be a barrier. With DARS, we’ve experienced this. When this happened, we tried to look at creative ways to provide quality TBS services to individuals in need. One way we’ve done this is by partnering an inexperienced provider from another part of the state with a new provider in training. This has built capacity for the area that needs it, which is they’re good for the long-term, but it also has ensured that the individual receiving the services is getting quality support. The experienced provider has been able to guide and mentor the new provider in the behavior support services.

 Then, finally, another important consideration the providers experience with a team-based approach. At DARS, we believe that having a strong team can make the difference between a successful employment outcome and an unsuccessful one. We look for providers who have experience working in teams, that they’re comfortable in this environment, and that they are effective in helping teams to join together for the common goal.

 Next slide. Chris and Richard have both already mentioned provider credentials and training, so I’m not going to go into too much detail, but this slide shows some of these core requirements that behavior analyst and assistant behavior analyst as well as positive behavior support facilitators have. I do want to note that continuing education is required for all providers to maintain their credentials and to stay current in the field, and I think that’s a very important factor.

 Next slide. Virginia DARS Therapeutic Behavior Services primarily follows the PBS approach, so our emphasis is on person-centered practices and helping an individual identify and make comprehensive lifestyle changes that reduce the need for the problem behavior. We’re also looking at improving one’s overall quality of life. We are looking at a cooperative wraparound approach. The overall goal, again, is improve the person’s quality of life and their ability to function successfully in the workplace, but also in other community settings and at home if needed. The critical features of successful TBS services are that the lifestyle of the person with the disability is improved, the lifestyles of those who support the person with the disability have improved, and that there is an increase of replacement and adoptive behaviors like coping skills and social skills, and that these help to minimize the problematic behavior.

 Next slide. Chris and Richard have already mentioned the team approach and roles, but I’m going to take some time to expand further on the team. The team is crucial to ensuring consistent and sustainable behavior support across environments, and the individual is always at the center of the team. The team needs to not only allow but to encourage the individual to express his or her goals and dreams and also to communicate what does and does not work for him. The therapeutic behavior services provider is responsible for facilitating the support team. The TBS provider works with the team to get their input and developing and implementing the behavior support plan.

 Other team members can look different for each individual, but for those plans, the vocational rehabilitation counselor, which we abbreviate as the VR counselor, will only see part of the team. The VR counselor works closely with the TBS provider to coordinate the team and facilitate cooperation. I’m going to talk more about the VR counselor’s role in the next slide, but I did want to make sure it’s mentioned in here. The other members can also be part of the team and can be crucial components to the team. Families can provide critical information on who the individual is as a whole and can help identify effective strategies to best support their loved one in reaching their goals. Supportive families can totally make all the difference. Families that are willing and able to follow the behavior support plan at home and in the community promote consistency of expectations across environments, and this is very beneficial to the person in order to promote the positive behavior change that we’re looking for. Family members can also help a person by supporting back the team about the components of the plan that seem to be working well and areas that need to be tweaked.

 The job coach is another critical component to the team. The job coach helps implement the plan on the job and reports back to the team about what is and isn’t working. The job coach also helps with teaching the individual the placement and adaptive behavior like self-monitoring, coping skills, and social skills. To be most effective, we need the TBS facilitator and the job approach to develop a strong working relationship and to really have open communication since the TBS or whoever the therapeutic behavior service provider is, if they’re often not at the worksite, they’re going to be relying on the job coach for feedback about how the plan is going, what the challenges are, and the individual’s support needs. Other stakeholders that may be part of someone’s team could be a therapist, case manager, friends, could be co-workers. It really just all depends on who’s important in that person’s life.

 Next slide. Now, let’s talk about the roles of the VR counselor. In Virginia, the VR counselor is the one to coordinate, sponsor, and monitor therapeutic behavior services. If they’re concerned that an individual’s behavior may be a barrier to either preparing for, obtaining, or maintaining employment, then the VR counselor should speak with the individual and the team members about TBS. We start by educating the team in what TBS is. Oftentimes, the team members may not be aware of this support service. Next, we suggest consulting with the TBS provider to explore if this would be a viable service for the person. With the person’s permission, the VR counselor can then consult with the TBS provider - and sometimes it might have to be providers - in order to figure out the best match. These consultations usually take place over the phone, but they also could include a team meeting, which the TBS provider would attend. If the team feels it’s appropriate to move forward, then the VR counselor coordinates with the TBS provider to initiate services and then support. The VR counselor works closely with the provider to help identify the appropriate and necessary services, and the counselor helps the team to understand the purpose of therapeutic behavior services, the employment-focused goals, and the timeline for services. I mentioned employment-focused goals because DARS is looking at the individual in a holistic manner, the purpose of VR services is to help people achieve employment. The VR counselor helps the team remember the end goal we’re working towards in order to help shape the plan in a way that will facilitate achieving an employment outcome. Most times, if someone’s receiving therapeutic behavior support services, they’re also receiving other services through DARS, so it’s the role of the VR counselor to coordinate implementing TBS with other DARS services and to make sure that all team members understand how to grade these services together in order to promote a positive outcome for the person. It’s also the role of the VR counselor to work with the TBS provider to ensure that the team members understand their roles and responsibilities.

 I want to mention that there have been times when TBS providers have been on board with teams. After the intake, assessment has been completed, it’s been determined that either the individual doesn’t need a full-blown behavior support plan or a plan would be helpful until the individual has secured employment and maybe that’s because of a lack of family support to implement the plan at home or it could be for a variety of different reasons. In these instances, guidance and behavior guidelines have been provided to the team. When this happens, it the role of the VR counselor to work with the team to identify how to incorporate the guidance and guidelines that were provided. One way that this has been done by involving a community support services provider to work with an individual one-on-one to learn how to use apps on her iPod touch to help her cope when feeling overwhelmed. That’s one way we’ve done it. For those not familiar with community support services, this is a service that can be sponsored by DARS to help a person overcome deficits in non-vocational areas of life that may adversely affect their ability to either gain or maintain employment. Finally, it’s the role of the VR counselor to review all reports and plans that are employed by the TBS provider and to authorize and pay for any DARS sponsored and approved TBS services.

 Next slide. As a VR counselor, I witnessed a lot of benefits of therapeutic behavior services. First is decrease in behaviors that were getting in the way of a successful transition to work, so whether it was anxiety manifesting as work avoidance, aggressive behavior or aggressive language, not respecting another’s personal space or property, challenges with performing personal hygiene tasks necessary for work – the list can go on and on - but I think TBS helps people to not let these obstacles be barriers to employment. DARS has had individuals achieve successful employment outcomes merely because TBS has helped them decrease the problem behaviors that were roadblocks.

 For many individuals I’ve worked with, TBS plans have included strategies to help the person increased their ability to self-monitor and recognize the warning signs of feelings that if they were not addressed they would lead to the problem behavior. So increasing self-monitoring when it’s coupled with the teaching strategy, this can be really helpful for someone to minimize the existence of a problem behavior. For one person this is done by having an alarm go off at set intervals to prompt the individual to go through a list of emotions, so he could rate where he was at for each emotion. Then, depending on his rating, he may be prompted to take a quick break, need a coping act - get a drink of water, take a short walk - so he could return back a more optimal emotional state.

 I’ve also seen TBS help people enhance their social skills. One example of this is a person who had interventions in her TBS plan to help her learn how to greet customers and appropriately respond to their questions. For this person, role playing and video modeling were especially helpful teaching strategies. Increasing independence, this is another positive outcome I’ve observed. I know many of the individuals I’ve seen received TBS services. I’ve seen strategies put in place at home to help people independently remember and follow through with personal hygiene tasks, chores and with job search activities. In many instances, improving behavior also actually improves familial relationship, and this has especially been between parents and their children with disabilities. For one person, the iPod touch became an alarm for getting up, and a reminder for showering and putting on clean and wrinkle-free clothes, and has a reminder for doing chores. The parents, as he put it, didn’t need to nag him so much when he was using the iPod since this produced the strain in their relationship and how that might influence on the overall family dynamic.

 For all the people I’ve worked with who have received TBS, they’ve experienced some type of improved quality of life, and this came as a result of whether people that have family relationships, reduce stress on the family, getting jobs, earning their own money, becoming more engaged in activities in their community of choosing - again, there are a variety of reasons people’s quality of life improved. With Virginia DARS using TBS as their primary therapeutic behavior service the person-centered nature of the service has promoted a better understanding of the individual. For me, this has been helpful with identifying optimal strategies to increase consumer engagement and also to connect with the individuals I worked with. When we better know and understand the people we support, we’re more equipped to provide effective and individualized services. Finally, I’ve seen how TBS can reduce job coaching support needs. Often, job coaches - they really try hard to address behavior challenges and have the best intentions in doing so, but there are instances where bringing in an expert can help the team to more effectively address the challenges and to change their behavior in a positive manner. Long-term, this can reduce the extent of job coaching that’s needed.

 Next slide. Then, as an example of successes that I’ve been talking about but I want to provide you with two specific success stories to help you conceptualize how TBS can be used. My first example is of Amy. Amy came to DARS several years’ post-high school and during the time between her exiting school and coming to DARS, she was engaged in very little meaningful activity. Primarily, she was sitting at home not doing too much, and she had lost a lot of the skills that she had developed throughout her time in school. Amy was able to clearly articulate that she wanted to work, but when she participated in work assessment and would meet with the job coach, she demonstrated what we call work avoidant behavior. These behaviors included shutting down when she’s so overwhelmed, cursing, crying, and her refusing work. Through the assessment and information gathering process, it was apparent to the team that Amy was totally capable of completing work tasks, but that she had a difficult time getting and keeping a job if she continued to display these work avoidant behavior.

 A TBS facilitator from Didlake, was brought on board to help Amy and the team better understand what triggered the work avoidant behavior and to come up with strategies to help Amy start implementing positive replacement behavior. Anxiety, fear, and feeling overwhelmed and also stress at home were the major triggers for Amy. Unfortunately, she was not using any healthy coping strategy. In getting to know Amy, getting to know her home life, her interests, the team was able to develop a plan that included teaching Amy healthy coping mechanisms that she connected with, so this was through a process of trial and error. We figured out that one of the best ways to help Amy feel safe and less anxious was simply by letting her look at a picture of her dog in her iPod touch. She was very attached to her dog. That was a very easy, totally free strategy Amy could use. Amy’s job coach and TBS facilitator worked closely with her at her place of employment. The employer was very open to having both the job coach and the TBS provider onsite, and they helped Amy learn how to implement a coping strategy so that she was better able to respond to her emotions rather than react to them. By teaching Amy self-monitoring and also the coping techniques to minimize the amount of overwhelming emotions that Amy experienced, which in turn decreased the amount of time that Amy displayed the problem behaviors that I have listed, and to provide Amy to be in a better place to learn and carry out her work duties.

 Greg is another success story. Greg’s job was at risk because he struggled with the unwritten rules of work. One challenge Greg had was taking co-workers’ food from the break room. Greg would steal other people’s lunches, and if a co-worker or maybe one of the supervisors brought any treats for the group, like doughnuts in the morning, Greg would eat them all. Although Greg was excellent at his job - he was super productive - this behavior was getting in the way of his job security and was resulting in a lot of co-workers and supervisors being frustrated with him. It was no longer a positive working environment for Greg. TBS was implemented with Greg to help him retain his job and to learn how to respect other people’s property and understand that the unwritten social rules of his place of employment.

 For Greg, Kellie Tucker from the Choice Group and Justin Creech from Positive Behavior Consulting supported the team in the TBS process. In getting to know Greg, the team realized that increasing the structure in his day and writing down the unwritten rules that he could visually refer back to would be very helpful for him. The team created a positive behavior support checklist, and the checklist showed that Greg would continue his morning routine of waking up at 7:30 each day and his make breakfast. Then, Greg would arrive to work at the same time each day. He would clock in. There was a specified time for when he would clock out, and if he’d wait in the lobby, he could listen to his iPod if he wanted to just to help him avoid distraction while he was leaving and getting into problematic situation. Greg was to review his rules on the job twice a day with a specific co-worker, and he is to read the rules out loud. These rules included things like walking at the workplace versus running, keeping his hands to himself, and only eating the food he brought to work unless he was given permission from the supervisor to eat something else. Since Greg responded positively to praise and acknowledgement for doing well. His behavior support plan included Greg being recognized for following his work rules. Greg’s supervisor and a couple of specific co-workers were informed of providing this acknowledgement and encouragement to Greg, and they would do so every day that he followed what were once unwritten but now, for Greg, written work rules.

 Greg’s plan also included him receiving support at home with processing what’s an appropriate amount of food to take when food is laid out for a group of people because ideally we’d like Greg to get to the point where he can take food that’s left out for everyone and doesn’t need the supervisor’s permission. We need him to build up to that point of independence. Greg’s plan also included action steps for his struggling. If he was having difficulty with many of the needed behavior changes or struggling in some other ways and the supervisor knew that he was to contact Greg’s job coach, and then his job coach would get in touch with the behavior support facilitator. At this point, Greg was able to retain his job. He started feeling better about himself because he was doing well and receiving praise and was no longer in an environment where there was criticism and constant warnings that he would be let go.

 Next slide. Finally, I want to show you some of what I’ve learned as a VR counselor who has supported and monitored therapeutic behavior services for individuals. I’ve had many people benefit from TBS. I’ve also learned that TBS isn’t a silver bullet, so I think it’s important for VR counselors and professionals to understand the challenges often associated with TBS because by acknowledging the challenges we can then look for solutions. Also, by being aware of some of the challenges upfront, teams can better prepare for how to overcome these challenges and how to structure the services and support team that will optimize successful outcomes.

 The first challenge I want to talk about is how TBS can be very time intensive. This, in it of itself, isn’t a challenge. When you’re a VR counselor, and you are working with 150 or 200 - sometimes more - clients, the extensive collaboration that’s needed for assessing TBS, it can be really tough to fit into your schedule. Being proactive with planning for team meetings is one way to minimize this challenge. I was thinking that they will initially plan for monthly meetings, and they set these up very far in advance. This ends up being really helpful to the team. When the monthly meetings are planned out making sure that the counselor and other team members have carved up time in their schedule to get together as a group. It allows for the team to stay connected. Also, this monthly meeting - the team can be very proactive when issues arise. The challenges can be addressed before they spiral out and become major events that could only turn into needing more time and money to resolve the issue.

 Another challenge is the need for support across environments. I’ve worked with multiple people where they didn’t have the support of their families to implement interventions at home or in the community, so the worksite, where the job coach was, became the only environment where the plan could be implemented. This meant that we could do very little to help preparing individuals for employment in terms of trying to elicit some positive behavior changes. We had to instead wait until the person started working so then put the plan in place and tweak it as needed. This can be done. It’s been done, and I had people be successful, but it’s just more ideal when we can have support implemented across environments.

 As I mentioned before, TBS isn’t a silver bullet, so it has its limitations. For example, TBS can’t resolve family systems challenges. If the problematic behaviors are in part the result of family systems issue, then a skilled family therapist needs to be involved. We can’t rely on a TBS plan to change ingrained family issues. Another challenge is the need for more qualified providers, and specifically for qualified providers to have experience working with adults. I’ve mentioned this before. Most TBS providers they have experience working with children, either in the home or school setting, and as I said before, a job can look very different than someone going to class or behavior challenges that may arise at home. In Virginia, we’re working to increase the number of skilled providers who have experience working with adults. What we’ve done in the past is sponsor TBS training for job coaches who share the interest and ability to provide this service.

 Hesitancy among VR professionals to explore TBS for a person is also a challenge that I’ve observed. TBS is still a relatively new service for the general VR population, so there needs to be increased education to counselors and also to job coaches about this service and when is the right time to explore that with our consumer. At DARS, we have four autism subject matter experts that work across the state, and part of their role is to educate counselors and job coaches about TBS. As Chris had mentioned, TBS is not just for people with autism spectrum disorder, but we need to make sure that people working in this, people of different types of population and disability groups are aware of how therapeutic behavior services can benefit their clients.

 Finally, as a VR counselor I’ve learned not to wait for a crisis to initiate TBS. Waiting ends up negatively impacting the individual. Usually, when a crisis happens, it’s really emotionally hard for the person and it takes a toll on their self-esteem, so being proactive with consulting with a provider can help reduce the amount of hardship that someone has to endure. There really isn’t a downside to being proactive. If a full behavior support plan isn’t needed - in consulting with a provider, you just figured that out – just see if the team can serve as guidance and behavioral guidelines from the provider, which can be helpful, and then if later on down the line, a comprehensive plan is needed, there’s already someone who knows the person’s background and could get started right away with setting up a plan that is going to be effective. It’s a win-win to consult early and explore as it’s needed.

 Thank you very much for your time and for allowing to share my experiences with TBS from the VR counselor’s perspective.

Ann W. Outlaw: Thanks, Jess. Thanks to Richard and Chris as well. That concludes our discussion today. We hope that our listeners have found this webcast to be informative. I’d like to remind you that today’s event is one of a series of webcasts on knowledge translation from VR research to service delivery. Also, we intend that these webcasts will foster the creation of a community of practice where this dialogue among researchers, educators, practitioners, policy makers, and other stakeholders can continue to inform and serve those dedicated to VR and its goals. To stimulate more discussion, we invite listeners to contact us to provide your input on today’s webcast, to share your thoughts on future webcast topics, and also to participate in the community of practice to continue this dialogue. We’d like to hear from you because your views can inform and shape our future work. You can contact us at the e-mail address shown on the screen, which is ktdrr@air.org

 We’d also appreciate your input about the webcast by completing a brief online evaluation form. The [link is right here](http://www.surveygizmo.com/s3/2346720/EvaluationComprehensiveBehavior) on the PowerPoint screen. Everyone who registers will also get an e-mail with the link to the evaluation form.

 Also, we have developed a follow-up webcast on comprehensive behavior supports for VR clients which will take a closer look at the application of behavior support services such as functional behavior assessment, team facilitation, plan development, and implementation. You may find [more information about this upcoming webcas](http://ktdrr.org/training/webcasts/webcast29-30/30/index.html)t on our website at [ktdrr.org](http://ktdrr.org/training/webcasts/webcast29-30/index.html).

 Once again, I would like to thank Cindy Cai, Emma Hinkens, and Joann Starks and our colleagues at AIR and SEDL for their support. We also appreciate the support from NIDILRR to carry out this webcast and other activities. On that final note, I would like to conclude the webcast, and we look forward to your participation in our next event. Thank you.