[**Behavior Assessment and Intervention for VR Clients: A Closer Look**](http://ktdrr.org/training/webcasts/webcast29-30/30/index.html)

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**Slide template**: Bar at top with SEDL logo on the left (letters SEDL) An Affiliate of the American Institutes for Research. On the right, Center on Knowledge Translation for Disability and Rehabilitation Research.

**Slide 1 (Title):**

Behavior Assessment and Intervention for VR Clients: A Closer Look

A webcast of the Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR).

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**Slide 2: Agenda**

* Overview of Activity
* Presenters
* Discussion
* Wrap up

**Slide 3: Overview**

* How can functional behavior assessment address the barriers to employment for individuals with disabilities?
* How is functional behavior assessment and intervention used in the VR context?
* What are some of the strategies to implement functional behavior assessment and intervention to support VR clients?
* How can VR agencies support functional behavior assessment and intervention to increase employment of individuals with disabilities?

**Slide 4: Presenters**

* Christine Hoffner Barthold, PhD, BCBA-D, LBA is an Assistant Professor of Special Education at the Graduate School of Education, George Mason University
* Jessica Stehle, MA, CRC, is Virginia’s Department for Aging and Rehabilitative Services (DARS) ID/DD Employment Resource Consultant.
* Justin Creech, PBSF, is an endorsement board member, teacher, and mentor to prospective students at Positive Behavior Consulting, LLC.
* Richard Kriner, MS, CRC, LPC, PBSF, CWIP is the Autism Research Coordinator at VA Dept. for Aging and Rehabilitative Services

**Slide 5: Barriers to Employment for Individuals with Disabilities**

* Employment rate far below national average (Siperstein, et al., 2013)
* Individuals are often under-employed (Taylor & Seltzer, 2011; Wilczynski, Trammel, & Clarke, 2013)
* Problem behavior often cited as an indicator of low employment outcomes (Barthold, et al., in preparation)

**Slide 6: The Challenge of Person-Centered Planning**

 Displays a graphic with oval text bubbles surrounding a central text bubble with the word *person* written inside. The text bubbles surrounding the central text bubble read (clockwise from the top), What is the story (history); What are the dreams?; What are the nightmares and fears?; Who is the person?; What is the person good at?; What is the plan of Action?; What is the story (history)

**Slide 7: Solutions and Challenges**

* We know that individuals with disabilities can learn with the right supports
* We know that Functional Behavior Assessment (FBA) works with children and those in more restrictive environments
* HOW DO WE GET IT IN THE COMMUNITY?

**Slide 8:**

Graphic shows a central circle with five text bubbles surrounding it.

Text header within the central circle states, What controls a behavior? Beneath it are the words consequence, antecedent, and response; The three words are organized in a triangular formation, with arrows that separate them and point in a clockwise direction.

Surrounding the central circle, the five text bubbles are separated by arrows pointing in a clockwise direction. The text in the bubbles (clockwise from the top) read: Review of records and prior history Operational Definition/Problem Identification; Indirect Assessment (problem behavior, communication deficits; motivating operations); Direct Observation (descriptive analysis and functional analysis); Hypothesis and Development Testing

**Slide 9: Goal Setting Process**

Chart with 6 rows, 6 columns.

Row 1 Headings: Domain Values; Behaviors; What’s in the Way Goals; Priorities

Row 2 Family; Happy/Caring/Leadership; Helping with chores and cleaning the table; Talking back to parents; doing tasks when told

Row 3 Friends/social; Caring/Fun/Leadership/Going places with friends; school; scheduling and time management.

Row 4 Employ: Getting a job/Making Money/Learning New Things; Doing what you are told; Not Listening; Asking for Help

Row 5: Education; Making Money/Leadership/Fun; Doing things the right way; Not paying attention; Doing tasks when told/asking for help

Row 6: Sports/Music/Fun; Playing on a team; Being a sore loser; Not losing temper

**Slide 10: Future Recommendations**

* Parents and caregivers
	+ Start TODAY – yes, it does matter
	+ Keep expectations high
* Professionals
	+ Eyes on the prize
* Researchers
	+ How can we do more translational research?
	+ Access to the literature for practitioners

**Slide 11: Applying Behavior Assessment and Intervention to Vocational Rehabilitation**

**Slide 12: Who Might Benefit from Behavior Assessment and Intervention**

* Individuals who have:
	+ Complex needs;
	+ Had difficulty obtaining and/or maintaining employment;
	+ Demonstrated behaviors that will likely lead to challenges with obtaining and/or maintaining employment; and
	+ Been placed or are at risk of being placed in more restrictive settings because of their behavior
* Not limited to a specific disability group

**Slide 13: Components that Promote Positive Outcomes**

Chart with 5 rows, 4 columns.

* Individual is medically stable
	+ Not at risk to harm self or others
* Unified team
	+ Willing to collaborate and problem solve
* Team members willing to support individual across settings
	+ Worksite
	+ Home
	+ Community

Slide 14: The Role of the VR Counselor

* Identify need for behavior supports
* Coordinate behavior supports
* Work with behavior supports provider to promote team collaboration
* Monitor behavior supports
* Sponsor behavior supports for all who meet financial needs criteria

**Slide 15: Coordinating and Monitoring Behavior Support Services**

* Start with consultation and/or intake
	+ Determine appropriateness/feasibility
	+ Determine provider match
* Authorize up to 30 hours for FBA and Behavior Support Plan
* Authorize on-going services based on approved plan
* Ensure all products and services meet requirements outlined by Department for Aging and Rehabilitative Services (DARS)

**Slide 16: PBS Case Example**

* Jamie
	+ 24 y.o. male living at home with both parents
	+ Diagnosis: Autism Spectrum Disorder (ASD)
	+ Reason for referral: Lost previous job placements due to challenging behaviors
		- Aggression
		- Socially inappropriate behavior
		- Threatening behavior

Image in lower right hand corner of man holding a “job wanted” sign

**Slide 17: Who was on Jamie’s Team**

* Jamie
* VR Counselor
* Mom
* Job coach
* Day program supervisor
* DD case manager
* Positive Behavior Support Facilitator (PBSF)

Image on right shows animation of individuals huddling in a circle together

**Slide 18: What did the Functional Behavior Assessment process look like?**

* Interviews with team members to gather information Functional Assessment Interview (FAI) form across settings
* Observation at day support
* Record review
* Availability of long-term supports to address changes

Image on the right shows two cartoon people sitting in chairs and talking

**Slide 19: Target Behaviors**

* Physical Aggression
* Corrective Comments

Image shows the wrongs WRONG and RIGHT. Wrong is crossed out and a red arrow is being drawn toward the word RIGHT.

**Slide 20: Hypothesis Statement**

* Hypothesis statements tell us why we think someone may be engaging in these behaviors. This is based on the functional behavior assessment.
	+ In the past, if a peer engages in a behavior that is aversive to Jamie then Jamie may become physically aggressive towards the peer to escape the aversive behavior.

Image shows a cartoon of one person hitting another

**Slide 21 Hypothesis Statement**

* In the past, if someone engages in a behavior that Jamie perceives as breaking the rules or is harmful to that person or others then Jamie may give corrective comments to tell the person what they are doing wrong.

Image is a close-up shot of a person smoking

**Slide 22: Prevention strategies for Jamie**

* Identified triggers and what does not work
* Well structured environment
* One person telling him what to do
* Show him what to do 1 time then let him do it
* Allow time to finish task that he started

Image of two cartoon men looking at a board that one is writing on.

**Slide 23: Prevention strategies for Jamie**

* Limit distractions
* Clear expectations
* Positive rapport between supervisor and Jamie
* Utilize strengths of sorting and/or cleaning

Image of a bucket of cleaning supplies

**Slide 24: Prevention strategies for Jamie**

* Preparation for changes in schedule (5 minute warning and explain reason for change)
* Task analysis (pictures, Ipod)
	+ Schedule
	+ Duties

Image of two iPhone screens at the bottom.

**Slide 25: Teaching strategies for Jamie**

5 – point scale (Self-regulation)

* + Teach team members
* Stop and Think Card
	+ Used to support Jamie with when it is appropriate to provide corrective comments or move on with task w/o commenting

Image of an assessment scale, The Incredible 5-point scale. Shows 5 facial expressions on a scale of upset to happy.

**Slide 26:**

Image of a 5-point scale for self-regulation.

Row 1: Rating, Looks Like, Feels Like, I can Try to

Row 2: Cartoon image of an angry face labeled 5; I put a hand signal up requesting to leave me alone, getting very loud, yelling screaming; I am not in control, I need space and would like for others to back off; Remove self from situation, Call job coach if daytime hours

Row 2: 4, I have a level 4 voice, frustrated, loud, and rude; I am more stressed out, embarrassed, not really in control; Try all strategies from 2 and 4; call job coach if daytime hours

Row 3: Make random statements, repeating lines from movies, loud laughter that may not be appropriate to situation; I am not calm, it is hard for me to focus, I am sometimes frustrated; Listen to music if at day support; use lanyard, ask for a break, call job coach if daytime hours

Row 2: My voice may chance; voice volume is louder difficulty focusing, correcting others increases, Tiny bit frustrated but can remain calm; 1. Deep breaths, 2. Refocus on work, 3. Use lanyard, 4. Ask for break, 5. Call job coach if going to 3 during daytime hours. Stay this way.

**Slide 27: Reactive strategies for Jamie**

* Praise for specific desirable behaviors
	+ Accepting correction
	+ Finishing tasks
	+ Social skills
* Utilize 5 point scale

Image of two cartoon figures talking

**Slide 28: Reactive strategies for Jamie**

* Monitoring Report
	+ *Score:*
	+ *3 = Excellent*
	+ *2 = Good Job*
	+ *1 = Needs Improvement*
	+ *0 = Not Acceptable*
* Use stop and think card for corrective comments

Image on the right is a cartoon of stacks of papers including a report and graphs.

**Slide 29: Outcomes**

* Employment!
* Moved into own apartment w/ supports
* Actively using 5 point scale (independently)
* Monitoring report outcomes (Staff/Coach scores)
* No aggressive incidents

Image in lower right corner is of a person writing unemployed on a chalk board and crossing off “un.”

**Slide 30: Job Coach Report**

Line graph titled Job Coach Avg. Score Sept-Oct 2014

Y axis – average score

X axis – staff average score:

Row 1: September – 14: On Task: 2.5; Respect Others: 2.75; Accept Feedback: 2.25; Positive Attitude: 2.88; Work Pace: 2.5

Row 2: October – 14: On Task: 2.7; Respect Others: 2.31; Accept Feedback: 2.29; Positive Attitude: 2.86; Work Pace: 2.71

**Slide 31: Demographic Statistics**

Line graph titled Avg. Score of Work Behaviors and Social Skills Based on Day Support Staff Report 8/19/14-10/6/14

Y axis – average score

X axis – staff average score: On Task: 2.71; Respect Others: 2.14; Accept Feedback: 2.57; Positive Attitude: 2.90; Work Pace: 2.80

**Slide 32: Behavior Service Development Considerations For Vocational Rehabilitation**

**Slide 33: The Big Picture**

Image of three rectangular text boxes with the phrases, Recruitment and Retention, Policy and Practice, and Provider Development inside each box. Each text box has an arrow that points from it to a circle that contains the phrase Capacity Development.

**Slide 34: Provider Development Considerations**

* Knowledge and skills competencies
	+ Education and credentials
	+ Work experience
	+ Specializations (ex. Autism, Brain Injury, Substance Abuse)
	+ Coaching and mentoring
	+ Continuing education

**Slide 35: Other Training and Education Considerations**

* Educate staff and Certified Rehab Providers to increase
	+ Awareness and buy-in
	+ Effective practice
	+ Consistent application

**Slide 36: Recruitment and Retention**

* Engage and educate existing Behavior Service Providers
* Develop partnerships opportunities
	+ Trainings and meetings
	+ Communities of Practice
	+ Collaborate on funding opportunities

**Slide 37: Policy and Practice Considerations**

* + Engage experts, partner agencies, and stakeholders when developing
		- Vendor requirements
		- Definitions and practices
		- Guidance and tools
	+ Get the rates right- this is critical to recruitment and retention

**Slide 38: A Case Example- Provider Development Strategy**

* Sponsored Job coach Training and Endorsement
* Coordinate field work activities to match trainees with VR clients
* Utilized web based Community of Practice for enhanced knowledge exchange / on-going support
* Pilots to test and refine Behavior Services

**Slide 39: A Case Example – Training and Education**

* Targeting VR Counselors, field staff, current and potential providers (vendors) of services
* Information and guidance on process and procedures
* Best practices for when and how to use services
* Networking/teambuilding for counselors, field staff, and providers

**Slide 40: Ongoing Training**

* Multiple training modalities and resources that include:
	+ Webinars for VR counselors, field staff, and potential vendors
	+ On-site training/video teleconferences as needed
	+ Web-based on-demand archived webinar/video and written resources, including vendor lists
	+ Case consultation available

**Slide 41: Practice Guidelines**

**Slide 42: How can practice guidelines help VR practitioners provide behavior support to clients?**

* + Clarify expectations for services
	+ Highlight the need for a flexible and individualized approach to services
	+ Help VR practitioners identify quality providers

**Slide 43: What type of information should the practice guidelines include?**

* + How to identify a qualified professional (training/credentials and experience)
	+ Virginia examples:
	+ Behavior Analysts are licensed by the Virginia Department of Health Professions (VDHP)
	+ PBSF providers

**Slide 44: What type of information should the practice guidelines include? (Continued)**

* + When to refer an individual for services
	+ Quality indicators for a plan
	+ Quality indicators for interventions
	+ Definition of the support team and who comprises the team

**Slide 45: What type of information should the practice guidelines include? (Continued)**

* + Explanation of importance of continuing education and where to access opportunities for continuing education
	+ Statewide considerations
	+ Agency Specific considerations

**Slide 46: Who should be involved in developing the practice guidelines?**

* + Team approach
	+ Input from qualified providers:
	+ VR professionals who have experience coordinating and supporting the implementation of behavior support services
	+ Educators/trainers who are knowledgeable of best practices and continuing education opportunities

**Slide 47: For more information**

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**Slide 49: Wrapping Up**

Thank you for participating! We invite you to:

* Provide your input on today’s webcast
* Share your thoughts on future webcasts topics
* Participate in the Community of Practice to continue the dialogue
* PLEASE CONTACT US: **ktdrr@air.org**

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**Slide 50: Disclaimer**

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