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# Seamless Supports: Positive Behavioral Supports and Individual Support Plans Working Together

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# Objectives:

- ❑ Present an overview of Oregon's ISP process;
  - ❑ Examine implications for effective behavior support;
  - ❑ Share an example of a person-centered Behavior Support Plan.
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# The Need for a New ISP System

- ❑ Concerns that the ISP system rarely took into account what was most important to the person.
  - ❑ The system did not do a good job of addressing the needs of people with significant health and safety issues.
  - ❑ The system often involved completely separate plans for home and work.
  - ❑ The system did not help people experience the kind of lives that they really wanted.
  - ❑ The system created too much paperwork.
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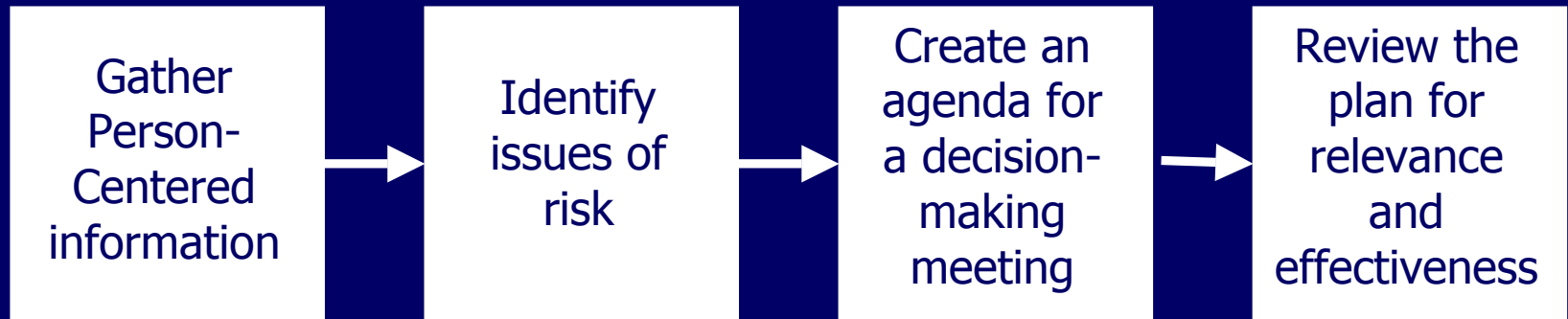
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## The New ISP Process:

- ❑ Creates one, comprehensive plan,
  - ❑ Is firmly grounded in person centered thinking and planning,
  - ❑ Focuses on valued personal outcomes,
  - ❑ Considers issues of risk,
  - ❑ Action plans and supports minimize health and safety risks while also enhancing the person's quality of life.
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# The Four Step ISP Process:



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# Person Centered Approach:

We gather person centered information:

- What is important **to** the person;
  - What is important **for** the person;
  - What things are **working** well for the person and need to **continue**;
  - What things are **not working** well and may need to **change**.
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## Identify and Assess Issues of Risk:

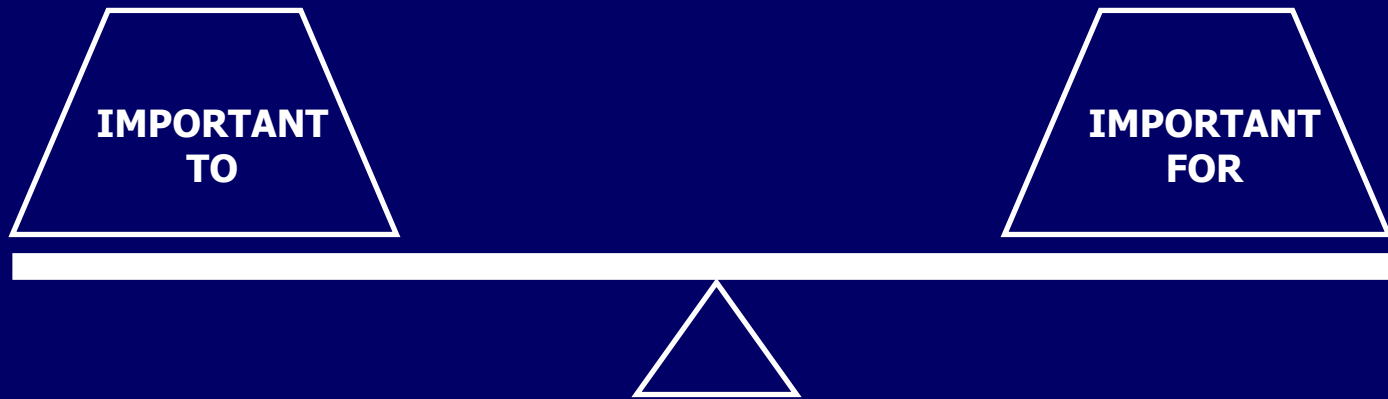
The ISP team considers:

- ❑ Serious and significant health, safety, financial, and behavioral risks;
  - ❑ Supports that are necessary to keep the person healthy and safe.
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# The Balancing Act



Does any part of the support provided around the risks interfere with what's most important to this person?

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# Implications for Behavior Support

The challenge for the behavior specialist is to develop a behavior support plan (BSP) that honors what is important to the person while still providing supports that will keep the person healthy and safe.

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# Meeting The Challenge

To meet this challenge, Oregon has developed the Oregon Intervention System (OIS<sup>©</sup>), which embraces the principles of Positive Behavior Support

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# The Oregon Intervention System

- The OIS<sup>©</sup> is a curriculum that incorporates promising practice and current research in positive behavior support, person-centered thinking, and aspects of self-determination.
  - The OIS<sup>©</sup> is also a curriculum that integrates sound behavioral practices and safe intervention techniques to assist caregivers in supporting individuals who may engage in challenging behavior.
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# The OIS<sup>©</sup> Philosophy

OIS<sup>©</sup> is based on the following values and philosophy:

- Some people need significant supports;
  - Support is best provided in a person-centered context with an emphasis on self-determination;
  - Supports must maintain the person's dignity;
  - Behavior change is best achieved through "life arrangement."
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# Positive Behavior Support Defined

PBS includes the integration of:

- Valued personal outcomes;
- Principles of behavioral and biomedical sciences;
- Research-validated procedures; and
- Systems change

...to enhance the quality of life and minimize challenging behavior.

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# Positive Behavior Support Applied

- ❑ PBS is grounded in person-centered thinking.
  - ❑ PBS promotes “getting a life”.
  - ❑ PBS involves the design and implementation of effective environments.
  - ❑ PBS is proactive and focuses on prevention.
  - ❑ PBS seeks to minimize conditions that set up and/or reinforce challenging behavior.
  - ❑ PBS teaches and reinforces new and healthier behavior.
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# Person-Centered Planning as the Foundation for Behavior Support

“Getting a life” is the first step:

- Risley (1996) suggests to start with life arrangement and life coaching strategies, the focus on quality of life, and a broader life as well as personal development.
  - Where do I live? Who cares about me? What do I do for fun? For work? Am I happy?
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## The Key to Linking PCP with PBS

Edward Carr (1990) suggests that as a person's happiness **increases** the person's challenging behaviors **decrease**.

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# Designing An Effective Environment

- The environment is developed based on the information in the person-centered plan.
  - It includes the design of the physical environment, issues of structure and predictability, social opportunities and activities, attention to relationships, and opportunities to make real choices.
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# Effective Environments Promote Healthy Behavior

By rendering challenging behavior:

- Irrelevant

  - Access to preferred activities is increased

  - Aversive activities are minimized or eliminated

- Inefficient

  - New, healthy alternatives are available, taught, and honored

- Ineffective

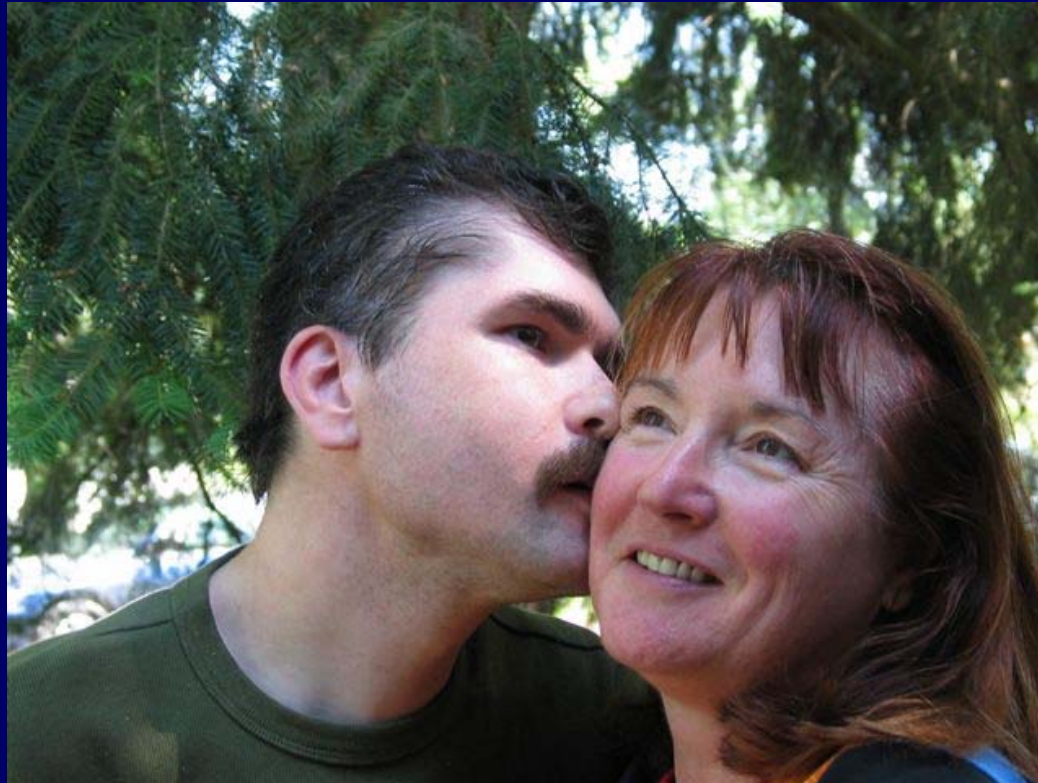
  - Healthy behaviors are rewarded, problem behaviors are not.

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# Dean's Behavior Support Plan





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## The Background Information section

- This section is perhaps the most important section of the BSP.
  - This section tells us **who Dean is**.
  - This section relies heavily on the ISP for information.
  - This section also integrates information from medical documents and the functional assessment process.
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# Information from the PCP

## What Dean likes:

- Touching on his terms, hugs or “loves”, slow transitions, personal space, quiet time, environment to have a warm temperature, his mother, to be an observer, routine, knowing things in advance, attention, talking with people, being near people, hydro tubs, pictures, post cards, magazines of sports, photos of familiar people, going for drives, fast food (McDonalds, chinese, pizza, mexican), TV (comedy and game shows-“Jeopardy” and “The Price Is Right”), movies (Star Trek), action figures, music (Elvis, rock & roll, classical).
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# Information from the PCP

## What works for Dean:

- Having a comfortable chair of his own, having his own room to watch movies, familiar staff, Dean asking for “loves”, Dean going for drives for fast food during the day, a visual communication system, support persons who can help him when needed, seeing his mom and stepfather on weekends.
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# Information from the PCP

## What Dean doesn't like:

- Changes, crowds, bossing, lack of follow through, rough roads, loud spaces, housemates teasing, soft touch, cold temperature, physical exercise.
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# Medical Considerations

- Dean has L-rods to support his spine
  - Dean has difficulty with mobility and gait
  - Dean has swallowing difficulties
  - Dean experiences swelling in his feet and lower legs at times
  - Dean suffered a stroke in 1999 that decreased his strength and balance
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# Other Important Information

## Communication:

- ❑ Dean has autism
  - ❑ Dean uses very few words
  - ❑ Dean initiates interactions with gestures
  - ❑ Dean expresses his emotions with behavior and facial expressions
  - ❑ Dean prefers information be communicated to him with pictures rather than verbally
  - ❑ Dean prefers to interact with one person at a time
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## The Behaviors We Are Concerned With section

Dean's ISP team determined that these behaviors posed a risk to his health and safety and needed to be addressed:

- ❑ Slapping the side of his face.
  - ❑ Biting himself on his hand.
  - ❑ Butting his head against objects (table, wall).
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## The Function of the Behaviors section

- This section details the setting events and triggers that precede a challenging behavior.
  - This section describes how support persons typically respond to Dean.
  - This section also hypothesizes what Dean is getting or avoiding as a result of the behavior.
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## The Goals section

The goals are a statement of what we will do to balance what is important **to** Dean and what is important **for** Dean:

1. Support persons will understand Dean's needs and will provide those things consistently.
  2. Dean continues to use positive communication.
  3. Dean is able to participate in activities at the day program and out in the community that he enjoys and that enhance his life.
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# Proactive Strategies

These Interventions are used when Dean is demonstrating positive behavior. We want to support Dean and reinforce the positive behavior. These interventions are also used to teach and reinforce new, more adaptive behaviors.

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# The Proactive Environment

Using the information gathered in the ISP, we engineer supports that are important to Dean to have in his environment:

- Opportunities to make choices
  - Independence regarding meals
  - A chance to follow regular routines
  - A clear visual schedule
  - Star Trek, Jeopardy, and The Price Is Right videos
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# The Proactive Environment

- ❑ Pictures-magazines, books, photos
  - ❑ Secluded area with a comfortable chair
  - ❑ Avoid strong lighting and loud noises
  - ❑ Adequate personal space--avoid crowding
  - ❑ Warm building temperature
  - ❑ Activities for bus rides—magazines, books, photos
  - ❑ Familiar support persons check in with Dean regularly
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# Enhancing Skills: Communication

- Communication Board
  - Choice Board
  - Out and About Book
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# Reactive Strategies

These interventions are used following an identified or unidentified incident that is provoking or distressing to Dean. These interventions seek to de-escalate the behavior using limit setting techniques and by encouraging Dean to use adaptive behaviors that he is already familiar with.

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# Identify and Address Triggers

- Environmental triggers:  
Temperature, noise, activity
  - Physical triggers:  
Pain or discomfort
  - Structure/predictability triggers:  
Not enough information, unclear  
information, changes, unpreferred  
activities
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# Crisis Strategies

These strategies are used when other, less-intrusive interventions have been attempted but fail to de-escalate the situation. These procedures are to be employed when Dean's behavior poses an immediate and significant threat to the safety of himself or others or of significant property damage.

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# Crisis Defined

- An individual is “in crisis” when he or she has lost the ability to keep her or himself safe.
  - Consequently, trained support staff must intervene to provide that safety until the individual regains the ability to act in a safe manner.
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# Recovery Strategies

These interventions are used following a situation where Dean has become escalated or has lost self-control. These procedures are intended to help Dean continue to de-escalate following a crisis and to help Dean eventually resume a comfortable level of functioning.

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# We Need *More* Support

- Generally, we all need more support following a stressful event rather than less support.
  - Pay attention to other potential triggers
  - Maintain adequate supervision
  - When possible, re-introduce preferred activities
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# Documentation & Data Tracking

- We need to track proactive interventions:
  - Follows Communication Board and Out & About Book
  - Uses Choice Board to communicate
  - Requests physical intervention
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# Documentation & Data Tracking

- We also need to track behaviors of concern:
    - Slapping self
    - Biting self
    - Banging head
    - Unusual incidents
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# Outcomes

Thus far, we have seen the following positive outcomes:

- Increased staff competence
  - Increased staff responsibility
  - Increased intentional communication from Dean
  - Decreased self-injurious behavior from Dean
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# QUESTIONS?

