POSITIVE BEHAVIOR' SUPPORTS *for* ADULTS *with* DISABILITIES *in* EMPLOYMENT, COMMUNITY, *and* RESIDENTIAL SETTINGS

2ND EDITION

Practical Strategies That Work

Keith Storey, Ph.D.   **Michal Post, M.A.**

POSITIVE BEHAVIOR SUPPORTS FOR ADULTS WITH DISABILITIES IN EMPLOYMENT, COMMUNITY, AND RESIDENTIAL SETTINGS

Second Edition

POSITIVE BEHAVIOR SUPPORTS FOR ADULTS WITH DISABILITIES IN EMPLOYMENT, COMMUNITY, AND RESIDENTIAL SETTINGS
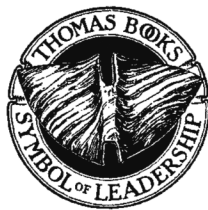
Practical Strategies That Work

By

KEITH STOREY, PH.D., BCBA-D

Juvo Autism and Behavioral Health Services, Oakland, CA

and

MICHAL POST, M.A.

San Francisco State University, CA

With THOMAS BOOKS c*areful attention is given to all details of manufacturing
and design. It is the Publisher's desire to present books that are satisfactory as to their
physical qualities and artistic possibilities and appropriate for their particular use.*
THOMAS BOOKS *will be true to those laws of quality that assure a good name
and good will.*

Printed in the United States of America
MM-C-1

To Joyce Forte. Trusted mentor, role model, colleague, and friend over many years. Of all the people that I have met in the education field that there is no one that I respect or admire more than Joyce. She is probably the best K–12 teacher that I have ever seen (and I have seen a lot of outstanding teachers). Many thanks!

K.S.

To my students who have taught me and given me precious insight throughout my career, Keith Storey who never gives up in his dedication to educate and publish this knowledge for future generations, Terrence, my son, for his love and ongoing support, and in memory of my father from whom, through his unwavering kindness, I have experienced "true goodness."

M.P.

PREFACE

Scope

The scope of this book is to provide an overview of positive behavior supports for adults with disabilities in a written format that is directed to support providers who can immediately put the information to use. We have tried to write in a nontechnical format and include real-life examples for using positive behavior supports in employment, community, and residential settings. It is generic across disability labels and should be of interest to those working with adults with disabilities in any capacity. In the chapters, we have deliberately included "older" references that we see as being both important and relevant today, as well as to provide an understanding of how this field of study has built upon "classic research" for establishing the basis of positive behavior supports. In some cases, where there are not examples from the literature including adults with disabilities, we have included empirical studies and discussion article references illustrating positive behavior supports in school settings.

Plan

In this book each chapter follows the sequence of:

- Key Point Questions
- Window to the World Case Studies
- Best Practice Recommendations
- Discussion Questions
- Employment, Community, and Residential Based Activity Suggestions
- References Cited in Chapter
- Empirical Research Supporting that the Interventions Presented in Chapter are Evidence Based Practices (this is not included in Chapters 1 and 2 as these chapters are not focused on interventions)
- General References Regarding Topics in Chapter

Purpose

This book is intended to give support providers the knowledge and skills for providing positive behavior supports in employment, community, and residential settings and thereby improve the quality of life for the individuals that they support. The rubber meets the road, not only in how to support adults with disabilities, but also in how to implement positive behavior supports so that positive quality of life outcomes occur. This book responds to a critical need for highly qualified personnel who will become exemplary professionals in positive behavior supports for adults with disabilities because of their knowledge and skills in supporting adults with varying disabilities in employment, community, and residential settings.

An advantage of this book is that universities, agencies and organizations preparing support providers can easily use it in courses or trainings that address positive behavior supports, as it covers methodology that is seldom covered in detail in most texts. Those who are already support providers will find the information to be practical and easily implemented in applied settings. We see three main groups who would primarily be interested in using this book:

1. College instructors teaching courses in Applied Behavior Analysis, Transition and Employment, Rehabilitation, Career Counseling, Special Education, Social Services, Mental Health, or other related areas.

College instructors are likely to choose our book based upon:
   a. The consistent format throughout the book.
   b. The "practicality" and "readability" of the book for college students.
   c. The comprehensive analysis and coverage of developing positive behavior supports and services for adults with disabilities.
   d. The direct applicability of the information to applied settings.
2. Individuals working in the disability field.
3. Individuals studying to work in the disability field.

CONTENTS

POSITIVE BEHAVIOR SUPPORTS FOR ADULTS WITH DISABILITIES IN EMPLOYMENT, COMMUNITY, AND RESIDENTIAL SETTINGS

Chapter 1

OVERVIEW OF POSITIVE
BEHAVIOR SUPPORTS

Key Point Questions

1. What is Applied Behavior Analysis?
2. What are Positive Behavior Supports?
3. How are Positive Behavior Supports different than other approaches?
4. Why are Positive Behavior Supports important?
5. What are Barriers to the Implementation of Applied Behavior Analysis and Positive Behavior Supports?
6. How do Applied Behavior Analysis and Positive Behavior Supports relate to the learning of Adults with Disabilities?
7. How are Applied Behavior Analysis and Functional Skills related?
8. What are evidence-based practices?

WINDOW TO THE WORLD CASE STUDY ONE

Mabel is 24 years old, has a diagnosis of Autism Spectrum Disorders, and works at an upscale clothing store. Mabel is very knowledgeable about women's clothing fashions and enjoys working at the store. She is looked upon as a very good and conscientious worker. Not only can she answer very detailed questions from customers but she is very meticulous about making sure that the clothes are displayed correctly and she returns items quickly to the racks.

Recently however, Mabel has started developing some behavior problems that are of increasing concern. When the store gets busy and

the items to be restocked start piling up Mabel has been getting agitated. She will start muttering obscenities about the customers under her breath and if a customer interrupts her to ask a question when she is returning items to the rack, she will increasingly "snap" at the customer.

The supervisor, Ms. Hui, has called in Martha, Mabel's job coach, and told her in no uncertain terms that though Mabel has been a valued employee this behavior cannot continue and that if it occurs again, Mabel will be terminated. Martha is in a panic. She understands job analysis and job supports but she has no background in positive behavior supports. Martha contacts her supervisor at the supported employment agency, Mr. Rhodes, but he, too, has no background in positive behavior supports and also does not know what to do. It appears that Mabel's job is about to come to an unfortunate end.

WINDOW OF THE WORLD CASE STUDY TWO

Herbert is a 40-year-old adult who is labeled as having a severe intellectual disability and he also has mild Cerebral Palsy which makes his walking a bit unsteady. After living in a state institution and then in group homes for individuals with intellectual disabilities, Herbert's two siblings realized that he was unhappy and getting depressed living in a group home with five other adults with intellectual disabilities and having to share a bedroom.

A new agency, Innovative Behavior Interventions, has just opened up in the town and Herbert's siblings contacted them. Ms. Ehl, the supported living director of IBI, did a Person Centered Plan with Herbert and his siblings and it became clear, through the Person Centered Planning (PCP) process that Herbert really wanted to live in his own apartment. Herbert worked full time at a local law firm where he delivered mail and supplies, did copying, and prepped rooms for meetings. Between the income from his job and the trust fund that his parents had set up for him, he had the financial ability to rent a nice apartment. Additionally, IBI provided full-time supported living services when he was not at work.

Herbert enjoyed his new apartment and the supported living supports from IBI. However, Herbert has started getting upset in his apartment. He will sometimes yell out, and then start jumping around,

and end by hitting his head very hard with objects in the apartment. This behavior is very upsetting to both Herbert and the supported living staff. Ms. Ehl wonders if IBI made a mistake in providing support to Herbert. Ms. Ehl and the supported living staff have never worked before with someone like Herbert, with such serious behavior problems. Ms. Ehl has decided to meet with the executive director of IBI and to recommend that IBI withdraw its supported living services to Herbert.

KEY POINT QUESTION #1:
WHAT IS APPLIED BEHAVIOR ANALYSIS?

The foundation of Positive Behavior Supports is Applied Behavior Analysis (ABA). Applied Behavior Analysis is derived from the work of B. F. Skinner (1953, 1971). Skinner was a psychologist who advocated that the focus of interventions should be on the behavior of individuals rather than on internal states (O'Donohue & Ferguson, 2001). Behavior may be defined as observable actions that a person does. Sitting in a seat, completing a work task correctly, making a sandwich, cursing, and greeting a supervisor at work appropriately are all observable behaviors (verbal behaviors are classified as behaviors as well). These are all behaviors that can be changed (for better or worse). Being motivated, trying hard, and being unruly are not observable behaviors and thus cannot be directly changed.

John Watson is often credited as being the first behavioral psychologist. In his 1913 manifesto he wrote that, "Psychology, as the behaviorist views it, is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior." For Positive Behavior Supports, the key words are "prediction" and "control." Good support providers[1] are effective at predicting what will work in their situations (such as using picture schedules, reinforcing positive behaviors, ignoring some behaviors, etc.) and then controlling the environment so that these behaviors occur. Sometimes support providers have concerns with the concept of control and they view control as being a bad thing. However, not positively controlling

---

1. We will use the term "support providers" throughout the book and we mean to include job coaches, residential staff, family members, social workers, case managers, and others who provide support to adults with disabilities in employment, community, and residential settings.

the situation only leads to anarchy and poor performance for the adult in their situation. For instance, by doing things such as having set routines, clear expectations about how to behave, and praising the person for completing tasks the support provider is "controlling" the behavior of the adult. Having a support provider controlling a situation in this way is good support and is not deceitful or wrong. In other words, the focus is on the cause and effect relationship between the environment and the behavior of the individual (Nye, 1992). This cause and effect is not a one way process as there is the issue of counter control where the behavior of the individual also influences the environment (e.g., the behavior of the support provider).

As they read this, many support providers may be thinking "I do this every day." Good support providers use these types of strategies all the time. In this book, we are presenting a coherent and systematic approach to understanding the purpose of Positive Behavior Supports and how support providers can implement these strategies to arrive at the desirable results for carefully targeting the behaviors that need changing, as opposed to a "hit and miss" strategy that many support providers use.

Applied Behavior Analysis

In behavior analysis, it is assumed that the behavior of individuals is lawful. This means that people do things for a reason such as being previously reinforced for a behavior (such as completing work tasks successfully) or being punished for a behavior (such as talking back to a supervisor at their work site). In other words, individuals have a history of being reinforced or punished for certain behaviors and this history influences their current behavior. For example, if Hart is consistently reinforced for preparing dinner for himself and his roommate by receiving positive feedback from the roommate on the quality of the food, and having the roommate do the dishes after dinner, then Hart is likely to continue to prepare good meals for himself and his roommate. A person who does not receive this reinforcement for preparing quality dinners is less likely to consistently prepare good dinners.

The three basic assumptions of applied behavior analysis are:

1. All behavior is learned or is a physiological response such as sneezing due to allergies.

2. Behavior can be changed by altering antecedents and/or consequences.
3. Factors in the environment (the work site, community setting, or home) can be changed to increase and maintain specific behaviors or to decrease specific behaviors.

Behavior analysts agree that people feel and think, but they do not consider these events (feeling and thinking) as causes of behavior. For instance, a person may engage in certain "undesirable" behaviors 1 (such as talking back to the job coach or refusing to complete in work tasks).[2] To analyze these behaviors as "feelings" of the person is not helpful as it is an inference as to the causes, and the support provider cannot directly change the feelings of an individual.

Applied behavior analysis focuses on the behavior of people. Behavior is not considered to be an expression of inner causes like personality, cognition, and attitude. Poor performance on work tasks, talking out loud to one's self while shopping, or refusing to brush one's teeth are analyzed as problems of behavior rather than examples of a person having a "poor attitude." Interventions for undesirable behaviors are directed at changing environmental events (support providers' behaviors or the setup in the home) to improve behavior (e.g., to increase desirable behavior). For example, using a self-management strategy to increase on-task performance or to eliminate asking questions to coworkers at inappropriate times could change the worker's undesirable behaviors for the better, and by doing so could change the "poor attitude" of the worker. But this is accomplished only by changing specific behaviors of the worker (which was accomplished by changing the environment of the worker through teaching self-management skills to the individual).

So, the focus is not only on the behaviors of the adult with a disability but also on understanding why the person engages in certain behaviors (e.g., the function of the behavior which is described in more detail in Chapter 3).

Kazdin (2008) succinctly summarizes this issue:

---

2. In this text we will use the terms "desirable" and "undesirable" in describing behavior. A variety of terms have been used in the professional literature such as difficult, acting out, maladaptive, disruptive, challenging, good/bad, appropriate/inappropriate, at-risk, target behavior, and problem behavior. Basically, these terms have been used to describe behavior that we see as being either desirable or undesirable from the viewpoint of the support providers.