



(PBS)

Positive Behavior Supports 2021

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Universal Positive Behavior Supports and Strategies (UPBS)

- ▶ Strategies that are in effect for ALL people, in ALL places, at ALL times!
- ▶ These strategies are NOT just implemented for persons with intellectual/developmental disabilities! These strategies will enhance your relationships with your significant others, your children, your siblings, your co-workers, etc.
- ▶ In its most simple and basic view, UPBS is essentially “treating others like you would like to be treated”, interacting with others and providing opportunities that you would like for yourself
- ▶ Positive Behavior Supports focuses on the prevention of challenging behavior and the recognition of things that take place before the individual has a serious behavioral issue/problem!

Basic and Fundamental Rights for all supported individuals

- ▶ All supported persons have the right to their personal possessions; don't touch without permission!
- ▶ Self-determination and freedom of choice; all persons presumed competent unless Court determination indicates otherwise.
- ▶ Access to leisure activities and community experiences which the person desires and enjoys.
- ▶ Privacy and freedom of movement.
- ▶ Right to phone and internet access.
- ▶ Right to receive and send mail.
- ▶ Right to have visitors!
- ▶ Right to their own money and how they choose to spend it.
- ▶ Right to **decline** services/supports.
- ▶ Sometimes individuals we support can and will make “bad choices”, just like we do!
- ▶ We have a responsibility to try to educate our individuals to make “good choices”, and counsel them on the consequences of making choices that may be potentially harmful

View Persons From a Perspective of “Strength” as Opposed to “Weakness”

- ▶ Focus on what a person CAN do not what they CAN'T do!
- ▶ Find the special skills and abilities that a person has and help them to improve/refine them, or maybe, even help them DISCOVER them!
- ▶ We ALL have limitations, some of them are not so obvious to others
- ▶ Changing your vocabulary will change your thought process; eliminate words (and concepts) like “handicap”, “limitation”, “deficit”, “impairment”, even “disability”, etc.
- ▶ DO NOT project your personal perception(s) of a person’s limitations (i.e. what they can or cannot do) onto the person!
- ▶ ALL PEOPLE are capable of growth, improvement, advancement, and refinement in spite of what difficulties they may have been born with or acquired at some point during their life.
- ▶ Poll Question #1

Help People be as Independent and Autonomous as Possible!

- ▶ Most people would like to do as much for themselves as they possibly can.
- ▶ Always provide the person with a reasonable opportunity to complete or at least initiate a task/activity before you “step in”. Many times staff feel too “rushed” and don’t give a person ample opportunity before “taking over”.
- ▶ You are there to provide ASSISTANCE; think in terms of “doing with” a person as opposed to “doing for” a person.
- ▶ Try to differentiate if a person is not doing something because they lack motivation, or because they cannot do something based on their physical disability(ies); in other words, try to make the distinction between a person who WON’T do something versus a person who CAN’T do something!
- ▶ Our job is to assist people in being as independent and doing as much for themselves as they possibly can!
- ▶ Poll Question #2

How Effectively does the Person Communicate?

- ▶ How does the person communicate?, and how effective and understandable is it?
- ▶ If the person struggles with expressive communication, what have we done to attempt to rectify/ameliorate the situation?
- ▶ 95% of all behavior, “good” and “bad”, SERVES A COMMUNICATIVE FUNCTION!
- ▶ Assisting a person in developing more appropriate and effective expressive communication skills/abilities is **ONE OF THE MOST OVERLOOKED AND NEGLECTED AREAS IN OUR ENTIRE FIELD AND WE MUST DO SOMETHING ABOUT IT!**
- ▶ Remember, virtually ALL supported persons have much more refined receptive language than expressive language; **just because they can't speak doesn't mean they don't understand!**

Always Treat Individuals with Dignity and Respect!

- ▶ Never “talk down” to supported persons, interact with persons in a manner like you yourself would want, and expect to be treated. Obviously, never yell or scream, use profanity, “threaten” to do something to someone if they do not comply, etc.
- ▶ Never talk or interact with supported persons as though they are “children”; avoid the PARENT/CHILD PARADIGM!
- ▶ The main role of a staff person is to act as a “teacher”; opportunities to teach people skills, even those that are not formally identified are all around us, embrace them!
- ▶ Depending upon a person’s awareness, sensory limitations and/or level of cognitive disability, “explain” to that person what you are doing, or going to be doing, prior to initiating the activity so they are aware of your intention(s)
- ▶ Remember, always interact with supported persons like they are your boss/supervisor, **because they are!** If it weren’t for the privilege of providing supports and services to persons with disabilities, none of us would have jobs!

Positive Reinforcement has Tremendous Power!

- ▶ When an individual is behaving appropriately, responsibly, acceptably, **provide ample amounts of verbal praise in the form of acknowledgement, recognition, and appreciation!**
- ▶ Very simply, we must **attend and respond to individuals more often when they are doing the things we WANT them to do versus those times when they are doing things we would prefer they NOT be doing!** Think of the “mistakes” that many of us made as parents, when raising our children!
- ▶ Praise, positive recognition and acknowledgement, are the most powerful reinforcers available to us!
- ▶ What have we put in place to positively reinforce, recognize, and appreciate the **staff!** The manner in which we treat our staff will directly effect/impact the way they treat the individuals we support!
- ▶ Poll Question #3

Proactive/Prevention vs. Reactive/Responsive

- ▶ PBS focuses primarily on the **prevention** of problem behaviors **before** they occur.
- ▶ Know what the environmental “triggers” are for the supported person; what tends to “set them off”? Avoid those situations, if possible, or **fix** the situation before a person encounters it/them.
- ▶ Direct-care staff typically know the people **best**. Use their knowledge, insight, and experience in dictating interventions and strategies that will assist the supported person.
- ▶ **Prevention is always the best option!**

We All Need “Coping Mechanisms”

- ▶ Recognize when the supported person is **beginning** to show signs of being angry, upset, or frustrated.
- ▶ At these initial signs, staff should **intervene and propose alternative strategies to prevent further escalation. Don't wait until the “volcano” erupts!**
- ▶ Everyone benefits from developing “coping mechanisms”; these may include redirection to an alternative activity, deep-breathing exercises, listening to relaxing music, going for a walk, discussing what is upsetting the supported person, etc.
- ▶ Reinforce/praise/acknowledge the person for choosing an appropriate coping mechanism.
- ▶ Again, the focus is on **prevention** and intervening **early in the chain of behavior!**
- ▶ **Poll Question #4**

Restrictions Rarely Constitute a Legitimate Intervention!

- ▶ Restrictions do not “teach” individuals how to behave responsibly and appropriately; they typically simply “deny access”. Another problem with restrictions is that they effect/impact a persons’ housemates who may **not** need/benefit from the restriction, thereby negatively impacting their level of independence!
- ▶ You can see that the definition of “restriction” is diametrically opposed to allowing persons to be as “independent and autonomous” as they can be.
- ▶ Generally speaking, restrictions should only be in place for acute “health and safety reasons”; for example, a person who has a history of actually ingesting toxic cleaning supplies lives in a residence where such supplies are “locked” and the person is only provided supervised/monitored access.
- ▶ Restraints should only be utilized on an “emergency basis” and when a **true** emergency exists!
- ▶ The general principle and philosophy is **always use the least aversive, intrusive, restrictive interventions!** If some type of restriction is requested/imposed, be prepared to demonstrate what you have done, programmatically and clinically, before you got to this point!
- ▶ Rarely should restrictions be in place “in perpetuity”; what is the plan to reduce, fade, and hopefully eliminate the “restriction”?

FOR MORE ASSISTANCE

- ▶ Please visit my website for more information, or if you would like any additional assistance or support: premierbehavioralsolutions.com
- ▶ THANK YOU!
- ▶ Questions & Answers