Person Centered Strategies Consultation Service: What should this be?

RECOMMENDED TRAINING FOR ALL PCSC PROVIDERS

Polling questions:

Choose the selection below that best characterizes your current involvement with the PCSC service.

A. I have been providing PCSC for a while now.

B. I am interested in doing PCSC or have just had this service added to my contract.

C. I have worked with a PCSC service provider as part of a support team.

D. I am a support coordinator who has arranged or recommended PCSC as a service for someone.

E. None of the above

Polling question: indicate all that apply

If you answered A or B to the previous question please indicate which of the following you have done to prepare to provide this service:

A. Reviewed the service definition in the waiver manual and 2016 waiver application.

B. Researched person centered philosophy and planning or attended a workshop to learn this.

C. Researched or attended training on PBS.

D. Worked on a SWPBIS team or in a school implementing PBIS school wide.

E. Attended a course or training in ABA.

F. None of the above.

Agenda for Training

Review information in power point

Review literature for positive behavior supports, Quality of Life, and Person Centered philosophy and planning

Describe the elements of the service definition

Study example situation and apply environmental evaluation

Review example action plan and goals and measures to assist support team to implement strategies to improve quality of life

Polling Question:

Which statement below best describes a situation for which PCSC services would be appropriate?

A. Sally is living with her family. She has graduated from school and now is mostly at home with mom. She has begun slamming doors, cursing and calling others names. She spends most of her day in her bed or watching tv. Mom is afraid to take her anywhere and wants help to get Sally to behave better.

B. Harry just met a girl and he says he is in love and wants to marry her. His support team thinks she may be a problem,because she is living on her own and has been arrested for shop lifting. They want to write a restriction into his ISP that says he can not go out on any date with out staff there.

C. John has behavioral services, but the LBA is unable to keep up with the teaching of staff due to the rapid turnover. The SC wants to have some extra help with training and monitoring the BSP.

PCSC

- Person centered
- Positive strategies
- Preventative and Proactive
- Constructive (teaching based)
- System strategies
- Consultation not therapy or ongoing service

P	o	s	i	t	i	v	e
Promote Productivity & Potential Personal Goals Preferences Prevention Proactive Problem solving	Opportunities Optimal Own homes Outcomes Overall Oppose Coercion	Supportive Self directed Self advocacy Strength based Life Satisfaction Skills developed Shun Coercion	Encourage Initiative encouraged Integrated supports Integrity Individualized Inclusion Improved QOL	Teaching skills Taking Time to lisTen DigniTy LeasT ResTricTive RespecT RighTs Team	Informal Supports Integrated in community Implementation of practices Independence Improved QOL	Vision Vocation Varied Choices Own Voice Validation aVoid coercion aVoid Power Struggles	Empathy Encourage Engaged Enriched life Empowering NOT Enforcement Employment Environment like Everyone Else Evidenced based Practices

Polling question:

True or False:

PCSC does not include adding restrictive strategies into the ISP.

Person Centered Strategies Consultation Service Essential Elements

Ultimate Outcome: Improve Quality of Life for the individual

- **Immediate Outcomes for Service** include:
- Identification of support system problems and changes to be made to achieve ultimate outcome for individual
- Development of *positive, proactive, and preventative* teaching based on Person Centered Strategies for support team to implement

P C S C Service Essential Elements cont.

- Modifications to environment and/or lifestyle to be implemented by the support team to improve quality of life for the individual
- Implementation plan for the strategies and environmental/lifestyle modifications
- Training for support team to learn the strategies and environmental modifications and to learn the implementation plan
- Short term coaching for support team of the strategies and implementation plan

Variables to include in the evaluation of the setting for barriers to quality of life:

- Proactive, preventative strategies implemented by supports- (consistently and correctly)
- A Daily Schedule –predictable and flexible with determination and choice
- Are the individuals' typical daily activities made up of preferred activities and independent
- Are the relationships with others positive, nurturing, respectful, and varied
- Are there paid and *unpaid* supports

Variables to include in the evaluation of the setting for barriers to quality of life :

- Are there efforts to develop and promote skills of the individual that would improve quality of life
  - efforts of supports to teach and promote these skills
  - opportunities for teaching and practicing of identified skills
  - efficacy of supports recognition of individual skills as they are learned and used
  - system for coaching and promoting skills of individual

Variables to include in the evaluation of the setting for barriers to quality of life :

- Is there evidence that the team engages in problem solving techniques towards improved quality of life
- Sustainability of implementation plan for strategies of supports-likely and planned for?
- Evaluate the consistency of implementation of strategies

Polling question:

True or False:

PCSC does not require a written report that summarizes the formal evaluation process for the service.

A required product of the service is a written document summarizing the results of the evaluation of the system

- ✓Identifying problem situations from the evaluation
- ✓Strategies and practices and relating these to the quality of life for the individual
- ✓Summary of recommended strategies developed with the support team to address the identified problems and practices
- ✓Training for the individual and support team to implement the recommended strategies and collect data on the effectiveness of the strategies

Written document incorporated into the ISP to insure implementation with fidelity and consistency

Service notes/documentation of services- for each date of service

- Identification of outcome being addressed during the service unit for a particular session
- Description of progress towards that outcome
- Description of what was done for the service units covered by the progress note and what the outcome of those actions by the service provider were for the individual served
- Action steps and planning for the next service sessions including time line and steps necessary to achieve outcome

Polling question:

True or False:

A PCSC provider might take the person out on weekly outings if the person did not engage in any problem behavior.

What PCSC is and IS NOT

IS NOT

Not a direct therapy service involving counseling or ongoing teaching or activities with an individual

Not a way to implement BSPs or punishment/restrictive strategies

An ongoing service, or a service to keep training staff when there is turnover

IS

Possibly brief interviews with the individual, and/or demonstrations or trials of strategies

Addressing variables and strategies that make a good life and positive environment in cooperation with other types of service providers

A brief service to assist the support team to identify, learn and use positive, person centered strategies and

To develop a system that the support team uses to maintain the system and train additional staff themselves

A LITTLE ABOUT BEING PERSON CENTERED

Person Centered is a focus on:

- The person and those who love the person are the primary authorities
- Supporting the person's life direction as seen by the person
- Community opportunities that will enable this person to pursue his or her interests in a positive way
- Changing common patterns of community life and enlists community members in assisting focus people to define and work toward a desirable future

Person Centered Planning

- Requires learning through shared action, collaborative action
- Fundamentally challenges practices that separate people and perpetuate controlling relationships
- Can only come from respect for the dignity and completeness of the focus person (as he/she is)
- Increases choices, community involvement and membership, helps person to define and achieve dreams and hopes
- Always Involves the person as the captain or driving force for the team

Person Centered Planning is a journey, not a checklist

Instead of stating “we’re already doing it,” people who have worked most closely with person centered processes are more likely to say, “This is what we’re seeing…,” “This is what we’re learning right now…,” “What we’re currently struggling with is…”

Being person-centered is not a destination or a final state that one can achieve; it is not similar to being male, a brunette, or licensed.

As Marsha Forest, Jack Pearpoint & Judith Snow (1996) have noted, “When people say to us ‘we tried it and it didn’t work,’ we know they have missed the point. It is like saying “I did life and it didn’t work.”

Kincaid, D., Childs, K., Blasé, K.A., & Wallace, F. (2007). Identifying Barriers and Facilitators in Implementing School wide Positive Behavior Support. *Journal of Positive Behavior Interventions*, Vol. 9(3), 174-184.

Shogren, K. A. , Luckasson, R. &. Schalock, R. L. (2018). The Responsibility to Build Contexts that Enhance Human Functioning and Promote Valued Outcomes for People with Intellectual Disability: Strengthening System Responsiveness. *Intellectual and Developmental Disabilities*, 2018, Vol. 56(4), 287–300 DOI: 10.1352/1934-9556-56.5.287.

Gahan, S., Dykstra,L. & Summers,J. Person-Centred Approaches to Services and Supports, in Mental Health Needs of Persons with Developmental Disabilities. in Dual Diagnosis: An introduction to the mental health needs of persons with developmental Disabilities. Editors D. M. Griffiths, C. Stavrakaki and J. Summers, Habilitative Mental Health Resource Network, First Printing, June 2002, Habilitative Mental Health Resource Network, Sudbury, Ontario Canada. *oadd.org/wp-content/uploads/2016/12/Chapter6.pdf*

Weiss, N. R. & Knoster, T. (2008). It May be Nonaversive, But is it a Positive Approach? Relevant Questions to Ask Throughout the Process of Behavioral Assessment and Intervention. *Journal of Positive Behavior Interventions, Volume 10, (1), 72-78.*

Additional information recommended for you

What are Positive Supports?

POSITIVE SUPPORTS:

Adding “good” things

Improving quality of life

Increasing skills and independence

Promoting potential

Not just ***not*** being mean

Focusing on desirable actions

High ratio of pleasant, caring interactions

NOT POSITIVE SUPPORTS:

Restrictions, limitations

Saying “No”

Focus on elimination of undesirable

Just saying “good Job”

Ignoring desirable actions

Focusing on undesirable

Placing unnecessary demands

Using coercives

A LITTLE ABOUT QUALITY OF LIFE

The QOL construct consists of the eight domains

Personal development and self-determination (that reflect a person's level of independence)

Interpersonal relations, social inclusion, rights (that reflect a person's social participation)

Emotional, physical, and material well-being

- Not a hierarchy amongst those domains nor cause and effect relations amongst them, relative value varies for individuals
- QOL indicators are QOL-related perceptions, behaviors and conditions that operationally define each QOL domain

What are QOL Indicators?

QOL indicators are QOL related perceptions, behaviors and conditions that operationally define each QOL domain

Domains	Operationalization
Personal Development	Education on the personal level, work, self-image, life-long learning and growth
Self-determination	Independence, freedom of choice, freedom, establishing own boundaries/ limitations; limited or personally imposed restrictions
Interpersonal Relations	Social contacts, contact with people with the same capacities, social network, professional support, partners, long-lasting relationships
Social Inclusion	Normal life, to be accepted by others, going out/trips, belonging to organizations, groups, clubs, etc.
Rights	Tailored (individualized) care, general rights, privacy
Emotional well-being	Proximity, structure, appreciation, positive attention, confirmation, to be taken seriously, respecting themselves, affection, socialablity, love
Physical well-being	Attention of a physician, coherence between emotional and physical needs, health and health care, medication, nutrition
Material well-being	Private space for living, financial and material resources, responsibility/capability to meet expenses, status

Information Gathering Question Suggestions

What does he/she enjoy doing, with whom?

How do you know what she/he needs or wants?

Do you like where you live?

What do you like about your home?

Please tell me about a typical day for him/her.

How does she/he know what will happen?

What are routine activities?

Please tell me how she/he communicates, how well do others understand him/her.

What happens if she/he doesn't want to do something?

How can he/she postpone or decline an activity?

How is his/her communication being improved?

What is she/he learning to do now?

How do you teach him/her?

Are there any specific things that you are trying to teach her/him?

What do you hope she/he will learn next?

Do you keep track of his/her progress?

How do you determine what she/he needs to learn?

How do you know if you've done a good job?

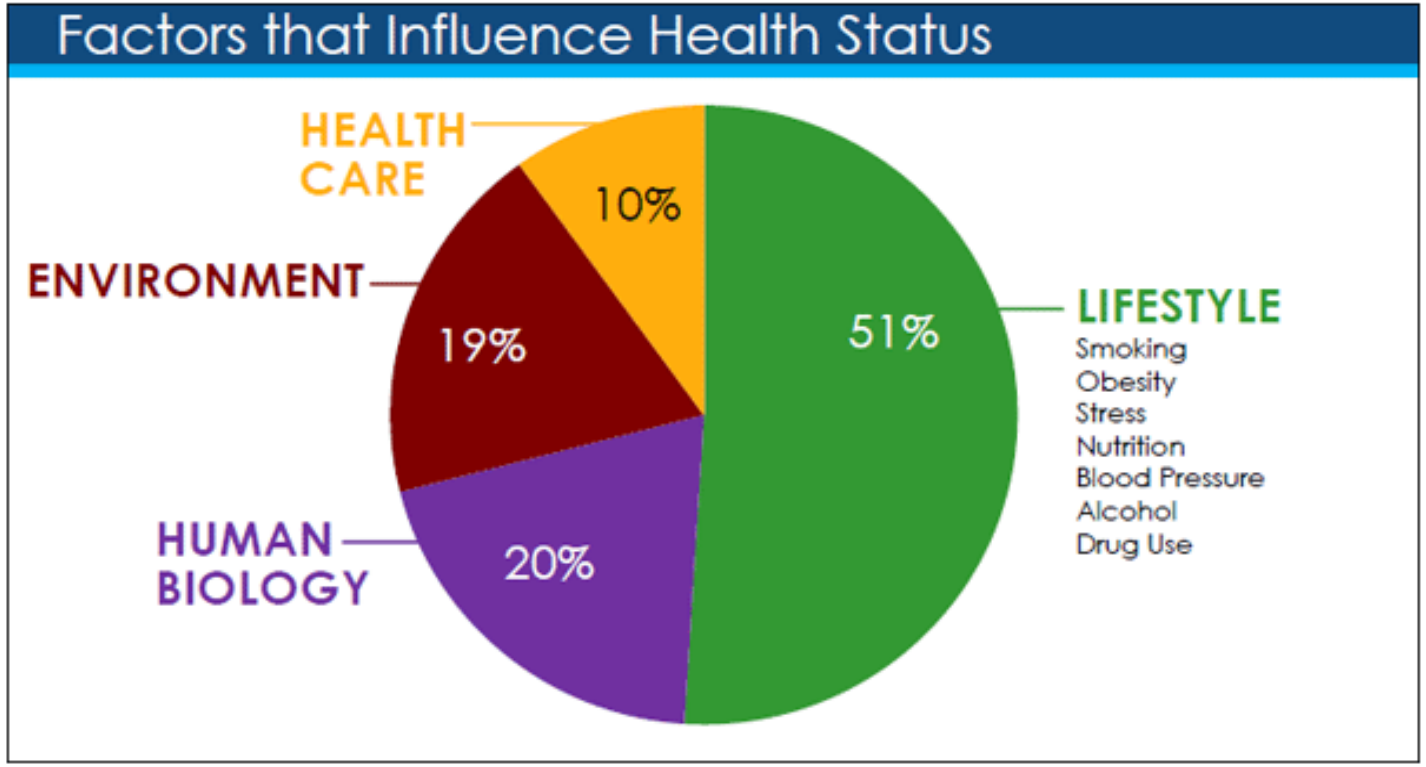
How does the individual know if she/he's done a good job?

Tell me about his/her health.

How are his teeth?

Does he/she take any medications for behavior?

Some additional info on QOL-Health Status



A Sample Environmental Evaluation Tool

YOU MAY USE THIS TOOL OR A SIMILAR PROCESS FOR THE REQUIRED EVALUATION

Person Centered Strategies Consultation / Environmental Evaluation

Interview and Observation Summary (September 2018)

Individual Name & DMH ID: _____

Environment: _____ **Date(s) & Time(s):** _____

PCSC: _____

Directions: *Please familiarize yourself with these questions and have conversations with at least two (2) care providers and the individual to gather sufficient information to answer each question. Your own observations will also contribute to your results.*

For each question, check the box next to the number that best represents the current situation:

0 = No, 1 = Some or Maybe, 2 = Yes, absolutely

This is NOT a questionnaire. You should fill out this form when you are not with care providers or individuals.

This information will be used to develop Initial Recommendations and formal Action Plans.

Essential Needs	
Provides a picture of the home-life/environment, as well as how the individual is being cared for. Allows us to determine how the individual's health is being monitored, including medications and their side effects. Assesses: essential individual needs, meaningful activities, and positive interaction.	
A	____/14
B	____/10
C	____/10
	Total ____/34

Reliability	
Provides a picture of what the individual can depend on in the home. Helps determine the level of expectation and predictability available to the individual. Allows us to gauge: predictability and personal awareness of events in the home, opportunity for choices, and the regular use of reinforcement.	
D	____/12
E	____/12
F	____/10
	Total ____/34

Development	
Provides an overview of how quality of life might be improving under the current cirucmstances. Helps determine how much new skills are being taught, the presence of plans to do so, and the level of professional help. Also help determine the extent of behavioral instruction, expectations, and use of data.	
G	____/10
H	____/10
I	____/ 6
	Total ____/26

Consistency (Family and Home)

A. **Medical, Dental, and Medications** BRT staff may say, "Tell me about their health. How are their teeth? Do they take any medications for behavior?"	
1.) Does the individual see a regular physician at least annually?	0 ☐ 1 ☐ 2 ☐
2.) Does the individual have a dentist that performs regular check-ups?	0 ☐ 1 ☐ 2 ☐
3.) Is the individual free of chronic health issues?	0 ☐ 1 ☐ 2 ☐
4.) Does the individual take two (2) or less psychotropic medications prescribed for specific symptoms *(medications for behavior)*?	0 ☐ 1 ☐ 2 ☐
5.) Is someone monitoring the individual for medication side effects?	0 ☐ 1 ☐ 2 ☐
6.) Is there a way of evaluating the effect of the medication on the symptoms?	0 ☐ 1 ☐ 2 ☐
7.) Is there a system to prevent medication errors?	0 ☐ 1 ☐ 2 ☐
	Total: ___/14

B. Physical/Social Environment This information is gathered primarily through observation. BRT staff could ask, "What do they enjoy doing, with whom? How do you know what they need or want? Do you like where you live? What do you like about your home?"	
1.) Are primary needs *(food, shelter, support, relationships)* being met?	0 ☐ 1 ☐ 2 ☐
2.) Is the environment pleasant and comfortable for the individual?	0 ☐ 1 ☐ 2 ☐
3.) Does individual have interesting activities available?	0 ☐ 1 ☐ 2 ☐
4.) Is the number of people comfortable for the environment?	0 ☐ 1 ☐ 2 ☐
5.) Are the housemates compatible? Do family members get along?	0 ☐ 1 ☐ 2 ☐
	Total: ___/10

C. Positive Interactions and Relationships BRT staff answers these questions based on *observations*.	
1.) Are interactions between individual and care-providers positive at least 80% of the time? *(Use the positive/negative observation form.)*	0 ☐ 1 ☐ 2 ☐
2.) Are care providers actively working to improve relationships with the individual? *(Using Tools, for example.)*	0 ☐ 1 ☐ 2 ☐
3.) Are care providers happy and positive?	0 ☐ 1 ☐ 2 ☐
4.) Do care providers model appropriate and desirable social skills?	0 ☐ 1 ☐ 2 ☐
5.) Does a care provider interact positively with the individual at least once every 10 minutes?	0 ☐ 1 ☐ 2 ☐
	Total: ___/10

Reliability (Prediction and Expectation)

D. Choice and Communication "How well do they communicate, how well do others understand them? What happens if they don't want to do something? How can they postpone or decline an activity? How are communication skills being improved?"	
1.) Can the individual communicate readily with care providers?	0 ☐ 1 ☐ 2 ☐
2.) Is there always someone around who can understand the individual?	0 ☐ 1 ☐ 2 ☐
3.) Are effective communication strategies being taught?	0 ☐ 1 ☐ 2 ☐
4.) Does the individual have opportunities to make choices, including the choice NOT to do something?	0 ☐ 1 ☐ 2 ☐
5.) Can enjoyable activities occur even when the individual has made a choice to NOT do as assigned task or demand?	0 ☐ 1 ☐ 2 ☐
6.) Are there alternative activities for an individual to choose?	0 ☐ 1 ☐ 2 ☐
	Total: ___/12

E. Schedule & Predictable Environment/Meaningful Day "Tell me about a typical day for the indiviudal. How do they know what will happen? Describe some routine activities? "	
1.) Does the individual know when preferred activities will routinely occur? Can they predict or anticipate when they will occur?	0 ☐ 1 ☐ 2 ☐
2.) Does the individual know when he or she will have to do things that he or she doesn't like to do?	0 ☐ 1 ☐ 2 ☐
3.) Do care providers follow a natural routine or schedule most of the time?	0 ☐ 1 ☐ 2 ☐
4.) Does the individual have personally meaningful activities?	0 ☐ 1 ☐ 2 ☐
5.) Does the individual enjoy access to more than two (2) preferred, leisure activities or hobbies *(other than "watching TV" or "listening to music")* that they can engage in when desired?	0 ☐ 1 ☐ 2 ☐
6.) Does the individual participate in active recreational events on a regular basis?	0 ☐ 1 ☐ 2 ☐
	Total: ___/12

F. Systems of Reinforcement "How do you know if you've done a good job? How does the individual know if they've done a good job?"	
1.) Does the individual receive frequent, informal reinforcement for desirable behavior? *(i.e. praise)*	0 ☐ 1 ☐ 2 ☐
2.) Is there a formal motivational system that includes a measure of preferred incentives *(including items that can be "earned")* to encourage desirable behavior?	0 ☐ 1 ☐ 2 ☐
3.) Is there an absence of punitive consequences? *(i.e. take aways, arbitrary punishments, etc.)*	0 ☐ 1 ☐ 2 ☐
4.) Do the care providers receive formal positive reinforcement themselves, on at least a weekly basis?	0 ☐ 1 ☐ 2 ☐
5.) Do the care providers receive and share informal positive reinforcement amongst themselves at least daily?	0 ☐ 1 ☐ 2 ☐
	Total: ___/10

Development (Learning and Growth)

G. Teaching and Encouraging New Skills "Are there any specific things that you are trying to teach the individual? What do you hope they will learn next? Do you keep track of their progress? How do you determine what they needs to learn?"	
1.) Can the care providers identify two (2) skills that they are teaching to the individual?	0 ☐ 1 ☐ 2 ☐
2.) Is there a plan to teach new skills?	0 ☐ 1 ☐ 2 ☐
3.) Is data collected on skill acquisition and is it used in decision making on skills to be taught next?	0 ☐ 1 ☐ 2 ☐
4.) Do the care providers have professional support to determine how to teach new skills?	0 ☐ 1 ☐ 2 ☐
5.) Is the individual making progress in skill acquisition?	0 ☐ 1 ☐ 2 ☐
	Total: ___/10

H. Behavioral Expectations Defined and Taught "What are they learning to do now? How do you teach them?"	
1.) Is there a process to teach desired behaviors and is it followed?	0 ☐ 1 ☐ 2 ☐
2.) Is there a process to teach replacement behaviors and is it followed?	0 ☐ 1 ☐ 2 ☐
3.) Are expectations positively stated and described?	0 ☐ 1 ☐ 2 ☐
4.) Is there opportunity for real negotiation?	0 ☐ 1 ☐ 2 ☐
5.) Are there expectations for the care providers?	0 ☐ 1 ☐ 2 ☐
	Total: ___/10

I. Data-Based Decision Making BRT staff may have received information on these issues when asking if they keep track of progress. BRT staff may also ask what the care-team does with this information.	
1.) Is quantitative data (measurements with numbers) collected daily?	0 ☐ 1 ☐ 2 ☐
2.) Is quantitative data analyzed by a trained person?	0 ☐ 1 ☐ 2 ☐
3.) Is quantitative data considered when making treatment decisions?	0 ☐ 1 ☐ 2 ☐
	Total: ___/ 6

Barriers to Being Supported to have a Quality Life in DD Services

- Inconsistent staff- long term relationships, staff familiar with needs and wants, training and oversight of staff to ensure use of ISP and good support strategies, distance (physical and emotional from family and friends),
- Chaotic day, lack of routine,
- Economic contingencies promote and maintain doing things easy and cheap rather than what is important for and to
- Lack of or limited choices- must adapt, conform, compromise with staff and peers,
- Support providers unable to consistently and appropriately use the ISP strategies, support providers have limited systems to promote implementation, data based decision making or identify and use evidence based practices
- Use of coercion and restrictions

Through interview and review of ISP and any service logs gather information about

QOL and barriers to improving QOL

Strategies used to address problem situations and avoid them

Hobbies, interests, regular leisure activities that the individual enjoys independently and regularly

Non-paid friends, community groups or clubs, sports, volunteer work or activities the individual enjoys regularly, how often and how easily accessed

Action Plan Example

A plan such as the following could be the document for the strategies and changes that will be accomplished during the PCSC service.

Strategies related to the supports for the individual would also be included in an ISP addendum by the support coordinator.

Person Centered Strategies Consultation	ACTION PLAN	
Focus Individual:	PCSC:	**Date of Plan and revision dates**
Overall Objective of PCSC (from ISP):	**Goals designed to meet this objective:**	
Action Steps for Goal 1:	Time line/Status	**Persons Responsible**
		PCSC
	Time line/Status	**Persons Responsible**

example

Sam's action plan example

Sam lives in an apartment and receives ISL services from SSAL agency. He and his roommates have not been getting along well and all are complaining to the program manager. The PCSC completed an environmental evaluation and found that there were very little positive interactions or relationships, the daily schedule was very basic and boring with little choice. All the individuals living in the apartment complained about each other, staff and being bored. Staff generally nagged, gave directions and tried to ignore the grumbling by these individuals, but did a lot of complaining and grumbling to each other and to the program manager. The expectations were not formally determined and the individuals did not have a say in these. Generally, all interviewed stated the expectations and goals for the home as stay out of trouble and leave everyone alone.

Polling question:

Based on this very brief description and using your imagination of any somewhat similar situations you may be familiar with, what might be some areas of improvement a PCSC could focus on to assist the SSAL agency improve the quality of life for the individuals served?

A. Establishing a system of discipline for the individuals and the staff to make them stop complaining.

B. Looking for new roommates and more positive staff.

C. Helping supervisors and staff to clarify the on the job expectations and how to interact with each other and the individuals.

D. All of the above.

Person Centered Strategies Consultation	ACTION PLAN	
Focus Individual: Sam	**Behavior Resource Team (PCSC) member assisting: Juliana Jones**	**Date of Plan and revision dates: _____**
Overall Objective of PCSC consultation (from ISP): Sam will have improved quality of life through the development and implementation of positive, proactive and preventative strategies. These strategies will be teaching based, person centered and will include modifying environments and/or lifestyles to increase desirable, healthy skills of the individual.	**Goals designed to meet this objective:** 1. Staff will receive training and coaching on how to effectively respond to annoying, but not physically harmful behavior (Junk), as well as physically harmful and/or illegal behavior (serious). 2. Staff will receive training and coaching on identifying consumer's desirable behavior, as well as effective strategies for increasing consumer's desirable behavior. 3. Staff will learn how to increase the ratio of positive, relationship building interactions (stay-close) to directions, corrections or coercion to a ratio of at least 4:1. This means that for every direction, correction or use of coercion, there should be at least 4 positive interactions. 4. Staff will receive support and training on identifying and adding meaningful activities to consumer's daily schedule. 5. Staff will receive training and coaching on increasing the opportunities for choice within consumer's life. 6. Staff will receive support and training on identifying, clearly defining and implementing universal expectations for the home, including developing a system to reinforce those expectations.	

Action Steps for Goal 1: Staff will receive training and coaching on how to effectively respond to annoying, but not physically harmful behavior (Junk), as well as physically harmful and/or illegal behavior (serious).	Time line/Status	Persons Responsible
1. Staff will attend Tools of Choice training 2. PCSC will provide coaching on how to categorize behaviors 3. PCSC will provide coaching on the use of pivot 4. PCSC will provide coaching on the use of stay-close hot	1. To be completed April 2019, status supervisor training began January 2019	Juliana Jones

Action Steps for Goal 3: staff will learn how to increase the ratio of positive, relationship building interactions (stay-close) to directions, corrections or coercion to a ratio of at least 4:1. This means that for every direction, correction or use of coercion, there should be at least 4 positive interactions.	**Time line/Status**	**Persons Responsible**
1. Staff will attend Tools of Choice training 2. PCSC will provide coaching on the use of Tools of Choice to replace coercive interactions. 3. PCSC will conduct observations to document the ratio of positive interactions to coercive interactions 4. Staff will develop a method of collecting data on their positive/negative interactions with individual, use of Tools of Choice, and individual desirable/undesirable behavior.		
Action Steps for Goal 4: staff will receive support and training on identifying and adding meaningful activities to individual's daily schedule.	**Time line/Status**	**Persons Responsible**

Questions?