



NEURO
INSTITUTE

Continuing Education for Rehabilitation Professionals



Components of Effective Neurobehavioral Programming

Bennie Colbert, M.A., BCBA, QBISP-T

Gratitude

Victoria Harding, Ph.D., CCC/SLP, Vice President of Development

Jane Imboden, Vice President East Region

Ben Pulfer, Executive Director East Region

Pritesh Parbhoo, Psy.D., Clinical Neuropsychologist, Florida State Director

Jeff Barth, Ph.D., Clinical Neuropsychologist, Founder Neurobehavioral Training Institute

Austin Errico, Ph.D., Clinical Neuropsychologist, Founder Neurobehavioral Training Institute

Archibald Neilson Galloway, Ed. D., Educational Psychologist, friend and mentor

Components of Effective Neurobehavioral Programming

➤ **Foundation I. Person Centered Treatment Planning**

How do participants identify outcomes that provide meaning, identity and purpose?

➤ **Foundation II. Positive Behavior Supports**

How do we create and maintain staff – participant therapeutic rapport and engagement?

➤ **Foundation III. Participant Specific Treatment Planning:**

What skills are prioritized for teaching?

➤ **Foundation IV. Capturing Reinforcement for Participant Program Engagement**

What gives a participant reason to get up in the morning and engage with therapy?

➤ **Foundation V: Best Practice Individualized Behavior Programming**

What are the core elements of a best practice behavior plan?

➤ **Integration**

How do we put it all together?

Components of Effective Neurobehavioral Programming

Objectives

- Participants will be able to discuss the role of Person Centered Planning for effective neurobehavioral intervention
- Participants will be able to discuss several Positive Behavior Support technologies and their overall goals
- Participants will be able to discuss the role of outcomes skill based treatment planning for effective neurobehavioral intervention
- Participants will be able to define and discuss the role of contingency management
- Participants will be able to discuss the elements of best practice individualized behavior programming

Components of Effective Neurobehavioral Programming

Outline

- Foundation I. Person Centered Treatment Planning
- Foundation II: Positive Behavior Supports
- Foundation III: Participant Specific Treatment Planning
- Foundation IV: Capturing Reinforcement for Participant Program Engagement
- Foundation V: Best Practice Individualized Behavior Programming.
- Integration

Overview

- Package of behavioral teaching technologies
- Arranged to produce synergies
- For effective neurobehavioral treatment planning and service delivery
- Within a safe, positive teaching community
- Supported by effective neurobehavioral program leadership and operations

Effective Neurobehavioral Treatment Planning

5th Floor

Applied Behavior Analysis

4th Floor

Contingency Management

3rd Floor

Person Specific Treatment Planning

2nd Floor

Person Centered Treatment Planning

1st Floor

Staff – Participant Therapeutic Rapport

Foundation

Effective Operational Leadership

Effective Neurobehavioral Treatment Planning



2 green
asterisks!



*“Therapeutic
Enhancement
Strategies”*

5th Floor

Applied Behavior Analysis

4th Floor

Contingency Management

3rd Floor

Person Specific Treatment Planning

2nd Floor

Person Centered Treatment Planning

1st Floor

Staff – Participant Therapeutic Rapport

Foundation

Effective Operational Leadership

Components of Effective Neurobehavioral Programming

I. Person Centered Treatment Planning

- How do participants identify outcomes that provide meaning, identity and purpose?

Foundation I: Person Centered Treatment Planning

- Framework for service provision that honors participant's goals and aspirations for a lifestyle that promotes dignity, respect and personal autonomy.
- Emphasizes program, participant and stakeholder collaboration. The participant is an active participant in their treatment planning.
- Builds on participant strengths, interests, resources and capabilities.
- Empowers the participant by asking them which outcome activities and life status they identify that gives their life a sense of meaning, identity and purpose.
- **Looks for ways to safely say “Yes”**

Foundation I: Person Centered Treatment Planning

- Answers the question “What do I have to do to be able to...?”

(fill in the verb)

- “Go to the gym by myself”
- “Live in an apartment”
- “Get my GED”
- “Play my guitar”
- “Have a girlfriend”
- “Get a job”
- “Drive”
- “Get the heck outta here!”

“What do I have to do to be able to do **“X”** ?

“X”

- **Are Rehabilitation Outcomes**
- **Are long term reinforcers**
- Describes activities that provide a sense of identify and purpose
- Are motivational for program participation
- **Goal of Person Centered Tx Planning is to clarify outcomes, i.e. “What does a safe, productive successful like look like?”**

Foundation I: Person Centered Treatment Planning

Rehab Outcomes
translated into:

“Live in my own
apartment!”

- Existing skills to reinforce and maintain →
 - e.g. Room cleanliness, laundry, medication compliance, arrive to voc site on time, etc.
- New skills to teach, learn, practice, reinforce and generalize →
 - e.g. Remaining calm when frustrated, budgeting, menu planning, grocery shopping & cooking

Components of Effective Neurobehavioral Programming

II. Foundation: Positive Behavior Supports (PBS) to Build Therapeutic Rapport and Promote Staff Engagement

- How do we create a positive teaching environment?

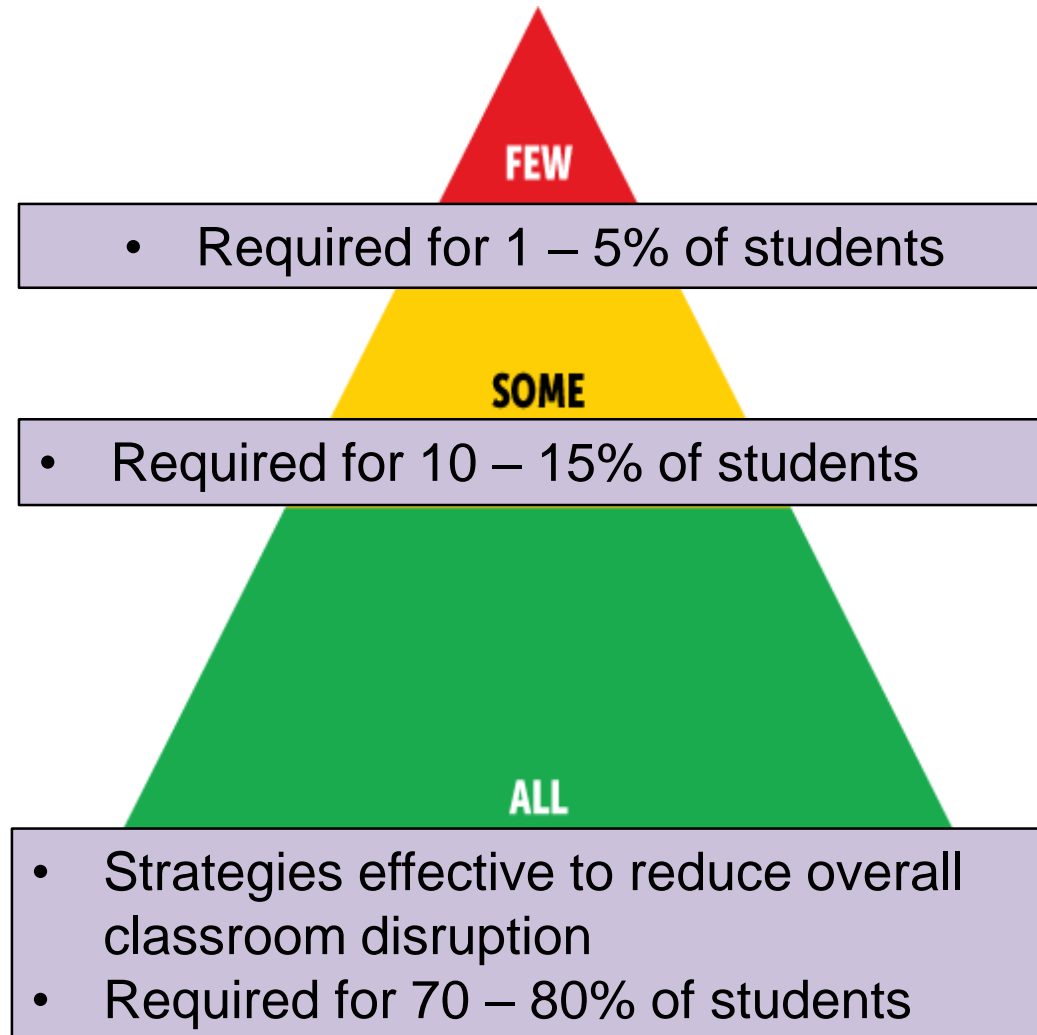
Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

What are Positive Behavior Supports (PBS)?

- Practices which promote staff - participant interactions that model, teach and reinforce pro-social behaviors
- Incorporate and builds on participant strengths
- Creates safe, positive trusting staff relationships which influence positive participant behaviors across time
- Applicable in schools, homes, communities and rehabilitation settings
- **Relies on changing the environment as a effective intervention tool**
- **Seeks to reduce problem behavior by teaching new skills**

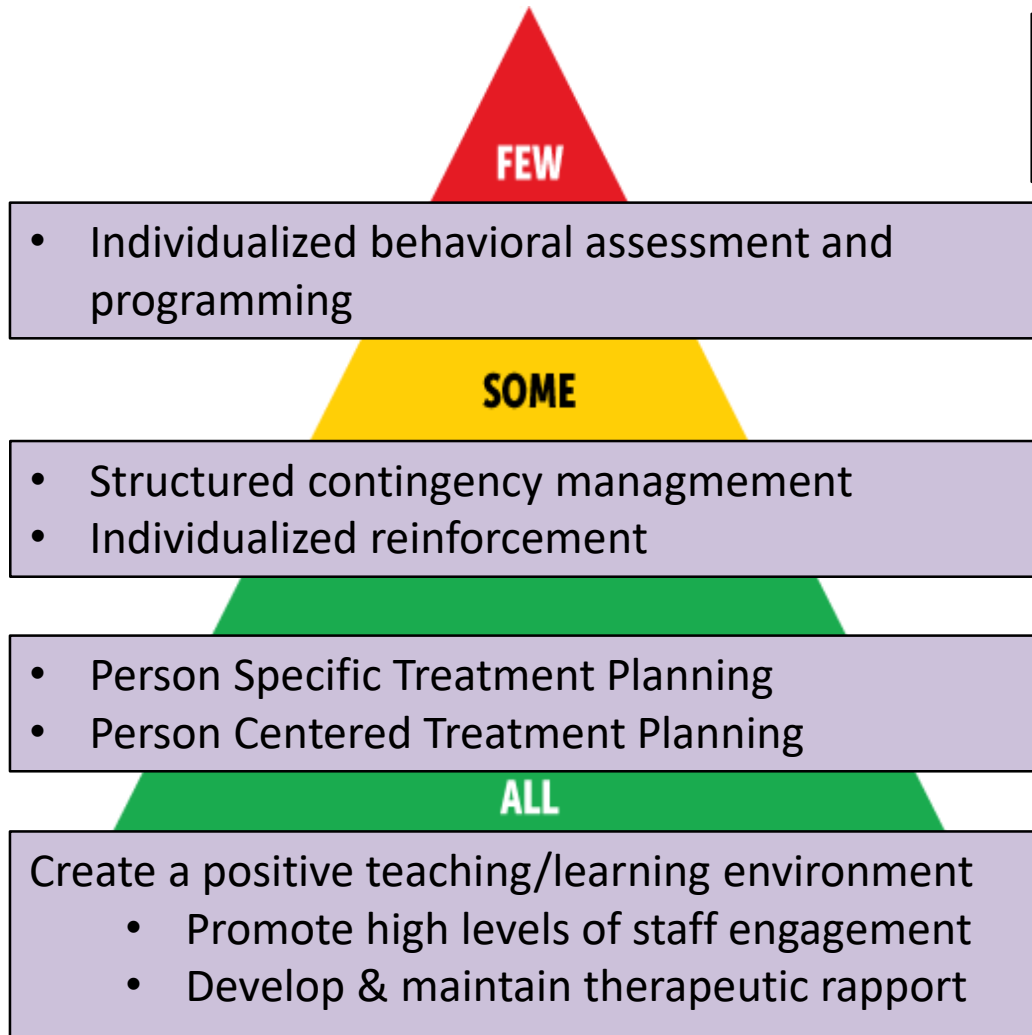
Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

Educational Model

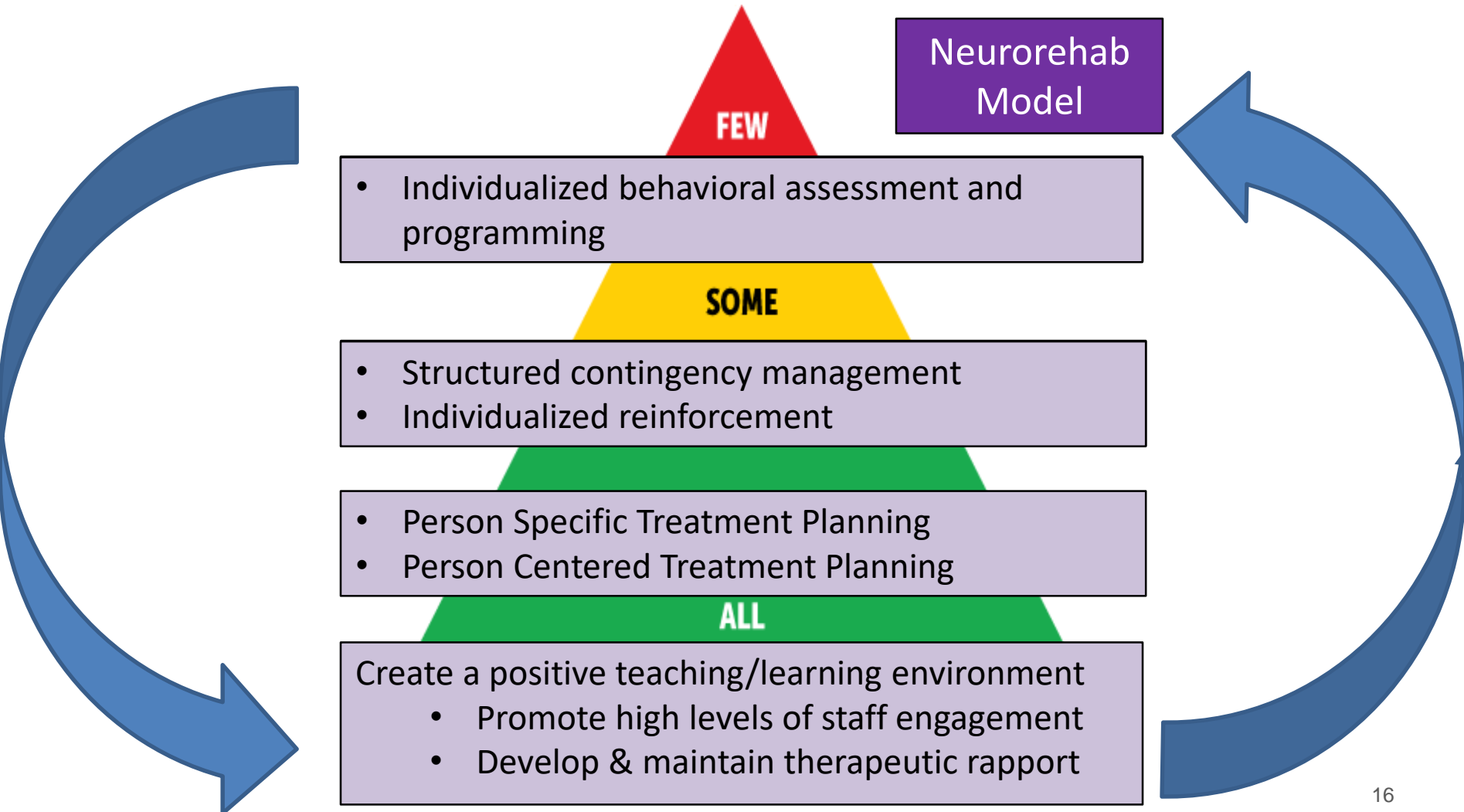


Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

Neurorehab Model



Synergies are Created to Reduce Problem Behavior as an Effect of Teaching New Skills



Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) The Qualified Brain Injury Support Program (QBISP) **
- 5) Matched staff-participant Preference Assessment **

**IT'S ALL ABOUT
RELATIONSHIPS!**

Create the environment where
participants want to be, hang
out and learn!

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) **Non-contingent reinforcement**
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) The Qualified Brain Injury Support Program (QBISP) **
- 5) Matched staff-participant Preference Assessment **

Non-contingent reinforcement (general positive regard)

- Informal generalized positive engagement
- Provides free positive attention, i.e. “Drive by reinforcement”
- Establishes staff as conditioned reinforcers
- Extended periods of time w/o social attention (i.e. participants are ignored) are frequent antecedents for problem behavior

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) Non-contingent reinforcement
- 2) **P.E.A.R.L**
- 3) Enriched Environment
- 4) The Qualified Brain Injury Support Program (QBISP) **
- 5) Matched staff-participant Preference Assessment **

P.E.A.R.L. Formal system of generalized positive engagement used to create safe, positive trusting staff -participant relationships

- **P. Positive** upbeat, engaging, enthusiastic interactions
- **E. Early** proactive engagement
- **A. All.** Interact with all participants and coworkers in all contexts. Avoid the appearance of favoritism
- **R. Reinforce.** Look for small and large behaviors to praise and model
- **L. Look** for opportunities to teach new skills

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) **Enriched Environment**
- 4) The Qualified Brain Injury Support Program (QBISP) **
- 5) Matched staff-participant Preference Assessment **

Enriched Environment: Make the treatment setting a place participants want to be, learn and hang out

- Preferred food & snacks
- Wide variety rec equipment
- Video games
- Wide variety tabletop activities
- Activities to earn \$
- Access to therapeutic animals
- DAWs & recording software
- Wide variety of outdoor activities
- Art & Music
- Video journaling stations
- Magazine subscriptions
- Fitness equipment
- Novel preferred activities

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement



PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) **The Qualified Brain Injury Support Program (QBISP) ****
- 5) Matched staff-participant Preference Assessment **

QBISP: <https://qbisp.training/>

- Skill based education & mentorship program designed to enhance care by providing staff with practical skills training for developing, maintaining and repairing therapeutic rapport.
- Mentorship coaching model which provides program leaders and supervisors with the tools for mentoring their staff to utilize QBISP skills.
- **Education**
 - 1) *Provider Course*
 - 2) *Mentor Course*
 - 3) *QTIPS*
- **The Tools of QBISP**
 - 1) *The 21 lessons for developing and maintaining therapeutic rapport.*
 - 2) *The Interaction Guideline*
 - 3) *The 5 steps for repairing therapeutic rapport.*
 - 4) *A mentor's guide for using the 21 lessons and 5 steps on-site to assist staff to think and act²¹ therapeutically*

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) **The Qualified Brain Injury Support Program (QBISP) ****
- 5) Matched staff-participant Preference Assessment **

QBISP: <https://qbisp.training/>

- Skill based education & mentorship program designed to enhance care by providing staff with practical skills training for developing, maintaining and repairing therapeutic rapport.
- Mentorship coaching model which provides program leaders and supervisors with the tools for mentoring their staff to utilize QBISP skills.

- Mentorship Coaching **
- Unified Interaction Guideline **
 - Participant explores answer to 2 questions:
 - “What do I want to others to know about me?”
 - “What do I want to learn about myself?”

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

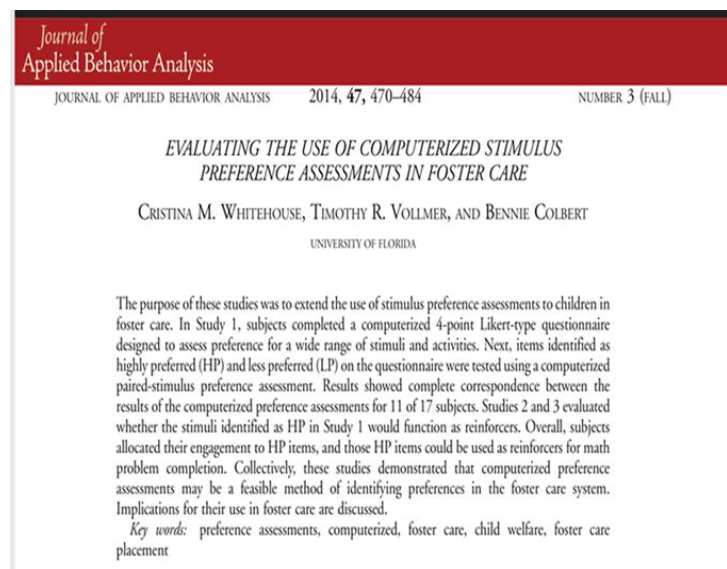
PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) The Qualified Brain Injury Support Program (QBISP) **

5) Matched staff-participant Preference Assessment **







Matched staff – participant Preference Assessment (PA):

- Participant completes PA
- Staff completes PA
- Pair staff with participants with matching preferences



Preference Assessment

Process of selection of various potentially reinforcing stimuli by which a hierarchy is created which indicates which items are high, moderate and low preferred / desired.

Trial 1	
Trial 2	
Trial 3	
Trial 4	
Trial 5	
Trial 6	

Participant: _____

Interviewer: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
1	"I like"	Board Games	3
2	"I like"	Video Games	3
3	"I like"	Listening to music i.e. radio, CD, stereo, mp3 etc.	3
7	"I like"	Using a computer, surfing the Internet	3
9	"I like"	Playing a musical instrument and/or singing	3
11	"I like"	Making videos / video diary	3
14	"I like"	Making beats & rapping	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
23	"I like"	Yoga, meditation	3
24	"I like"	Walking, jogging, running	3
26	"I like"	Indoor games, pool, ping pong, foosball etc.	3
27	"I like"	Having a pet or animals	3
1	"I like"	Arts & Crafts	2
4	"I like"	Watching TV shows	2
8	"I like"	Play or watching sports	2
10	"I like"	Academic activities, e.g. reading, math, science, etc.	2
12	"I like"	Reading books & magazines	2
13	"I like"	Baking and cooking	2
15	"I like"	Working out & fitness activities / fitness videos	2
17	"I like"	Watching music videos	2
21	"I like"	Watching movies & DVDs	2
22	"I like"	Drawing, painting and making art	2

Staff: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
3	"I like"	Video Games	3
5	"I like"	Listening to music i.e. radio, CD, stereo, mp3 etc.	3
9	"I like"	Playing a musical instrument and/or singing	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
24	"I like"	Walking, jogging, running	3
27	"I like"	Having a pet or animals	3
21	"I like"	Watching movies & DVDs	3
28	"I like"	Vegetable, flower or butterfly gardening	3
2	"I like"	Board Games	2
7	"I like"	Using a computer, surfing the Internet	2
11	"I like"	Making videos / video diary	2
23	"I like"	Yoga, meditation	2
26	"I like"	Indoor games, pool, ping pong, foosball etc.	2
4	"I like"	Watching TV shows	2
8	"I like"	Play or watching sports	2
12	"I like"	Reading books & magazines	2
15	"I like"	Working out & fitness activities / fitness videos	2
6	"I like"	Photography and taking pictures	2
14	"I like"	Making beats & rapping	1
1	"I like"	Arts & Crafts	1
10	"I like"	Academic activities, e.g. reading, math, geography etc.	1
13	"I like"	Baking and cooking	1

Participant: _____

Interviewer: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
1	"I like"	Board Games	3
2	"I like"	Video Games	3
3	"I like"	Listening to music i.e. radio, CD, stereo, mp3 etc.	3
7	"I like"	Using a computer, surfing the Internet	3
9	"I like"	Playing a musical instrument and/or singing	3
11	"I like"	Making videos / video diary	3
14	"I like"	Making beats & rapping	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
23	"I like"	Yoga, meditation	3
24	"I like"	Walking, jogging, running	3
26	"I like"	Indoor games, pool, ping pong, foosball etc.	3
27	"I like"	Having a pet or animals	3
1	"I like"	Arts & Crafts	2
4	"I like"	Watching TV shows	2
8	"I like"	Play or watching sports	2
10	"I like"	Academic activities, e.g. reading, math, science, etc.	2
12	"I like"	Reading books & magazines	2
13	"I like"	Baking and cooking	2
15	"I like"	Working out & fitness activities / fitness videos	2
17	"I like"	Watching music videos	2
21	"I like"	Watching movies & DVDs	2
22	"I like"	Drawing, painting and making art	2

Staff: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
3	"I like"	Video Games	3
5	"I like"	Listening to music i.e. radio, CD, stereo, mp3 etc.	3
9	"I like"	Playing a musical instrument and/or singing	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
24	"I like"	Walking, jogging, running	3
27	"I like"	Having a pet or animals	3
21	"I like"	Watching movies & DVDs	3
28	"I like"	Vegetable, flower or butterfly gardening	3
2	"I like"	Board Games	2
7	"I like"	Using a computer, surfing the Internet	2
11	"I like"	Making videos / video diary	2
23	"I like"	Yoga, meditation	2
26	"I like"	Indoor games, pool, ping pong, foosball etc.	2
4	"I like"	Watching TV shows	2
8	"I like"	Play or watching sports	2
12	"I like"	Reading books & magazines	2
15	"I like"	Working out & fitness activities / fitness videos	2
6	"I like"	Photography and taking pictures	2
14	"I like"	Making beats & rapping	1
1	"I like"	Arts & Crafts	1
10	"I like"	Academic activities, e.g. reading, math, geography etc.	1
13	"I like"	Baking and cooking	1

Participant: _____

Interviewer: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
1	"I like"	Board Games	3
2	"I like"	Video Games	3
3	"I like"	Listening to music i.e. radio, CD, stereo, mp3 etc.	3
7	"I like"	Using a computer, surfing the Internet	3
9	"I like"	Playing a musical instrument and/or singing	3
11	"I like"	Making videos / video diary	3
14	"I like"	Making beats & rapping	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
23	"I like"	Yoga, meditation	3
24	"I like"	Walking, jogging, running	3
26	"I like"	Indoor games, pool, ping pong, foosball etc.	3
27	"I like"	Having a pet or animals	3
1	"I like"	Arts & Crafts	2
4	"I like"	Watching TV shows	2
8	"I like"	Play or watching sports	2
10	"I like"	Academic activities, e.g. reading, math, science, etc.	2
12	"I like"	Reading books & magazines	2
13	"I like"	Baking and cooking	2
15	"I like"	Working out & fitness activities / fitness videos	2
17	"I like"	Watching music videos	2
21	"I like"	Watching movies & DVDs	2
22	"I like"	Drawing, painting and making art	2

Staff: _____

Date: _____

Rating 3 = Like a lot (very important) 2 = Like (important) 1 = Like a little (a little important)
0 = don't like (not important)

Cool Stuff Categories			
	Phrase	Categories	Rating
3	"I like"	Video Games	3
5	"I like"	Listening to music etc.	3
9	"I like"	Playing a musical instrument and/or singing	3
18	"I like"	Ordering food delivery	3
20	"I like"	Fishing	3
24	"I like"	Walking, jogging, running	3
27	"I like"	Having a pet or animals	3
21	"I like"	Watching movies & DVDs	3
28	"I like"	Vegetable, flower gardening	3
2	"I like"	Board Games	3
7	"I like"	Using a computer, surfing the Internet	3
11	"I like"	Making videos / video diary	3
23	"I like"	Yoga, meditation	3
26	"I like"	Indoor games, pool, ping pong, foosball etc.	3
4	"I like"	Watching TV shows	3
8	"I like"	Play or watching sports	3
12	"I like"	Reading books & magazines	3
15	"I like"	Working out & fitness activities / fitness videos	3
6	"I like"	Photography and drawing, painting and making art	3
14	"I like"	Making beats & rapping	3
1	"I like"	Arts & Crafts	3
10	"I like"	Academic activities, e.g. reading, math, science, etc.	3
13	"I like"	Baking and cooking	3

Reinforcement is captured which (theoretically) aids to maintain staff engagement (and participant social reciprocation.) Therapeutic relationships are strengthened and learning synergies are created.

Foundation II: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

PBS Systems

- 1) Non-contingent reinforcement
- 2) P.E.A.R.L
- 3) Enriched Environment
- 4) The Qualified Brain Injury Support Program (QBISP) **
- 5) Matched staff-participant Preference Assessment **

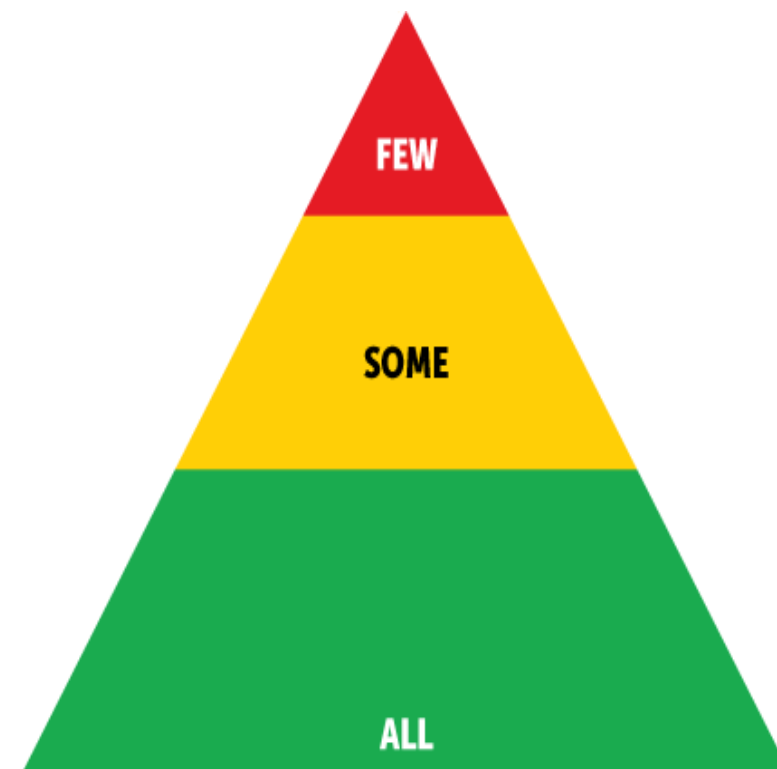
**IT'S ALL ABOUT
RELATIONSHIPS!**

Positive staff engagement and therapeutic rapport is the soil in which all care plans are planted!

Components of Effective Neurobehavioral Programming

III. Foundation: Participant Specific Treatment Planning:

- How and what skills are prioritized for teaching?
- What structure is used to deliver instruction?



Create a positive teaching/learning environment

- Promote high levels of staff engagement
- Develop & maintain therapeutic rapport

Foundation III: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement



Outcomes → Translated into skills →

Skills Domain
Matrix**

Skills Domain Matrix

Skills Categories

- 1) Emotional Regulation
- 2) Functional Cognition
- 3) Social Skills
- 4) Functional Life Skills
- 5) Avocational, Leisure Management & Community Integration
- 6) Health Maintenance
- 7) Vocational
- 8) Other, i.e. individualized skill deficit area including Substance Abuse Education and Treatment

"I want to
live in my
own apt!"

"Go to the
gym by
myself!"

"Have a
girlfriend!"

Skills Domain Matrix

Rehab outcomes:

Are translated into:

Existing skills to reinforce
and maintain

New skills to teach,
learn, practice, reinforce and
generalize

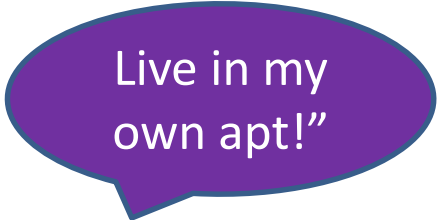
- Skills organized into categories most relevant for NB, SL and ITS participants
- Categories are defined with overall teaching goals
- Categories have sub domains
- Sub domains linked to individual & group interventions
- Produces participant schedule organized by **Block Scheduling** **
- Schedule offerings in-part are produced by participants & staff via **Matched PA** **
- Over time a robust set of therapist, staff and participant generated learning opportunities are produced

Skills Domain Matrix

What skills are necessary across prioritized domains to be able to?

Skills Categories


- 1) Emotional Regulation
- 2) Functional Cognition
- 3) Social Skills
- 4) Functional Life Skills
- 5) Avocational, Leisure Management & Community Integration
- 6) Health Maintenance
- 7) Vocational
- 8) Other, i.e. individualized skill deficit area including Substance Abuse Education and Treatment



Live in my own apt!"



"Have a girlfriend!"



"Go to the gym by myself!"

Domains have Definitions and Overall Treatment Goals

Skill Domain Area	Overall Goals
1) Emotional Regulation, Substance Abuse Tx & Education	Psychosocial education and skills development for optimal mental health and self management. Substance abuse education, treatment and relapse prevention skill development
2) Functional Cognition	Attention, memory, organization, reasoning and problem solving skills development for personal safety, life skills mastery and participation in preferred home and community activities
3) Social Skills	Discrete Trial Training and generalization of replacement behaviors. Utilize DRA and changing criterion design to reduce problem behavior and SR+ increased demonstration of replacement behaviors in residential and community settings. Trial LOS fading
4) Functional Life Skills	Life skills development necessary for safety and optimal independent living
5) Avocational, Leisure Management & Community Integration	Leisure skills exploration and development for safe management of unstructured free time and safe optimal community integration
6) Health Maintenance	Education and individualized strategies to develop skills for optimal physical health
7) Vocational	Employability and work skills development for community based competitive or supported employment or campus based simulated work trial participation
8) Other individualized skill areas	

Domains have Specialty Subdomains linked to Individual and Group Interventions/Services

Skill Domain Area	Overall Goals	Subdomains	Groups
1) Emotional Regulation	Psychosocial education and skills development for optimal mental health and self management. Substance abuse education, treatment and relapse prevention skill development	Individual and Group Psychotherapy. Includes Coping Skills, Stress Management, DBT/CBT, etc.	DBT Skills
		Sub Abuse Treatment / Relapse Prevention	Productive Anger Expression Relapse Prevention
2) Functional Cognition	Attention, memory, organization, reasoning and problem solving skills development for personal safety, life skills mastery and participation in preferred home and community activities	None	Brain Games Cognition for Life Skills
3) Social Skills	Discrete Trial Training and generalization of replacement behaviors. Utilize DRA and changing criterion design to reduce problem behavior and SR+ increased demonstration of replacement behaviors in residential and community settings. Trial LOS fading	Teach/Learn Replacement Behaviors	Social Skills
		Real Time Utilization Replacement Behaviors	Building Healthy Relationships
4) Functional Life Skills	Life skills development necessary for safety and optimal independent living	LOS Fading	Social Skills Gaming
		ADLs: Hygiene/Self-care, Grooming	Life Skills for Successful Living
		Home Management Skills: Room cleanliness, laundry skills, etc.	Healthy Cooking Group
		Food Prep: Menu planning, shopping, cold & hot food prep, cooking	Comparative Shopping
5) Avocational, Leisure Management & Community Integration	Leisure skills exploration and development for safe management of unstructured free time and safe optimal community integration	IADLs: Money management/budgeting, community integration planning	Budgeting / Management Apartment Maintenance
		Leisure Skills Exploration & Development	Leisure Survey & Planning
6) Health Maintenance	Education and individualized strategies to develop skills for optimal physical health	Community Integration: Includes Planning & Facilitation	Creating Leisure Menus
		None, however skills topics may include wellness, medication education/compliance, health education, healthy diet, exercise, stress management, physical fitness, strength & coordination	Healthy Lifestyle Choices Managing your Health Information
7) Vocational	Employability and work skills development for community based competitive or supported employment or campus based simulated work trial participation	Community Based Competitive / Supported Employment Readiness	Job Skills
		On-Campus Simulated Work Trials	Community Based Volunteering Volunteer Projects Group
8) Other Individualized Skill Areas as needed			

Domains have Specialty Subdomains linked to Individual and Group Interventions/Services

Skill Domain Area	Subdomains	Groups
1) Emotional Regulation	Individual and Group Psychotherapy. Includes Coping Skills, Stress Management, DBT/CBT, etc.	DBT Skills
	Sub Abuse Treatment / Relapse Prevention	Productive Anger Expression Relapse Prevention
2) Functional Cognition	None	Brain Games
		Cognition for Life Skills
3) Social Skills	Teach/Learn Replacement Behaviors	Social Skills
	Real Time Utilization Replacement Behaviors	Building Healthy Relationships
	LOS Fading	Social Skills Gaming
4) Functional Life Skills	ADLs: Hygiene/Self-care, Grooming	Life Skills for Successful Living
	Home Management Skills: Room cleanliness, laundry skills, etc.	Healthy Cooking Group
	Food Prep: Menu planning, shopping, cold & hot food prep, cooking	Comparative Shopping
	IADLs: Money management/budgeting, community integration planning	Budging / Management Apartment Maintenance
5) Avocational, Leisure Management & Community Integration	Leisure Skills Exploration & Development	Leisure Survey & Planning
	Community Integration: Includes Planning & Facilitation	Creating Leisure Menus
6) Health Maintenance	None, however skills topics may include wellness, medication education/compliance, health education, healthy diet, exercise, stress management, physical fitness, strength & coordination	Healthy Lifestyle Choices
		Managing your Health Information
7) Vocational	Community Based Competitive / Supported Employment Readiness	Job Skills
	On-Campus Simulated Work Trials	Community Based Volunteering Volunteer Projects Group
8) Other Individualized Skill Areas as needed		

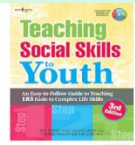

Group and individual therapies can be block scheduled ** for participant daily schedule & structure

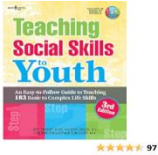
Domains have Specialty Subdomains linked to Individual and Group Interventions/Services

Skill Domain Area	Subdomains	Groups
1) Emotional Regulation	Individual and Group Psychotherapy. Includes Coping Skills, Stress Management, DBT/CBT, etc.	DBT Skills
	Sub Abuse Treatment / Relapse Prevention	Productive Anger Expression Relapse Prevention
2) Functional Cognition	None	Brain Games
		Cognition for Life Skills
3) Social Skills	Teach/Learn Replacement Behaviors	Social Skills
	Real Time Utilization Replacement Behaviors	Building Healthy Relationships
	LOS Fading	Social Skills Gaming
4) Functional Life Skills	ADLs: Hygiene/Self-care, Grooming	Life Skills for Successful Living
	Home Management Skills: Room cleanliness, laundry skills, etc.	Healthy Cooking Group
	Food Prep: Menu planning, shopping, cold & hot food prep, cooking	Comparative Shopping
	IADLs: Money management/budgeting, community integration planning	Budgeting / Management Apartment Maintenance
5) Avocational, Leisure Management & Community Integration	Leisure Skills Exploration & Development	Leisure Survey & Planning
	Community Integration: Includes Planning & Facilitation	Creating Leisure Menus
6) Health Maintenance	None, however skills topics may include wellness, medication education/compliance, health education, healthy diet, exercise, stress management, physical fitness, strength & coordination	Healthy Lifestyle Choices Managing your Health Information
7) Vocational	Community Based Competitive / Supported Employment Readiness	Job Skills
	On-Campus Simulated Work Trials	Community Based Volunteering Volunteer Projects Group
8) Other Individualized Skill Areas as needed		

- Domain specific LTGs are written and further simplified to STOs
- STOs linked to “Skills Tickets” ** in a Token Economy

Other evidence based curricula may be Incorporated

Skill Domain Area	Intervention Package
1) Emotional Regulation	<ul style="list-style-type: none"> • Trauma Informed Interventions • DBT Framework • Integrated IG **
2) Functional Cognition	
3) Social Skills	<ul style="list-style-type: none"> • Boystown Curriculum ** 
4) Functional Life Skills	<ul style="list-style-type: none"> • Casey Life Skills Toolkit https://www.casey.org/casey-life-skills/
5) Avocational, Leisure Management & Community Integration	
6) Health Maintenance	
7) Vocational	
8) Other individualized skill areas including Substance Abuse Education and Treatment	<ul style="list-style-type: none"> • SAMHSA 8 Dimensions of Wellness 
	https://www.samhsa.gov/resource-search/ebp



Critical Social Skills for NB & SL Participants

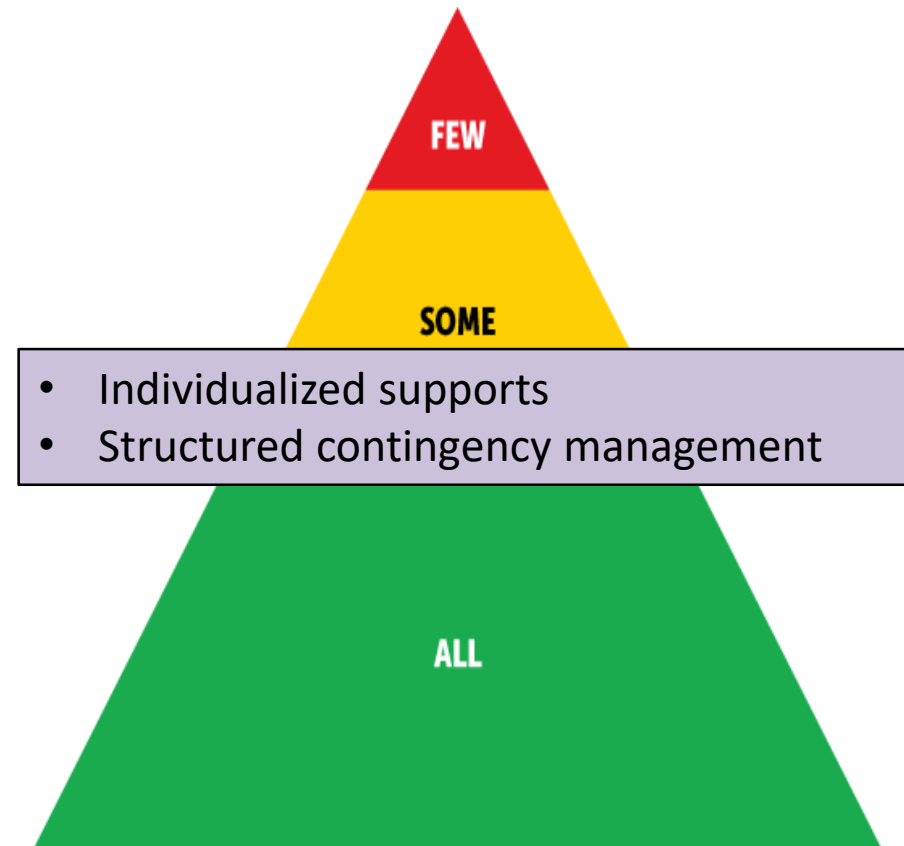
NEPIO
INSTITUTE

1. Following instructions
2. Ignores or walks away from the provocation of others
3. Asks staff for assistance when others instigate conflict
4. Maintains self-control when extremely frustrated or distressed
5. Following an instruction to do something when frustrated or upset
6. Listening to feedback even if “agreeing to disagree”
7. Appropriately asking/waiting for staff attention
8. Stopping a preferred activity (e.g. playing a video game) to initiate a non-preferred activity (take a shower)
9. Initiating a non-preferred activity (e.g. chore) without being asked
10. Waiting to receive requested items/activities
10. Cooperating with others for small behaviors (e.g. allowing someone else the front seat on the van)
11. Asking for / negotiating different tasks to perform rather than refusing to complete a task
12. Asking for / negotiating a different time to initiate a task
13. Accepting “No” that some item/activity is unavailable
14. Negotiating whether a different item/activity is available
15. Expressing themselves without verbal threats when extremely frustrated or upset
16. Problem solving effectively without aggression, verbal threats or leaving the area when extremely frustrated or upset
17. Waiting appropriately and following the person’s instructions when that person is unavailable or unable to speak with them at that time

Components of Effective Neurobehavioral Programming

IV. Foundation: Capturing Reinforcement for Participant Program Engagement

- What gives a participant reason to get up in the morning and engage in therapy?



Foundations IV: Individual Supports. Structured Contingency Management for Participant Engagement in Therapy



Rule governed & under instructional control

Does the participant consistently do what he/she says they will do?

- e.g. attend 3 assigned groups on Mon Wed & Fri and 2 individual sessions on Tue & Thur?

Individual Behavior Contracting

- Includes long & short term S^{R+}
- Set up participant to win!
- Clearly define behavioral expectations, contingencies and time frames.
- “KISS” Keep It Super Simple!”

Structured Token Economy w/ or w/o a Level System

What is a Token Economy?

- Does it have a role in adult NB programming?
- What are its advantages vs. disadvantages?

What is a Level System?

- Does it have a role in adult NB programming?
- What are its advantages vs. disadvantages?

Token Economy

Token Economy

- Package of systematic S^{R+} contingencies
- Establishes unified criteria (i.e. rate, duration, quality and/or consistency of skills mastery) to earn S^{R+}
- Tokens (e.g. points, stickers, poker chips etc.) are earned typically across **short time intervals for discrete tasks & behaviors** redeemable for common and/or individualized S^{R+} s at a later time
- **Goal should be to individualize and/or earn off the Token Economy!**

Advantages

- Unifies consequences across the group for meeting / not meeting criteria
- Can be individualized
- Overlaid with a Level System, establishes criteria to earn higher value S^{R+} s for increased response effort (i.e. greater quality, rate, duration and/or consistency of skills mastery)

Disadvantages

- Adult males w/ TBI may perceive contingencies as childish
- Requires budget, data management and other supports
- May promote staff dependence rather than developing relationships

Level Systems

Level System

- Hierarchy of low to high value reinforcers earned typically across **longer time intervals for composite behaviors & task chains** designed to reinforce sustained effort and promote generalization
- Tokens may be earned to maintain effort until criteria is reached to achieve the next level
- May overlay a token economy of short term reinforcers
- A level system may be designed as a token economy but not every token economy is designed to include a level system
- **Goal should always be earn off the Level System!**

Advantages

- Provides reinforcement for sustained behavior across time
- Used as a unified motivational system for structured curricula, programs or common group criteria

Disadvantages

- Requires data collection and skilled oversight
- May promote staff dependence rather than developing relationships

Token Economy & Level System Integration Across Skills Domain

Treatment Planning



Skills are organized into a color coded hierarchy of less to greater independence

Skills Categories

- 1) Emotional Regulation
- 2) Functional Cognition
- 3) Social Skills
- 4) Functional Life Skills
- 5) Avocational, Leisure Management & Community Integration
- 6) Health Maintenance
- 7) Vocational
- 8) Other, i.e. individualized skill deficit area

1) Orientation "Get Ready" (RED)

2) Learn & Practice I (BLUE)

3) Learn & Practice II (PINK)

4) Learn & Practice III (GREEN)

5) Learn & Practice IV (ORANGE)

6) Mastery (PURPLE)

Dependent,
greater
supports



Independ
ent,
fewer
supports

Token Economy & Level System Integration Across Skills

Domain Matrix



STOs serve as “ **Skill Tickets**”** to progress across Levels

RED: ORIENTATION	BLUE: Learning & Practice I	PINK: Learn & Practice II	GREEN: Learn & Practice III	ORANGE: Learn & Practice IV	PURPLE: Mastery
Participant: _____	Participant: _____	Participant: _____	Participant: _____	Participant: _____	Participant: _____
Skill Domain: _____	Skill Domain: _____	Skill Domain: _____	Skill Domain: _____	Skill Domain: _____	Skill Domain: _____
Objective/Skill Criteria: _____	Objective/Skill Criteria: _____	Objective/Skill Criteria: _____	Objective/Skill Criteria: _____	Objective/Skill Criteria: _____	Objective/Skill Criteria: _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Therapist: _____	Therapist: _____	Therapist: _____	Therapist: _____	Therapist: _____	Therapist: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Participant: _____	Participant: _____	Participant: _____	Participant: _____	Participant: _____	Participant: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____	_____	_____	_____	_____	_____

Token Economy & Level System Integration Across Skills Domain Treatment Planning

Level System Stairstep to Greater Independence

Each level has general goals and success indicators

PURPLE: Mastery			
ORANGE: Learn & Practice IV			
GREEN: Learn & Practice III			
PINK: Learn & Practice II			
BLUE: Learn & Practice I			
RED: ORIENTATION			
Complete therapist assessments for all skill domains. Participant completes self assessment across each skill domain. Therapist and participant create overall goals for each skill domain area	Begin engagement with therapy and instruction. Demonstrate learning and consistently practice new skills in therapy sessions. Begin to use skills in the home and community. Unsafe behaviors begin to decrease.	Continued engagement with therapy and instruction to establish durability of program engagement and learning. Demonstrate learning and consistently practice new skills in therapy sessions. Practice use of new skills in home and community. Unsafe behaviors establish gradual downward trend.	Continue to practice learned skills in therapy sessions with continued practice in residential and community settings. Maintain gradual downward trend in unsafe behaviors. Unsafe behaviors occur at consistent low rates in support of LOS fading if appropriate.
			New skills are beginning to become habitual. Continue to practice learned skills in therapy sessions with continued practice in residential and community settings to establish durability and generalization. Unsafe behaviors occur at consistent low rates in support of continued LOS fading if approved.
			"New Normal". New skills are now "old habit." Maintain use and practice of learned skills in home and community settings at high stable levels. Unsafe behaviors occur at consistent low rates in support of continued LOS fading if appropriate. Maintain clinically appropriate least restrictive LOS.

Domain	(1) Emotional Regulation		(2) Functional Cognition	(3) Social Skills			(4) Functional Life Skills			
Subdomain	Individual Psychotherapy	Group Psychotherapy	Functional Cognition	Teach/Learn Replacement Behaviors	Real Time Utilization Replacement Behaviors	LOS Fading	ADLs: Self-care/Hygiene, Grooming	Home Management Skills: Room cleanliness, Laundry skills etc.	Food Prep: Menu Planning, Shopping, Hot & Cold Food Prep, Cooking	IADLs: Money Management, Budgeting, Community Integration Planning
Learn & Practice I (BLUE)	Attend X % groups for Y consecutive weeks	Attend X % sessions for Y consecutive weeks	Attend X % sessions for Y consecutive weeks	Identify X # most frequent unsafe behaviors	Develop training & practice protocol for each "Instead Of" behavior		Complete Life Skills Assessment with therapist	Sort, wash, dry, fold and put away my laundry with minimal staff assistance, once/week for 4 weeks	Attend X % Cooking Group for Y consecutive weeks	
	Maintain mindfulness journal, one entry/day for 14 consecutive days	Write/provide input to your Interaction Guideline**	Create visual weekly schedule	Identify X # triggers for each frequent unsafe behavior Link to "Your Buttons" in your IG**	Practice "Instead Of" protocols with therapist X sessions/week for Y consecutive weeks		Rank order Skills related to outcome			
		Identify and discuss 3 personality strengths and why you regard them as strengths	Follow weekly schedule with approved changes for X consecutive weeks	Identify X # "Instead Of" behaviors for each unsafe behavior			Create learning plan for top 3 indiv the vs. grp practice with your RIC**			
# Skill Tickets: 19				Develop "Practice and Use Plan" with therapist and "Residential Independence Coach"***						

STOs translated into “Skills Tickets”** for Token Economy overlay

NEURO
INSTITUTE

						PURPLE: Mastery
					ORANGE: Learn & Practice IV	
				GREEN: Learn & Practice III		
		PINK: Learn & Practice II				
	BLUE: Learn & Practice I					
RED: ORIENTATION						
Complete therapist assessments for all skill domains. Participant completes self assessment across each skill domain. Therapist and participant create overall goals for each skill domain area	Begin engagement with therapy and instruction. Demonstrate learning and consistently practice new skills in therapy sessions. Begin to use skills in the home and community. Unsafe behaviors begin to decrease.	Continued engagement with therapy and instruction to establish durability of program engagement and learning. Demonstrate learning and consistently practice new skills in therapy sessions. Practice use of new skills in home and community. Unsafe behaviors establish gradual downward trend.	Continue to practice learned skills in therapy sessions with continued practice in residential and community settings. Maintain gradual downward trend in unsafe behaviors. Unsafe behaviors occur at consistent low rates in support of LOS fading if appropriate.	New skills are beginning to become habitual. Continue to practice learned skills in therapy sessions with continued practice in residential and community settings to establish durability and generalization. Unsafe behaviors occur at consistent low rates in support of continued LOS fading if approved.		<p>"New Normal". New skills are now "old habit."</p> <p>Maintain use and practice of learned skills in home and community settings at high stable levels. Unsafe behaviors occur at consistent low rates in support of continued LOS fading if appropriate. Maintain clinically appropriate least restrictive LOS.</p>

Skills Tickets** completion promotes mastery & generalization towards increased quality of life with fewer supports

** Skills tickets are the link between participant outcomes and the skills they must learn, practice, and utilize (and teach others!) to achieve them

Points maybe added to Skills Tickets as tokens for individualized reinforcers

- Green Level: Each skill ticket = 10 points. 120 points earns the Garth Brooks concert in December!

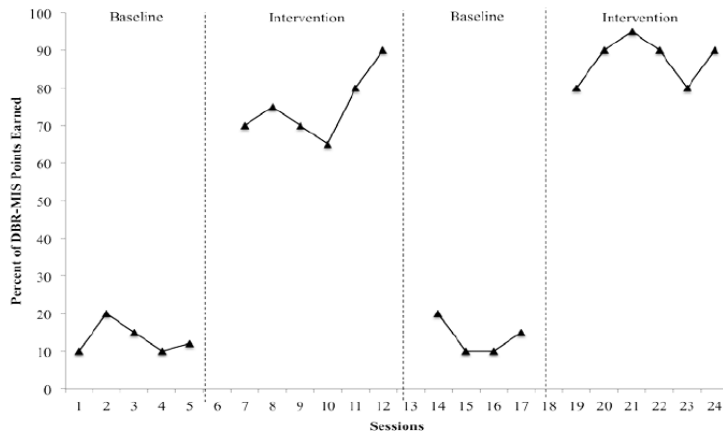
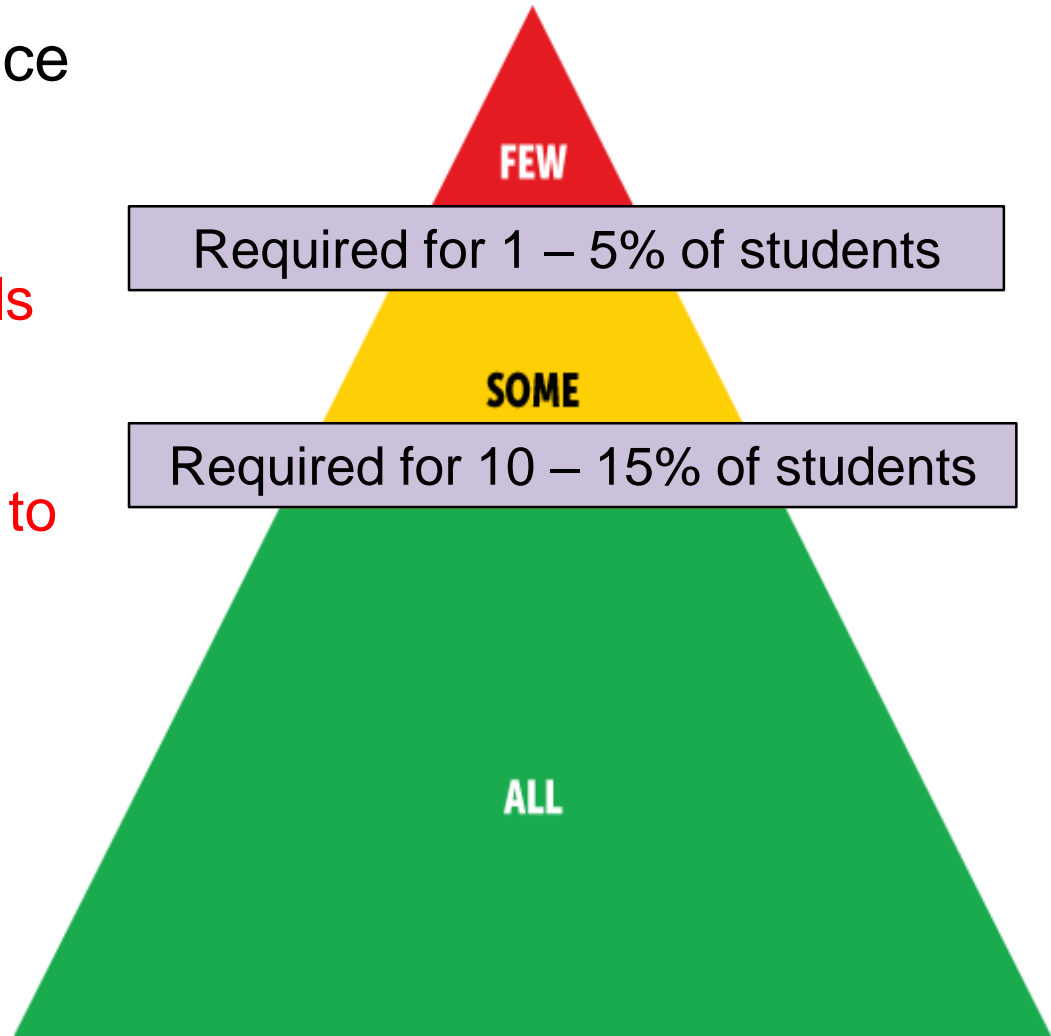
** Bonus Tickets

- Earned for demonstrating high priority social skills
- Teach others a skill you've learned
- Random Acts of Kindness!
- Create a class or learning meetup
- Orient a new participant to house and program rules

Foundation V: Positive Behavior Supports to Build Therapeutic Rapport and Staff Engagement

V. Foundation: Best Practice Individualized Behavior Programming. Core ABA

- What are the essentials for the fewest, most simple and most powerful interventions to teach new skills?



Individualized Behavior Programming: Best Practice Elements

i. **Descriptive Assessment**

- ii. Functionally Aligned Interventions
- iii. Non-functional Strategies
- iv. Staff Training
- v. Data Analysis, Program Evaluation & Modification
- vi. Restrictive Procedures, Participant Rights
- vii. Crisis Management
- viii. Generalization Strategies

Individualized Behavior Programming: Best Practice Elements

i. **Descriptive Assessment**

- ii. Functionally Aligned Interventions
- iii. Non-functional Strategies
- iv. Staff Training
- v. Data Analysis, Program Evaluation & Modification
- vi. Restrictive Procedures, Participant Rights
- vii. Crisis Management
- viii. Generalization Strategies

Keep it
Simple!

Descriptive Assessment: “Accurate Diagnosis leads to Accurate Treatment”



- Descriptive Assessment
 - A non-experimental process to confidently hypothesize the function(s) of behavior
 - Confirm patterns
 - Topographies
 - Frequency & intensity
 - Setting events
 - Predictability of antecedent and consequent events
- Assessment Methods
 - Records review
 - Assessment interviews
 - Direct observation & data collection
 - Indirect Measures
- Triangulate conclusions across all methods to substantiate their accuracy and validity
- Create confident functional hypothesis

Behavior Function Oversimplified

- Behavior functions for a reason
 - The “reason” is the change in the environment produced or “caused” by the behavior
 - The “reason” is the consequence or “payoff” which serves the individual
 - The consequence / environmental change is referred to as “Behavior Function”

Antecedent

- No-one has interacted with me in 15 minutes

Behavior

- Turn over a table

Consequence

- High value attention which also produces something to eat!
- Often the Antecedent for the next behavior

Behavior Function Oversimplified

Behavior may function to produce **(1) Social Attention**, i.e. “Stop, look and talk to me!”

- Attention may be **Positive** or **Negative**
- Attention may serve to obtain access to highly desired Items, activities or people
- Attention is the gatekeeper (!) signals whether access is likely

Behavior may function to **produce (2) Escape, avoidance and/or postponement of aversive conditions or demands**

- Demands that the person finds aversive due to:
 - Too difficult, i.e. doesn't possess the skill
 - Requires excessive response effort or requires that they stop a preferred task to initiate a non preferred task
- Avoidance of people the person finds aversive
 - Someone making the task demand
 - People with whom they have a history of punishment or conflict

Descriptive Assessment: “Accurate Diagnosis leads to Accurate Treatment”

Assessment Methods

- Records review
- Assessment interviews
- Direct observation & data collection
- Indirect Measures

Goal is to triangulate data sources to establish patterns in histories of Antecedents and Consequences

- To establish substantiated, confident functional hypothesis
- To design functionally aligned interventions, i.e.
“Accurate Diagnosis leads to Effective Treatment”

Individualized Behavior Programming: Best Practice Elements

- i. Descriptive Assessment
- ii. Functionally Aligned Interventions**
- iii. Non-functional Strategies
- iv. Staff Training
- v. Data Analysis, Program Evaluation & Modification
- vi. Participant Rights Restrictions
- vii. Crisis Management
- viii. Generalization & Maintenance Strategies

Functional Interventions Oversimplified



Best practice behavior plans must identify A – I for each targeted behavior

	A	B	C	D	E	F	G	H	I
	Behavior Topography with Operational Definition	Behavior Function (simplified)	Contingency	Common Antecedents	Antecedent Based Intervention (reduce or eliminate provocative antecedents)	Common Consequences	Consequence Based Intervention (reduce or eliminate maintaining consequences)	Teach Functionally Aligned Replacement Responses (replace problem behavior)	Teaching Methods
1	XXX	Attention	Socially Mediated S ^{R+}	(1) Attention Deprivation	(1) Non-contingent S ^{R+} i.e. P.E.A.R.L.	Attention (high value)	(1) Extinction / Planned Ignoring	(1) Functional communication, i.e. requesting attention, requesting an activity/initiating other social interaction, etc. (2) Waiting	Formal or incidental (role of DSCP)
2	XXX	Escape	Socially Mediated S ^{R-}	(1) Task demand (2) Aversive individuals (coercion) or environment	(1) Task or demand alteration/fading (2) Non-contingent escape	(1) Attention (high value) (2) Escape, avoidance, postponement of demand or aversive stimulation	(1) Escape extinction** (2) Prompt and S ^{R+} replacement response	(1) Functional Communication, i.e. request/negotiate task alteration (2) DRA	Formal or incidental (role of DSCP)
3	XXX	Access, i.e. desired tangible or activity	Socially Mediated S ^{R+}	Access denied, unavailable or postponed	Non-contingent access	(1) Attention (high value) (2) Negotiation to produce desired tangible or activity (3) Desired tangible or activity is produced either immediately or in short duration	(1) Extinction (2) Prompt and S ^{R+} replacement response	(1) Functional Communication, i.e. request/negotiate access (2) Waiting (3) Accepting that item/activity is unavailable	Formal or incidental (role of DSCP)
4	XXX	Sensory	Automatic S ^{R+} or S ^{R-}	Varies	Varies	Varies	Varies	Varies	Formal

Functional Interventions Oversimplified



Best practice behavior plans must identify A – I for each targeted behavior

	A	B	C	D	E	F	G	H	I
	Behavior Topography with Operational Definition	Behavior Function (simplified)	Contingency	Common Antecedents	Antecedent Based Intervention (reduce or eliminate provocative antecedents)	Common Consequences	Consequence Based Intervention (reduce or eliminate maintaining consequences)	Teach Functionally Aligned Replacement Responses (replace problem behavior)	Teaching Methods
1	XXX	Attention	Socially Mediated S ^{R+}	(1) Attention Deprivation	(1) Non-contingent S ^{R+} i.e. P.E.A.R.L.	Attention (high value)	(1) Extinction / Planned Ignoring	(1) Functional communication, i.e. requesting attention, requesting an activity/initiating other social interaction, etc. (2) Waiting	Formal or incidental (role of DSCP)
2	XXX	Escape	Socially Mediated S ^{R-}	(1) Task demand (2) Aversive individuals (coercion) or environment	(1) Task or demand alteration/fading (2) Non-contingent escape	(1) Attention (high value) (2) Escape, avoidance, postponement of demand or aversive stimulation	(1) Escape extinction** (2) Prompt and S ^{R+} replacement response	(1) Functional Communication, i.e. request/negotiate task alteration (2) DRA	Formal or incidental (role of DSCP)
3	XXX	Access, i.e. desired tangible or activity	Socially Mediated S ^{R+}	Access denied, unavailable or postponed	Non-contingent access	(1) Attention (high value) (2) Negotiation to produce desired tangible or activity (3) Desired tangible or activity is produced either immediately or in short duration	(1) Extinction (2) Prompt and S ^{R+} replacement response	(1) Functional Communication, i.e. request/negotiate access (2) Waiting (3) Accepting that item/activity is unavailable	Formal or incidental (role of DSCP)
4	XXX	Sensory	Automatic S ^{R+} or S ^{R-}	Varies	Varies	Varies	Varies	Varies	Formal

Individualized Behavior Programming: Best Practice Elements

- i. Descriptive Assessment
 - ii. Functionally Aligned Interventions
 - iii. **Non-functional Strategies**
 - iv. Staff Training
 - v. Data Analysis, Program Evaluation & Modification
 - vi. Participant Rights Restrictions
 - vii. Crisis Management
 - viii. Generalization & Maintenance
- General S^{R+} and differential S^{R+} strategies
 - Environmental enrichment strategies
 - Behavior Contacts
 - DRO
 - Individual Token Economy
 - Behavior momentum strategies
 - Daily structure, control & predictability strategies

Individualized Behavior Programming: Best Practice Elements



- i. Descriptive Assessment
 - ii. Functionally Aligned Interventions
 - iii. Non-functional Strategies
 - iv. Staff Training**
 - v. Data Analysis, Program Evaluation & Modification
 - vi. Participant Rights Restrictions
 - vii. Crisis Management
 - viii. Generalization & Maintenance
- Training must be competency based, i.e. *Behavior Skills Training* technology
 - Residential leadership established as Master Trainers
 - 1st and 2nd shift training built into program schedule weekly
 - Observation, S^{R+} & feedback occurs on-the-floor. Establish reinforcement system for consistent high fidelity implementation

Individualized Behavior Programming: Best Practice Elements

- i. Descriptive Assessment
 - ii. Functionally Aligned Interventions
 - iii. Non-functional Strategies
 - iv. Staff Training
 - v. **Data Analysis, Program Evaluation & Modification**
 - vi. Participant Rights Restrictions
 - vii. Crisis Management
 - viii. Generalization & Maintenance
- **Can't improve what you don't measure!**
 - Data collection to access behavior change
 - Frequency (event) recording
 - Interval recording
 - Other
 - Program modification
 - Data analysis
 - New safety risks
 - Stakeholder concerns
 - Importance of routinely scheduled training

Individualized Behavior Programming: Best Practice Elements



- i. Descriptive Assessment
- ii. Functionally Aligned Interventions
- iii. Non-functional Strategies
- iv. Staff Training
- v. Data Analysis, Program Evaluation & Modification
- vi. Participant Rights Restrictions**
- vii. Crisis Management
- viii. Generalization & Maintenance

429.28 FL Resident bill of rights (excerpt)

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

(a) Live in a safe and decent living environment, free from abuse and neglect.

(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.

Any rights restriction must be listed and guardian approved

Individualized Behavior Programming: Best Practice Elements



- i. Descriptive Assessment
 - ii. Functionally Aligned Interventions
 - iii. Non-functional Strategies
 - iv. Staff Training
 - v. Data Analysis, Program Evaluation & Modification
 - vi. Participant Rights Restrictions
 - vii. Crisis Management**
 - viii. Generalization & Maintenance
- Acknowledge emergency safety technology, i.e. therapeutic restraint system
 - State that physical hold techniques will be used to ensure safety only when the participant is an eminent danger to himself or others
 - Provide a general list of the disengagement and holding strategies likely to be used

Individualized Behavior Programming: Best Practice Elements



- i. Descriptive Assessment
 - ii. Functionally Aligned Interventions
 - iii. Non-functional Strategies
 - iv. Staff Training
 - v. Data Analysis, Program Evaluation & Modification
 - vi. Participant Rights Restrictions
 - vii. Crisis Management
 - viii. Generalization & Maintenance**
- (Response) Generalization is the expression of new behaviors across different settings, times and individuals than those in which the skill was trained
 - Training should occur in the settings where the skill is to be displayed, e.g. accepting “No” @ Walmart
 - Include strategies to S^{R+} generalization

Components of Effective Neurobehavioral Programming



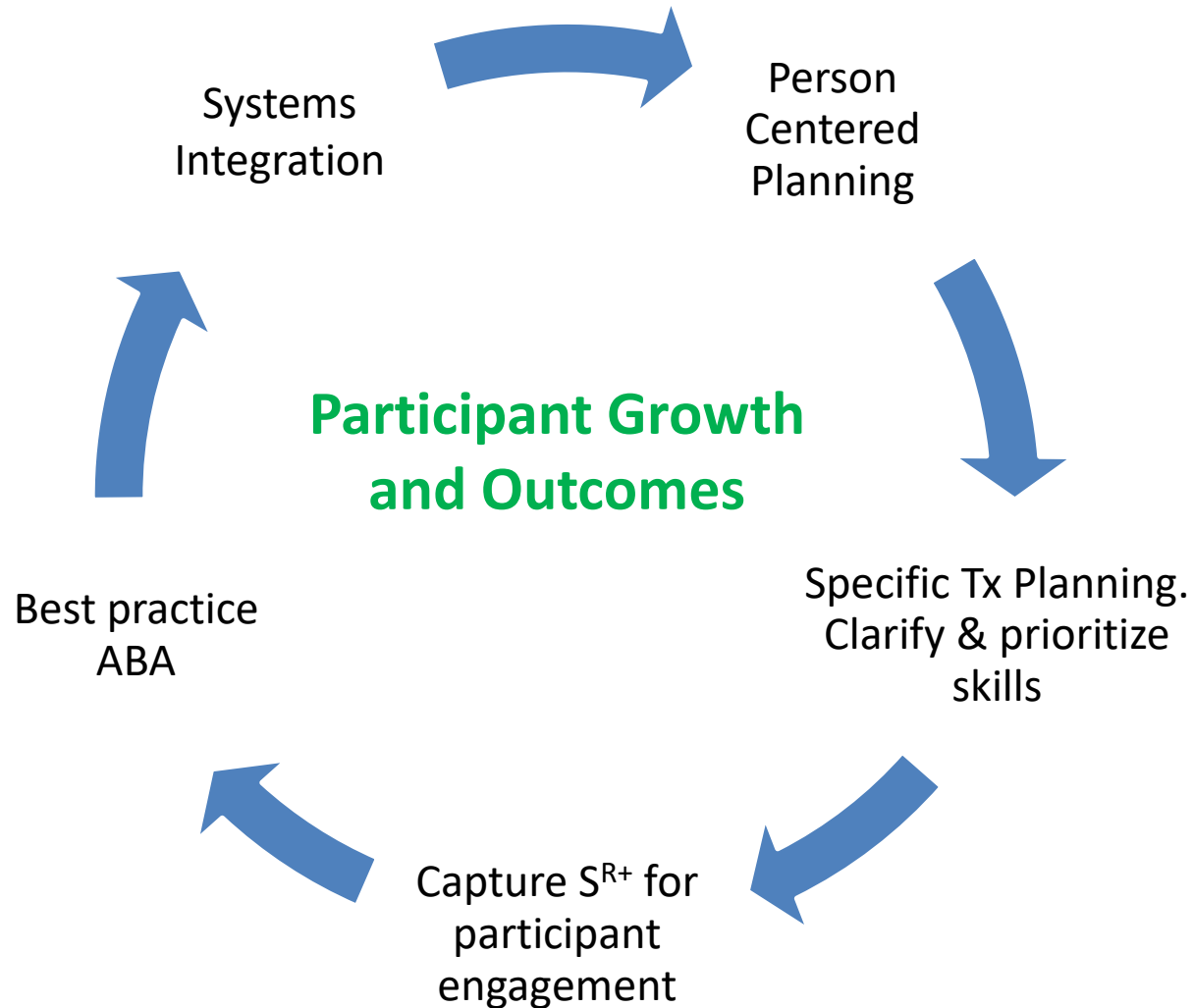
Integration

- How do we put it all together?

Pathway to Independence

Support

- Effective program leadership
- Effective staff training / skills coaching
- Operational accountability systems
- Competent BCBA



Staff – Participant Therapeutic Rapport

Effective Neurobehavioral Treatment Planning

5th Floor

Applied Behavior Analysis

4th Floor

Contingency Management

3rd Floor

Person Specific Treatment Planning

2nd Floor

Person Centered Treatment Planning

1st Floor

Staff – Participant Therapeutic Rapport

Foundation

Effective Operational Leadership

Effective Neurobehavioral Treatment Planning

5th Floor

Applied Behavior Analysis

4th Floor

Contingency Management

3rd Floor

Person Specific Treatment Planning

2nd Floor

Person Centered Treatment Planning

1st Floor

Staff – Participant Therapeutic Rapport

Foundation

Effective Operational Leadership

*Programs
may go lite or
heavy into
each
technology!*

Treatment Systems	**Therapeutic Enhancement Strategies**
✓ Foundation I: Person Centered Treatment Planning	NEURO INSTITUTE
✓ Foundation II: Positive Behavior Supports	(a) QBISP
	(b) Mentorship coaching.
	(c) Unified Interaction Guidelines
	(d) Matched Preference Assessment
✓ Foundation III: Participant Specific Treatment Planning	(a) Skills Domain Matrix
	(b) Block Scheduling
	(c) Boystown Social Skills Curriculum
✓ Foundation IV: Capturing Reinforcement	(a) Skills Tickets
	(b) Bonus Tickets
✓ Foundation V: Best Practice Individualized Behavior Programming	
✓ Integration	

Outline: Components of Effective Neurobehavioral Programming

Tagline

- Behavioral teaching technologies →
- Arranged to produce synergies →
- For effective neurobehavioral treatment planning and service delivery →
- Within a safe, positive teaching community →
- Supported by competent neurobehavioral program leadership and operations

References

Santiago-Rosario, M. R., McIntosh, K., Izzard, S., Cohen-Lissman, D., & Calhoun, T. E. (2023). Is Positive Behavioral Interventions and Supports (PBIS) an Evidence-Based Practice? *Center on PBIS*, University of Oregon. www.pbis.org.

Kittelman, A., Strickland-Cohen, M. K., Horner, R. H., Morris, K., Lewis, T., & Flannery K. B.. (March 2023). Measuring Fidelity of Core Features of Tier 2 Systems and Practices in Schools. *Center on PBIS*, University of Oregon. www.pbis.org

Eames, P., & Wood, R. (1985). Rehabilitation after severe brain injury: a follow-up study of a behavior modification approach. *Journal of Neurology, Neurosurgery and Psychiatry*. (48): 613-619.

Stanhope, V., Choy-Brown, M., Williams, N., & Marcus, S (June, 2021). Implementing Person-Centered Care Planning: A Randomized Controlled Trial. *Psychiatric Services*, 72(6): 641-646

Stanhope, V., Ingoglia, C., Schmelter, B., & Marcus, S. (January, 2013). Impact of Person Centered Planning and Collaborative Documentation on Treatment Adherence. *Psychiatric Services*, 64(1): 77-79

Wallace & McCauley, et al. (November, 2022). Use of person centered goals to direct interdisciplinary care for military service members and Veterans with chronic mTBI and co-occurring psychological conditions. *Frontiers in Neurology*. (13): 01-13

Murphy, S. (1976). The effects of a token economy program on self-care behaviors of neurologically impaired inpatients. *Journal of Behavior Therapy and Experimental Psychiatry*, 7(2): 145-147

Questions?

bennie.Colbert@sevitahealth.com



NEURO
INSTITUTE

Continuing Education for Rehabilitation Professionals



Components of Effective Neurobehavioral Programming

Bennie Colbert, M.A., BCBA, QBISP-T