

Integrating Behavior Supports and Counseling Services

AAIDD Conference
July 20th, 2016



José Levy, MA, LPA, BCBA
Director
jlevy@behaviorsolutions.com
512.589.0929

Cristy Pierce, PsyD, BCBA
Psychologist
cpierce@behaviorsolutions.com
512.653.5536

Learning Objectives

- Identify key components of behavior supports and counseling
- Understand rationale and conceptualization of integrating services
- Provide concrete examples of integrated services

Behavior Supports

- Goals
 - Reduce challenging behaviors and increase adaptive behaviors
 - Teach the person new skills or improve existing skills to improve quality of life
 - Generalize behaviors to other settings and maintain over time
- Target Populations are Individuals with Neurodevelopmental Disorders

Behavior Supports continued

- Principle Treatment Modalities
 - Behavior therapy
 - Applied behavior analysis
 - Uses empirical technologies to measure, analyze, and develop treatment strategies
 - Data driven decisions
 - Behaviors must be observable, measurable and operationally defined

Types of Behavior Supports

- Functional Assessments
 - Indirect: interview with individual, staff members, record reviews, rating scales for challenging behaviors
 - Direct: directly observes individual's behavior, environments, and/or consequences
 - Experimental: specific form of direct assessment wherein the environment and/or consequences are manipulated
 - B. Iwata developed the gold standard

Types of Behavior Supports continued

- Behavior Support Plans
 - Identify behaviors to decrease
 - Teach replacement behaviors that address function of challenging behavior
 - Reinforcement programs/behavior contracts incorporated into plan

Types of Behavior Supports

- Skill Acquisition Plans
 - Address skill deficits
 - Teach functional, adaptive behaviors to increase independence
 - Examples: communication, personal hygiene tasks, cooking, job tasks, etc.

Types of Behavior Supports continued

- Training
 - Topics of training
 - Functions of behavior
 - How to teach new skills
 - Ways to prevent or decrease likelihood challenging behavior will occur
 - Other
 - People who require training
 - Individual receiving services
 - Parent or legally authorized representative
 - Direct care professionals
 - Treatment team members including medical personnel
 - Others: community members, students, etc.

Delivery of Behavior Supports

- Board certified behavior analysts have most specialized training
- Location of services includes clinics, private homes, residential programs and other community settings

ABA Treatment

- Changing consequences to increase or decrease behavior
 - Reinforcement
 - Extinction
 - Punishment
 - Response cost
 - Overcorrection

ABA Treatment continued

- Antecedent Control
 - Recognizing situations and stimuli
 - Prompting
 - Modeling
 - Forward and backward chaining

ABA Treatment continued

- Generalization
 - Develop exemplar responses
 - Increase opportunities to practice skills
 - Practice, practice, practice
 - Monitor and make corrections
- Maintenance
 - Intermittent reinforcement
 - Self-management

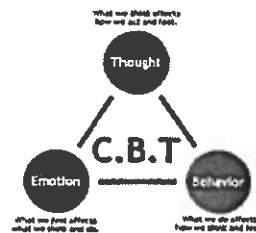
Counseling

- Traditional talk therapy provided by counselor or psychologist to treat mental illness
- Goals
 - Improved mental functioning in the areas of cognition, emotion regulation and behavior
 - Decrease distress or disability in social, occupational or other important activities
- Delivery of counseling
 - Clinicians include counselors or psychologists
 - Typically performed in private office but community settings becoming more common

Counseling for Individuals with ID

- Cognitive skills needed to participate
 - Language skills
 - Memory
 - Insight
- Modifications to sessions
 - More concrete examples
 - Borrow from pediatric service models
- Behaviorally based approaches most effective
 - Cognitive behavioral therapy
 - Dialectical behavior therapy

Cognitive Behavioral Therapy



- Seeks to reframe thoughts to change dysfunctional thinking processes
 - Overgeneralization
 - Absolute thinking
 - Overstating negatives
 - Catastrophizing
- Teaches new skills
- Generalize across settings
- Maintenance

Dialectical Behavior Therapy

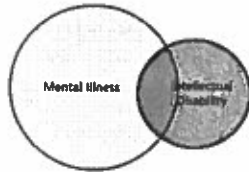
- Developed by Linehan for treatment of borderline personality disorder
- Highly structured and manualized approach
- Individual therapy
 - Problem-oriented techniques
 - Supportive techniques
- Group therapy
 - Core mindfulness
 - Emotional regulation
 - Interpersonal effectiveness
 - Distress tolerance

Why Integrate?

- Individuals are not silos
- More challenging individuals to provide services
- Function of behavior unclear
- More robust outcomes
 - Closer monitoring of progress
 - More likely to learn, maintain and generalize skills

Why Integrate?

- NADD estimates 30-35% of individuals with intellectual disabilities also have mental health diagnosis
- Approximately 957,000 to 1.12 million in the United States and 80,880 to 94,360 people in Texas are dually diagnosed



How to Integrate Services

- Overlap multiple services
- Examples
 - BSP incorporates counseling techniques as replacement behaviors
 - Behavior data and psychological assessment data presented to psychiatrist
 - Using counseling sessions to review progress in reinforcement programs or participation in counseling criteria within reinforcement program

Barriers to Integration

- FUNDING
- Dually certified clinicians
- Individual's willingness to consent and participate in programming

Case Example- Leigh

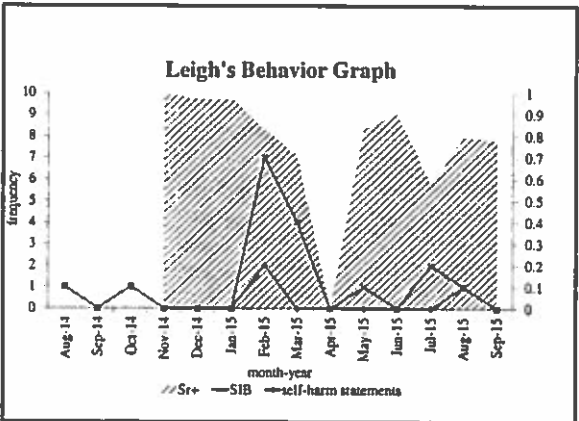
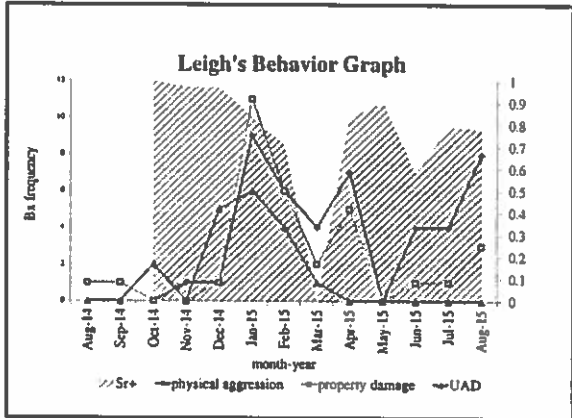
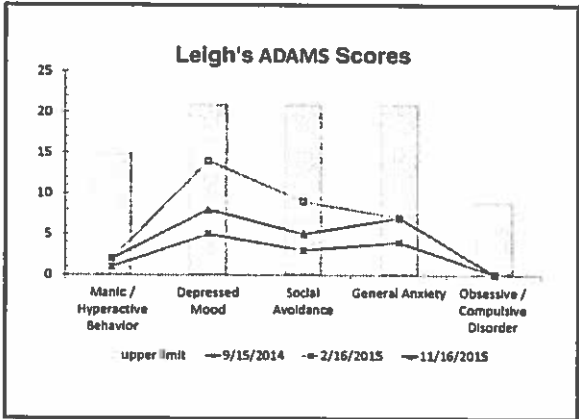
- 26-year-old Caucasian female
- Seizure disorder, GERD, Allergies, Obesity
- Mild intellectual disability
- Anxiety disorder, Bipolar, Depression
- Prescribed multiple psychotropic medications
- Admitted to group home in June 2014 from psychiatric hospital
- Referred for behavior services in August 2014
- Started counseling Oct 2014

Leigh's Counseling Services

- Counseling treatment plan
- Goals
- Session content

Leigh's Behavior Supports

- Functional assessment
- Behavior support plan
 - Target behaviors
 - Replacement behaviors
- Reinforcement program
- Training



- ### Leigh's Treatment Progress
- Maintained residential placement
 - Day habilitation programming suspended Nov 2015 for disruptive behavior
 - Psychotropic medications largely unchanged
 - Restarted counseling June 2016

- ### Review Learning Objectives
- Identify key components of behavior supports and counseling
 - Understand rationale and conceptualization of integrating services
 - Provide concrete examples of integrated services



References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th edition). Washington, DC: Author.

Esbensen, A., Rojahn, J., Aman, M., and Ruedrich, S. (2003). Reliability and validity of an assessment instrument for anxiety, depression, and mood among individuals with mental retardation. *Journal of Autism and Developmental Disorders*, 33(6), 617-629.

Fletcher, R., Losehen, E., Stavrakaki, C., First, M. (Eds.). (2007). *The DM-ID: A textbook of disorders in persons with intellectual disabilities*. Kingston, NY: NADD Press.

Linehan, M. M. (1993a). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Linehan, M. M. (1993b). *Skills training manual for treating borderline personality disorder*. New York: Guilford Press.

U.S. Census Bureau. (2014). Retrieved July 16, 2016 from <http://www.census.gov/topics/population.html>.