The Place I Belong: Solitary Confinement to Community Inclusion

17th International Conference on Positive Behaviour Support
The Expanding World of PBS: Science, Values, and Vision
March 11-14, 2020 Miami FL

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Challenges

Challenging Behaviour
Mental Health
Quality of Life
Positive Behaviour Support
Recap from 2019

• In 2019 CBI Consultants presented the story of Mitch and Robert
• Happy to report that they are still doing well in their new homes

• This year we will discuss other transitions and future plans
  • New individuals
  • New Challenges
  • QoL Data collection
  • Interviews
Forensic Psychiatric Hospital

• Forensic Psychiatric Hospital is a secure, 190-bed facility that treats and rehabilitates individuals who have come in conflict with the law and are deemed unfit to stand trial or not criminally responsible on account of mental disorder (NCRMD).

• Alternative to regular prison system
Forensic Psychiatric Hospital
Mitch, Robert, and Art

- High-profile and risk individuals
- Most restrictive setting
- Poor Quality of life
- More than 8 years served
Challenges

• We know how to improve lives

• Positive behaviour supports have a strong evidence base

• However PBS is relatively unknown in forensic facilities\textsuperscript{1,2}

• Nearly 50% of patients discharged from Forensic facilities later return\textsuperscript{3}

\textsuperscript{1} Jolivette & Nelson, 2010, \textsuperscript{2} National Council on Disability, 2003, \textsuperscript{3} Livingston et al., 2003
The collaboration between hospital, ministry, support agency, and behaviour consultation is unprecedented.

CBI Consultants are some of the first to try this.
Challenges

• Quality of life is:
  • Emotional well being
  • Interpersonal relationships
  • Self-determination
  • Social Inclusion
  • Material Well Being
  • Personal Development
  • Rights
  • Physical well being
Challenges

• Multiple systems involved
• Supports and systems changes needed
• Planning
• Implementation
• Results
• Discussion
Planning

Assessment
Behaviour Support Plan
Transition Plan
Assessment

• Functional Behaviour Analysis
  • Personal Profile Inventory;
  • Functional Behaviour Assessment Interview (FBAI);
  • Observations of Problem Routines & Challenging Behaviour;
  • Questions about Behaviour Function (QABF) tool
Lifestyle Development Process

1. VISION PLANNING
   Develop Personal Profile

2. ASSEMBLING MEANINGFUL ROUTINES AND REVISING SCHEDULES (Day/Week Plan)
   - Community
   - Educational
   - Employment
   - Recreation/Leisure
   - Home

3. ASSESSING BARRIERS TO PARTICIPATION
   - Knowledge
   - Opportunity
   - Attitudinal
   - Team Facilitation (Game Theory)

4. DEVELOPMENT OF INTERVENTION STRATEGIES
   - Behaviour
   - Instructional
   - Communication
   - Social

5. EVALUATING QUALITY OF LIFE

(Malette, P., Mirenda, P., Kandborg, T., Jones, P., Bunz, T., Rogow, S., 1992)
Behaviour Support Plan

Response class
   - Routine analysis
   - Hypothesis statement
   - Function

Problem Behaviour

Functional Assessment

Intervention & Support Plan
   - Implementation support
   - Data plan

Fidelity Of Implementation

Impact on Behaviour And Lifestyle
   - Continuous improvement
   - Sustainability plan

Alternative behaviors
   - Competing behavior analysis
   - Contextual fit
   - Strengths, preferences, & lifestyle outcomes
   - Evidence-based interventions

• Team Base
  • Behaviour Competence
Transition Plan

Step 1: Establish a wraparound team

Step 2: Complete FBA for M and R

Step 3: Contract PBS Trained Agency and Hire based on FBA

Step 4: Train agency staff on PBS strategies

Step 5: Agency Staff begin rapport building

Step 6: Locate community and housing

Step 7: Agency staff begin community activities

Step 8: Activities increase in duration/complexity

Step 9: Systems/Supports are ready before moving in

Step 10: M and R move in to new home
Art
• Turn the volume up on my classic rock!
• Wrestling fan
• Likes yachts, fast cars, and big houses
• Don’t get between me and my coffee and donuts

• Traveller; Hitchhiked across the US and Canada
  • Once lived in Miami for a summer, “until it got cold” and he decided to go home to Canada
• 75 year old Male
• Index offences:
  • Assault and Sexual Assault 2014-NCRMD
• Primary Diagnosis- intellectual disability and schizoaffective disorder
• Medical Co-Morbidities
  • Diabetes
• Early trauma history-Birth to 6
  • Adopted with mother into a family
  • Mother later left
  • No official adoption records
Brief Life History

• Age 6 to Young Adult
  • Reported physical abuse at home and school (knocked unconscious with a hockey stick)
  • Schooling ended at grade 9

• Meta-analysis of TBI in homelessness (Stubbs et al., 2020)
  • Predictive of victimization, mental health, suicidal ideation, TBI occurs before homelessness for 51-92% of participants
Behavioural History and Profile

• Multiple hospital involvements in cities across the province
• Admissions to tertiary care facilities due to mental health
• Reported feelings of loneliness and depression with suicide attempts
Behavioural History and Profile

- Physical assault on caregivers and doctors

- History of inappropriate behaviour with women
  - Banned from offices of various support agencies
  - Personal relationships with partners where there was abuse reported
  - Several instances of assault on people with intellectual or physical disabilities
Mitch
Introduction to Mitch

• 38 year old Male
• Index offence-Assault 2009-NCRMD
• Primary Diagnosis-Autism Spectrum Disorder and intellectual disability
• Unspecified psychotic disorder and anxiety disorder
• Medical Co-Morbidities
  • Seizure Disorder
  • Bilateral hearing impairment
  • Type 1 Diabetes
  • Dyslipidemia
Robert
• 47 year old male
  • Index Offense-Second Degree Murder Charge-1988 (17 years of age)
  • While in youth custody attempted to hang himself
    • Anoxia resulting in permanent, severe brain damage

• Found Not Criminally Responsible on Account of Mental Disorder (1990) and transferred to adult Forensic Psychiatric Hospital
  • Mild intellectual disability
  • Dementia Due to Hypoxic Brain Injury
  • Organic Brain Disorder
Implementation
Transition Plan for Mitch and Robert

Step 1: Establish a wraparound team

Step 2: Complete FBA for M and R

Step 3: Contract PBS Trained Agency and Hire based on FBA

Step 4: Train agency staff on PBS strategies

Step 5: Agency Staff begin rapport building

Step 6: Locate community and housing

Step 7: Agency staff begin community activities

Step 8: Activities increase in duration/complexity

Step 9: Systems/Supports are ready before moving in

Step 10: M and R move in to new home
Transition Plan for Art

Step 1: Establish a wraparound team

Step 2: Complete FBA for Art

Step 3: Contract PBS Trained Agency and Hire based on FBA

Step 4: Train agency staff on PBS strategies

Step 5: Agency Staff begin rapport building

Step 6: Locate community and housing

Step 7: Agency staff begin community activities

Step 8: Systems/Supports are ready before moving in

Step 9: Art moves into his new home

Step 10: Agency staff begin community activities

Step 11: Activities increase in duration/complexity
Step 1: Wraparound

- Forensic Team
- British Columbia Review Board
- Community Living British Columbia
- Thompson Community Services
- CBI Consultants
- Family Members
- R and M
- British Columbia Housing
Step 2: Functional Behaviour Assessment

Competing Pathway

- Personal Profile (relevant aspects)
  - Setting Events
  - Antecedents
  - Challenging Behaviour
  - Maintaining Consequences
  - Replacement Behaviour
  - Desired Behaviour
  - Consequences
Casual, curious, friendly, small-talker
Values independence
Dislikes waiting
Likes:
  • Listening to music
  • Watching TV
  • Reading the newspaper
  • Eating a good meal
  • Taking a coffee break
Art

- Art has limited access to activities and social opportunities. When his thinking is disordered or delusional, or he has not slept well, he is more likely to engage in leering behaviour. Leering is exclusive to interactions with female staff and peers. When he is waiting or transitioning between activities; he is most likely to leer to get social attention and get sensory arousal (sexual).
Step 3: Recruit and Hire Staff based on FBA

Mitch
- Non-confrontational
- Patient, good listener, organized
- Interest in geography

Robert
- Physically fit, active lifestyle
- Mentally alert, in the moment
Step 3: Recruit and Hire Staff based on FBA

Art

- Easy Pace
- Nature is boring
- Loves to chat
- Loves food and sweets
- Takes control
Collaboration with Thompson Community Services

Our Focus: Quality of Life
Level 1: ALL AGENCY INDIVIDUALS
- LDP
- Person Centred Planning

Level 2: MILD TO MODERATE BEHAVIOURS
- Basic FBA including:
  - Scheduling
  - Choicemaking

Level 3: CRITICAL UNSAFE BEHAVIOURS
- Full FBA
- Multi-Element Positive Behaviour Support Plan
Step 4: Train TCS Staff on PBS Strategies

- Setting Event Supports
  - Housing, staffing, activity preferences

- Antecedent Supports
  - Modeling
  - Visual schedule
  - Choice Making
  - Interspersed Requests

- Teaching Strategies
  - Scripts for instructions
  - Consequence Maps

- Consequence supports

Art
Scripts – Social Story or Team Instructions

When I am planning an outing with staffs:

I will help with suggestion with different activities which I like to do.

I will follow the outing plan set out on paper.

Staff will share with me the outing expectations before we leave the house.
Visual Scheduling

1. Breakfast
2. Shower
3. Get dressed and ready
4. Go to Coffee Shop
5. Look at houses
6. Home for Lunch
### Self Monitoring Tool

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Date:</th>
<th>Expectations</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay with my staff</td>
<td></td>
<td>Stay with my staff</td>
<td></td>
</tr>
<tr>
<td>Be polite</td>
<td></td>
<td>Fresh clothes</td>
<td></td>
</tr>
<tr>
<td>Respect personal space</td>
<td></td>
<td>Good smell</td>
<td></td>
</tr>
<tr>
<td>Ask for breaks</td>
<td></td>
<td>Be polite</td>
<td></td>
</tr>
<tr>
<td>Make healthy choices</td>
<td></td>
<td>Fist bump only</td>
<td></td>
</tr>
<tr>
<td>Get respect from staff</td>
<td></td>
<td>Ask for breaks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Make healthy choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Look at eyes for 3 sec or less</td>
<td></td>
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</tbody>
</table>

Write the date of each outing, after returning to FPH mark each expectation that was followed with a ✓.
# Big Picture Contingency

## Community Outings

Month: ____________________

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

**Legend:**

- [Green] Receives all checkmarks for following behavior expectations
- [Light Green] Receives some checkmarks for following behavior expectations
- [Red] Incident during community outing
They will decide if I can stay at my new house or if I need to go back to colony farm

OR

When I get all checkmarks they think I should stay here
Step 5: TCS Staff Begin Rapport Building
Step 6: Locate Community and Housing
Step 7: TCS Staff Begin Community Activities
Step 8: Community Systems and Supports are In Place Prior to Moving In
Step 9: Move in to New Home
Step 10-11: New TCS Staff Build Rapport and Begin New Community Activities
Step 12: Activities Increase in Duration and Intensity
Step 12: Activities Increase in Duration and Intensity

• Collaboration with TCS agency, FPH staff, and Ministry funder

• Monitor changes in behaviour with changes in medication

• New behaviours in novel settings with increased access!
Results

Behaviour Data

Quality of Life
Where are they now?
Where are they now?
Behavioural Data

• Individuals who use critical or unsafe behaviour have a Safety Plan
  • Steps to support escalation are outlined

• Critical Incidents are reported
  • Number of incidents shown here over time
Incidents in Community
2017 - 2019

Number of Critical Incidents

Month
Aggression in Community
2017-2019

Number of Critical Incidents

Year

2017 2018 2019

Data shows an increase in aggression incidents from 2017 to 2019.
Incidents and Injuries in Community
2017 - 2019

Number of Critical Incidents

Number of Injuries

Month

January  February  March  April  May  June  July  August  September  October  November  December

January  February  March  April  May  June  July  August  September  October  November  December

0  1  2  3  4  5

0  1  2  3  4
Aggression in Community
2017-2019

Number of Critical Incidents

Year

2017 2018 2019
Quality of Life Measurements

• Working with Post data for Mitch, Robert, and Art

• Included Pre data for 2 individuals still at hospital full-time

• Adapted Kincaid Survey with 8 questions
Anecdotes

• “What have you done with my son? He is a different person now, I can’t believe it!” - Mitch’s mother

• “We gave them back their word and they showed us what they could do.” – Manager at M and R’s home

• “When are you getting everyone out of there? Everyone should live like this.” - Mitch
A Message from Mitch
Comments from Team Members
Special Thanks to:
Community Living British Columbia
Dr. Paul Malette (CBI Consultants)
Steven Chung (CBI Consultants)
David Remillard (TCS Manager)
Jacob Moriarty (TCS Manager)
Thank you for your time
Discussion
• PBS in the hospital
  • Instruction impacts attitudes, but not always practice


Next Steps

• More robust data collection (pre and post QoL questionnaires, fidelity measures)

• Expansion to other support agency involvement
Contact Information

• CBI Consultants
• https://cbiconsultants.com/

• Thompson Community Services
• www.tcsinfo.ca/
References


History of CBI
From Woodlands to Now

1988
Woodlands Closed
Readiness Continuum
Person Centred Planning

History of CBI
From Woodlands to Now

Lifestyle Development Process
PBS Capacity Training Self-Determination Customized Employment

From 1988 to the Present:
- Woodlands Closed
- Readiness Continuum
- Person Centred Planning

Institution
3-5 Person Group Home
Supervised Home or Apartment
Independent Living

Long Term Care Facility (nursing home, etc.)
Private Care Provider/Foster Care
Semi-Supervised Apartment or Home
Current Delivery Model Challenges

- **Consultant**
  - Knowledge
  - Capacity
  - Attitude

- **Agency**
  - Staff Turnover

- **CLBC**
  - Funding Required

- **SYSTEM OVERLOAD**

- **Waitlist**
  - NO QUALITY OF LIFE IMPROVEMENTS
  - BEHAVIOURS ESCALATE
Thompson Community Services

Comprehensive PBS, CE and SD Training Agency-Wide

- PBS
- CE
- SD
- PBS/CE TEAM
- Internal Capacity
- Level1 Level2 Cases
- Level 3 Cases