

Behavior Enrichment & Teaching Home Program

A Simple Program Designed to Increase Independence in Adults Living in Group Homes

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Introduction

Few would argue that the provision of residential services to adults with intellectual disability in a community setting is a complicated undertaking. Under the combined stress of limited funding and high regulatory scrutiny it is clear that quality varies (Perry and Felce, 2005). Instead of being totally integrated with their communities and focused upon the individual skills and potentials of each consumer, they can become “care-taker” programs, designed to ensure safety with great efficiency – often with all of the unintended consequences that that can create. At worst, they can begin to mimic the very institutions that they were designed to replace; regimented, routinized and uninspired. At their best, however, they become truly person-centered, integrated care settings that focus on teaching the skills that lead to ever greater functional autonomy.

Background

The purpose of this study is to review the impact of incorporating an assessment-based, curriculum driven and functionally focused behavioral enrichment and teaching model on a community-based group home setting. Functional autonomy and skill repertoires were measured using the Assessment of Functional Living Skills (AFLS) developed by James W. Partington, Ph.D., BCBA-D and Michael M. Mueller, Ph.D., BCBA-D (2012). This tool provides an assessment of functional, practical and essential skills of everyday life and can show the skill-building progress of adults in community-based residential services. An individual’s quality of life can be improved simply by focusing on teaching to their ability – even more than other factors, such as the number of staff or the capacity of the residential setting (Perry & Felce, 2005). True social inclusion is the primary challenge (Amado, Stancliffe, McCarron, and McCallion, 2013), and we believe that it can only be achieved through a teaching paradigm.

Methods

This study used a multiple baseline design and was conducted in three adult community-based group homes operated by Grafton Integrated Health Network (“Grafton”) in Winchester, Virginia. Grafton provides a residential, educational and clinical continuum of care to children and adults. The homes that participated in this study serve adult clients with varying levels of intellectual and developmental disabilities. Services were funded through by the Virginia Department of Medical Assistance Services (DMAS) waiver system. The first and second group homes serve five individuals each with severe intellectual and developmental disabilities and lower adaptive skill repertoires; their levels of functioning required 24-hour staffing. The third group home is classified as a semi-independent living program, and had three individuals with mild intellectual and developmental disabilities who received staff supports during the daytime hours only.

Individual behavioral intervention plans are typically used to decrease behaviors of concern. These plans require collaboration with direct care staff to collect data, provide feedback and

modify the environment according to the plan's recommendations. Common plan elements include increased engagement, increased structure and social reinforcement. Because of these similarities, a systemic approach to groups of clients may be used to compliment the individual approach. Regardless of behavioral challenges we believe every client with a diagnosed disability can benefit from increased independence and skill-based programming. This group approach to behavioral intervention creates synergies that lower the total cost of care for the individuals served. The Behavior Enrichment & Teaching Home (BETH) program was designed to create an individual *and* group approach aimed at increased adaptive skill acquisition. The AFLS was used to ensure that instruction was delivered at the appropriate functional level of each individual.

Two factors were used as the systematic approach was designed: the program must be simple, and the Board Certified Behavior Analyst (BCBA) needed to have an established rapport with the staff. Although a clear trend in evidence based practice studies found that a combination of applied behavior analysis techniques was most often used (Wong, et. al, 2014), staff frequently lack this specialized training. Complex methods of measurement, experimental designs and reinforcement schedules can be overwhelming and can lead to lack of implementation in an applied setting. In the end, the clients continue to receive the status quo - good care but very little learning and potential regression. The BETH program understood that there were two components needed for a successful behavioral program: simplicity and a professional's time. The program had to be simple enough to follow with enough flexibility to allow for natural environment teaching and generalization. Also, the staff needed *quantity* time with the BCBA to allow her to model and train the ABA concepts and teaching techniques.

The AFLS was conducted for each client in the areas of home, basic and community skills. This assessment of functional, practical and essential skills of everyday life created a baseline of their skill repertoires in those respective areas, but it was also versatile enough to measure skills from low to high functioning levels. The BCBA engaged all staff in completing these assessments as the "resident experts". The BCBA then compiled and analyzed the clients' AFLS scores, identifying key skill deficits to teach and translated them into a guiding visual schedule.

The visual schedule was designed in a collaborative meeting with the staff, and took the form of a 3'x 5' white board with columns and rows installed in the group home living area. The columns and rows helped designate individual and group goals based upon behavioral categories. Although the AFLS allowed the analyst to come to this meeting with ideas, the end result was truly a result of staff teamwork, contributing to a sense of staff ownership. Once the initial visual schedule was created, the implementation phase began.

There was no substitute for time spent directly supporting the staff. The BCBA and house manager made a substantial time commitment to the group home and to each other. In the first week, for example, the BCBA spent a total of 30 hours in the group home, overlapping with the house manager's schedule, fostering a comfort level and familiarity with the program amongst the staff and house manager. The BCBA was able to model and teach ABA concepts such as prompt hierarchy and fading, shaping with reinforcement, response latency, chaining and naturalistic teaching. Perhaps more importantly, she was available to answer questions and provide feedback in the moment as strategies were implemented. Over time, we allowed the BCBA and house manager's schedules to diverge, ensuring that ample support was at the house for outings and activities with all of the clients. This helped build a positive learning environment abundant in support and camaraderie. This approach also ensured that the house manager was familiar and comfortable enough with the program that she would be able to perpetuate it following the

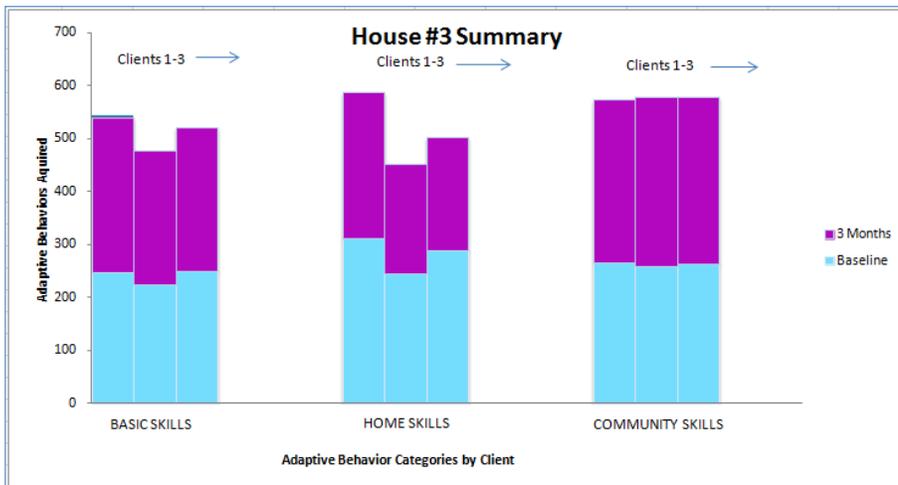
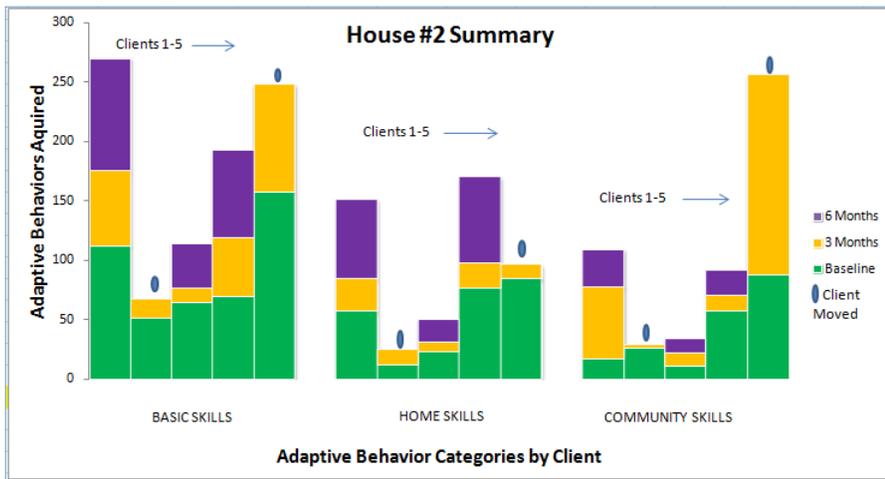
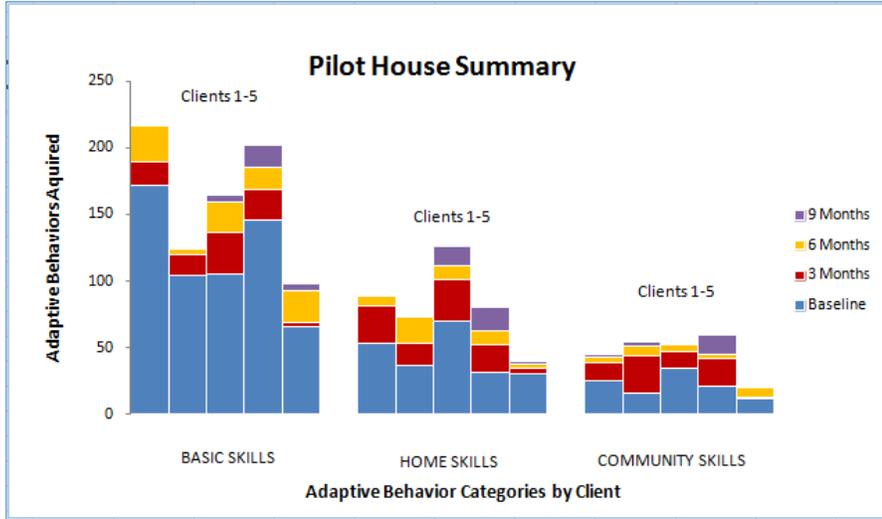
eventual fading of the BCBA's time at the group home after the initial three month implementation phase.

In addition to the intensive collaborative time in the group home, the BCBA and the house manager arranged for regular house meetings that included all of the staff. These monthly meetings were designed to facilitate collaboration, provide feedback and suggestions, modify the visual schedule with new behavioral goals, and address any housekeeping details needing attention. Everyone on the team had an open forum to discuss issues that may have arisen or to celebrate the progress they were seeing. At these meetings the BCBA also provided further focused training in ABA. This approach provided support, education, collaboration and kept the program exciting and moving forward.

By the end of the initial three-month implementation period the BCBA was able to fade her time at the group home to about two to three hours per week. Staff meetings continued on a monthly basis. During visits to the group home the BCBA would be sure to ask staff what supports they needed - more often than not they replied that they were very comfortable with how things were going. We do feel however that it is imperative for the BCBA to remain connected to this program to ensure continual progress and fidelity to the model. The AFLS reassessments were conducted on a three month cycle following implementation (six months, nine months, etc). The BETH program was replicated in the second home three months after the start of the first home and again in a third home one month after the implementation of the second.

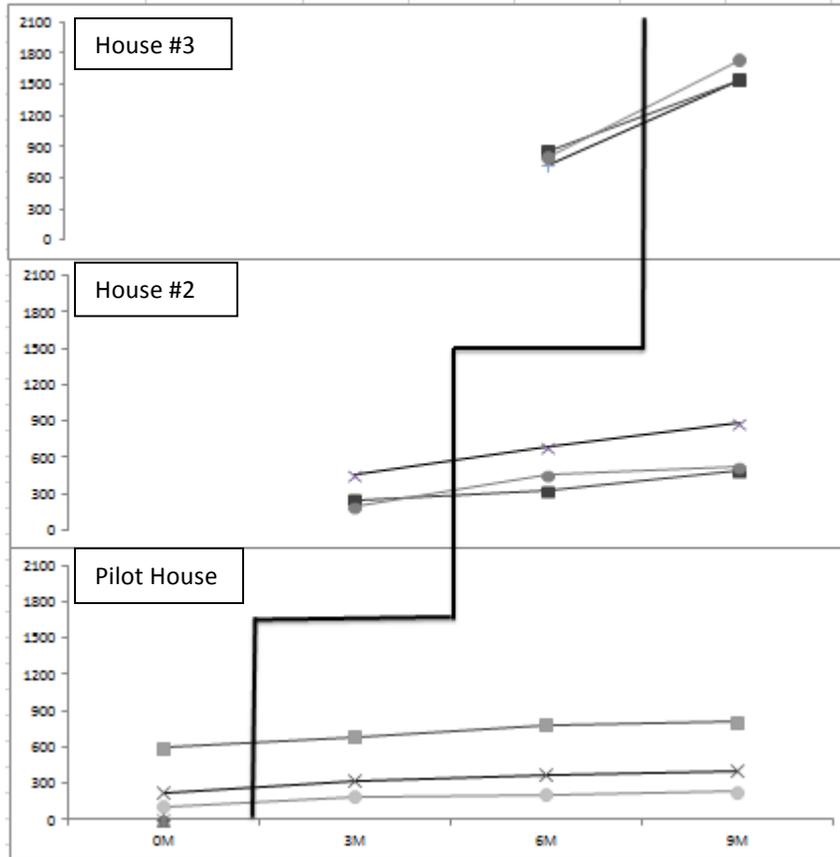
Results

In all three homes each area of basic, home and community skills indicated substantial learning. Appendix 1 displays the learning by each client across repertoires. Appendix 2 presents a multiple-baseline summary of the serial replication of the BETH Program. It is noteworthy that there was a simultaneous reduction in behaviors of concern. As mentioned before, three of the five clients in the first home had active behavior consultation plans intended to help decrease various problem behaviors such as physical aggression, self-injurious behavior, disruptive behavior and soiling accidents. Within the three month implementation phase, five of the six targeted behaviors showed an average of 70% reduction with four of them reaching mastery criteria ahead of projected target dates. One target behavior showed a 3% increase, thus giving an overall average of 60% reduction across the seven behaviors. This is a practical example of the widely accepted theory that when adaptive behaviors increase, problem behaviors decrease. Increasing independence in clients leads to more socially significant behavior acquisition.



Appendix 1

Individual client skill acquisition by group home



Appendix 2

Multiple baseline depiction using composite scores of overall skill repertoire acquisition in each home

Please find below some testimonials from staff members of the BETH program:

“I have seen a tremendous difference in that the guys have a lot less maladaptive behaviors and appear a lot happier & calmer! The staff also seems more positive! Activities in the home have increased and they are planning even more! Engagement is so critical and you taught us all so many more possibilities for engagement than we realized! The possibilities for our clients are endless and it's very exciting!” - House Manager

“I can honestly say that the BETH program has dramatically changed my view of my job. When I first started here at Grafton I felt my job was just to keep these guys healthy and alive. I felt like an adult babysitter and nanny. Now that the program has taken off and I have learned what my job actually consists of it brings a lot more meaning for me to come to work every day. The program has taught me patience and understanding. I am so used to just doing for the guys that I did not know exactly what all these guys were capable of

doing. They are all a lot smarter and self independent then we knew. It is amazing watching these guys grow and change.

*When the BETH program first rolled out I remember thinking ‘Oh man this is going to make my job so much harder’. Actually, it makes my job easier because they are doing for themselves now. I had to teach myself (I am still learning) to slow down and move at their pace. Sometimes I get impatient and just want to do for them but then I remember you [BCBA] in the back of my head saying ‘Now what are they learning?’ – **Residential Staff***

*“I believe the BETH program has made a big impact on our guys’ lives; they are becoming more independent, learning more household skills, more attentive to activities and an improvement in the community. The program has made me enjoy my job more; it’s making me feel like I’m making a huge impact on the guys’ lives. I think it is a great program with reachable goals. At first I didn’t think it was going to be so easy, but it’s really all about slowing down and letting the clients become more independent and involving them in tasks around the house and giving them more attention so the behaviors decrease. We have been able to go out more often into the community with almost no behaviors. The guys can do tasks around the house and are learning new things. It’s become a great factor in their lives.” – **Residential Staff***

Discussion

We learned several important lessons by implementing the BETH Program. First, staff set the tone - when their behavior changes, clients benefit tremendously. The visual schedule served as a “spring board”, providing staff with ideas of skills to teach the clients. Ultimately, staff found themselves teaching throughout the day across skills, settings and people that were not specified on the visual schedule.

It takes time to teach adaptive skills. The longer things take, the more of the day naturally fills up with learning. The more the day fills up with learning, the more opportunities the clients have for natural environment teaching. When they are busy learning, we found that the clients displayed fewer behaviors of concern, because they are learning adaptive behaviors such as joint attention (paying attention) and listener responding. The more time spent with staff, the more they reported feel supported and empowered. We believe that when staff feel heard and have a sense of ownership the program is more likely implemented with integrity. The pride and amazement that come with seeing a consumer display a skill that had been impossible days before began to make the program self-perpetuating. In essence, the staff behavior is reinforced.

Surprisingly, many clients emitted new behaviors that were not taught to them. We hypothesize that this was a result of peer modeling which was attended to by the clients after learning joint attention. One client used to open and close the refrigerator door numerous times per hour prior to the pilot program; he had done this his entire life. At the three month mark, however, this behavior had significantly reduced. The BCBA hypothesized that this target behavior was previously maintained by the attention he would receive (corrective feedback) from staff. But with all of the active teaching and increased engagement he was receiving, perhaps he did not have to “act out” for that same attention, thus indicating satiation of that attention need.

The power of naturally occurring reinforcement such as social praise, engagement, and attention began to take over the once-contrived reinforcers for target behavior such as coffee or

special activity rewards. Also, except for the initial brainstorming visual schedule meeting, all subsequent meetings were in the main living area in the home with the clients present. Not only were the clients attending without disruption, but they appeared interested in the meeting process.

We also learned that staff required consistent direction to slow down prompt delivery in order to allow time to wait for the client to process that request. By doing this, the clients indicate the level of prompts they need to do a new task.

Because of the success of the BETH Program, serial replication will continue throughout Grafton's adult services. Human nature lends itself to impatience with a tendency to rush the process and take shortcuts in the name of reaching meaningful results for clients. But the lessons learned about the importance of time and simplicity will remain in the forefront as there is simply no substitute for either.

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