

WHILE WE ARE WAITING TO BEGIN....



**WHAT IS YOUR CURRENT ROLE SUPPORTING PEOPLE WITH DISABILITIES PERSONALLY OR PROFESSIONALLY OR BOTH?**

**WHAT BRINGS YOU TO THIS WEBINAR?**

*If you are a behavior analyst seeking CEUs for this presentation, please email Mariah Tricker (mariah.a.tricker@state.mn.us) to check in, putting your BCBA# in the subject line.*

# HOME & COMMUNITY PBS NETWORK OF APBS

They are not Mutually Exclusive:  
Integrating Positive Behavioral Support and  
Psychiatric Treatment in Community Based  
Care

Dr. Stacy Nonnenmacher and Dr. Michael Murray  
With Mariah Tricker, BCBA  
September 23, 2021

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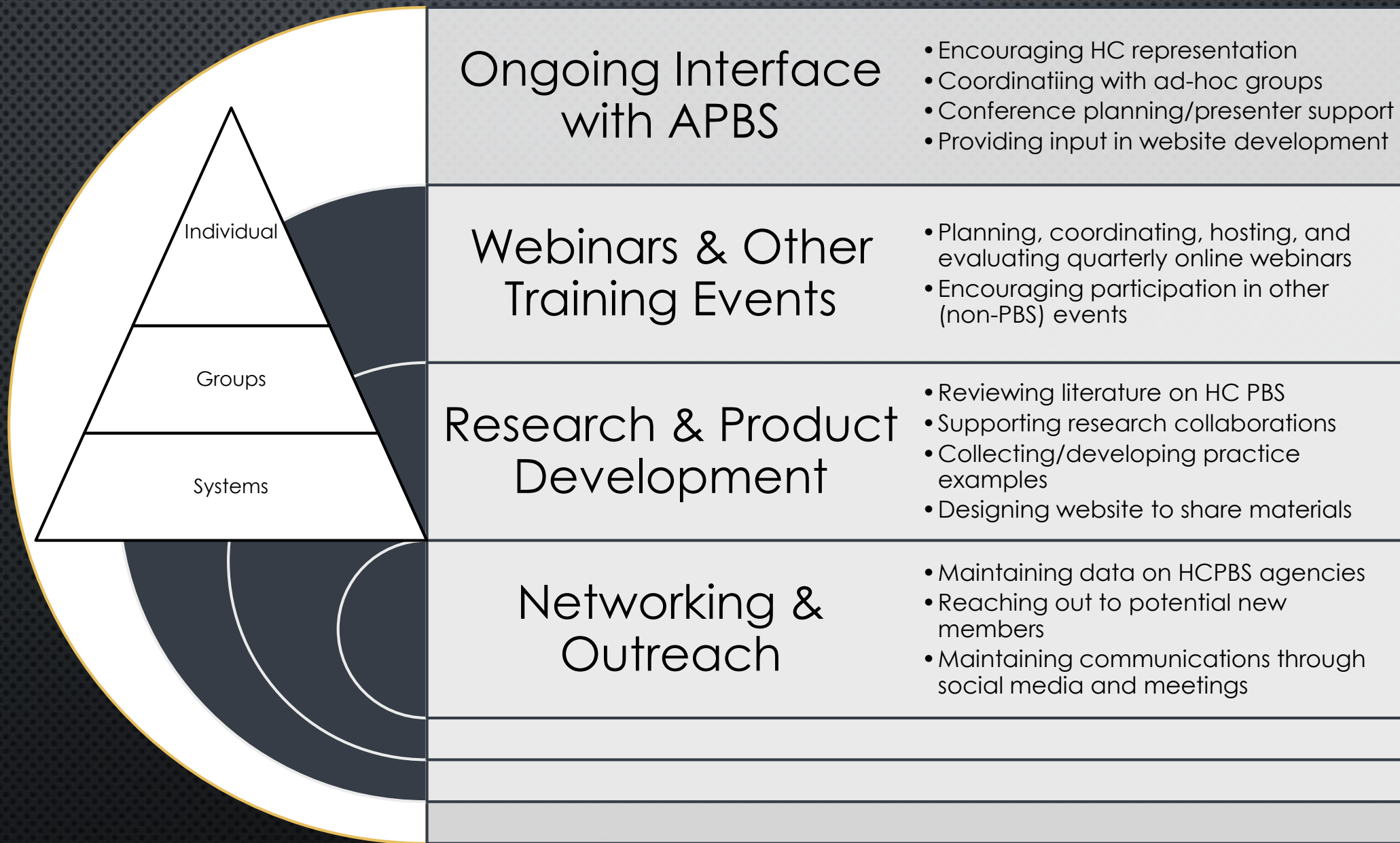


# SPECIAL THANKS TO THE ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT (APBS.ORG) FOR HOSTING THIS WEBINAR.

THIS WEBINAR IS INTENDED FOR ANYONE WHO SUPPORTS SOMEONE WHOSE BEHAVIOR OTHERS FIND DIFFICULT. IT IS DESIGNED FOR BOARD CERTIFIED BEHAVIOR ANALYSTS (BCBAs) AND BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYSTS (BCABAs). ALL ARE WELCOME!

PRESENTERS IN HCPBS WEBINARS AFFIRM THAT NEITHER THEY NOR THEIR SPOUSES HAVE ANY FINANCIAL INTERESTS AND ARE NOT ENDORSING PRODUCTS OR SERVICES THAT THEY MAY DISCUSS.

*HCPBS is dedicated to expanding and enhancing the application of PBS principles and practices for people with behavioral challenges, as well as the systems that support them, across home and community contexts and the lifespan. Our goals are to make evidence-based practices that are appropriate to community contexts accessible and engage practitioners in APBS.*



## Ongoing Interface with APBS

- Encouraging HC representation
- Coordinating with ad-hoc groups
- Conference planning/presenter support
- Providing input in website development

## Webinars & Other Training Events

- Planning, coordinating, hosting, and evaluating quarterly online webinars
- Encouraging participation in other (non-PBS) events

## Research & Product Development

- Reviewing literature on HC PBS
- Supporting research collaborations
- Collecting/developing practice examples
- Designing website to share materials

## Networking & Outreach

- Maintaining data on HCPBS agencies
- Reaching out to potential new members
- Maintaining communications through social media and meetings

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GO TO OUR WEBSITE: [HTTPS://HCPBS.ORG!](https://hcpbs.org)

- FOR A COPY OF THE POWER POINTS
- ARCHIVED RECORDING OF THIS WEBINAR AND OTHERS
- TO MAKE A DONATION!
- FOR MANY HELPFUL RESOURCES!
- TO BECOME A MEMBER (IT'S FREE!)

# THANKS TO THE HCPBS WEBINAR TEAM

- OUR PRESENTERS :**STACY NONNEMACHER AND MIKE MURRAY**
- **AMBER MAKI**, MINNESOTA DEPARTMENT OF HUMAN SERVICES
- **MARIAH TRICKER**, COMMUNITY SUPPORTS SERVICES, MOBILE CRISIS TEAM 7E, CAMBRIDGE MN
- **MOLLY DELLINGER-WRAY**, VCU PARTNERSHIP FOR PEOPLE WITH DISABILITIES, RICHMOND VA
- **GRETCHEN HESS**, APBS, BOOMSBURG, PA

SPECIAL THANKS

MEME HIENEMAN



# TODAY'S PRESENTERS:

DR. MICHAEL MURRAY

DR. STACY NONNEMACHER

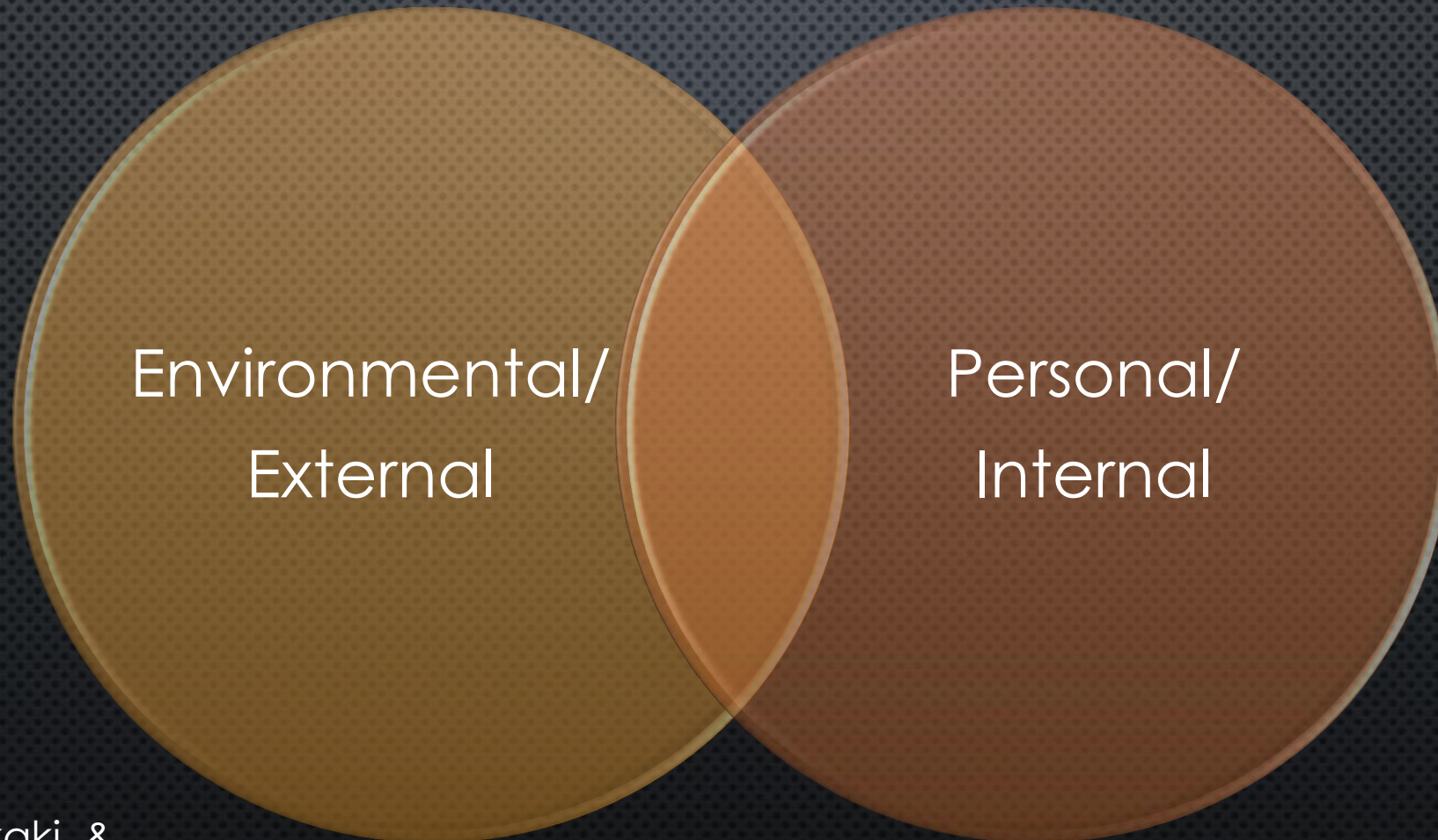


THEY ARE NOT MUTUALLY  
EXCLUSIVE: INTEGRATING  
POSITIVE BEHAVIOR SUPPORT &  
PSYCHIATRIC TREATMENT IN  
COMMUNITY-BASED CARE

STACY L. NONNEMACHER

MICHAEL MURRAY

# ACKNOWLEDGING INSTIGATING CONDITIONS & VULNERABILITIES



BECAUSE OF THIS...COMPLEX CASES AND  
SITUATIONS REQUIRE A MULTIDISCIPLINARY  
APPROACH



# THE NEED FOR TEAM TO FOCUS ENERGY

- HAVE A VISION
- FOCUS ON:
  - HAVING A CLEAR DIAGNOSIS – FULLY CONCEPTUALIZED AND OPERATIONALIZED
  - HAVING SHARED GOALS
  - HAVING SOMEONE LEAD THE TEAM
  - ACKNOWLEDGING SHARED ROLES

# DATA: THE IMPORTANT PIECE TO COORDINATION

VALUING AND INTERPRETING  
BEHAVIOR DATA CAN BE OF  
CRITICAL IMPORTANCE TO  
ACHIEVE OPTIMAL OUTCOMES.





# JOHN

- 24 YEAR OLD MAN LIVING IN GROUP HOME WITH 2 OTHER CONSUMERS FOR THE PAST 6 MONTHS
- DIAGNOSED WITH ASD AND MODERATE ID
- SIGNIFICANT RECEPTIVE AND EXPRESSIVE LANGUAGE DEFICITS
- CHALLENGING BEHAVIORS INCLUDE AGGRESSION TO OTHERS AND SELF INJURY AT TIMES OF DISTRESS
- HE LOVES HARRY POTTER MOVIES AND HIS STATED PREFERRED CAREER CHOICE IS “WIZARD”
- HIS CURRENT PSYCHOTROPIC MEDICATIONS ARE LOW DOSE ARIPIRAZOLE (ABILIFY) AND MEDIUM DOSE SERTRALINE (ZOLOFT)

# Walmart



**DIRECT CARE STAFF REPORTING INCREASED RATES  
OF AGGRESSION DURING COMMUNITY OUTINGS**



# THE REPORT

- “HE SEEMS TO GET UPSET MORE EASILY.”
- “HIS MEDS MUST NOT BE WORKING.”
- CHALLENGING BEHAVIORS SEEM TO OCCUR MORE WITH CERTAIN STAFF (WHO ARE LESS FAMILIAR TO HIM).
- CHALLENGING BEHAVIORS ALSO OCCUR MORE WHEN THE STORE IS BUSY.
- BEHAVIORS OF CONCERN INCLUDE LOUD ANGRY VOCALIZATIONS, PULLING THINGS OFF THE SHELVES AND THROWING THEM, PUSHING OTHERS, HITTING/KICKING OTHERS, AND SLAPPING HIMSELF IN THE FACE.
- WHEN HE BECOMES DISRUPTIVE IN THE STORE, HE IS ESCORTED OUT OF THE STORE QUICKLY AS THE STAFF IS CONCERNED THAT HE WILL HURT SOMEONE OR HIMSELF.



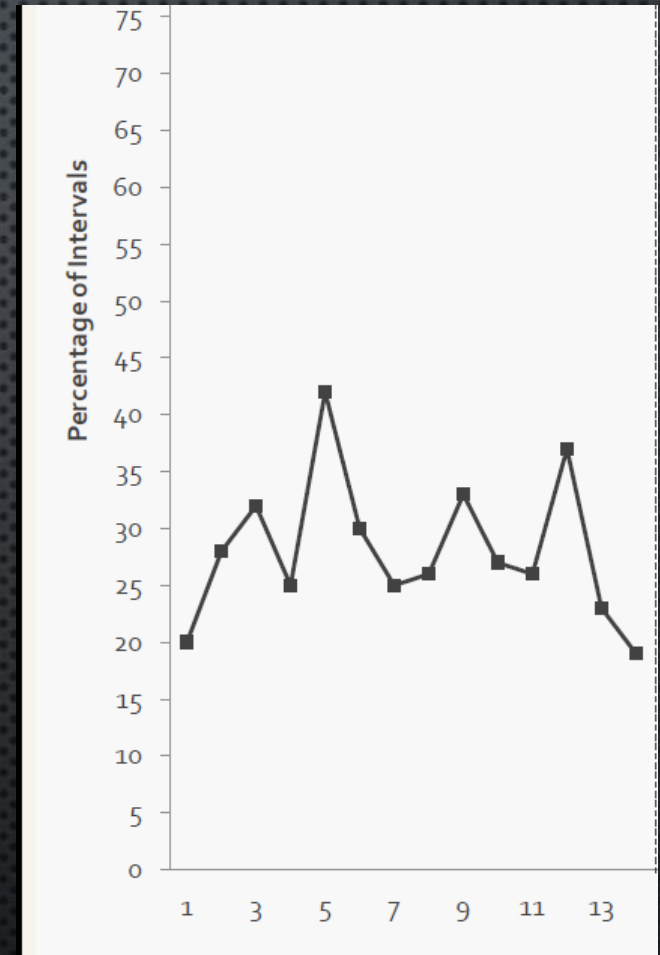
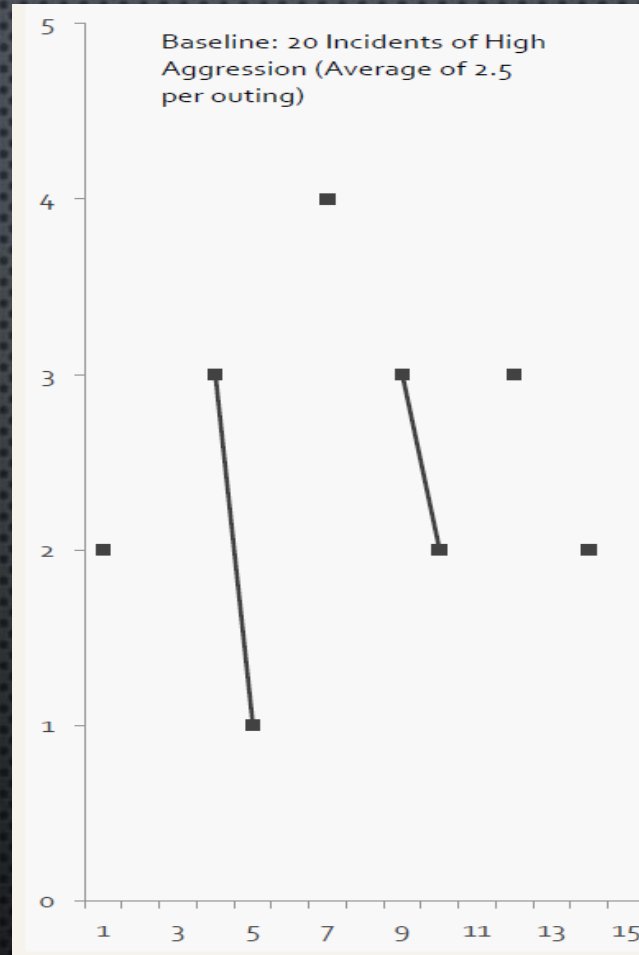
# OPERATIONALIZATION/ DATA COLLECTION

## •HIGH INTENSITY AGGRESSION

- STRIKING OTHERS WHEN APPEARING DISTRESSED
- STRIKING SELF WHEN APPEARING DISTRESSED
- FREQUENCY COUNTS

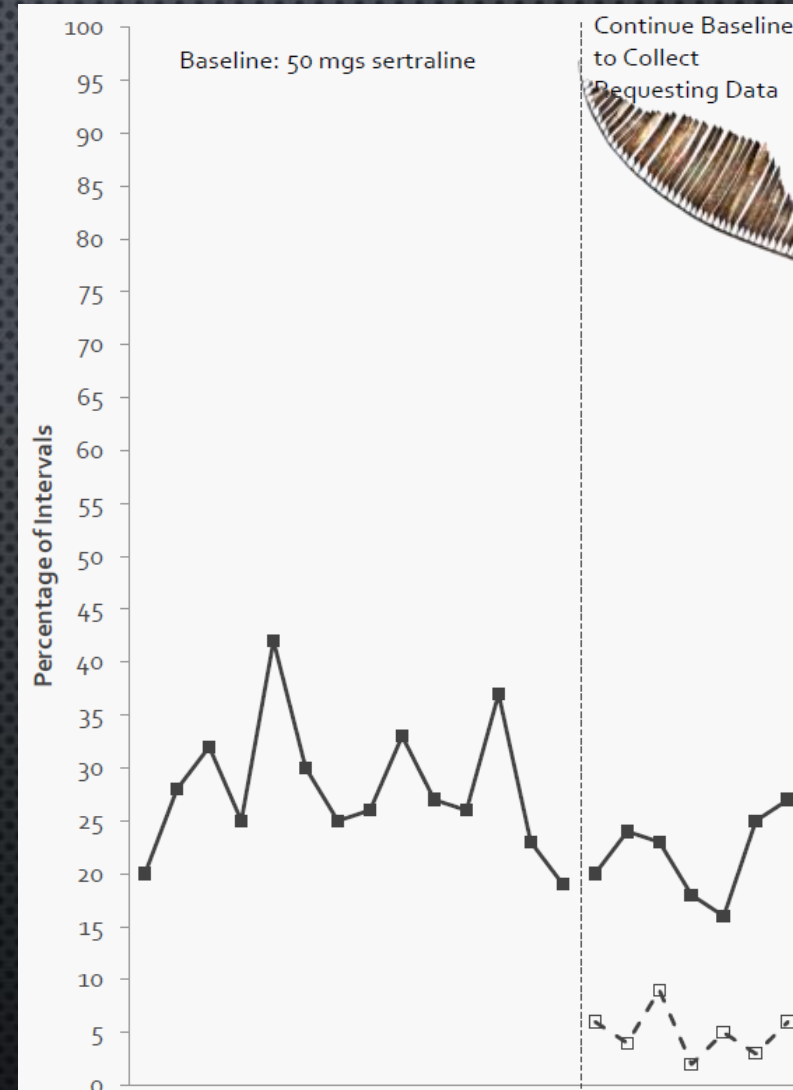
## •LOW INTENSITY AGGRESSION

- VOCALIZATIONS/VERBALIZATIONS IN ANGRY TONE (E.G. GROWLING) OR SHOUTING
- DISRUPTIVE BEHAVIOR SUCH AS PULLING ITEMS OFF SHELF OR THROWING THINGS
- PARTIAL INTERVAL DATA



# SKILLS DEFICIT IDENTIFIED

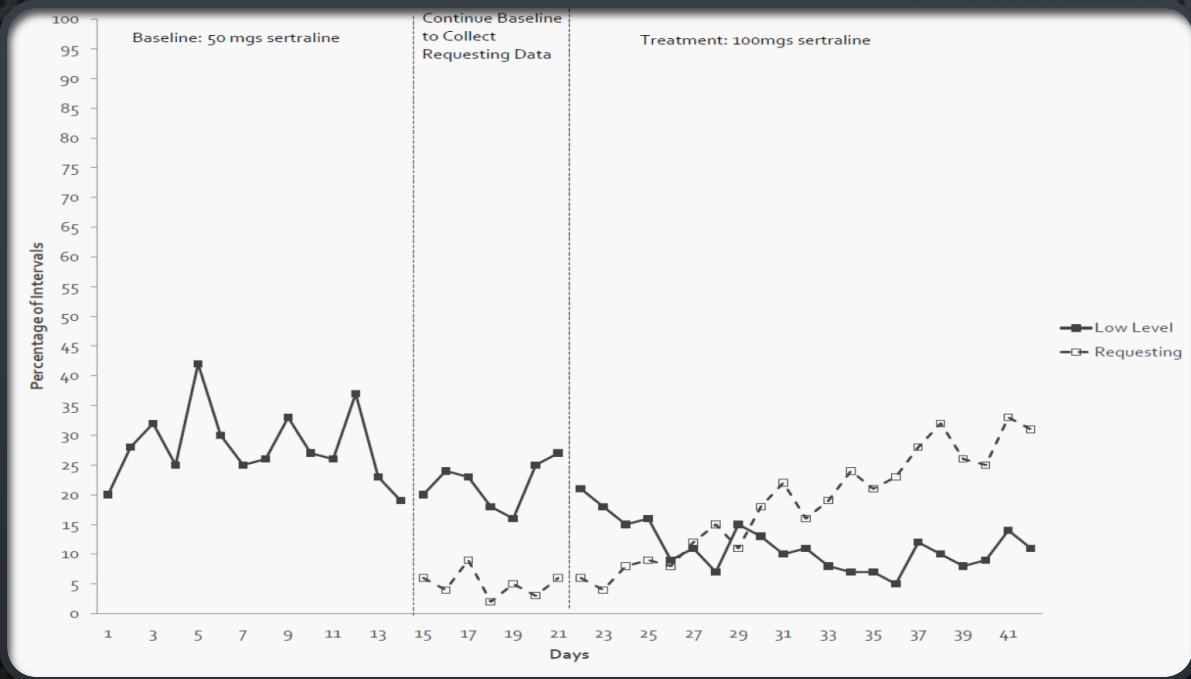
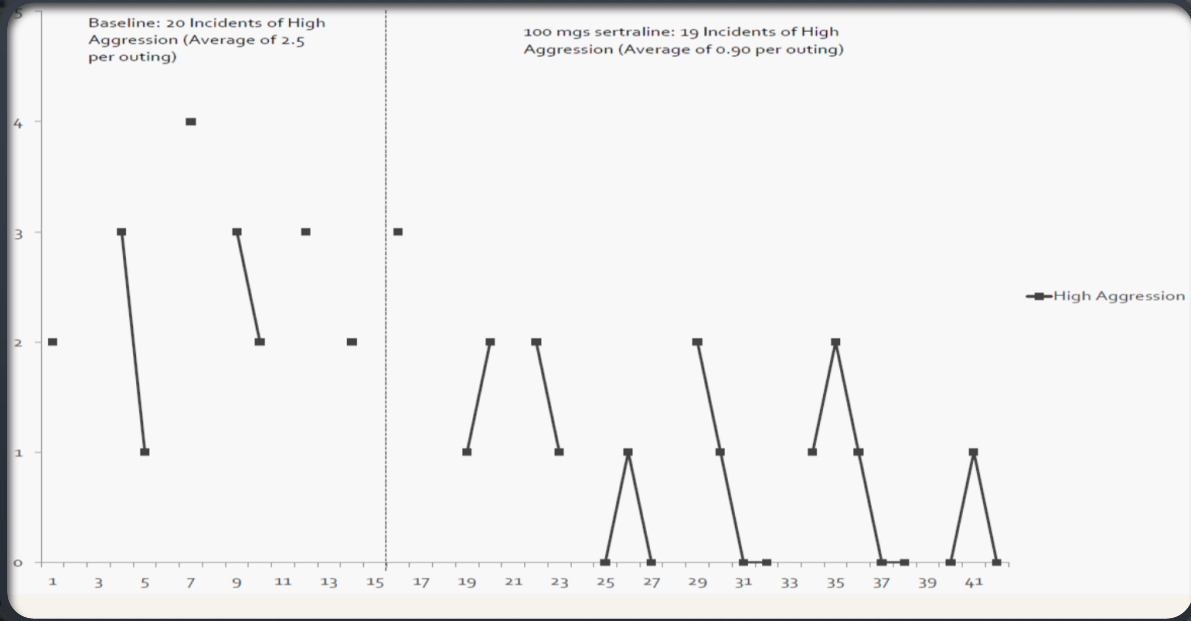
- NOT COMMUNICATING NEEDS ON THESE OUTINGS.
- NO AUGMENTATIVE COMMUNICATION SYSTEM IN PLACE.
- ANOTHER WEEK OF BASELINE DATA COLLECTION.



# TREATMENT GOALS

- EXTINGUISH HIGH LEVEL AGGRESSIONS.
- LOWER LOW LEVEL AGGRESSIONS BY 50%.
- INCREASE REQUESTING BEHAVIORS BY 25%.
- INCREASE NUMBER OF SUCCESSFUL TRIPS OUT OF HOME TO 4 (PER JOHN'S INPUT).





# PLAN MODIFICATIONS:

- INCREASE ZOLOFT TO 100 MG DAY (FROM 50 MG) TO HELP REDUCE ANXIETY IN COMMUNITY SETTINGS.
- AUGMENTATIVE COMMUNICATION SYSTEM PUT IN PLACE USING SYMBOLS OF HIGH INTEREST TO HIM.
- COMMUNITY EXPLORATORY VISITS ON WEEKLY BASIS:
  - STARBUCKS\*
  - PET STORE\*
  - PARK WITH NATURE TRAIL\*
  - GYM
  - LIBRARY
  - BARNES AND NOBLE\*

# JULIE



- 32 YEAR OLD WOMAN EMPLOYED PART-TIME AT LOCAL RESTAURANT, LIVING SEMI-INDEPENDENTLY
- DIAGNOSED WITH ASD AND MILD ID
- GREAT COMMUNICATION SKILLS AND IS TYPICALLY OUTGOING PERSON
- PARTICIPATING IN BSA PROGRAM WHERE SHE RECEIVES COMMUNITY HABILITATION SERVICES AND INDIVIDUAL THERAPY
- NO MEDICATIONS

# THE ISSUE

- 2 MONTH HISTORY OF PANIC ATTACKS AT WORK AND INCREASING SOCIAL AVOIDANCE (NOT LEAVING HER APARTMENT)
- FIRST PANIC ATTACK OCCURRED WHEN SHE WAS ASKED TO TRAIN A NEW HOSTESS AT HER JOB
- NOW TRIES TO AVOID ANY ELEVATIONS IN HER HEART RATE AS SHE IS AFRAID IT WILL LEAD TO ANOTHER PANIC ATTACK



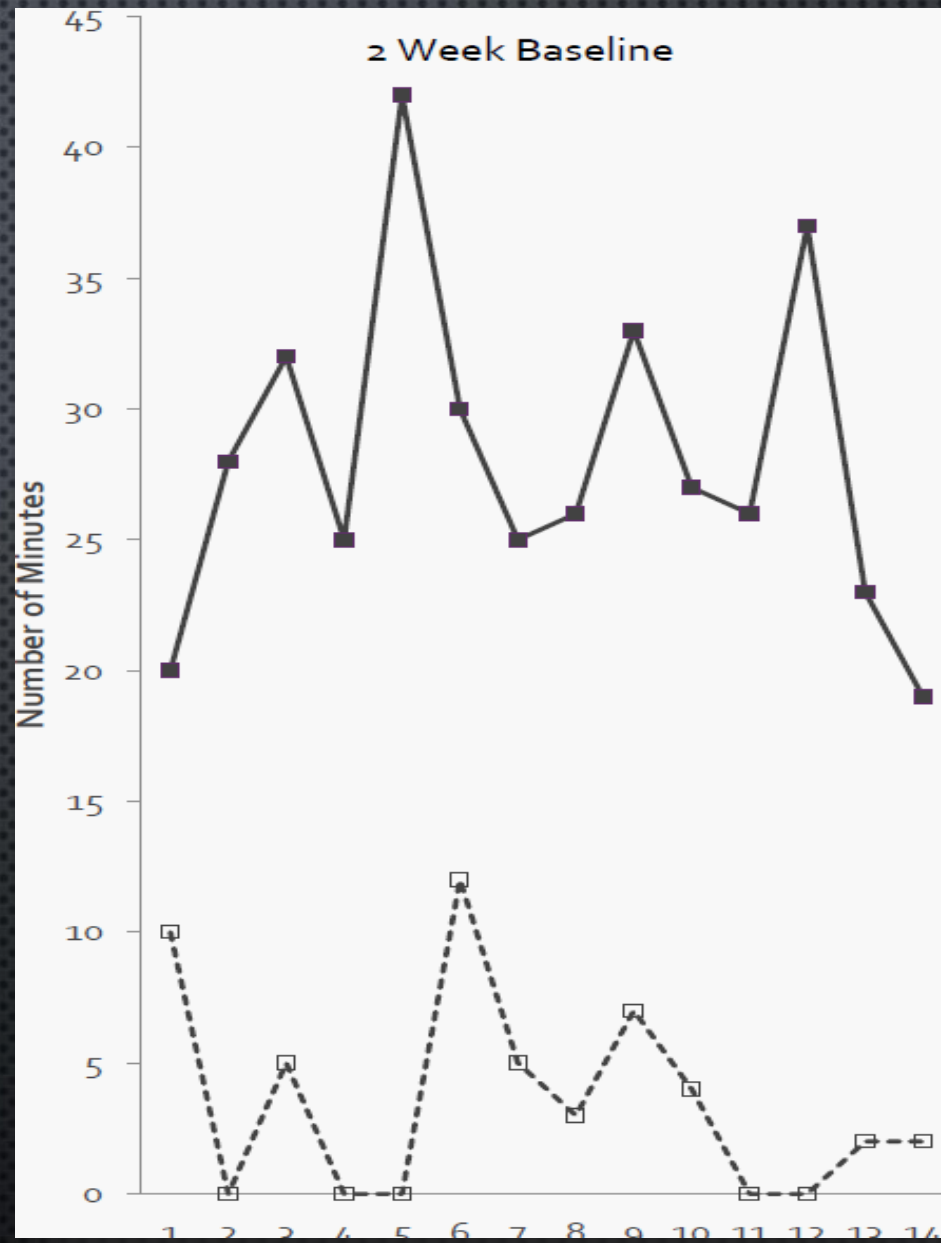


# THE REPORT

- “SHE IS NOT HERSELF.”
- HAS HAD 2 GENUINE PANIC ATTACKS; BOTH OCCURRED AT WORK.
- HAS BECOME MORE ISOLATED AT WORK AND IS AVOIDING PEERS (JOB IS IN JEOPARDY DUE TO HER LACK OF INTERACTIONS WITH CUSTOMERS).
- ONLY SPEAKS WITH ROOMMATE; HAS STOPPED ALL OF HER PREVIOUS ACTIVITIES AND SPENDS ALL OF HER TIME IN THE APARTMENT WHEN NOT AT WORK. ROOMMATE IS BECOMING IRRITATED WITH HER.

# OPERATIONALIZATION/ DATA COLLECTION

- PANIC PRECURSORS: HR ABOVE 140
- PEER INTERACTIONS: DIRECT CONVERSATIONS WITH ONE OR MORE PEERS (NOT ROOMMATE)
- DATA COLLECTION METHODS:
  - FITBIT TO COLLECT HEART RATE
  - TIMER ON PHONE TO COLLECT MINUTES OF PEER INTERACTIONS



—■— Panic

- - □ - - Peer Interaction

# TREATMENT GOALS

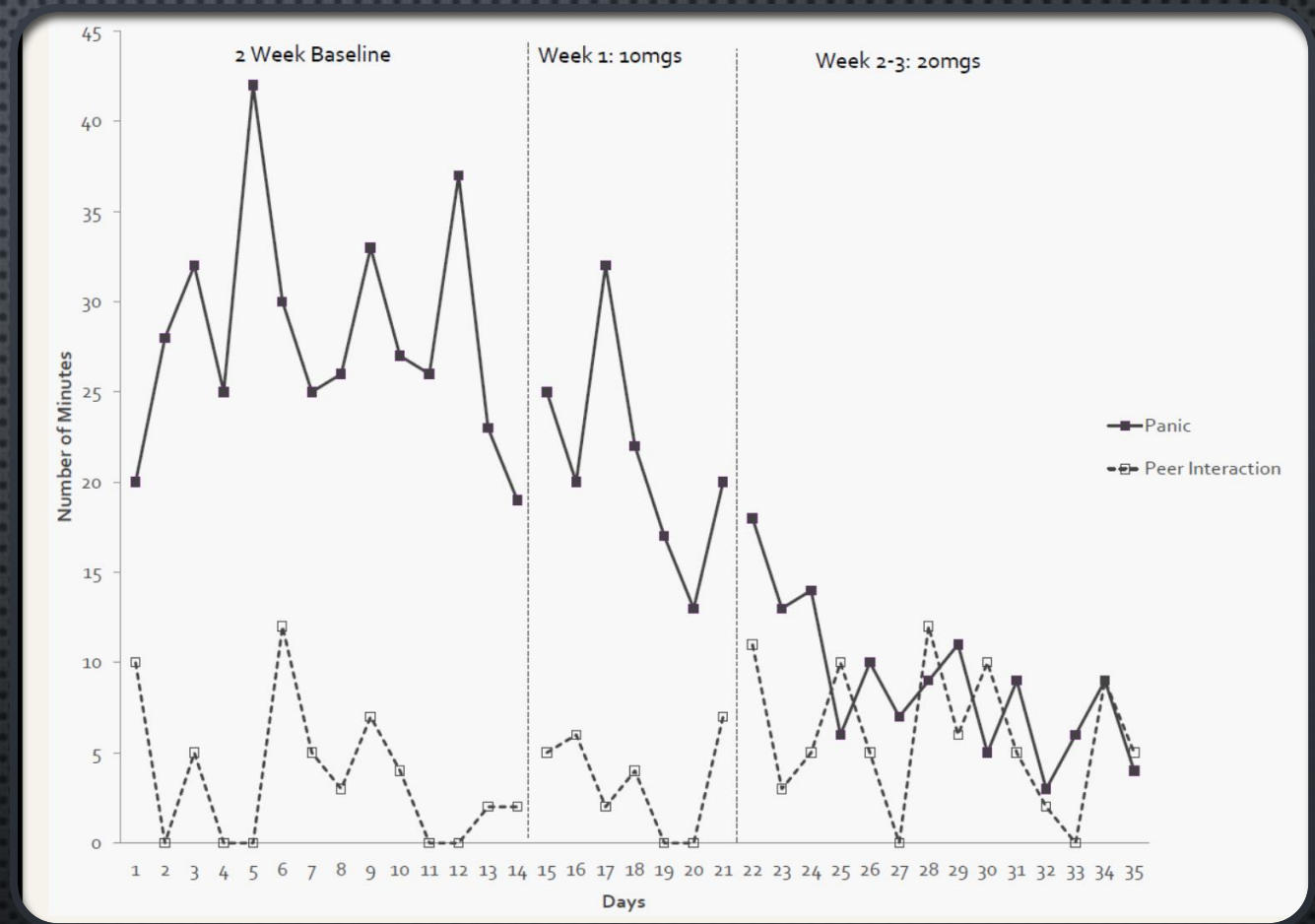
- REDUCE HR ELEVATION TO LESS THAN 10 MINUTES PER DAY.
- INCREASE PEER INTERACTIONS TO 60 MINUTES PER DAY.
- REENGAGE WITH ONE OF HER PREVIOUS COMMUNITY ACTIVITIES.
- STABILIZE HER JOB SECURITY WITH APPROPRIATE JOB SUPPORTS.
- IMPROVE RELATIONSHIP WITH ROOMMATE BY DOING ONE ACTIVITY OF ROOMMATE'S CHOOSING PER WEEK.



ZUMBA

# PLAN MODIFICATIONS:

- INCREASE THERAPY TO ONCE WEEKLY
- JOB COACH AT WORK
- TRIAL OF PROPRANOLOL TO HELP WITH PANIC SYMPTOMS
- NATURAL SUPPORTS AS NEEDED FOR TRANSPORTATION AND/OR SUPPORT FOR INCREASING COMMUNITY PARTICIPATION.



# PLAN REMODIFICATIONS

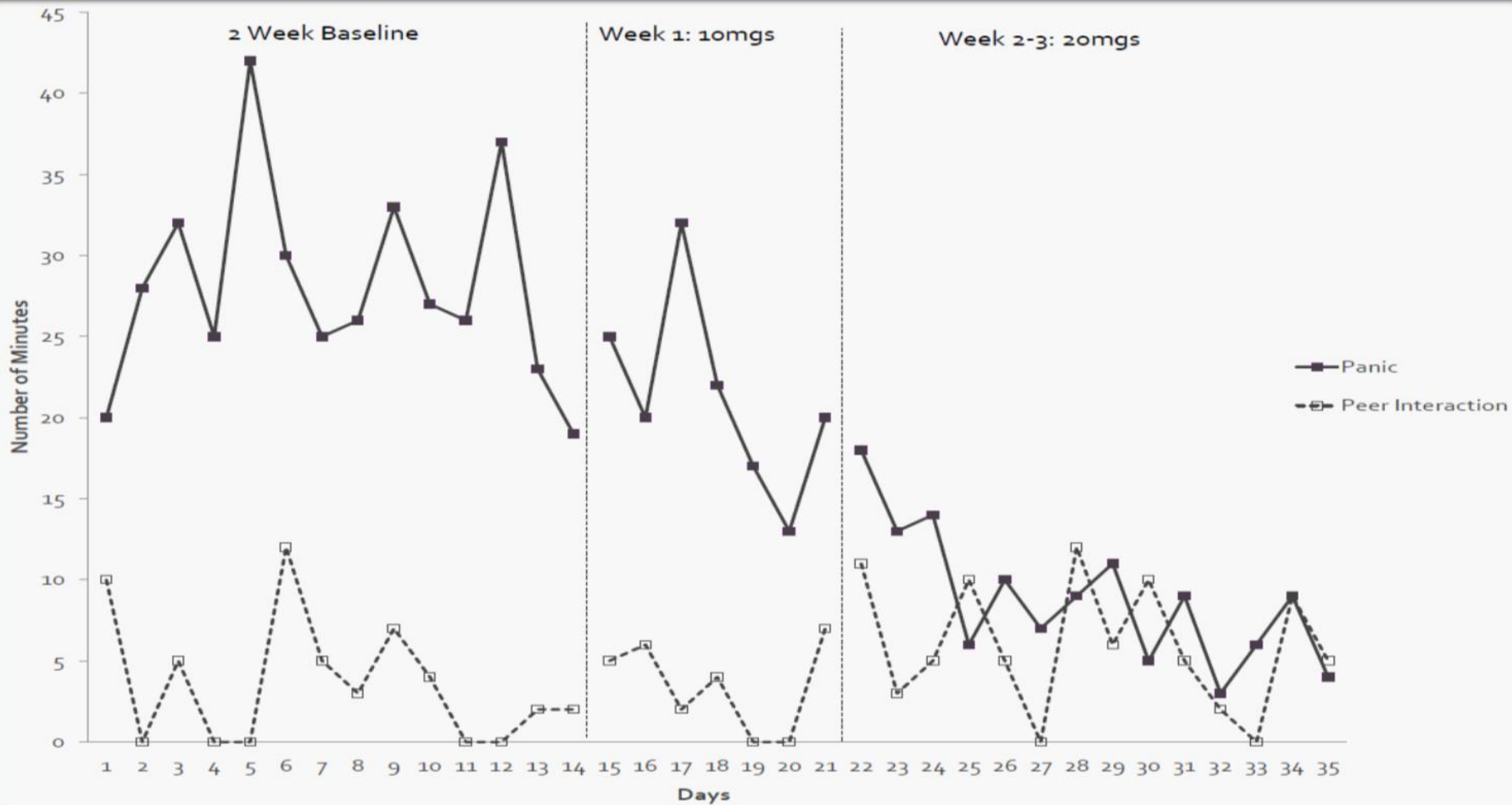
- PANIC PRECURSORS WERE RELIABLY OCCURRING IN LATE AFTERNOON JUST PRIOR TO NEXT SCHEDULED DOSE AT 4 PM.
  - CONVERTED TO LONG-ACTING FORM OF THE MEDICATION.
- DESPITE GOOD IMPROVEMENT IN PANIC PRECURSORS, PEER INTERACTIONS REMAINED DOWN.
  - REFERRED TO SOCIAL SKILLS GROUP.
  - BEGAN MOOD DIARY TO SEE IF DEPRESSION PRESENT.
  - MONTHLY CHECK-INS WITH PSYCHIATRIST.

	60	61	62	63	64	65	66
2:00 PM							
2:30 PM							
3:00 PM							
3:30 PM							
4:00 PM							
4:30 PM							
5:00 PM							

STRENGTHENING COLLABORATION  
WITH PSYCHIATRISTS

**To increase a  
psychiatrist's  
willingness to review  
data that could  
impact medication  
management**

**Make data easy and  
quick to  
review. Highlight  
significant trends.**



**To increase a  
psychiatrist's  
understanding of the  
individual's current  
strengths and needs**

**Ask good, leading  
questions**

**To increase a  
psychiatrist's  
understanding of  
how behaviors are  
being presented  
outside the office**

**Choose words  
carefully and  
operationalize  
descriptors including  
examples, where  
appropriate**

**To increase a  
psychiatrist's  
understanding of  
behavioral  
presentation in the  
office**

**Initiate providing  
feedback regarding  
whether the behavior  
exhibited in the  
office is typical or  
atypical**

**To keep a  
psychiatrist informed  
and aligned with  
desired outcomes**

**Share with and  
remind the  
psychiatrist what the  
individual's vision for  
his/her life, absence  
of behavior, should  
look like**

QUESTIONS?



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