

DDD Resource Team-Behavior Supports



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9/18/2019

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Behavioral Resource Team Organization



TRAINING

DIRECT SUPPORTS



Training Team



- Trainings are offered in the centralized location at the Freehold office or they can be done on site
- The trainings offered are by a Board Certified Behavior Analyst
- A list of training topics are sent out each month to provider agencies by the Resource Team Supervisor



Trainings Offered



- Principles of ABA
 - Developing Positive Relationships
- Understanding Functional Assessments
 - Behavior Support Plans
 - Data Collection & Interpretation
 - Teaching Functional Skills
 - Pica



Direct Supports Team



- Behavioral supports are offered to Service Recipients living in the community or are soon going to be living in a community setting
- Supports provided are individualized based on the specific needs of the Service Recipient
- Services provided are by a Board Certified Behavior Analyst that work with the individual Service Recipient, the Agency Behaviorist and the Direct Support Staff
- A Behavioral Referral Form is completed and sent to the Supervisor of the Resource Team for approval



How We Can Help



Behavioral Issues:

- Assist with conducting functional behavior assessments
- Assist with conducting preference assessments (leisure, sensory, edible)
- Assist with developing a BSP
- Assist with revising a BSP (one deemed to be ineffective)
- Assist with teaching/increasing functional living skills



A referral may be needed when...



- A Service Recipient is transitioning from a Psychiatric hospital or developmental center and the individual has a history or is currently presenting behavior challenges
- A Behavior Support Plan is in place that is proving ineffective and intervention recommendations are needed
- An agency behaviorist requires additional training with writing BSPs, conducting functional behavior assessments, putting data collection in place, etc.



What we can't do...



- Supplant the role of an agency behaviorist
- Create a Behavior Support Plan from scratch
- Provide on-going behavior support
- Provide crisis intervention training



Case Example:



Mary

Recently moved from a State Developmental Center
into a Group Home

Has been displaying maladaptive behaviors including
Self-Injury, Aggression and Property Destruction



Supports Provided...



- Reviewed all pertinent documents including the BSP, ISP, and any other related documents attached with the behavioral referral
- Conducted a phone interview with agency behaviorist and residential staff
- Scheduled a visit to have a face to face meeting with the agency behaviorist as well as residential staff, and to meet with Mary
- Gathered anecdotal information regarding the behavior challenges displayed by Mary and what is believed to be the root causal factors
- Reviewed records including data collected, UIRs, internal logs.



Supports provided cont'd



- Discussed the efficacy of the current BSP and determine how well it is being implemented within the home
- Assisted with assessment including functional behavior assessments, preference assessments, and assessments of functional living skills
- Made Recommendations to the agency behaviorist in regards to implementing new behavior intervention strategies, treatment integrity, and environmental supports.
- Periodically followed up with residential staff and behaviorist to see if recommendations made are being implemented and whether or not they are effective
- Made additional recommendations for behavioral strategies as necessary



The referral form should be completed as thoroughly as possible.

If an existing BSP is in place, please include that as well as any other supporting documentation along with the referral



N.J. Division of Developmental Disabilities, Olmstead Resource Team BEHAVIOR ANALYST CONSULT

Questions: Please call Sara Irizarry at 609-476-5208.
Email completed form, as a Word document, to: sara.irizarry@DHS.state.nj.us

NAME:	Click here to enter text.	DATE:	Click here to enter a date.	DDD ID#	Click here to enter text.
Residential Agency:	Click here to enter text.	Residential Address:	Click here to enter text.		
Residential Contact Person:	Click here to enter text.	Residential Phone:	Click here to enter text.		
Agency Behaviorist:	Click here to enter text.	Behaviorist Phone:	Click here to enter text.		
Day Program Agency:	Click here to enter text.	Day Program Address:	Click here to enter text.		
Day Prog. Contact Person:	Click here to enter text.	Day Program Phone:	Click here to enter text.		
Are other intervention organizations involved? <input type="checkbox"/> Cares <input type="checkbox"/> NSTM <input type="checkbox"/> DDHA					
PPM Date:	Click here to enter a date.	Projected Move Date:	Click here to enter a date.		
Level of Intellectual Disability: <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Borderline					
Ambulation Status: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Ambulates with assistance					
Please complete for the behaviors of highest concern.					
Behavior Label:		Click here to enter text.			
Frequency:	Click here to enter text.	Description:	Click here to enter text.	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Behavior Label:		Click here to enter text.			
Frequency:	Click here to enter text.	Description:	Click here to enter text.	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Behavior Label:		Click here to enter text.			
Frequency:	Click here to enter text.	Description:	Click here to enter text.	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Psychiatric Diagnosis: (If none state NA)		Click here to enter text.			
Is client currently on psychotropic medications:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
The below documents should be submitted with referral if available:					
<input type="checkbox"/> Current Service Plan (IHP, ISP)		<input type="checkbox"/> Functional Behavior Assessment		<input type="checkbox"/> Behavioral Support Plan	
<input type="checkbox"/> Current Psychological Evaluation		<input type="checkbox"/> Current Psychiatric Evaluation (If one has been completed)		<input type="checkbox"/> Health Safety Risk Summary	
Staff Member Completing Form:	Click here to enter text.	Title:	Click here to enter text.		
Contact Person (CM, TCM, SC):	Click here to enter text.	Phone Number:	Click here to enter text.		
Guardian:	Click here to enter text.	Phone Number:	Click here to enter text.		
To Be Completed by the Resource Team					
Date Form Reviewed: Click here to enter a date.					
Date Assigned:	Click here to enter a date.	Responsible Staff Person:	Click here to enter text.		



Contacting the Behavioral Resource Team



For questions, or to request a referral
form, please contact

Sara Irizarry sara.irizarry@DHS.state.nj.us

609-476-5208

