Foundational Skills for Conducting Clinical-Behavioral Consultation to Multidisciplinary Settings Serving Persons with Brain Injury

James K. Luiselli, Ed.D., ABPP, BCBA-D

Director of Clinical Development and Research
Melmark New England

Adjunct Faculty
School Psychology Department-MA Program in Applied Behavior Analysis
William James College
Workshop Objectives

Overview of Consultation Methods

Establishing a Consultation Relationship
Diversity and Multiculturalism
Ethics and Professional Practice
Professional Development
Social Validity

Questions-Feedback-Discussion
Indirect Model of Service Delivery

CONSULTANT
- Behavior Analyst
- Clinical Psychologist
- School Psychologist

CONSULTEE
- Teacher
- Therapist
- Direct-Care Staff
- Parents

SERVICE RECIPIENT
- Child
- Youth
- Adult
- Care-Providers
Multi-Stage Models

D’Zurilla & Goldfried (1971)
Erchul & Martens (2010)
Kratochwill & Bergan (1990)
Multi-Stage Models

Building a Consultative Relationship

Problem Identification

Problem Analysis

Plan Implementation

Plan Evaluation
Delivering Consultation Services

Public School District
Human Services Organization
Residential Treatment Facility
Child-Adult Day Center
Group Homes

“External” Consultants

“In-House” Consultants
Key Elements of Behavioral Consultation

**Tertiary intervention: presenting problems**

**Intervention Focus**

*An adult with brain injury demonstrates aggression and property destruction when presented with activity routines*
Key Elements of Behavioral Consultation

**Secondary** intervention: risk reduction

Intervention Focus

An adult with brain injury demonstrates signs of agitation and distress when presented with activity routines.
Key Elements of Behavioral Consultation

Intervention Focus

**Primary** intervention: prevention

*An adult with brain injury is allowed choice and preference with activity routines*
Key Elements of Behavioral Consultation

Voluntary Participation

• Suggests motivation to gain advice and collaborate positively

• Yet, consultees may resist consultation and hinder collaboration

• Dealing effectively with consultee resistance is a key to consultation success
Key Elements of Behavioral Consultation

Collaborative Problem Solving

- “shared responsibilities”
- “mutual decision making”
- “respect”
- “non-hierarchal arrangement”
Key Elements of Behavioral Consultation

Key Activities

- Observations
- Interviews
- Review of records
- Correspondence
- Preparation of written documents
- Meetings
- Monitoring services
- Billing and invoices
Key Elements of Behavioral Consultation

Personal Motivations of Consultees

- “Tell me how to fix the problem”
- Avoid extra work and demands
- Be acknowledged and respected
Key Elements of Behavioral Consultation

Personal Motivations of Consultants

- Have recommendations followed precisely
- Be admired by consultees
- Demonstrate success to their “bosses” or people who hired them
Key Elements of Behavioral Consultation

Consultants Sell a Product

- Expertise in understanding and changing behavior
- Must convince consultees to adopt unfamiliar methods that may be perceived incorrectly

Especially true for behavioral consultants

- Consultees have to be persuaded to “buy what we are selling”

Personal Motivations of Consultants
Key Elements of Behavioral Consultation

Consultants Have a Gold Standard

- Apply evidence-based practices
- Document outcomes empirically
- Expect exemplary intervention integrity and social validity
- But, “we should seek perfection while realizing and humbly accepting that work with consultees may not achieve our most lofty goals”

Personal Motivations of Consultants
Key Elements of Behavioral Consultation

Adhering to Professional and Ethical Compliance Code for Behavior Analysts

“Behavior analysts rely on scientifically and professionally derived knowledge when making scientific or professional judgements in human service provision....”
Key Elements of Behavioral Consultation

Adhering to **Professional and Ethical Compliance Code for Behavior Analysts**

“Behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience....”
Adhering to Professional and Ethical Compliance Code for Behavior Analysts

“Behavior analysts who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information....”
Guidelines for Consulting Efficiently, Effectively, and Ethically
Establishing a Consultation Relationship

Responding to Referrals

Many consultants take on service requests without clarifying details.

Other practitioners with consultation responsibilities may be uncomfortable with a referral but think they have to respond unconditionally.

**High risk** for practicing beyond areas of competency.
<table>
<thead>
<tr>
<th>Referral Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of referral:</td>
</tr>
<tr>
<td>Received by:</td>
</tr>
<tr>
<td>Referral source:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Request</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service Fee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate quoted:</td>
</tr>
<tr>
<td>Billing source:</td>
</tr>
<tr>
<td>Contract administrator:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
</tr>
<tr>
<td>2:</td>
</tr>
<tr>
<td>3:</td>
</tr>
<tr>
<td>4:</td>
</tr>
<tr>
<td>5:</td>
</tr>
</tbody>
</table>
Establishing a Consultation Relationship

Explain Purposes-Objectives of Consultation

Tell consultees why and how you were hired

Discuss your role as a consultant

Allow consultees to introduce themselves

Explain your background relative to consultation issues

Treat consultees as “the local experts”

Summarize process and steps
Establishing a Consultation Relationship

Assess Intervention Philosophy

ABA versus alternative orientation

Examples of intervention guidelines and protocols

How are services evaluated?

What constitutes a multidisciplinary team?

Prohibitive procedures

What can you, as consultant, comfortably tolerate?
Establishing a Consultation Relationship

Understand “Who is in Charge”

Consultants do not have administrative authority

How do decision makers operate?

Public schools = Principals
Treatment program = Program or Clinical Director
Human services organization = CEO

Follow expected protocol
Establishing a Consultation Relationship

Previous Experience of Consultees

Inquire about past experiences with consultants

What did consultees judge as effective?

“Actively seeking out existing perceptions of consultees will allow you to sort out attitudes and perspectives that can guide your consultation services toward more favorable outcomes”
Establishing a Consultation Relationship

Building Rapport

“At its most basic level, consultation is an *interpersonal exchange*—the consultant’s success is going to hinge largely on his or her *communication and relationship skills*”

(Gutkin & Curtis, 1982)
Establishing a Consultation Relationship

Building Rapport

Strive to find common ground among consultees

The consultant wants to be perceived as reasonable, inclusive, tolerant ("a conditioned reinforcer")

Establishing rapport is a process of successive approximation

Good rapport = LIKEABILITY

How Defined?
Likeability Characteristics

Demeanor

- Calm and composed
- Smiles
- Speaks in a pleasant tone
- Relaxed body posture
- Open and encouraging
- Presents with “calm confidence”
- Deferential
- Self-effacing
Likeability Characteristics

Listening

• Sustain eye-contact
• Remain on topic
• Resist the urge to control the conversation
• Do not interrupt
• Remain silent when the other person is speaking
• “A wait-to-speak and non-interruptive awareness has a demonstrable effect on being recognized as a good listener”
Likeability Characteristics

Dependability

• Say-do correspondence
• Be on time
• Keep scheduled obligations
• Produce written documents as promised
• Respond to telephone calls and emails
• Rank order priorities and address them accordingly
Likeability Characteristics

Emotional Stability

• Consistent positive mood and affect
• Predictable demeanor
• Personal events and challenges do not influence interactions with consultees
• “Instability and uncertainty about what a consultant thinks and feels makes consultees uncomfortable, questioning themselves, and assuming they are to blame for the perceived discord”
• Have a checklist reminder of “best behaviors” to display in the company of consultees
Likeability Characteristics

Know the Subject Matter

• True knowledge and expertise is easily detected
• Answer questions without pontificating
• Support recommendations with empirical case examples
• Focus on practice and not theory
• Acknowledge what you do and do not know
• Deliver a consistent message
• Listen respectfully to alternative opinions
• Do not stray from boundaries of competence
Humor

- A humorless consultant does not smile or laugh and seems to take life too seriously

BUT, it is difficult defining universally humorous topics, using humor appropriately, and recognizing when humor is ill advised

- Put humor on the back-burner
- Do not try to be a comedian
- Do not talk about anything that is remotely risque
- Do not join forces with individuals who demonstrate questionable taste
- Never make jokes about odd behaviors, diagnoses, or any persons involved in consultation
Likeability Characteristics

Dress Appropriately

- Appearance counts
- What will consultees think about your skills if you show up disheveled, unkempt, and poorly groomed?
- Convey respect to consultees by dressing and preparing yourself professionally
- Be aware of “dress in context”
- Self-reflection: what do you expect when meeting with a personal physician, attorney, financial advisor, or similar professional?
Likeability Characteristics

BACB Compliance-Ethics Code

Code 6.02 Disseminating Behavior Analysis

“Our technical vocabulary is not helpful in communicating with clients, advocates, and average citizens who could benefit from knowing more about our principles and procedures”
Likeability Characteristics

IEP Development Meeting

• Teachers
• School BCBA
• Specialists
• Parents
• Educational advocate
• School principal
• Outside evaluators
• Clinic BCBA

“DTT”
“DRO”
“Stimulus Control”
“Extinction”
“FA”
Likeability Characteristics

Alternatives to “DTT”

“Very systematic 1:1 instruction”
“Instruction through small steps”
“Increased learning opportunities”
Likeability Characteristics

Alternatives to “DRO”

“Reward periods of time without problem behaviors”

“Mary earns something pleasurable when she does not display problem behaviors for a certain amount of time”
Likeability Characteristics

Alternatives to “Stimulus Control”

“What conditions in the classroom are associated with Mary’s behavior?”

*Instructional materials*
- Adults
- Students

*Types of activities*
- Time of day
Likeability Characteristics

Alternatives to “Extinction”

“Eliminate the consequences for problem behavior”

“For example, Mary enjoys adult praise, so teachers do not speak to her when she exhibits problem behaviors”
Diversity and Multiculturalism

Important and distinguishable differences apply to race, ethnicity, religion, socioeconomic status, gender identity, age, and nationality—A person’s self-identity, group affiliation, and strength of cultural values must not be overlooked.
Diversity and Multiculturalism

BACB Professional and Ethical Compliance Code for Behavior Analysts

Home-Based Consultation Example

Child A presents with eating problems related to self-feeding, food selectivity, and disruptive behavior during meals. Within his family’s culture, people customarily eat with their hands and share food portions from the same containers at meals.
Home-Based Consultation Example

Child B sleeps erratically, usually getting up between 2:00-3:00am, and climbing into his parents’ bed, where he remains until wake-up in the morning. His family reports that within their culture, young children often sleep with their parents and they do not object to this practice.
Child C lives with an extended family comprised of her parents, siblings, aunts, and grandparents. In this family’s culture multiple family members take responsibility for child-care and assume the role of parent-surrogate.
Diversity and Multiculturalism

Complicating Factors with Consultees and Service Recipients

- Language barriers
- Perceived authority
- Misinterpretation of non-verbal cues
- Culture-ethnic specific social nuances
- Traditional practices
- Professional ethics guidelines affecting consultation interactions

Food
Gifts
Physical contact
It is important to be aware of one’s own biases and preconceived notions as a behavior analyst, as well as acknowledging limitations on one’s cultural knowledge” (Fong et al, 2016)
Diversity and Multiculturalism

Sensitivity Awareness and Training

- Practice self-assessment
- Confer with mentors and colleagues
- Continuing education
- Read and acquire knowledge
- Adopt a non-judgmental perspective

“Is there any other way to get my point across that might be more valid when viewed from their cultural-ethnic-diversity perspective?”
Ethics and Professional Practice

BACB Professional and Ethical Compliance Code for Behavior Analysts

Actions of Consultees and Supervisees

Questionable Behavior

Ethical Violation?

Unacceptable Practice

Incompetence
Dr. Smith is a licensed psychologist who consults to a private school for students with brain injury. His consultation activities include supervising three classroom teachers implementing behavior support plans with difficult students. He is concerned that one of the teachers lacks instructional skills, sometimes makes derogatory comments in class, resists consultation recommendations, and misapplies behavioral intervention procedures. He has addressed these issues with the teacher during supervision and spoke confidentially with the school director, who told him, “That’s just the way she is, try to work around it.” Dr. Smith was dissatisfied with the director’s response and believes he is ethically obliged to contact a senior administrator.
Julie is a supervising behavior analyst at a residential program for children with brain injury. The program publicizes its orientation as multidisciplinary and committed to “an ABA methodology and philosophy.” However, after several months at the program Julie realizes that many of the staff she supervises are not skilled behavioral practitioners and the program as a whole does not provide services as advertised. She witnesses staff implementing non-evidence supported procedures, poorly designed interventions, and methods that deviate from conventional ABA practices. Julie has expressed her impressions with staff in supervision and concluded that they have not received adequate and proper ABA training, nor does the program have the necessary clinical expertise with within a “multidisciplinary service model.” Under these circumstances, she does not think that her supervision can be effective and has grave concerns about how the program operates and is portrayed.
Consultation Ethics

Ethical challenges and dilemmas are frequently encountered

Most consultees-supervisees have to be educated about ethics

Approach to ethics risk management is preventive and reactive

Address ethics resolution through problem solving model
Problem Solving Checklist

Identify the relevant ethical issues

Refer to ethics principles

Consult with colleagues

Consult with supervisors

Evaluate rights-welfare of affected parties

Consider multiple solutions

Perform risk-benefit analysis

Collegial problem-solving

File complaint with credentialing agency
Consultation Ethics

Identify the Ethical Dilemma

- Does the ethical dilemma fall within applicable ethics code?
- Does the ethical dilemma relate to practice competency?
- Deliberate on the ethical dilemma before further actions
Consultation Ethics

Review the Ethical Principles that Apply

- Observed behavior
- Verbal reports
- Written information
- Corroborate impressions from multiple sources who are in a position to respond reliably
Consultation Ethics

Confer with Colleagues

- Pose the suspected ethical dilemma
- Maintain confidentiality
- Explain your perspective
- Ask for recommendations
- Document points of discussion, disposition, decisions
Consultation Ethics

Evaluate Prevailing Conditions

- What has contributed to the suspected ethical dilemma?
- Assess the rights of the affected parties
- Apply fairness
- Maintain objectivity
Consultation Ethics

Identify Multiple Solutions

- Brainstorming approach
- Risk-benefit analysis of proposed solutions
- Is further deliberation necessary?
- Select optimal resolution strategy
Consultation Ethics

Present Concerns

• Preliminary conference with colleagues
• Face-to-face individual meeting
• Group meeting
• Detailed documentation of outcome and future action plans
Consultation Ethics

Last Options

• Involvement of administrators and program managers
• Formal written complaint
• Filing with credentialing or licensing agency
Cox, D. J. (2018). Ethical considerations in interdisciplinary treatments. *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorders*
Cox (2018)

Focuses on ethical issues that may arise from interdisciplinary collaboration in treatment of individuals with ASD

These same issues apply to treatment with other diagnostic populations
Cox (2018)

Representative Disciplines

Education
Psychology
Psychiatry
Behavior Analysis
PT/OT/SLP
Rehabilitation Medicine
Nursing
Social Work
Cox (2018)

Interdisciplinary Treatment

- Common goal of *beneficence*
- Different professional training backgrounds
- Different ethics codes
- Different performance expectations
Cox (2018)

Positive Interdisciplinary Settings

- Foster respectful communication among disciplines
- Proactive identification of ethical dilemmas
- Opportunity to collaborate on ethical resolution
Principles Common to Ethics Codes

Autonomy

- Voluntary treatment
- Consent
- Client preferences
- Awareness of risk potential
- Freedom to terminate treatment
Principles Common to Ethics Codes

Nonmalfesance

- Avoidance of harm
- Risk prevention
- Least restrictive treatment
- Client choice
- Quality indicators
Cox (2018)

Principles Common to Ethics Codes

Beneficence

- Treatment dedicated to personal wellbeing
- Improved quality of life
- “The client comes first”
- Skill and competency focused
Cox (2018)

Justice

- Fair and equal treatment
- Allocation of resources based on funding level
- Uniformity of treatment decision making

Principles Common to Ethics Codes
Collaboration-Building Strategies

Proactive

- Jargon-free communication
- Knowledge about other disciplines
- Build a services network

  *Interdisciplinary team meetings*
  *Case consultation meetings*

- Organizational guidelines and ethics codes

  *Uniform guiding principles*
  *Mission statements*
Collaboration-Building Strategies

Cox (2018)

Reactive

- Problem-solving approach to conflict resolution
- Empirical outcome evaluation
- Knowledgeable and dedicated leaders
- Behavioral Systems Analysis (BSA)

**Training**

**Goal Setting**

**Feedback**

CQI: Continuous Quality Improvement
Professional Development

Construct a dedicated program of continuing education
Workshops and Seminars

- Select topics that advance knowledge beyond the familiar and comfortable domains
- Consider any CE activities that contribute to professional growth as a consultant

Different diagnostic groups
- Psychiatric disorders
- Psychopharmacology
- Attorney consultation
Professional Development

Stay Current with the Professional Literature

- Schedule time each week for dedicated reading
- Set performance objectives
- Locate literature through journal alerts, electronic searches, open access publications
- Send reprint requests
- Establish journal clubs
Professional Development

Confer with Colleagues

- Schedule case reviews
- Conduct scheduled group meetings on topics of interest
- Email notable professionals
Social Validity

Social Validity

Ask consultees what they “think about” the objectives, process, and outcomes of consultation

Do they approve?
Were they satisfied?
Would they recommend services?
<table>
<thead>
<tr>
<th>Assessment Information</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you approve of the intervention objectives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do intervention recommendations seem appropriate for presenting problem(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you suggest changing any of the intervention recommendations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you require additional resources to implement intervention recommendations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you anticipate any barriers to implementing intervention recommendations?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment-Derived Action Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
</tr>
<tr>
<td>2:</td>
</tr>
<tr>
<td>3:</td>
</tr>
<tr>
<td>4:</td>
</tr>
<tr>
<td>5:</td>
</tr>
</tbody>
</table>
Your name (or anonymous):

Instructions: Please record your opinions about the Behavior Support Plan (BSP) you implemented with Mary during September-November 2017 by checking one rating for each statement. You made add comments about the BSP as well. Thank you!

<table>
<thead>
<tr>
<th>Statements</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The BSP was easy to understand</td>
<td>1: Strongly Disagree</td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
<tr>
<td>The BSP procedures were easy to implement</td>
<td></td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
<tr>
<td>The BSP properly addressed intervention objectives</td>
<td></td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
<tr>
<td>The student responded positively to the BSP</td>
<td></td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
<tr>
<td>I was trained effectively to implement the BSP</td>
<td></td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
<tr>
<td>I would recommend the BSP for other students</td>
<td></td>
</tr>
<tr>
<td>If you selected Ratings #1 or #2, please explain:</td>
<td></td>
</tr>
</tbody>
</table>

Additional comments, if any:
Participants

- 44 teachers and assistants at day and residential school
- 82% female, 18% male
- Teaching experience from 2-10+ years
- Responsible for instructional and behavior support plan implementation with students
- Supervisors did not perform intervention integrity assessment or deliver performance feedback
1. How well do you understand the behavior support plans of the students with whom you work?

- Very poor
- Somewhat poor
- Somewhat well
- Very well

2. How effective are the current feedback procedures for incorrect behavior support plan implementation?

- Very ineffective
- Somewhat ineffective
- Somewhat effective
- Very effective

3. How effective are the current feedback procedures for correct behavior support plan implementation?

- Very ineffective
- Somewhat ineffective
- Somewhat effective
- Very effective

4. How well would you receive performance feedback (i.e., discussion about your areas of strength and weakness) to increase your ability to correctly implement behavior support plans?

- Very poor
- Somewhat poor
- Somewhat well
- Very well

5. How likely would you be to complete online training modules to increase your ability to correctly implement behavior support plans?

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

6. How likely would you be to increase correct implementation of a behavior support plan to avoid ongoing performance feedback meetings?

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

7. How likely would you be to increase correct implementation of a behavior support plan if given financial incentive (e.g., a gift card)?

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

8. Please rank the following methods in order of most effective to least effective (1 = most effective; 4 = least effective):

   - Online training modules
   - Performance feedback
   - Escape from future performance feedback meetings
   - Access to financial incentive
Distribution-Completion

- Questionnaire distribute to classrooms
- Voluntary-anonymous participation
- Gift card drawing for completed questionnaires
- Completed questionnaires collected five days following distribution
financial incentive ($M=2.24, SD=.97$), and avoiding performance feedback meetings ($M=1.90, SD=.92$).

![Performance Feedback Chart]

Fig. 2. Percentage of participants in ratings for performance feedback, training methods, and financial incentive.
Summary and “Top Ten” List

Stay within your competency boundaries

Acknowledge what you don’t know

Educate yourself about unfamiliar areas that impact consultation practice
Summary and “Top Ten” List

Be aware that consultees are always forming opinions about you

Act with humility and deference to individual differences

Perform with a “can do” attitude
Summary and “Top Ten” List

Understand the motivations of consultees

What do consultees want and can you deliver?
Summary and “Top Ten” List

Study how to operate functionally in settings where you are not in control

Abandon a self-perceived role as expert
Summary and “Top Ten” List

Continuously assess your consultation competencies, effectiveness, acceptability, and limitations
Summary and “Top Ten” List

Behave in the interest of consultees and not to advance your self-worth and personalized image
Summary and “Top Ten” List

- Pragmatics are the rule
- Be dependable
- Manage performance
- Pay attention to the details
Summary and “Top Ten” List

Gear your verbal and written communications to the aptitudes and receptivity of consultees
Summary and “Top Ten” List

Familiarize yourself with and scrupulously follow ethical codes of conduct
Summary and “Top Ten” List

Set professional performance goals you want achieve and form a career development plan
Practice mindfulness which is “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994).
Thank you!