



POSITIVE BEHAVIOR
SUPPORTS *for*
ADULTS *with* DISABILITIES
in EMPLOYMENT,
COMMUNITY, *and*
RESIDENTIAL SETTINGS

3RD
EDITION

Practical Strategies That Work

Keith Storey, PH.D., BCBA-D

Michal Post, M.A.

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By

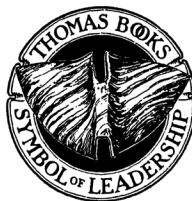
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To Emma Doerr who in her quiet way encouraged me to do good.
K.S.

*For Terrence and Darlene whose continued love and support lifts
me up every day.*
M.P.

PREFACE

Scope

The purpose of this book is to provide an overview of positive behavior supports for adults with disabilities in a written format that is directed to support providers who can immediately put the information to use. We have tried to write in a nontechnical format and include real-life examples for using positive behavior supports in employment, community, and residential settings. This book is generic across disability labels and should be of interest to those working with adults with disabilities in any capacity. In the chapters, we have deliberately included “older” references that we see as being both important and relevant today, as well as to provide an understanding of how Positive Behavior Supports has built upon “classic research” for establishing the empirical basis for effective interventions in this area. In some cases, where there are no examples from the literature involving adults with disabilities, we have included empirical studies and discussion article references illustrating positive behavior supports in school settings that we believe are relevant to the intervention for adults with disabilities.

Plan

In this book, each chapter follows the sequence of:

- Key Point Questions
- Window to the World Case Studies
- Best Practice Recommendations
- Discussion Questions
- Employment, Community, and Residential Based Activity Suggestions
- References Cited in the Chapter
- Empirical Research Supporting that the Interventions Presented in the chapter are Evidence-Based Practices (*this is not included in Chapters 1 and 2 as these chapters are not focused on interventions*)
- General References Regarding the Topics in the Chapter

Purpose

This book is intended to give support providers the knowledge and skills for providing positive behavior supports in employment, community, and residential settings and thereby improve the quality of life for the individuals who they support. The rubber meets the road, not only in how to support adults with disabilities but also in how to implement positive behavior supports so that meaningful quality-of-life outcomes occur. This book responds to a critical need for highly qualified personnel who will become exemplary professionals in positive behavior supports for adults with disabilities because of their knowledge and skills in supporting adults with varying disabilities in employment, community, and residential settings.

An advantage of this book is that universities, agencies, and organizations preparing support providers can easily use it in courses or trainings that address positive behavior supports, as it covers the methodology that is seldom covered in detail in most texts. Those who are already support providers will find the information to be practical and easily implemented in applied settings. We see three main groups who would primarily be interested in using this book:

1. College instructors teaching courses in Applied Behavior Analysis, Transition and Employment, Rehabilitation, Career Counseling, Special Education, Vocational Rehabilitation, Social Services, Mental Health, or other related areas.
College instructors are likely to choose our book based upon:
 - a. The consistent format throughout the book.
 - b. The “practicality” and “readability” of the book for college students.
 - c. The comprehensive analysis and coverage of developing positive behavior supports and services for adults with disabilities.
 - d. The direct applicability of the information to applied settings.
2. Individuals working in the disability field.
3. Individuals studying to work in the disability field.

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**POSITIVE BEHAVIOR SUPPORTS
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Chapter 1

OVERVIEW OF POSITIVE BEHAVIOR SUPPORTS

Behavior is a difficult subject matter, not because it is inaccessible, but because it is extremely complex. Since it is a process, rather than a thing, it cannot easily be held still for observation. It is changing, fluid, and evanescent, and for this reason it makes great technical demands upon the ingenuity and energy of the scientist. But there is nothing essentially insoluble about the problems which arise from this fact.

—B. F. Skinner (1953)

Key Point Questions

1. What is Applied Behavior Analysis (ABA)?
2. What are Positive Behavior Supports?
3. How are Positive Behavior Supports different than other approaches?
4. Why are Positive Behavior Supports important?
5. What are the Barriers to the Implementation of Applied Behavior Analysis and Positive Behavior Supports?
6. How do Applied Behavior Analysis and Positive Behavior Supports relate to the learning of Adults with Disabilities?
7. How are Applied Behavior Analysis and Functional Skills related?
8. What are evidence-based practices?

WINDOW TO THE WORLD CASE STUDY ONE

Mabel is 24 years old, has a diagnosis of Autism Spectrum Disorders (ASD), and works at an upscale clothing store. Mabel is very

knowledgeable about women's clothing fashions and enjoys working at the store. She is looked upon as a very good and conscientious worker. Not only can she answer customers' very detailed questions, but she is also very meticulous about making sure that the clothes are displayed correctly and are returned quickly to the racks.

Recently, however, Mabel has started developing some undesirable behaviors that are of increasing concern. When the store gets busy and the items to be restocked start piling up, Mabel gets agitated. She will start muttering, under her breath, obscenities about the customers. If a customer interrupts her to ask a question when she is returning items to the rack, she will increasingly "snap" at the customer.

Her supervisor, Shizie, has called in Martha, who is Mabel's job coach, and told Martha in no uncertain terms that, though Mabel has been a valued employee, this behavior cannot continue and that if it occurs again, Mabel will be terminated. Martha is in a panic. She understands job analysis and job supports, but she has no background in positive behavior supports. Martha contacts her supervisor at the supported employment agency, but her supervisor also has no background in positive behavior supports and does not know what to do. It appears that Mabel's job is about to come to an unfortunate end.

WINDOW OF THE WORLD CASE STUDY TWO

Herbert is a 40-year-old adult who is labeled as having a severe intellectual disability, and he also has mild Cerebral Palsy, which makes his walking a bit unsteady. After living in a state institution and then in group homes for individuals with intellectual disabilities, Herbert's two siblings realized that he was unhappy and getting depressed living in a group home with five other adults with intellectual disabilities and having to share a bedroom.

A new agency, Innovative Living Supports (ILS), has recently opened in the town. Herbert's siblings contacted Agatha, the supported living director of ILS, who did a Person-Centered Plan with Herbert and his siblings. It became clear through the Person-Centered Planning (PCP) process that Herbert really wanted to live in his own apartment. Herbert works full-time at a local law firm, delivering mail and supplies, copying, and preparing rooms for meetings. Between the income from his job and the trust fund his parents had set up for him, he can rent a

nice apartment. ILS took Herbert on as a client and provided full-time supported living services for him when he was not at work.

Herbert enjoyed his new apartment and the supported living supports from ILS. However, Herbert started getting upset in his apartment. He would sometimes yell out, then jump around, and end by hitting his head very hard with objects in the apartment. This behavior was very upsetting to both Herbert and the supported living staff. The supported living director and the supported living staff now wonder if ILS made a mistake in providing support to Herbert. The supported living staff had never worked before with someone like Herbert, with such serious undesirable behaviors. Agatha decided to meet with the executive director of ILS and recommend that ILS withdraw its supported living services to Herbert.

KEY POINT QUESTION #1: WHAT IS APPLIED BEHAVIOR ANALYSIS?

The foundation of Positive Behavior Supports is Applied Behavior Analysis (ABA). Applied Behavior Analysis is derived from the work of B. F. Skinner (1953, 1971). Skinner was a psychologist who advocated that the focus of interventions should be on the behavior of individuals rather than on internal states (O'Donohue & Ferguson, 2001). Behavior may be defined as observable actions that a person does. Sitting in a seat, completing a work task correctly, making a sandwich, cursing, and greeting a supervisor at work appropriately are all observable behaviors (verbal behaviors are classified as behaviors as well). These are all behaviors that can be changed (for better or worse). Being motivated, trying hard, and being unruly are not observable behaviors and thus cannot be directly changed.

John Watson is often credited as being the first behavioral psychologist. In his 1913 manifesto, he wrote that "Psychology, as the behaviorist views it, is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior." For Positive Behavior Supports, the key words are "prediction" and "control." Good support providers are effective at predicting what will work in their situations (such as using picture schedules, reinforcing positive behaviors, ignoring some behaviors, etc.) and then controlling the environment so that these behaviors occur. Sometimes support

providers have concerns with the concept of control and they view control as being a bad thing. However, not positively controlling the situation only leads to anarchy and poor performance for the adult in their situation. For instance, by doing things such as having set routines, clear expectations about how to behave, and praising the person for completing tasks, the support provider is “controlling” the behavior of the adult. Having a support provider controlling a situation in this way is good support and is not deceitful or wrong.¹ In other words, the focus is on the cause-and-effect relationship between the environment and the behavior of the individual (Nye, 1992). This cause and effect is not a one-way process as there is the issue of counter-control where the behavior of the individual also influences the environment (e.g., the behavior of the support provider).

As they read this, many support providers may be thinking “I do this every day.” Good support providers use these types of strategies all the time. In this book, we are presenting a coherent and systematic approach to understanding the purpose of Positive Behavior Supports and how support providers can implement these strategies to arrive at the desirable results for carefully targeting the behaviors that need changing, as opposed to a “hit-and-miss” strategy that many support providers use.

Applied Behavior Analysis

In behavior analysis, it is assumed that the behavior of individuals is lawful. This means that people do things for a reason, such as being previously reinforced for a behavior (such as being praised for completing work tasks successfully) or being punished for a behavior (such as being fired from their job for talking back to a supervisor at their worksite). In other words, individuals have a history of being reinforced or punished for certain behaviors, which influences their current behavior. For example, if Hart is consistently reinforced for preparing dinner for himself and his roommate by receiving positive feedback from the roommate on the quality of the food and having the roommate do the dishes after dinner, then Hart is likely to continue

1. We will use the term “support providers” throughout the book, and the term includes BCBAs and behavior specialists, job coaches, residential staff, family members, social workers, case managers, and others who provide support to adults with disabilities in employment, community, and residential settings.

to prepare good meals for himself and his roommate. A person who does not receive this reinforcement for preparing quality dinners is less likely to consistently prepare good dinners.

The three basic assumptions of applied behavior analysis are:

1. All behavior is learned or is a physiological response such as sneezing due to allergies.
2. Behavior can be changed by altering antecedents and/or consequences.
3. Factors in the environment (the worksite, community setting, or home) can be changed to increase and maintain specific behaviors or to decrease specific behaviors.

Behavior analysts agree that people feel and think but do not consider these events (feeling and thinking) as causes of behavior. For instance, a person may engage in certain “undesirable” behaviors² (such as talking back to the job coach or refusing to complete work tasks). Analyzing these behaviors as “feelings” of the person is not helpful as it infers the causes, and the support provider cannot directly change an individual’s feelings.

Applied behavior analysis focuses on the behavior of people. Behavior is not considered an expression of inner causes like personality, cognition, and attitude. Poor performance on work tasks, talking out loud to oneself while shopping, or refusing to brush one’s teeth are analyzed as problems of behavior rather than examples of a person having a “poor attitude.” Interventions for undesirable behaviors are directed at changing environmental events (support providers’ behaviors or the setup in the home) to improve behavior (e.g., to increase desirable behavior). For example, using a self-management strategy to increase on-task performance or to eliminate asking questions to co-workers at inappropriate times could change the worker’s undesirable behaviors for the better and, by doing so, could change the “poor attitude” of the worker. However, this is accomplished only by changing specific behaviors of the worker (which was accomplished by changing the

2. In this text we use the terms “desirable” and “undesirable” in describing behavior. A variety of terms have been used in the professional literature such as difficult, acting out, maladaptive, disruptive, challenging, good/bad, appropriate/inappropriate, at-risk, target behavior, and problem behavior. Basically, these terms have been used to describe behavior that we see as being either desirable or undesirable from the viewpoint of the support providers.