Broad Scale Behavioral Initiatives: Kudos to South Carolina

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Rotholz and Ford (2003) deserve considerable credit and praise for their efforts in planning and implementing a statewide, systemic behavioral initiative. The authors acknowledged the assistance of several other people at the end of the article, and they, too, likely deserve much credit and praise. As Rotholz and Ford noted, voluminous literature attests to successful behavioral efforts (“positive behavior support” or otherwise) at the individual level and within schools, institutions, and other relatively small “systems.” However, there is a paucity of literature in which investigators have addressed broad-scale (i.e., statewide) behavioral initiatives. In this era of deinstitutionalization and community inclusion, such efforts are of critical importance for people with challenging behavior.

During the 1980s and 1990s, and continuing today, broad-scale behavioral initiatives have taken place in many locations, some of which have been described in the literature. For example, Rotholz and Ford (2003) cited the U.S. Department of Education, National Institute on Disability and Rehabilitation Research efforts to create positive behavior support system change in at least 16 states (Anderson, Albino, Maestros, Dunlap, & Morella-Robbins, 1993). Another example of broad-scale, statewide behavioral development not mentioned by Rotholz and Ford, yet particularly noteworthy, took place in the Florida state developmental disabilities system. Johnston and Shook (1987, 1993) described the components of this system development in detail and, in so doing, provided a blueprint for broad, statewide behavioral development.

Several similarities exist between the efforts described in South Carolina and those elsewhere. For instance, statewide efforts to increase the quality and quantity of behavioral services and supports typically require increased and enhanced training; basic educational, training, and experience requirements for service providers; quality control and oversight; and relevant regulatory changes. All of these components were included in the South Carolina and Florida initiatives, though in somewhat different ways (see also Wagner, 2002, for a description of some similar components in California). Finally, and perhaps most important, is the involvement of people in positions of authority, willing and able to make or at least influence critical decisions and allocate necessary funding. Rotholz and Ford (2003) cogently summarized this issue by noting that support must be in place “from those who run the system. . . . This support must include political, philosophical, and financial areas in order for the long-term effort to succeed” (p. 361). Johnston (1991) made a similar point, relevant to South Carolina, by stating, “Just one behavior analyst in even a moderately powerful position in a state agency office may sometimes be more valuable than a number of behavior analysts working in service facilities” (p. 194).

Although similarities exist between the efforts described in South Carolina and those in other states, some differences also merit comment. These differences include the antecedent conditions or events that set the stage for development, the sheer size of different states, and the respective numbers of people served. With regard to antecedents, Rotholz and Ford (2003) described a series of focus groups, held throughout the state, in which group members identified training needs. In addition, they mentioned a change in state department leadership. The subsequent planning, development, and implementation of system components appear to have taken place in a systematic, orderly process. Alternatively, and perhaps more commonly, crises—in the form of lawsuits, loss of federal funding, or other major events—often serve as the catalyst for major system change. The concomitant sense of urgency may prevent longer term, more systematic planning and implementation. Even in the absence of precipitating crises, implementation efforts often involve capitalizing on opportunities as they arise rather than carefully preplanning systematic interventions. This opportunistic approach may result in less comprehensive outcomes. Finally, the size of a state and number of people served impose logistical and fiscal limitations. For example, competency-based training, ideally provided in a person’s work...
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site, is preferable to off-site, didactic classes if substantive staff behavior change is to occur. Due to logistical and fiscal realities, this type of training is much more difficult to provide in a large state than in a relatively small state. Similarly, the “on-the-job skills checks” and “on-site quality assessment process” described for South Carolina would be more difficult to implement in a large state.

Kudos to Rotholz, Ford, and their colleagues for successfully planning, developing, and implementing a broad-scale statewide behavioral initiative. The benefits to citizens in South Carolina with developmental disabilities are assured. Unique conditions, idiosyncrasies, and opportunities exist in all states. However, by carefully describing successful strategies and the barriers associated with such efforts, as Rotholz and Ford (2003) and others have done, other states may benefit in their own attempts to implement broad scale behavioral initiatives.

References


The opinions expressed herein do not necessarily reflect those of the California Department of Developmental Services.

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