Overview of Positive Behavior Support

TRAINER HANDBOOK

West Virginia APBS Network

DEVELOPED 2021

Overview of Positive Behavioral Support: Trainer Handbook

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How to use the Workbook

This workbook was designed to be a guide for the person providing the Overview of Positive Behavior Support training. Here, the trainer will find explanations for each informative slide, materials, answers, and talking points.

Prior to Training: The trainer, ideally a certified and/or endorsed BSP**, should familiarize themselves with the materials included in the workbook. This could involve reading through the information and making sure the materials are prepared for the training.

During the Training: The trainer can use the workbook along with the PowerPoint to provide talking points. The information included with each slide does not need to be read word-for-word – it can be summarized for the group. However, if someone *would* need a more in-depth explanation, there is narration for each slide including definitions, questions, and important information to remember included throughout the book.

Bold Blue Text: This type of text denotes either a definition, example, or further information on an idea.

Bold Red Text: This type of text indicates instructions and important take-away information. The trainer should not leave this information out of summarizations.

This training is only an introduction/overview of PBS practices. This training WILL NOT certify an individual to be a Positive Behavior Support Professional.

This training is not intended for any one specific program and can be used across systems and disciplines as an introduction to Positive Behavior Support. In IDDWaiver, the trainer (unless otherwise specified/granted an exception by the Bureau for Medical Services) should be a certified or endorsed BSP – this training satisfies the requirement for all direct-care staff to be initially trained on Positive Behavior Support Practices. In other disciplines – the trainer should be qualified per the programs' policies and be familiar with PBS philosophies and information

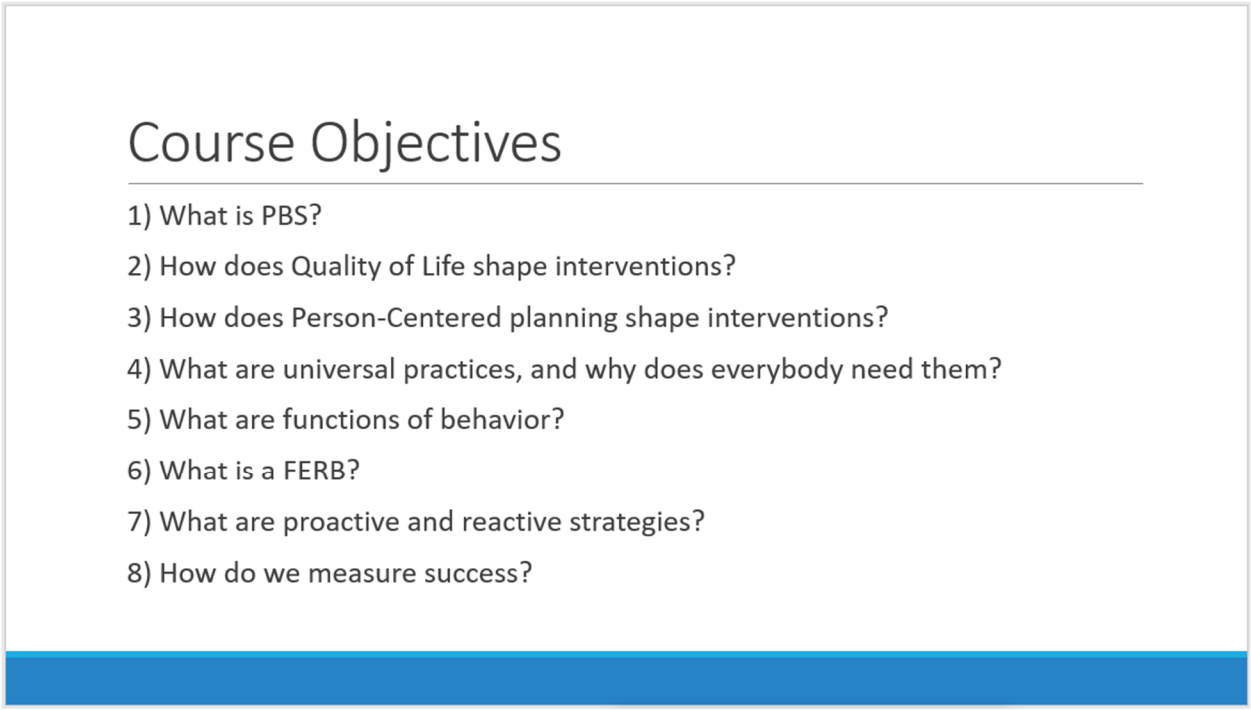
Introductions and Course Objectives

The Overview of Positive Behavior Support is designed to give those working with focus persons an understanding of the principles of Positive Behavior Support.

There is a misconception that Positive Behavior Support is only used when focus persons are experiencing interfering behavior (previously referred to as maladaptive behavior). While Positive Behavior Support strategies are important when addressing interfering behaviors, the strategies are also beneficial in all parts of life – professional and personal. By understanding the pillars of Positive Behavior Support, support staff will have tools they need to effectively interact with focus persons and practice self-care and regulation for themselves.

Beginning the course:

1. Introduce yourself as the trainer and provide a summary of any PBS experience you have.
2. Explain to the group PBS is beneficial in both professional and personal settings, and the strategies are used for more than just addressing interfering behaviors.
3. Outline course objectives on **Slide 2**



Pre-test

The pre-test will assist the trainer with assessing the base knowledge of the trainees. The pre-test should be administered to each trainee following introductions and outlining course objectives. Trainees should work independently to complete the pre-test as it is not a component to passing the course, but a measure of how familiar the trainee is with Positive Behavior Support.

Each question corresponds with a course objective (noted on answer key).

Conducting the pretest:

1. Pass out materials to each trainee:
    a. Page 109-110
    b. Utensils (if needed)
2. Allow ten minutes to complete the pretest.
3. Review answers as a group
4. Optional depending on group size and time: Collect pre-test and evaluate results. Questions that are missed across the group will highlight areas that may require extra time or attention to ensure the information is understood.

Modifications: If any trainee requires modifications to complete the pre-test, this is permissible. The test may be administered orally, electronically, or by paper. Additional time may be allowed, if necessary. The trainer may also assist with word comprehension, provided the trainer is not answering the question for the trainee.

Overview of Positive Behavior Support Pre-Test Answer Key

Name: _____ Date: _____ Score: _____/10

For each of the following questions, circle the letter that best answers the question.

1. Positive Behavior Support (PBS) is: Objective 1

A. *Person-centered, punishment oriented, proactive, data driven.*

B. *Non-individualized, positive, reactive, data driven.*

C. *Person-centered, positive, proactive, data driven.*

D. *Person-centered, positive, proactive, opinion based.*

2. Which of the following are considered Dimensions of Wellness (There can be more than one correct answer)? Objective 2

A. *Social*

B. *Positive*

C. *Environmental*

D. *Developmental*

3. Which of the following does **not** represent a person-centered approach? Objective 3

A. *Implementing interventions based on assessment results.*

B. *Completing documentation at the end of the shift so the focus person is not preoccupied.*

C. *Implementing the same interventions for each focus person.*

D. *Being aware of the focus persons' triggers and structuring the environment to minimize those triggers.*

4. Who can benefit from universal practices? Objective 4

A. *The focus person*

B. *Direct-care staff*

C. *The Case Manager*

D. *All the above*

5. Which of the following are known functions/purposes of behavior? Objective 5

A. *Attention*

B. *Tangible (i.e., item or activity)*

C. *Sensory*

D. *Escape/avoidance*

E. *All the above*

6. What is a Functionally Equivalent Replacement Behavior (FERB)? Objective 6

A. *What the plan implementer does following a target behavior.*

B. *A skill taught to the focus person to get their needs met.*

C. *A circumstance that starts the focus person off on the "wrong foot".*

7. True or False: Trauma responses can look like a known function of behavior? Objective 5

A. *True*

B. *False*

8. Which of the following is a proactive strategy? Objective 7

A. *Telling the focus person to "calm down".*

B. *Using a social story before going into the community.*

C. *Taking the focus person home after an interfering behavior occurs.*

9. What are effective strategies for preventing and dealing with conflict? Objective 7

A. *Give choices, not orders.*

B. *Use universal practices and calming strategies proactively.*

C. *Be aware of triggers – yours and the focus person's - and try to avoid them.*

D. *All the above*

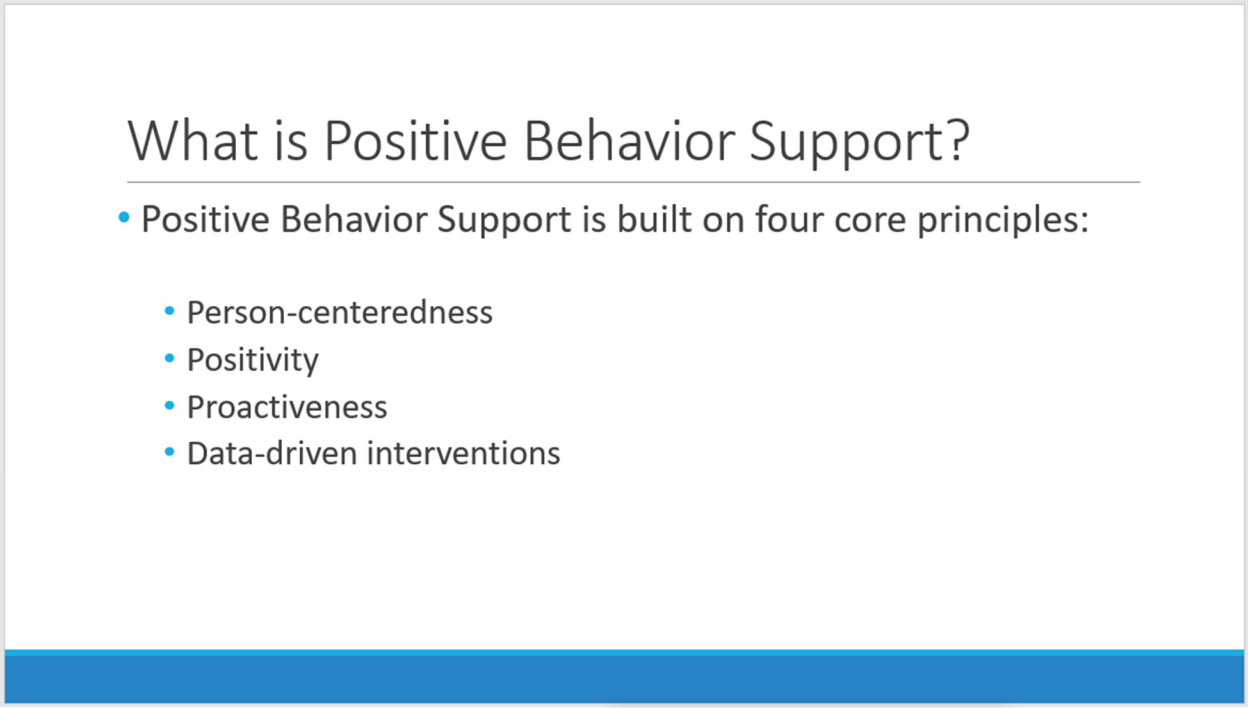
10. True or False: Data is only collected on target behavior. Objective 8

A. *True*

B. *False*

What is Positive Behavior Support?

Slide 5



Positive Behavior Support is a behavioral management system and another form of applied behavioral analysis – *different than traditional discipline and behavioral management systems*.

Positive Behavior Support is a system designed to understand what maintains interfering behaviors and discover how to change an individual's behavioral patterns. While not a "one size fits all" model or a "magic wand", the strategies used in Positive Behavior Support have been demonstrated to support and facilitate the best behavioral outcomes across populations.

Positive Behavior Support is an entire system change devoted to enhancing Quality of Life, which promotes reducing interfering behaviors, and is built on four key principles:

1. Person-centeredness:
    a. Supports the person and involves them in their treatment and decisions about their treatment.
    b. Takes in to account the persons' whole life: age, culture, sex/gender, beliefs, strengths, desires, dislikes, etc.
    c. Supports empowered environments, meaningful relationships, and individual goals and dreams.

d. Enhances dignity, promotes positive well-being, honors choice, and supports independence.

2. Positivity:

    a. The focus is on increasing positive, adaptive (effective) behaviors.

    b. Encouraging and rewarding positive behaviors frequently naturally leads to a reduction in interfering behaviors.

    c. Positive, from an applied behavioral analysis standpoint, also refers to "adding" something to a situation (e.g., attention, tangible item, etc) to increase or decrease a behavior.

3. Proactiveness:

    a. Being aware of individual setting events and triggers allows for the environment to be restructured or situations to be avoided to best support the focus person.

    b. Prevention is preferable to de-escalation.

    c. Most proactive strategies will come from person-centered planning and will be tailored to the individual; however, there are some universal practices which can be included in proactive measures.

4. Data-driven interventions:

    a. Interventions are derived or developed using data which is specific to each individual.

    b. The data collected (type, frequency, measure) is also individualized to each situation and supports the goals of the person and team.

    c. Provides objective information on progress and success, or highlights areas where revisions or redevelopment would be beneficial.

Slide 6

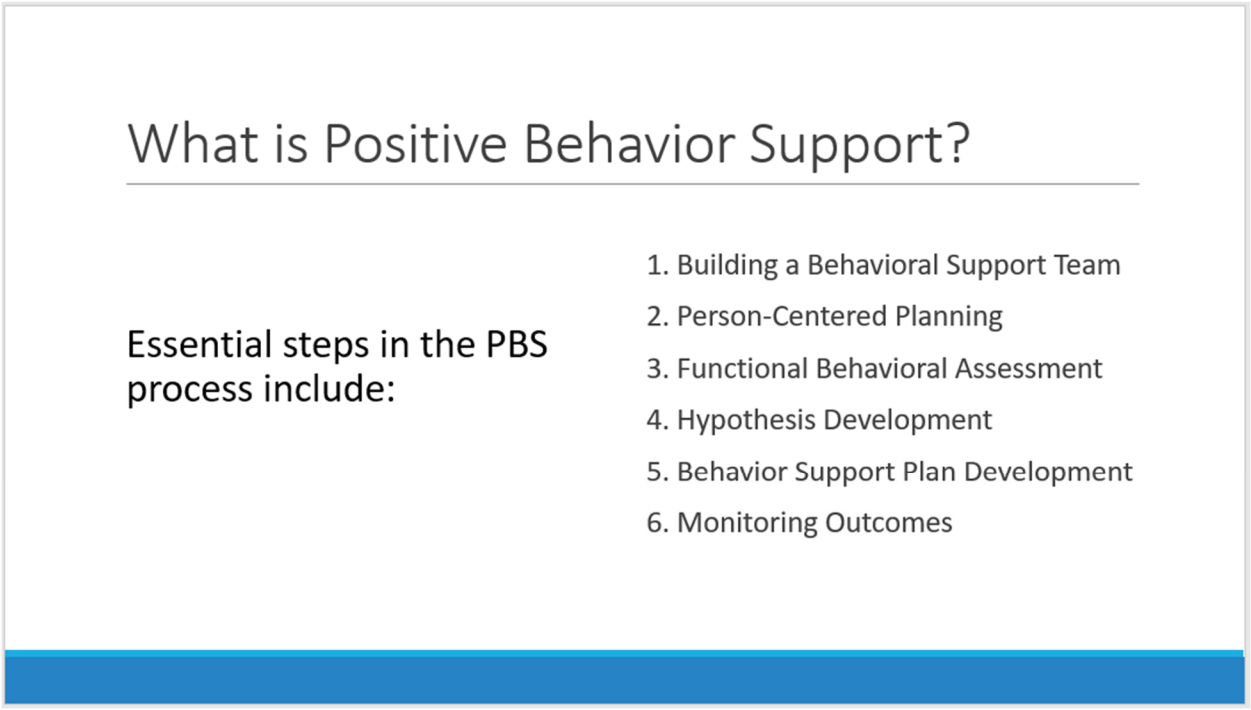
All three goals work together and are not necessarily mutually exclusive. Increasing quality of life has a natural effect on decreasing interfering behavior, however it is still appropriate to have interventions aimed at decreasing specific target behavior (often by increasing/teaching an adaptive (effective) skill – or eliminating the reinforcement of the interfering behavior).

For example, teaching an adaptive skill (like learning to make a sandwich) could increase quality of life (being more independent/self-sufficient) *and* decreasing interfering behavior – perhaps the focus person lashed out at mealtimes or threw things if food wasn't prepared quickly/on time (being denied access to a tangible).

Adaptive skill: Skills that assist with self-management which can be specific to environments and generalized across environments. Examples include (but are not limited to): getting dressed, preparing a meal, cleaning the house, controlling urges, and (in general) skills necessary to be able to function within your environment.

Cogs: Each of the three main goals of Positive Behavior Support are interconnected, much like the image of the cogs. When addressing one goal area, it affects the other two. Keeping this interconnectedness in mind is beneficial when developing interventions, because it helps reiterate interventions are not completed in a vacuum and have effects on different areas of the focus person's life.

Slide 7

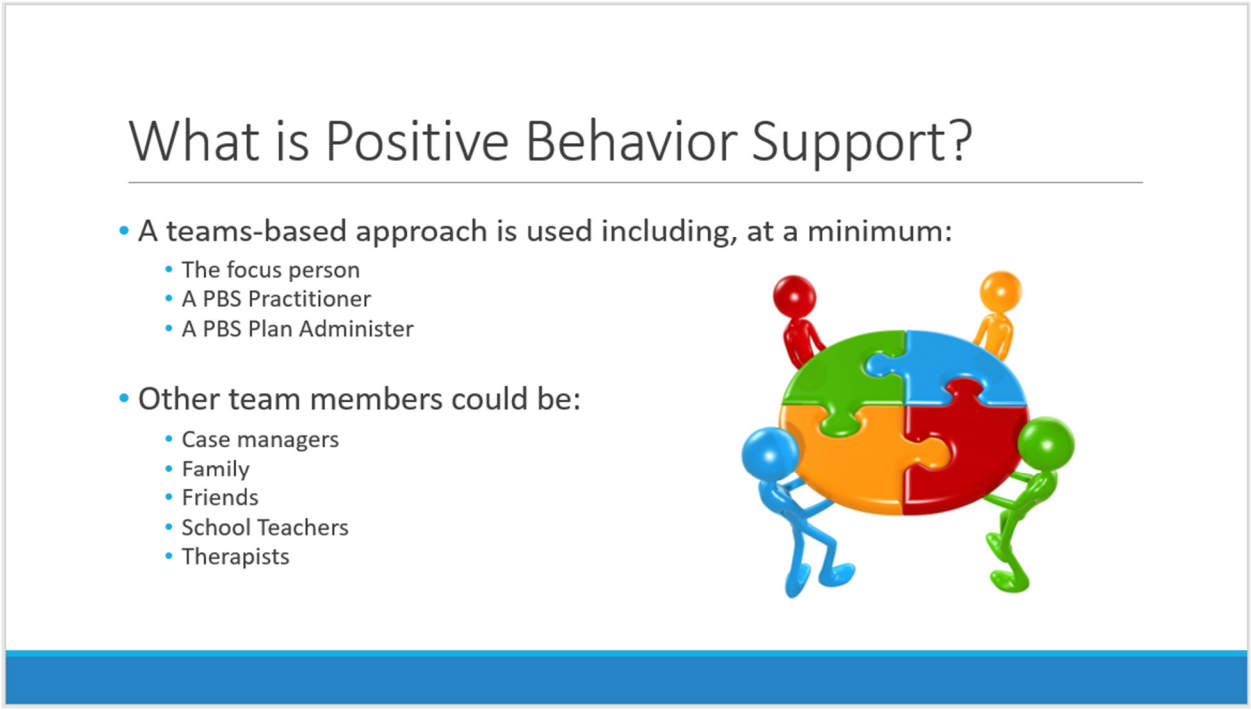


Success in Positive Behavior Support lies heavily on ensuring all essential steps are completed. Each step has a role to play and affects the other steps – much like the cogs.

A PBS Practitioner will facilitate each of the steps, but team involvement is critical to a plans' success. Family members, support staff, friends, etc. – their input and familiarity with the focus person is crucial to completing each step of the PBS process.

By the end of the training, the goal is to understand each step in the process and how they relate; both to each other and to other important facets of Positive Behavior Support.

Slide 8



A teams-based approach is key to the success of Positive Behavioral Support. The focus person's team should consist of key individuals who are most involved in the person's life. Team members must collaborate in a variety of ways to develop, implement, and monitor the focus person's Positive Behavior Support Plan (PBSP). The goal is to have a group of individuals who represents each of the focus persons' natural environments. Having team members from home, school, work, etc represented on the team makes it easier to have a consistent plan across environments and makes plans easier to generalize.

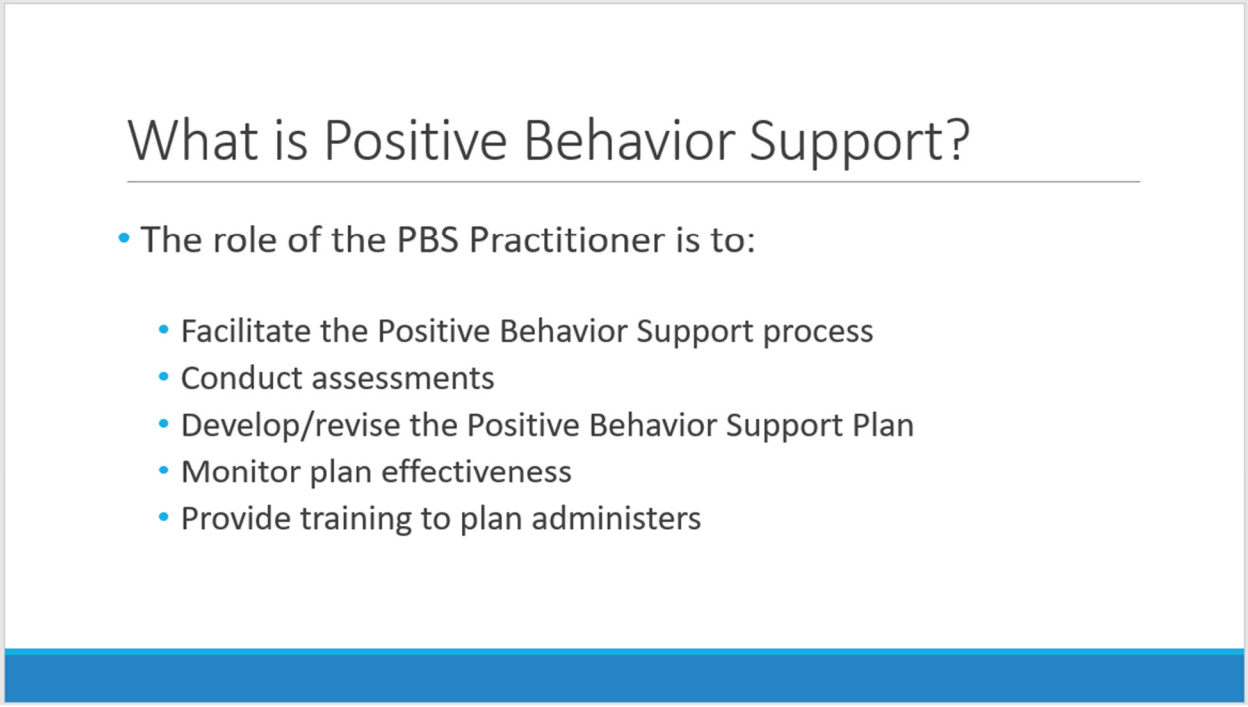
When building a behavior support team, important questions to ask include:

1. Who are the key individuals in the focus person's life?
2. What does the team need to have a successful collaborative experience that is beneficial to the focus person and those closest to them?
3. How will the team promote active participation of all members to support the planning process?

Generalization: Expansion of teaching beyond what was directly or intentionally taught.

Keep in Mind: The PBS team members are not always the same as individuals on the IDT.

Slide 9



A PBS Practitioner may have different titles – ABA, BSP, etc – but their roles are similar. The PBS Practitioner brings professional knowledge of the Positive Behavior Support process and facilitates planning for the focus person.

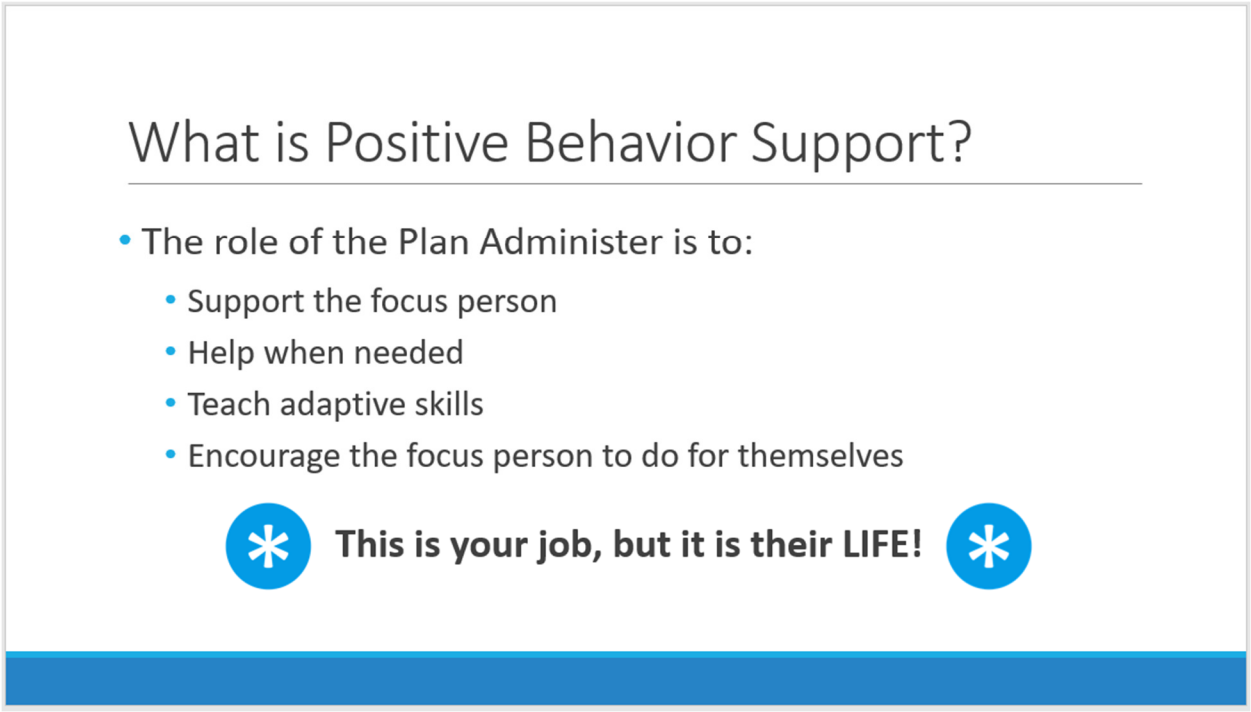
At a minimum, the PBS Practitioner will:

1. Facilitate the Positive Behavior Support process
2. Conduct assessments.
3. Develop and revise the Positive Behavior Support Plan (Protocol or Interactive Guidelines)
4. Monitor plan effectiveness.
5. Provide training to plan administers.

The PBS practitioner may also: support team members, provide input on and/or develop materials used in interventions, research the most up-to-date intervention methods, assist with trauma informed planning, and more.

Keep in mind: Positive Behavior Support is not specific to any one program (Behavioral Health, IDDWaiver, etc). Each program has their own rules as to how reimbursement is fulfilled for services rendered. Teams should discuss who should fulfill certain roles during the planning process.

Slide 10

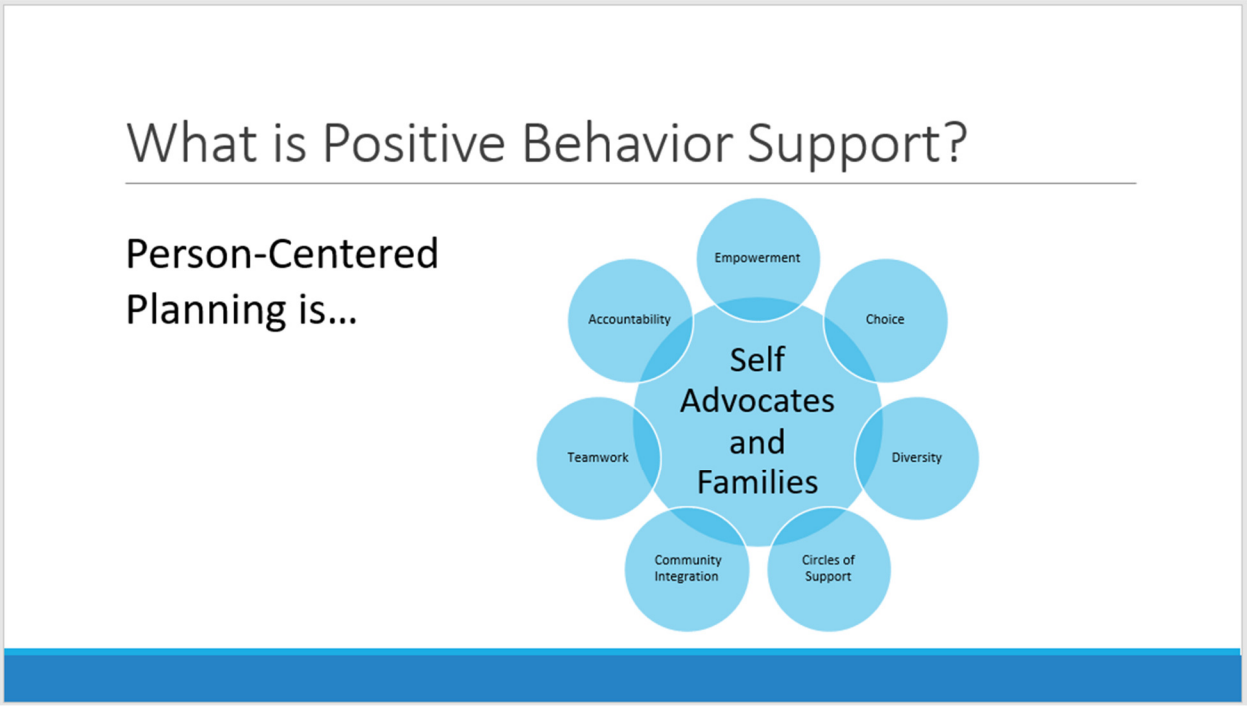


The plan administer(s) – or individual(s) who implements interventions – is a vital component of the PBS process. This person(s) is on the front line with the focus person more frequently than almost any other team member and has one of the most important jobs. The plan administer helps to protect the focus person and their rights, enhances their quality of life, and contributes to developing and maintaining effective interventions.

Plan implementation is woven in with many other responsibilities. At any given time, a plan administer is working with the focus person in their everyday lives on a variety of skills. Two themes to keep in mind to help the focus person are **consistency** and **support**.

Keep in Mind: There are times when it feels as though *doing for* the focus person is easier and more helpful – but as with most other lifestyle changes, there is no magic wand for immediate success. Learning is deeply rooted in *doing* and doing over-and-again. Consistently providing support to the focus person while they learn *how* to do for themselves is infinitely more successful and sustainable, even if there are some bumps along the way.

Slide 11



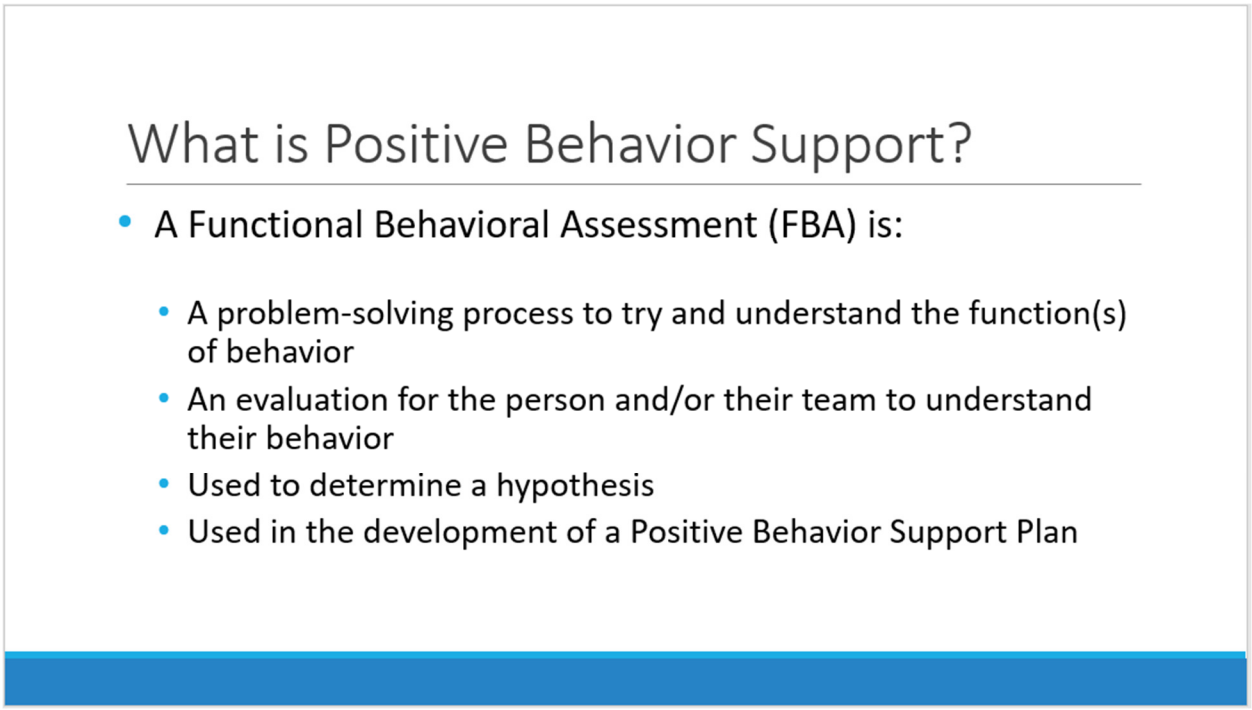
Person-centered planning is an approach for discovering, planning, and taking steps towards your ideal/preferred future. While there isn't any one specific method for how to go about person-centered planning, there are some common themes.

The focus person and their family should be at the core of the planning process. The diagram shows seven important factors to having a successful person-centered plan, and more details about the process will be explored later in the training.

While there is no one correct method, in addition to the common themes, there are a few key rules or assumptions to Person-Centered Planning.

1. Behavior is communicative – all behavior. And not everyone will communicate in the same way. Those differences in communication styles should be factored into the person-centered planning process.
2. People should be met where they *are* – not where they are going or where we think they should be going. Everyone has different beliefs, backgrounds, and skill levels; but Person-Centered Planning should assume competence and respect for everyone involved.

Slide 12



FBAs are completed whenever focus persons are exhibiting behavior which significantly interferes with their lives or the lives of those around them, to understand why the behavior is being expressed.

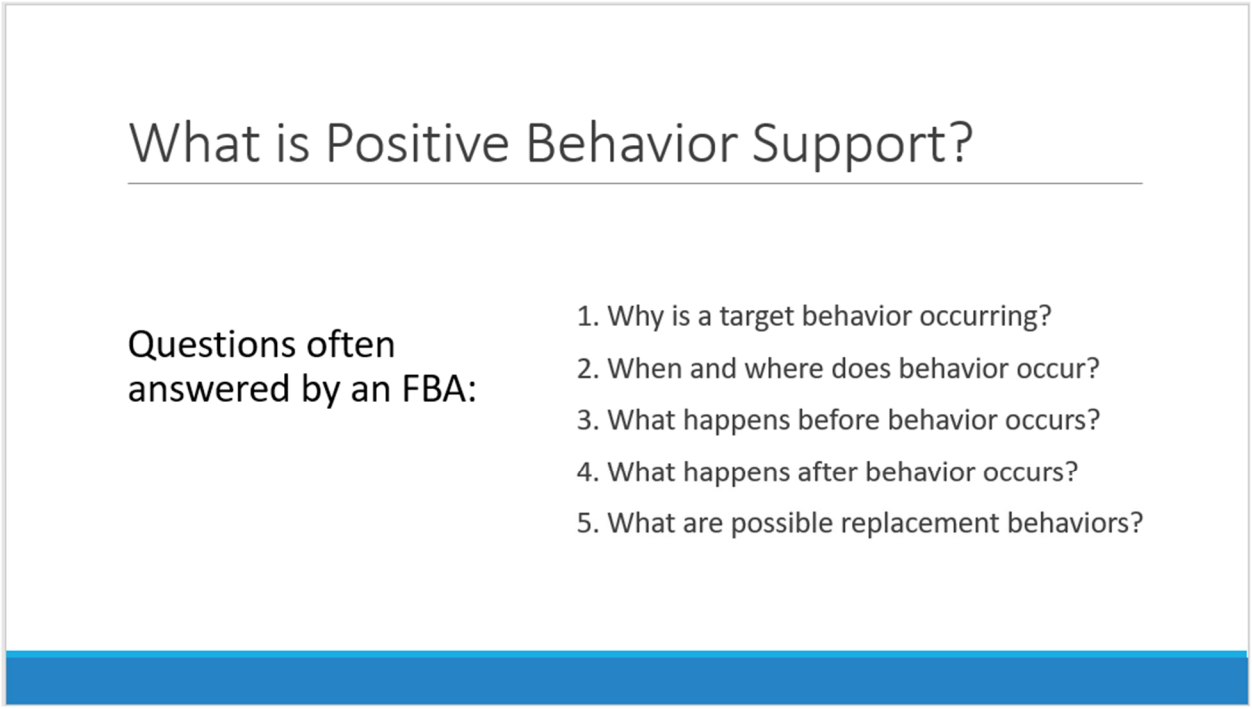
FBAs are a compilation of different assessments, observations, and interviews completed by a certified Behavior Support Professional and those identified via the person-centered planning process.

Through the process, the team should understand the focus persons' history, health and safety concerns, hopes and dreams, current community involvement, preferences and interests, and onset of current interfering behavior. The person-centered planning process should also include plans for quality of life and lifestyle enhancements, developing/maintaining relationships, and for social inclusion.

Data and definitions play an important role in the development of an FBA. What an interfering behavior looks like, the environment before and after incidents, the context in which behaviors are most and least likely to occur, and the reinforcing consequences should all be defined and analyzed.

While the BSP facilitates, compiles, and develops pieces of the FBA – they should not be the sole contributor. Observations, input, and data collection from natural supports, family, friends, and staff are imperative to have a comprehensive and meaningful FBA.

Slide 13



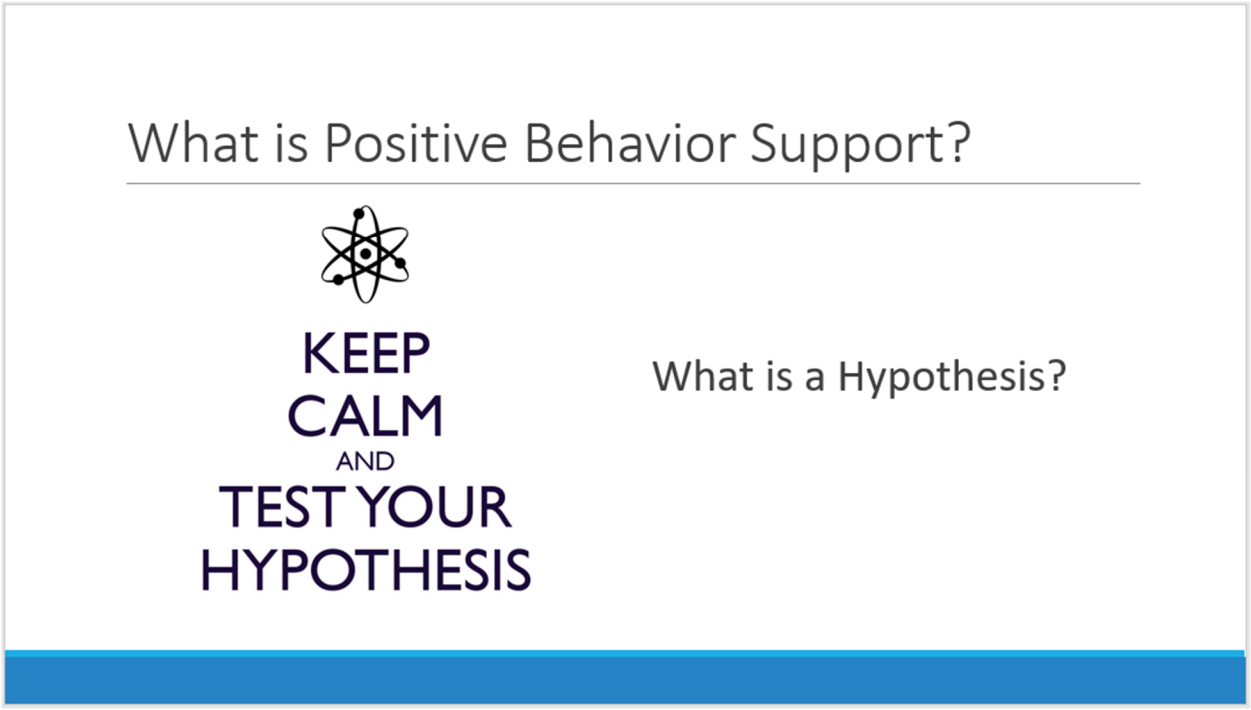
While these questions are important, and the data collected is necessary to develop meaningful interventions – they are not the only questions answered by an FBA.

Data collection and analysis of desired behavior is also extremely useful. If the focus person is currently displaying desired behavior(s) in situations where the maintaining consequence is also analyzed – data can be collected and utilized in developing interventions which incorporate known behavior to make FERBs more effective, and to increase the likelihood of learning/increasing desired behaviors.

This information can also be used to compare what is different in situations when interfering behavior is occurring – highlighting needed changes.

FERB(s): Functionally Equivalent Replacement Behavior. This will be some behavior the member can complete which is easier/more effective in meeting the function of the interfering behavior.

Slide 14



When X occurs – Y happens, is an example of a simple hypothesis. X in this example would most likely be the antecedent or trigger and Y would most likely be the interfering behavior.

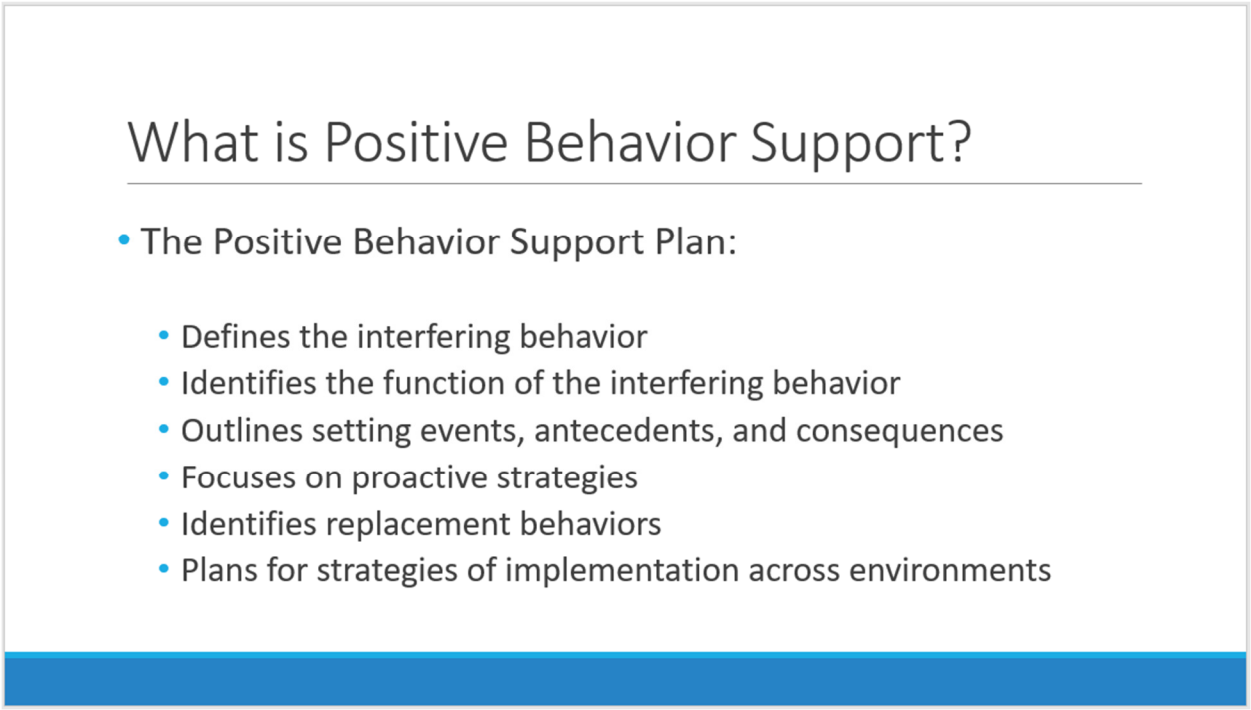
When Billy is *asked to put his toys away* (X – antecedent/trigger) he *throws objects within reach* (Y – interfering behavior).

Typically, through an FBA, a more detailed hypothesis is developed incorporating both setting events and antecedents, the interfering behavior, and the reinforcing consequence.

When Billy *didn't sleep well* (setting event) and *is asked to put his toys away* (antecedent) he *throws three to five objects within reach* (interfering behavior) to *get out of completing the task* (reinforcing consequence – escape).

Hypothesis: an educated guess for why something is happening.

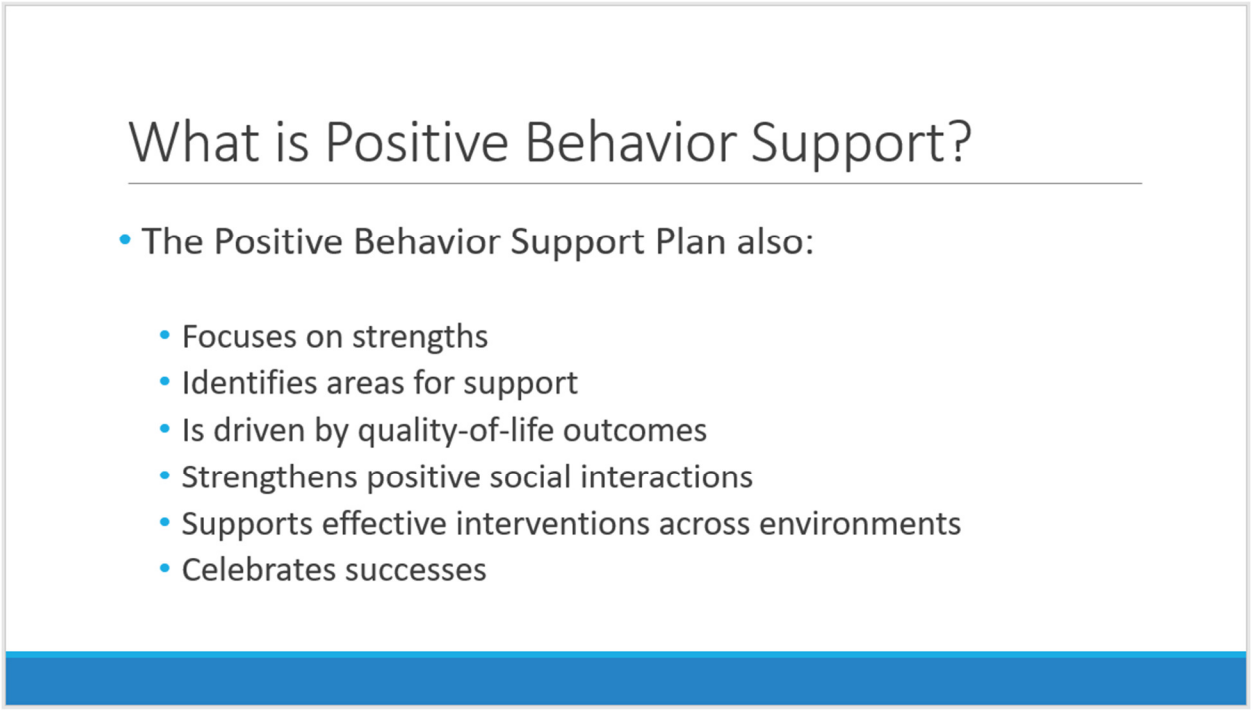
Slide 15



Replacement behaviors in a PBSP are important – because it gives the focus person a tool to access their needs more effectively/efficiently. Replacement behaviors will often, but not always, differ from the desired behavior. There may be instances where the focus person is unable to delay/escape from a task – and the desired behavior in that scenario is to complete the task, rather than continuing to use a replacement behavior.

Keep in mind: Almost all the information outlined here comes from the FBA. The FBA analyses each piece, and the Positive Behavior Support Plan outlines the information in a usable/easy to understand manner.

Slide 16



Interventions should be tiered and rely heavily on strengthening positive social interactions, supports across environments, and quality of life outcomes - which is why it is so important to spend the time up front fleshing out the information so it can be incorporated from the start. It is not the norm for a focus person to be able to transition smoothly from an interfering behavior to a desired behavior without a few steps in between.

A common misconception is Positive Behavior Support Plans are a "magic wand". The reality is most focus persons will experience extinction bursts up front – which will be expressed in sometimes new and/or worsening behaviors. Having a clear understanding of supports and interventions will help to navigate through periods of worsening behavior.

Replacement Behavior: May or may not be the same as desired behavior. It is a behavior which results in the same reinforcing consequence as the interfering behavior. Also known as a FERB.

Desired Behavior: May or may not be the same as the replacement behavior. And may or may not have the same reinforcing consequence.

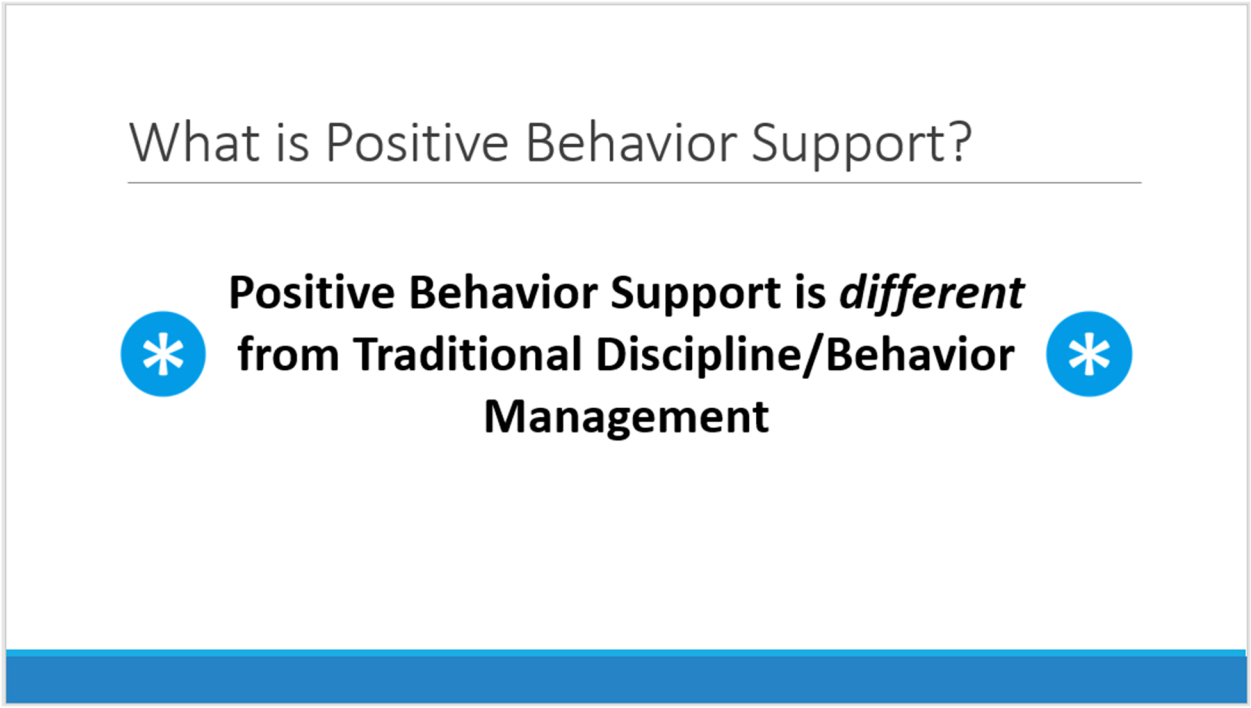
Extinction Burst: When no longer being reinforced, some interfering behaviors become worse to gain access to the consequence which has reinforced the behavior in the past. This will fade over time with consistent implementation. It does **not** mean the plan isn't working – quite the opposite. Extinction bursts are usually the first sign the plan *is* working.

Slide 17

Monitoring outcomes relies heavily on data collection from multiple individuals and is a discussion teams should have in the planning stages.

Another discussion is what type of data should be collected. A comprehensive plan will focus on more than just the decrease in interfering behavior. There are some arguments suggesting the most important pieces of data are quality of life increases – or increases in desired behavior.

Slide 18



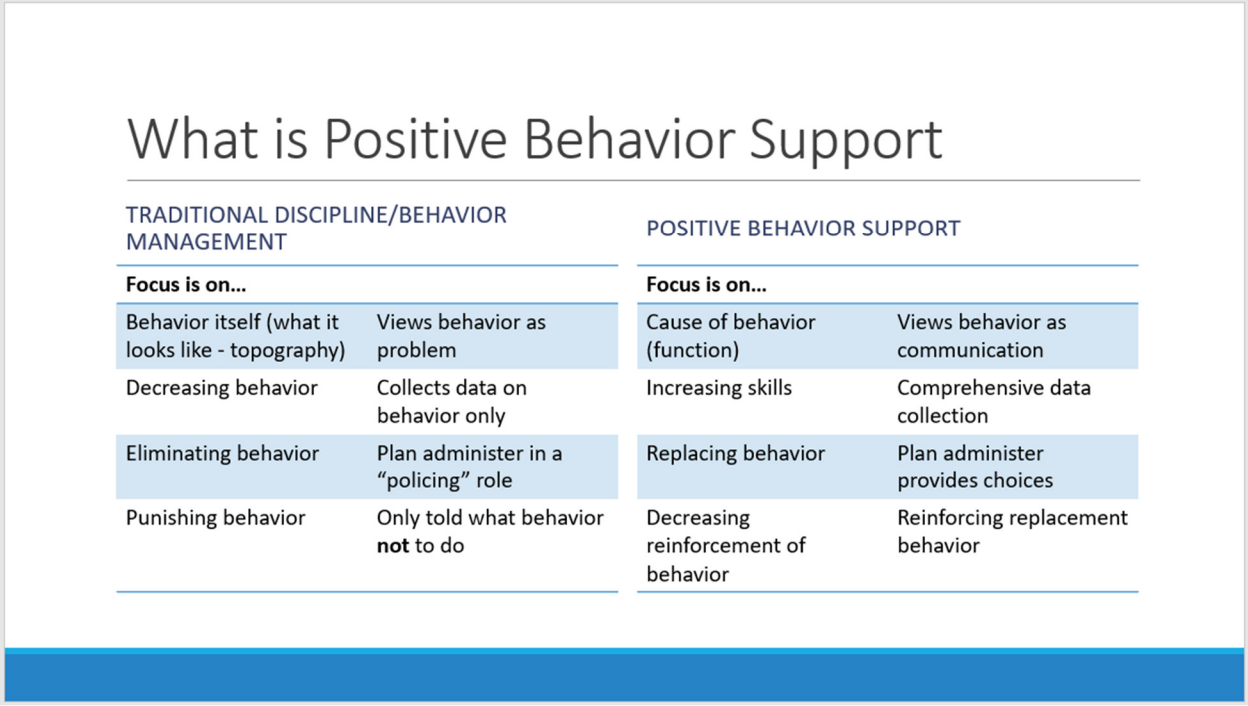
While Positive Behavior Support *is* a kind of behavior management system, it vastly differs from traditional models. You may have heard of B. F. Skinner and the rat experiments – where he conditioned the animals to press a lever. Or you may be aware that – historically – individuals placed in institutions were subject to horrific, sanctioned "treatments" such as shock therapy, physical restraints, lobotomies, and chemical restraints.

If you've ever been told to "go pick your own switch", you are certainly aware of what traditional discipline is.

Both traditional discipline and behavior management are – at their core – reactive. They address only the behavior in the present moment, not the cause, and they typically do not teach alternatives.

How often as children were you told, "don't jump on the couch", "stop hitting your brother", "quit crying"? Probably many times. But how often were you told *what* to do instead? Significantly less often, is the most frequent answer. Having those instructions for alternative behaviors is just one-way Positive Behavior Support differs from traditional models.

Slide 19



These are some examples of the differences between traditional discipline/behavior management and Positive Behavior Support.

Do any of these look familiar to you? Knowing the differences will aid plan administers in recognizing if interventions are not supportive.

Activity 1 – Management vs. Support

This activity is meant to highlight the differences between management and support in way that is personal to each trainee. Reviewing what management and support in our own personal lives looks like helps to bridge the gap when interacting with focus persons.

Completing the activity:

1. Pass out materials to each trainee:
    a. Page 111
    b. Utensils (if needed)
2. Allow 5-10 minutes to complete the worksheet.
3. Ask for volunteers to share responses.
4. Discuss information found on the Example Activity page

Modifications: If any trainee requires modifications to complete the activity, this is permissible. The activity may be completed orally, electronically, or by paper. Additional time may be allowed, if necessary.

Activity 1: Management vs. Support Example Page

Use this page to assist with facilitating group discussion following the activity.

1) What are some words you think of when you hear the term "management"?

- Ordered
- Bossed around
- Told what to do
- Being handled
- Being controlled
- Being forced

2) What are some words you think of when you hear the term "support"?

- Guided
- Offered help.
- Encouraged
- Given options/examples.
- Being listened to
- Feeling appreciated/valued

3) Have you ever been managed in your life? If so, how did it make you feel? How did you respond to being managed?

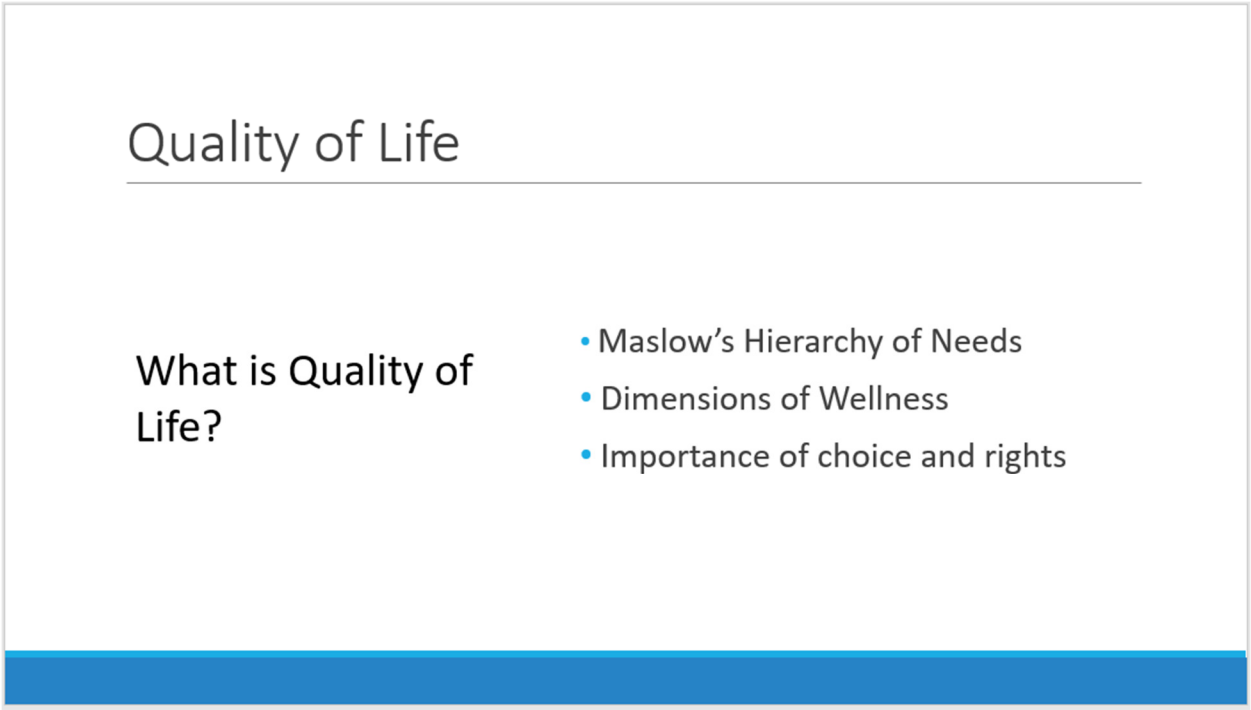
- Did you feel defensive? Unvalued? Like your opinions/wants/needs didn't matter? Did you feel treated like a child? Resentment towards the person managing you?
- Did you lash out? Did you purposefully drag your feet, disobey, do a "bad job" on purpose? Did you ignore the person completely? Did you comply but felt put out/resentful/angry/unvalued/helpless to resist?

4) Have you ever been supported in your life? If so, how did it make you feel? How did you respond to being supported?

- Did you feel appreciated? Understood? Helped and valued? Like the person supporting you cared about you and wanted you to succeed? Like the person supporting you believed in you? Did you feel encouraged to try again? Secure in your abilities to share with this person?
- Were you empowered to complete the task? Did you want to perform well for the person? Did you reach out to them for support again? Were you appreciative to have someone to lean on/bounce ideas off/ask for help? Were you reassured the person wanted you to succeed?

Quality of Life

Slide 22



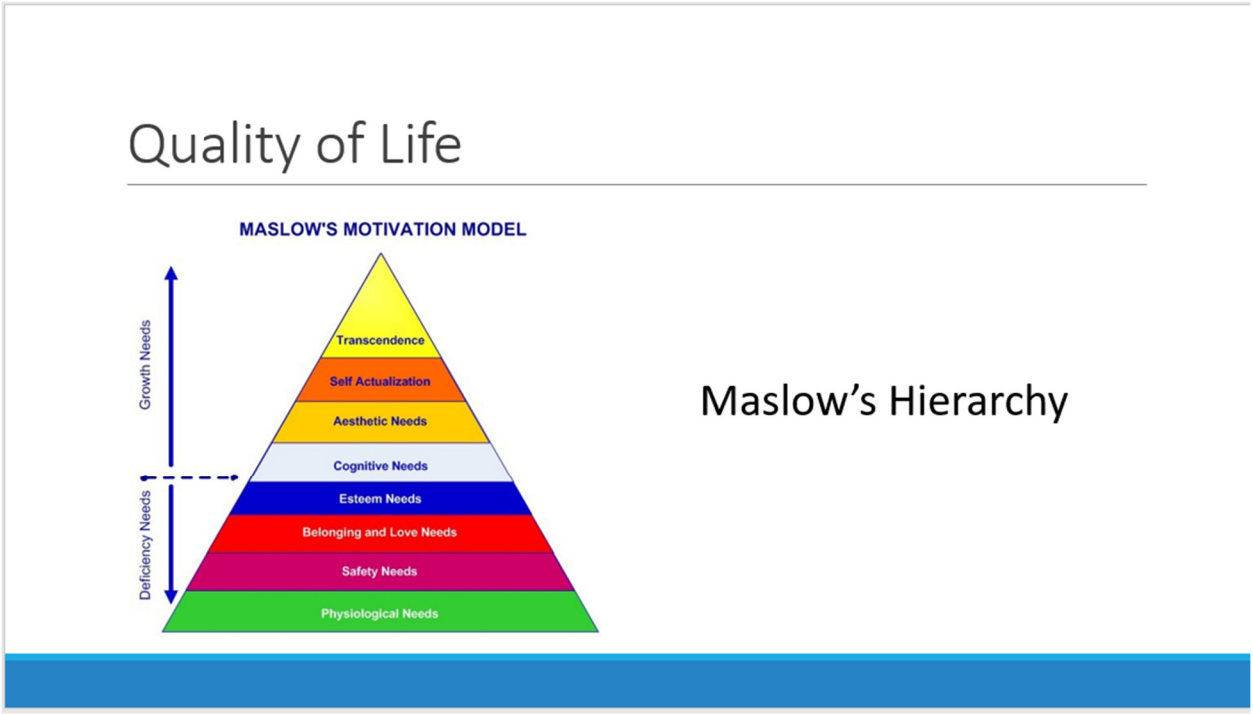
What do you think of when you hear "Quality of Life"?

Quick Discussion: Pose the above question to the group. Are there similar answers or themes? Are the participants familiar with any of the points outlined on slide 22?

Other questions you could ask/implore the group to think about:

1. Do you feel like you have control over your quality of life?
2. Does feeling out of control make you have a lower quality of life?
3. Are there things you can do/people you can recruit to help you improve your quality of life?

Slide 23



Refer to Hand-Out 1: Instruct the group to reference hand-out 1, Maslow's Hierarchy of Needs Examples. Did any of these examples match or resemble answers given by questions posed on the previous slide?

When looking at Quality of Life and developing interventions, one area that can be quickly assessed is Maslow's Hierarchy. Developed by Abraham Maslow, this hierarchy is a representation of innate human needs.

While certain needs may look different from person-to-person and the hierarchy may differ across cultures, Maslow hypothesized that people – in general – have a similar set of needs to be fulfilled.

Some may never reach the top of the pyramid. While transcendence doesn't appear to be critical to having a fulfilled life – what *is* critical is making sure needs in the bottom part of the pyramid are addressed. Without having your physiological, safety, belonging/love, and esteem needs met – it is difficult, and in some cases impossible, to address the growth needs.

Innate: Traits inborn collectively within a species.

Slide 24

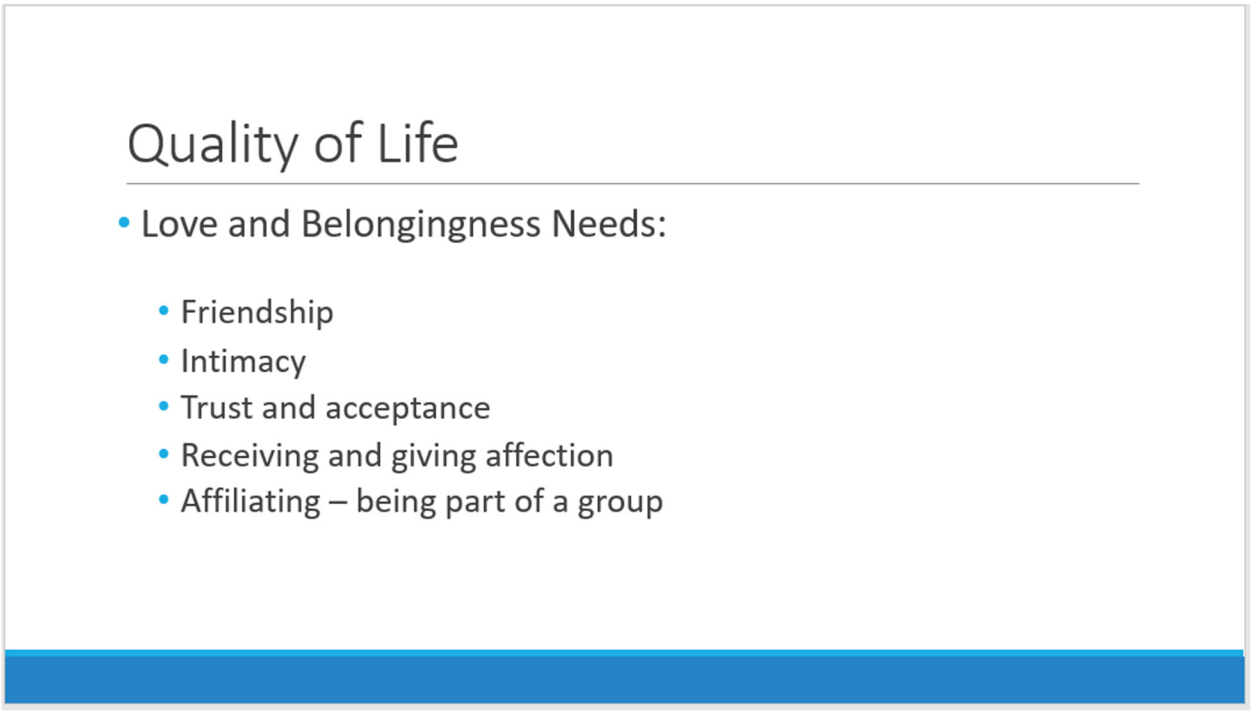
Biological and safety needs are the most crucial to be met in terms of being able to function day to day. If you are facing food insecurity or living in fear, it is nearly impossible to address other seemingly "unnecessary" things.

Order, stability, and security pop up frequently amongst focus persons – especially those living within 24-hour settings. Plan administers tend to be many different people, who may or may not be with the individual long-term. Unfortunately, this can lead to inconsistency with implementation of plans and general day-to-day caretaking.

Monitoring these needs, as well as plan implementation and maintenance, routinely can help ensure plan fidelity and create a positive environment for the focus person.

Fidelity: The degree to which plans are implemented consistently across administers and environments.

Slide 25

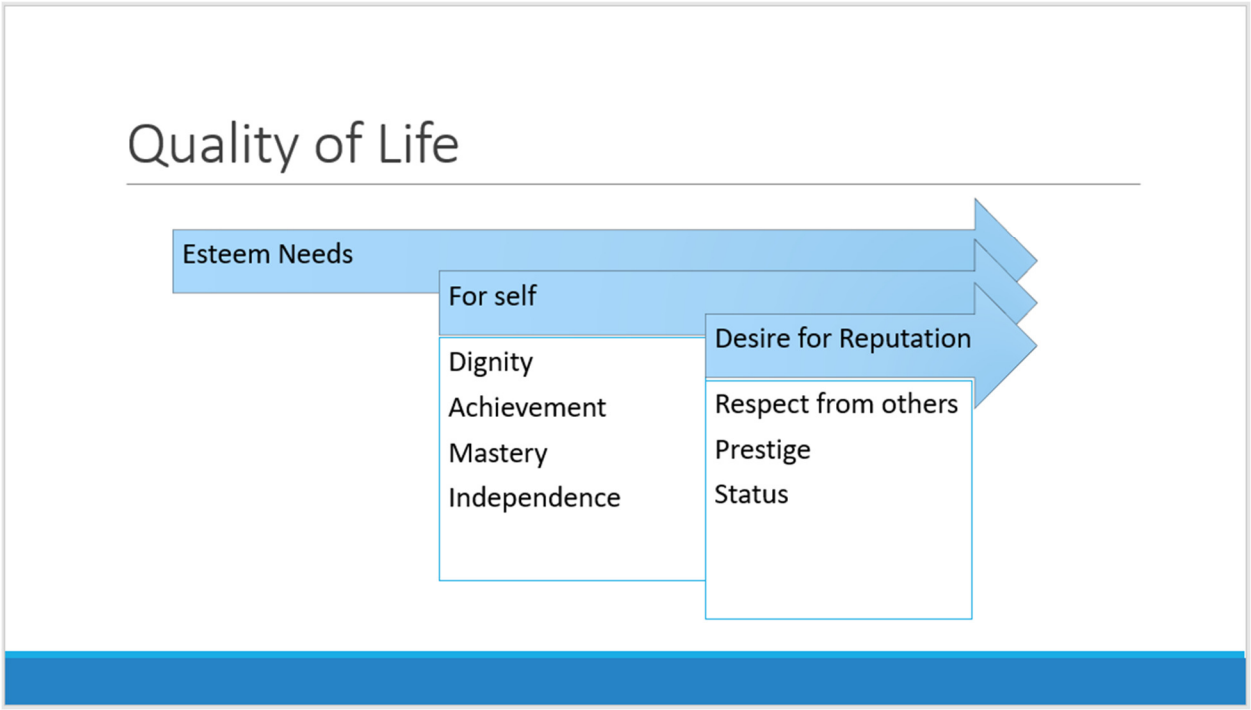


Do any of these items look familiar? And if so – where have you seen them addressed?

The Circle of Support is meant to be a Quality-of-Life measure focused on bringing people together who can support the focus person.

Addressing love and belongingness needs benefits the focus person by building and maintaining meaningful supports and connection. Having these needs met naturally improves Quality of Life and decreases interfering behaviors.

Slide 26



Esteem needs aren't something many consciously think about – but you are likely familiar with the feeling. When you've done a good job and your boss recognizes you for it – you get an esteem boost. When someone asks for your opinion/input on strategies to implement – you get an esteem boost, because you feel respected and maybe have a sense of achievement.

This is true for focus persons as well. One major area where staff can improve a person's esteem is by getting them involved in their day-to-day. When completing a task – ask for their help. When making choices – ask for their input. When they participate in, initiate, or complete a task – celebrate their success.

Slide 27

Refer to Hand-Out 2: Instruct the group to reference hand-out 2, 8 Dimensions of Wellness Definitions and Examples. Did any of these examples match or resemble answers given by questions posed on the previous slides? Ask the group to begin thinking about how they would rate their own personal wellness dimensions.

The Eight Dimensions of Wellness are another measure of Quality-of-Life indicators. While Maslow's Hierarchy looked at innate human needs, the dimensions cover more social constructs such as financial and occupational wellness. The way we operate as a Western society has influences over these eight dimensions.

If you think about it, when people are judged – those judgements can largely be fit under one of these eight categories. The impact of those judgements can relate back to several of Maslow's need categories. Any ideas on which ones?

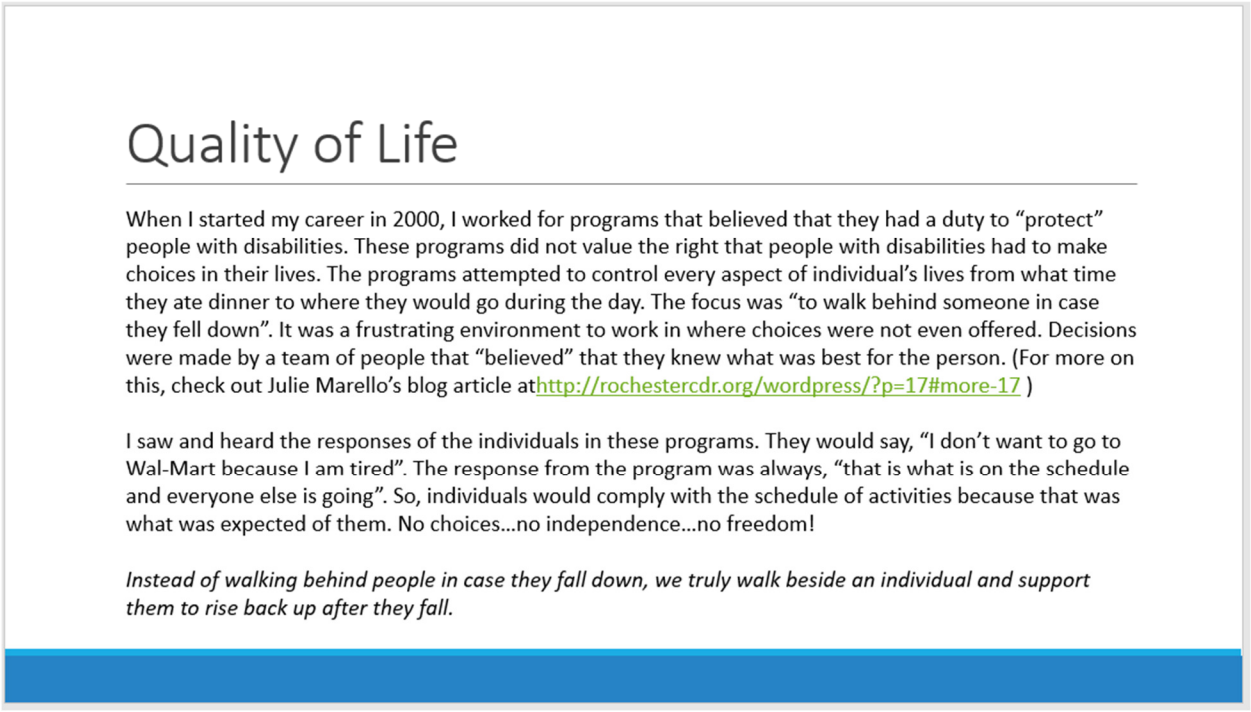
1. Safety – potentially freedom from fear, security, or stability
2. Love and Belonginess – potentially affiliating, friendship, trust and acceptance
3. Esteem – potentially respect from others, dignity, status, and achievement

Understanding Maslow's Hierarchy and how needs are structured helps to utilize the Eight Dimensions of Wellness. When teams are gathering to person-centered plan you can use that knowledge to help prioritize wellness dimensions if this is a measure the IDT chooses to help

track/improve Quality of Life. If there are aspects of the "physical" dimension which are suffering – health, mobility, nutrition, etc – then those are aspects which could be prioritized first since they fall within the "primary needs" of the Hierarchy.

Fostering Quality of Life has ripples of impact – much like the cogs in a wheel example – making just a small difference in one area can improve and change many different aspects of a focus persons' life.

Slide 28



This is an excerpt from the experience of Wendy McLaughlin, who works with the Center for Disability Rights Inc about understanding the importance of choice.

The idea of "protecting" individuals with disabilities is a difficult one to wrestle with – for a variety of reasons. Protecting someone with a disability doesn't necessarily mean the actions were ill-intended – but sometimes well-and-good-intentions are the wrong ones. And it all comes down to the freedom to choose – and to be assisted rather than directed.

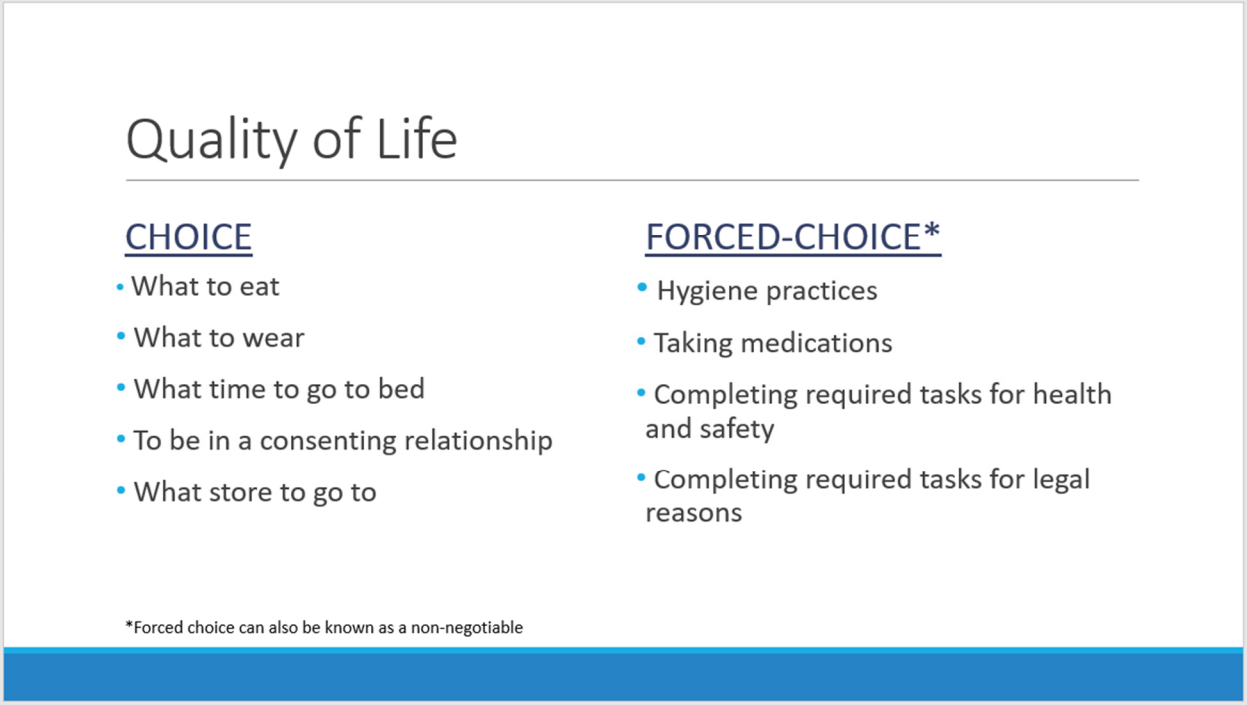
It is not our job to come into a focus person's life and tell them what is best for them. It is our job to support, teach, and help them make their own choices – whether we agree with them or not, whether those choices are what *we* would choose.

Life is about learning – from our mistakes, our successes, our consequences – and that is no different for someone with a disability.

Taking away the ability to learn from their experience ***erases* their experiences.**

So, the best we can do is make sure focus persons have the support and resources to make the choices on their own - or to be assisted with their choice-making in a way that aligns with their wants, needs, and values.

Slide 29



Choices and Rights go together in most cases. Does someone have the right to never shower – sure – but is it the best choice to make – no. Taking trauma related aversions out of the picture (ie – someone who may have had a traumatic experience in the past making showers unbearable for them) – forced choice is a decent option for giving focus persons choices while still ensuring *needs/required tasks* are taken care of.

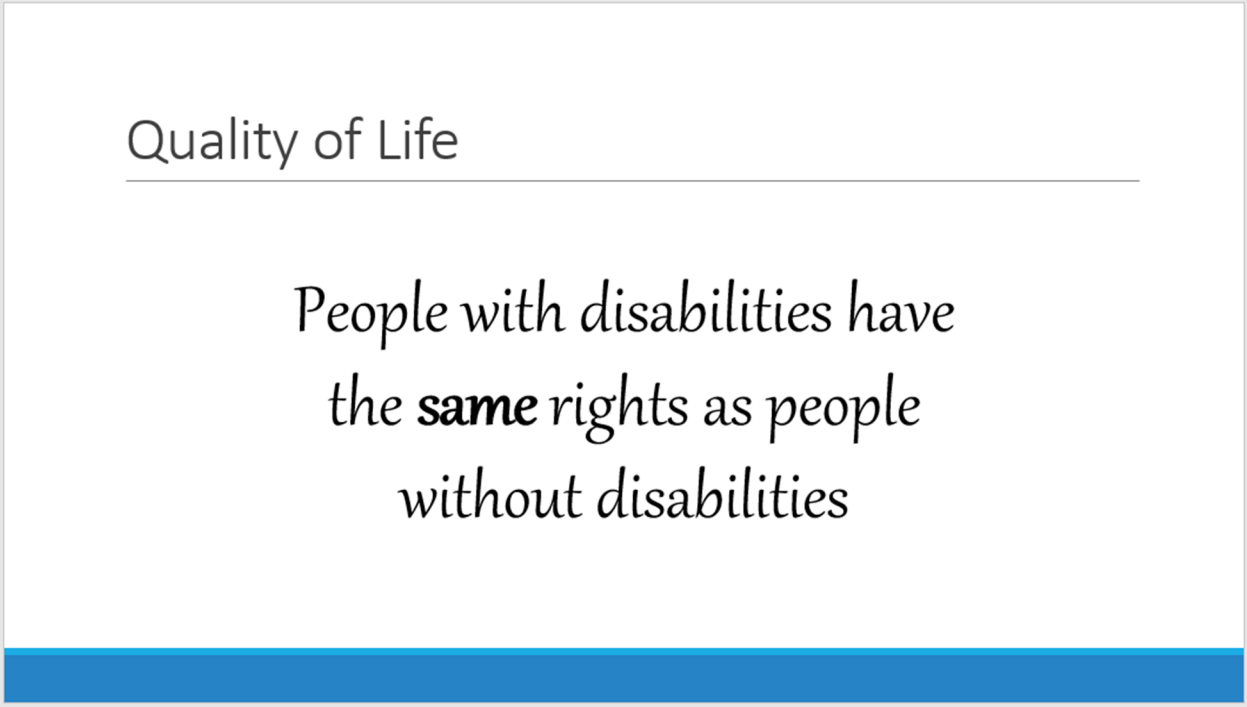
Forced choice is giving someone two or more specific options. These options can be tailored so the focus person participates in the desired outcome (showering – in this example) but with a measure of control.

Examples: Would you like to take a shower right now or after dinner? Would you like Billy to help you with your medication or Sally? Would you like to buckle your seatbelt by yourself or have me to help you?

The person has a choice of *when* to take their shower, but not *if* they take a shower – a choice with *who* assists with medications – whether to put a seatbelt on by themselves or with assistance. These are certainly not the only examples – but it gives you an idea of how forced-choice works.

Keep in Mind: If a focus person still refuses after being offered a forced-choice - unless the choice harms/infringes upon other persons' rights – you should reasonably respect their right to make that choice.

Slide 30



On the surface, most everyone would agree with this statement – but it's not always seen in practice. Have you ever been instructed to "only allow Sally 4 cigarettes a day"? Or been told, "Andy can't have soda because the doctor says their sugar is too high"?

Chances are you have. These instructions fall into the "protecting" people with disabilities mentality. The intentions aren't bad – the instructions are coming from a place where people have the person's health, safety, financial situations, etc in mind. The issue with this mentality/implementation is the focus person is being *managed* ***not*** *supported*.

Everyone makes decisions for themselves that aren't the best – we stay up too late, eat too many cookies, don't take our vitamins, ignore doctor's advice, smoke, drink…the list goes on. We are free to make these choices – just as individuals with disabilities should be free to make these choices. What no one is free from are the consequences of these choices.

That is where the support piece comes in to focus. Our roll as caregivers, advocates, and plan administers is to give the focus person information about their choices and teach them about potential consequences. Our roll is also to teach – life skills, coping mechanisms, decision making, and resiliency – so focus persons can have *control* of their lives rather than being navigated *through* it.

Keep in Mind: Staff should follow employer/agency guidelines. Education should be included when working with focus persons – but staff should also be made aware of health/safety/legal ramifications that must also be considered. Any restrictions imposed are not meant to last a

lifetime. They should be put in place for a time to teach/get the focus person to a place of health/safety/stability and then those implemented restrictions should be re-evaluated based upon where the focus person is at that time.

Activity 2 – 8 Dimensions of Wellness

We learned how small changes within dimensions can have a ripple effect on Quality of Life for focus persons. This is true for everyone.

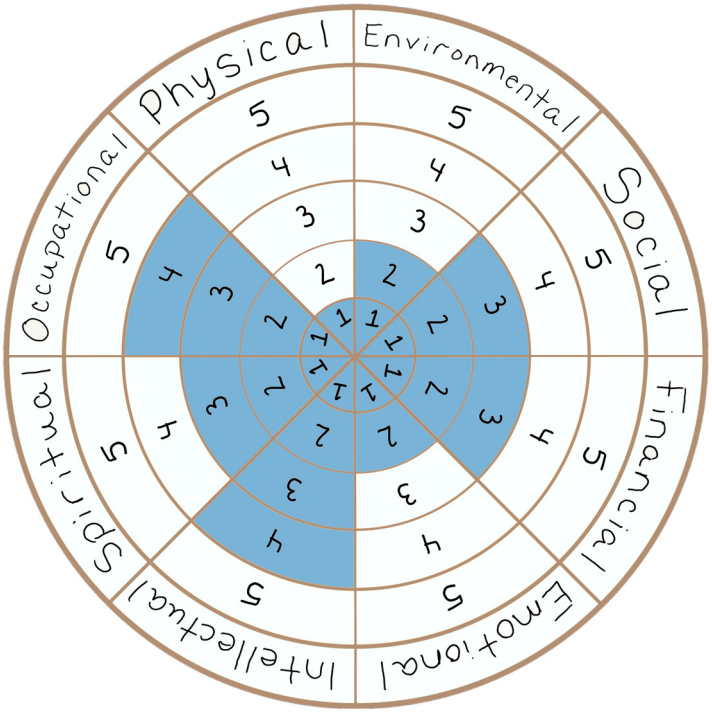
A critical component of Positive Behavior Support and Person-Centered Planning is ensuring the well-being of the entire team. If a plan administer is struggling with having some of their most basic needs met – they will not be able to engage with the focus person in a positive/supportive manner. Checking in with and taking care of ourselves is just as important to the success of the focus person as supporting them in their daily lives.

Completing the activity:

1. Pass out materials to each trainee:
    a. Page 112-113
    b. Utensils (if needed)
2. Allow 5-10 minutes to complete the worksheet
3. Ask for volunteers to share responses

Modifications: If any trainee requires modifications to complete the activity, this is permissible. The activity may be completed orally, electronically, or by paper. Additional time may be allowed, if necessary.

Activity 2: 8 Dimensions of Wellness Example Page



Please rate each dimension of wellness, on a scale of 1 – 5, based upon your current levels of satisfaction.

Key

1. Very dissatisfied with this part of my life
2. Dissatisfied with this part of my life, but not completely at rock-bottom
3. Pretty satisfied with this part of my life, but there is room for improvement
4. Satisfied with this part of my life, but with a few small changes it could be even better
5. Completely satisfied with this part of my life, there is no room for improvement

Which one or two areas are you least satisfied with?

Physical and Emotional

What are some immediate changes you could make to improve this/these areas of your life?

Schedule exercise, take a walk when stressed, and journal.

What are some long-term goals in this/these areas of your life?

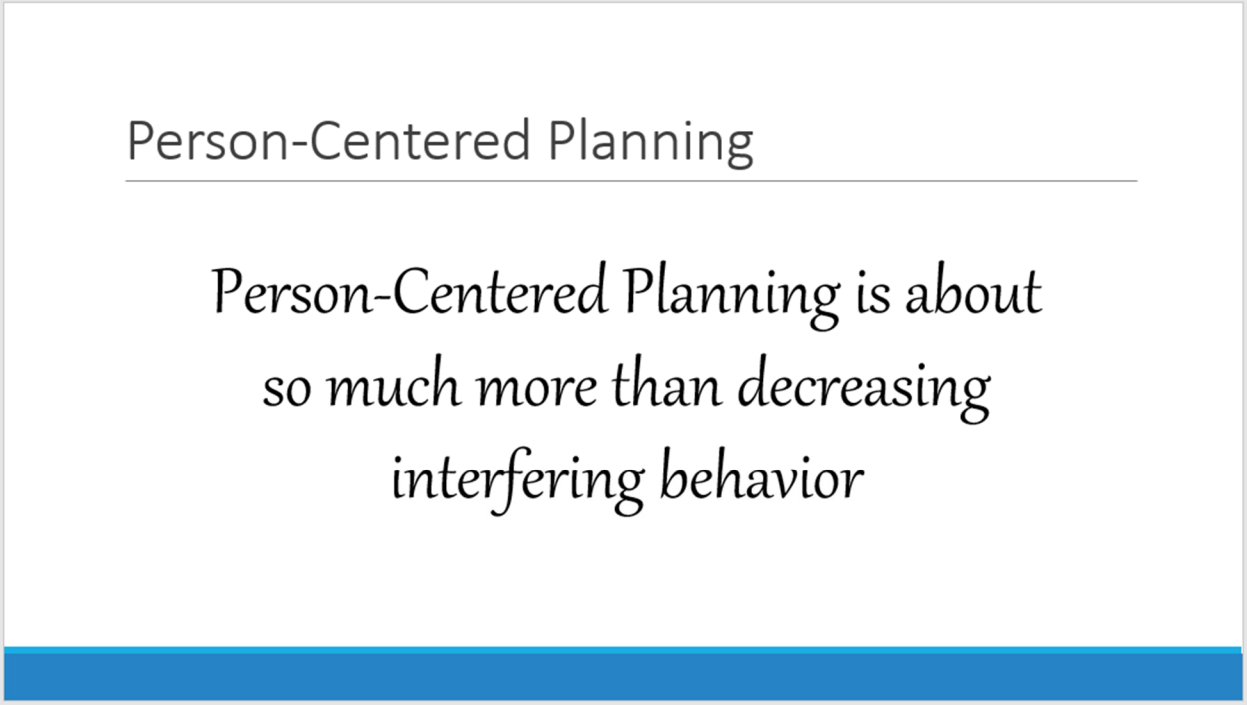
Stress reduction, regular exercise, eating healthy foods 80% of the time, and setting boundaries.

What resources do you need to succeed? This could be material items, people to assist, etc.

Planner, exercise partner, therapist recommendations, and healthy cookbooks.

Person-Centered Planning

Slide 33

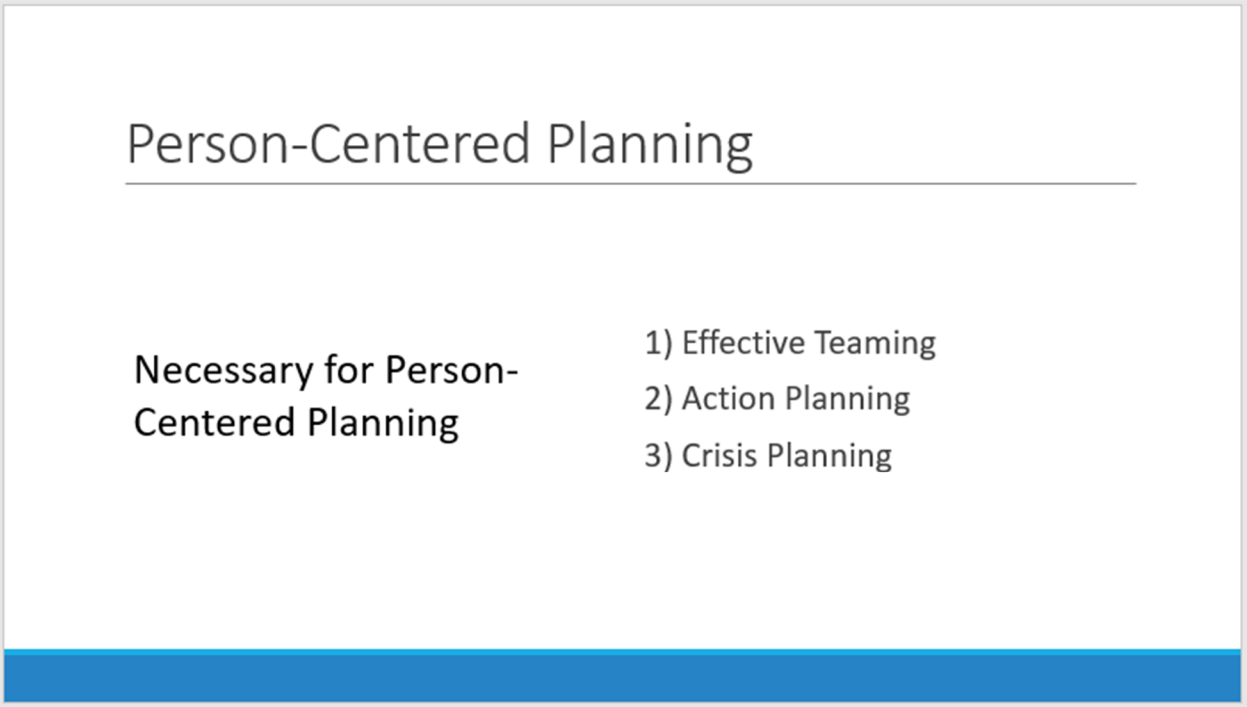


Person-Centered Planning and Positive Behavior Support go together in that both represent a system change of inclusivity, positivity, and growth.

The person and their wishes/hopes/dreams are at the center of both models. This meaning gets lost sometimes for a variety of reasons. We can become so focused on what needs "fixed" that we lose sight of opportunities for enhancement and teaching.

Person-Centered Planning should also happen outside of regular team meetings (IPP/IEP/etc). While those meetings are a great opportunity to check in with some/all team members – cover progress – make revisions – celebrate successes – they are typically not all inclusive of Person-Centered Planning. Some strategies take time and involve other individuals who are not necessarily part of the person's interdisciplinary team through their individual program (IDD/SED/SUD/ADW/TBI Waivers, Department of Education, Foster Care, etc).

Slide 34



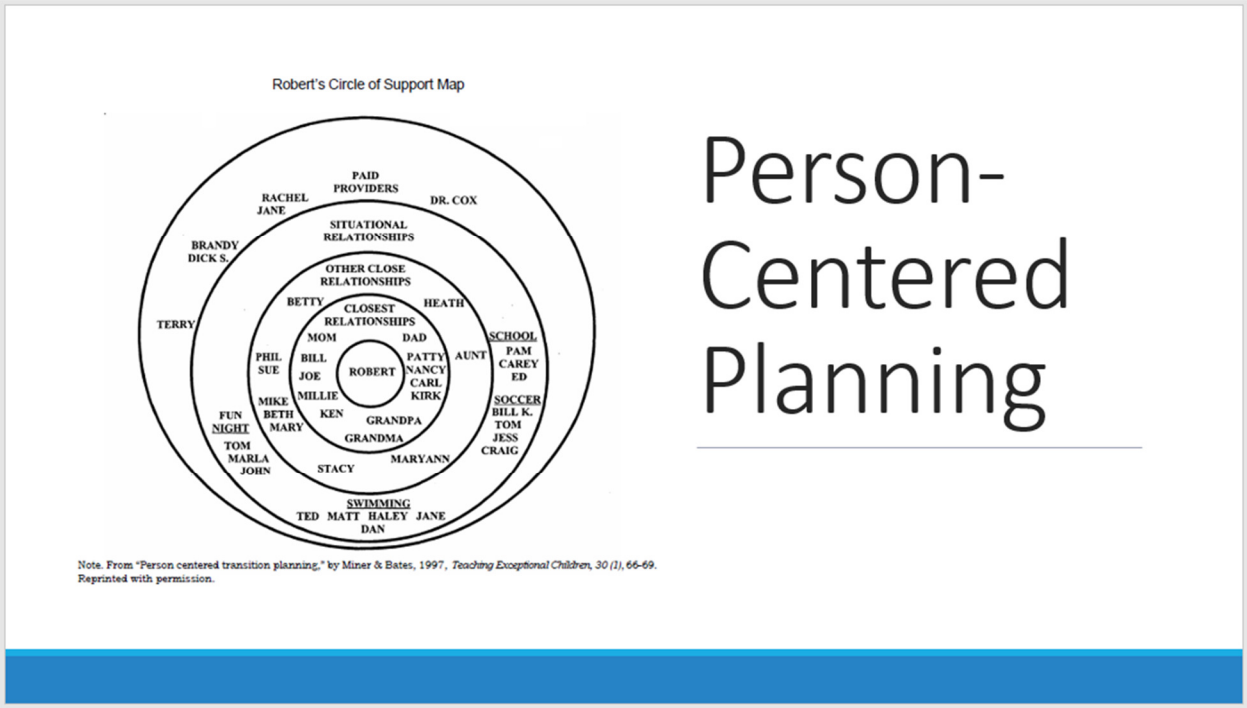
To be successful, person-centered planning should incorporate these three principles.

1. Effective Teaming: The team works together in a clear, organized manner considering things such as: who will facilitate, how long each session will last, who will record the information, having an agenda/minutes for each session, creating a group vision, and establishing ground rules.
2. Action Planning: Meetings are tailored to the focus person and driven by their goals/dreams/wishes. Each person on the team has an assigned role and specific goals to help the focus person achieve their dreams.
3. Crisis Planning: All plans should incorporate crisis planning. What resources are available to the focus person in an emergency, if someone is not able to fulfill their role, if additional supports are needed due to an unforeseen circumstance?

One tool beneficial for beginning the process is the Circle of Support. This can be completed with the focus person and their family to help identify people to recruit for the person-centered planning process, and to identify resources available. The Circle can be updated with more specified information once the team is built.

Keep in Mind: The most important person on a team is the focus person themselves. Keeping that focus person at the center will lead to more person-specific plans and meaningful outcomes.

Slide 35

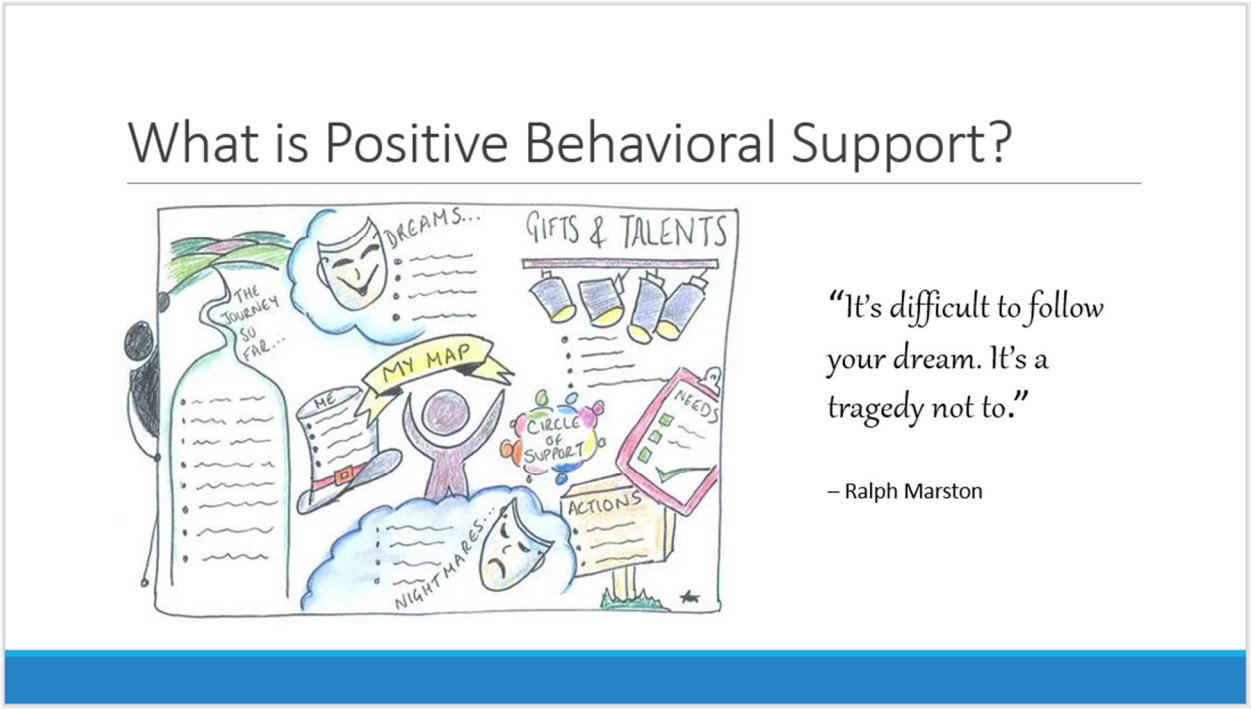


Here is one example of a Circle of Support. You can see the areas of focus are the person (at the center), their closest relationships, other close relationships, situational relationships, and paid providers.

There are a few variations of the Circle of Support – but it is a common tool used in Person-Centered Planning and can be tailored to an individual's needs. One of the benefits is it can be completed even before the process begins with just the focus person and/or their family. It will be easy to identify people who can be recruited and what areas may need some focus.

Reviewing the person's Circle of Support routinely can help contribute to effective teaming and even crisis planning by having an up-to-date reflection of who/what resources are available to the person and identifying where the person may need some assistance.

Slide 36



Making Action Plans, or MAPs, is another data-collecting tool used frequently in person-centered planning. MAPs represent the focus persons':

1. History: A summarization of the focus persons' past; including any people, places, or events that have shaped the focus persons' life.
2. Dreams: The person's dreams are used to shape plans – nothing is too big or too small. It's possible some dreams may not be able to be realized exactly as planned – but there's always an opportunity to act on pieces of them.
3. Fears: These could be specific fears (like what a parent fears for their child's future), or barriers to achieving their dreams, or general fears.
4. Who the person is: Their strengths, interests, likes/dislikes, friends, favorite activities – anything to give a rounded idea of the person to assist with future ideas for activities/resources/goals to be incorporated into treatment plans?
5. Needs: Tools, skills, resources, etc the person needs moving forward to help them achieve their goals and dreams.

Slide 37

What is Positive Behavioral Support?

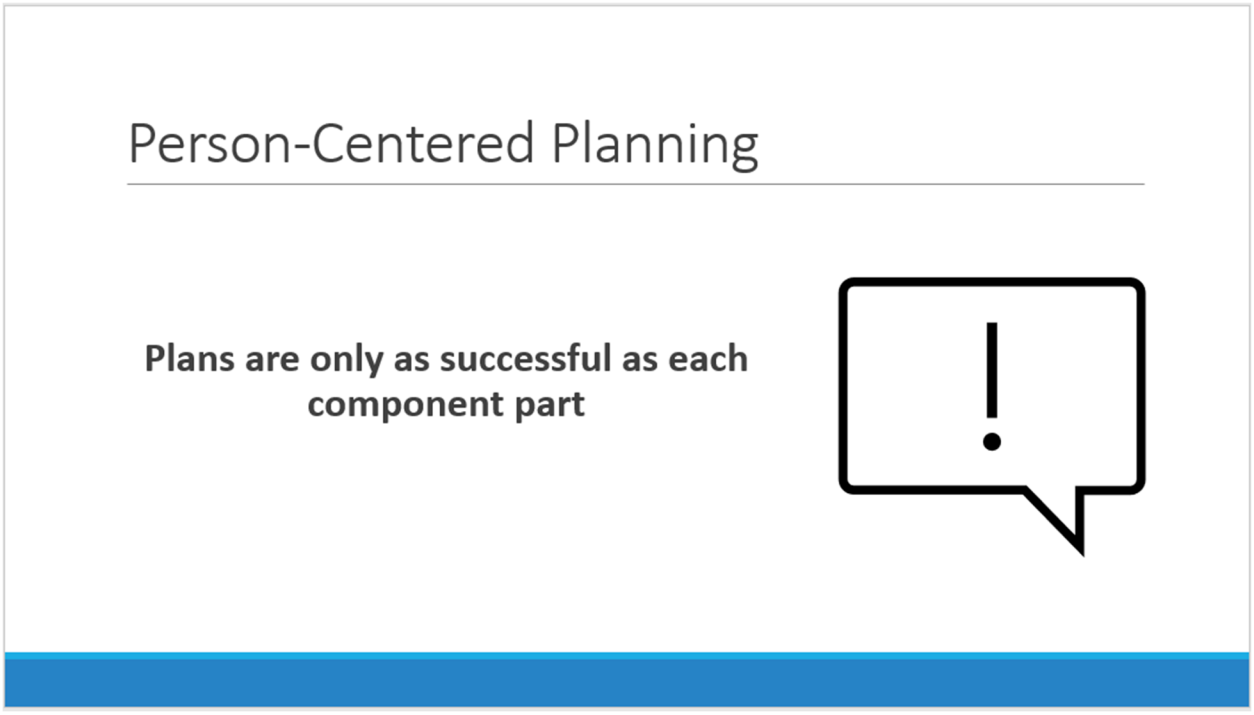
"If you don't know where you're going, you'll end up someplace else."

– Yogi Berra

Planning Alternative Tomorrows with Hope, or PATHs, is another common data-collection and planning tool used in person-centered planning. PATHs start with a specific goal in mind (learn to read, get a house, find a job, etc) and establishes:

1. Timeframe: A realistic amount of time needed to achieve the goal (or a piece of the goal)
2. A picture of Now: What does the focus persons' life look like? What do they have currently available to them to begin their journey? Are there any current barriers?
3. Who to enroll: Who needs to be involved in the plan to help the focus person successfully achieve their goal? How will the individuals, groups, organizations become involved in the process?
4. How to stay strong: What activities, supports, milestones, etc are needed to keep each person involved in the plan focused and working towards the goal?
5. Action Steps: Specifically, who will do what, by when. This can be split into multiple chunks of time depending upon how far away the goal is.
6. The first step: States who completes the first action step needed within the first few days.

Slide 38



You can have the most beautiful plan in the world, and it won't make a difference if no one implements it. A crucial component to the success of person-centered planning is fidelity.

1. Fidelity to the person and the team: Being supportive, following through, doing your part to contribute, and working together to make the plan more person-specific and meaningful.
2. Fidelity to the plan: Implementing the interventions consistently across environments and across plan implementors.

Activity 3 – Finding Your Circle

We learned how an important component of Person-Centered Planning is making sure you have the right team.

One way of identifying the people in your life who can be your "team" is the Circle of Support. This activity will ask trainees to identify those in their circles. Person-centered planning is not limited to those who need a formal PBS plan. Everyone can benefit from identifying who in their lives they can rely on.

Completing the activity:

3. Pass out materials to each trainee:
    a. Page 114
    b. Utensils (if needed)
4. Allow 5-10 minutes to complete the worksheet
5. Ask for volunteers to share responses

Modifications: If any trainee requires modifications to complete the activity, this is permissible. The activity may be completed orally, electronically, or by paper. Additional time may be allowed, if necessary.

Activity 3: Finding Your Circle Example Page

Take a few moments to fill out the Circle of Support and answer the following questions.

1) Do you have someone close to you who could provide you with support? Yes No

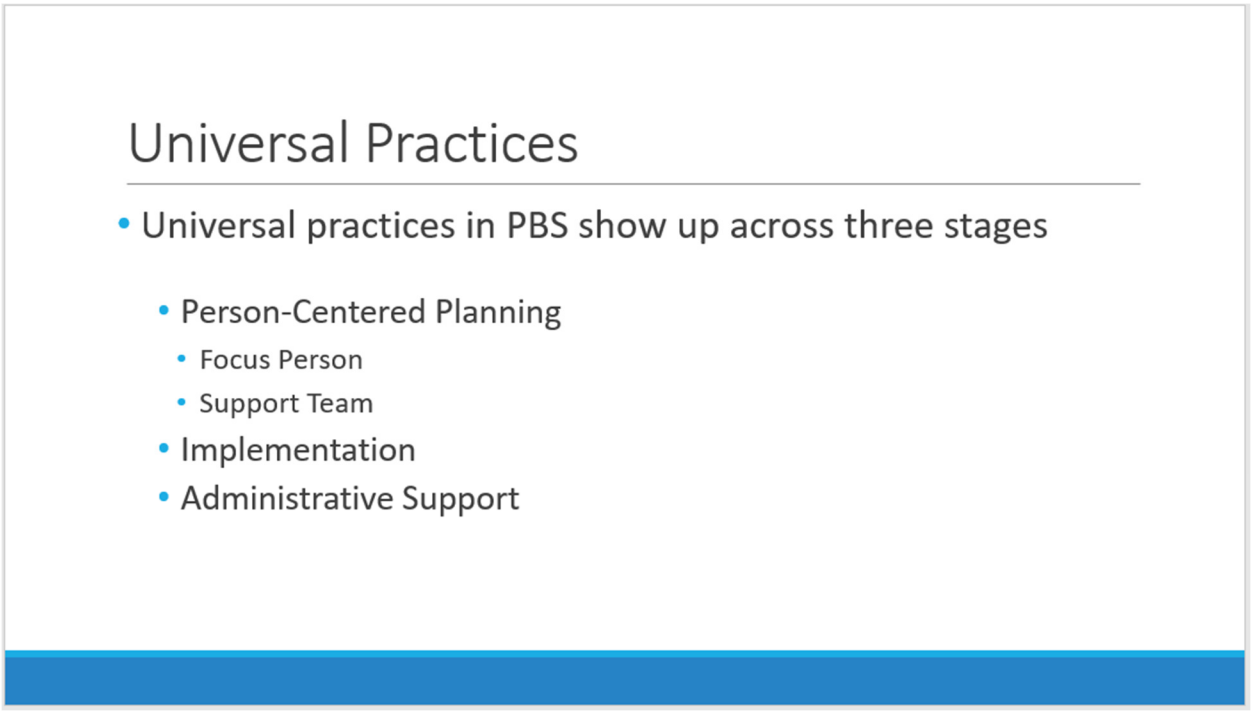
2) Are there any situations where acquaintances could become friends or closer? School, work, sports teams, etc? Yes No

3) What are some steps you could take to grow your circle?

Invite teammates from basketball to dinner. Ask Ms. Ray if there are any clubs at school that I might be interested in.

Universal Practices

Slide 41

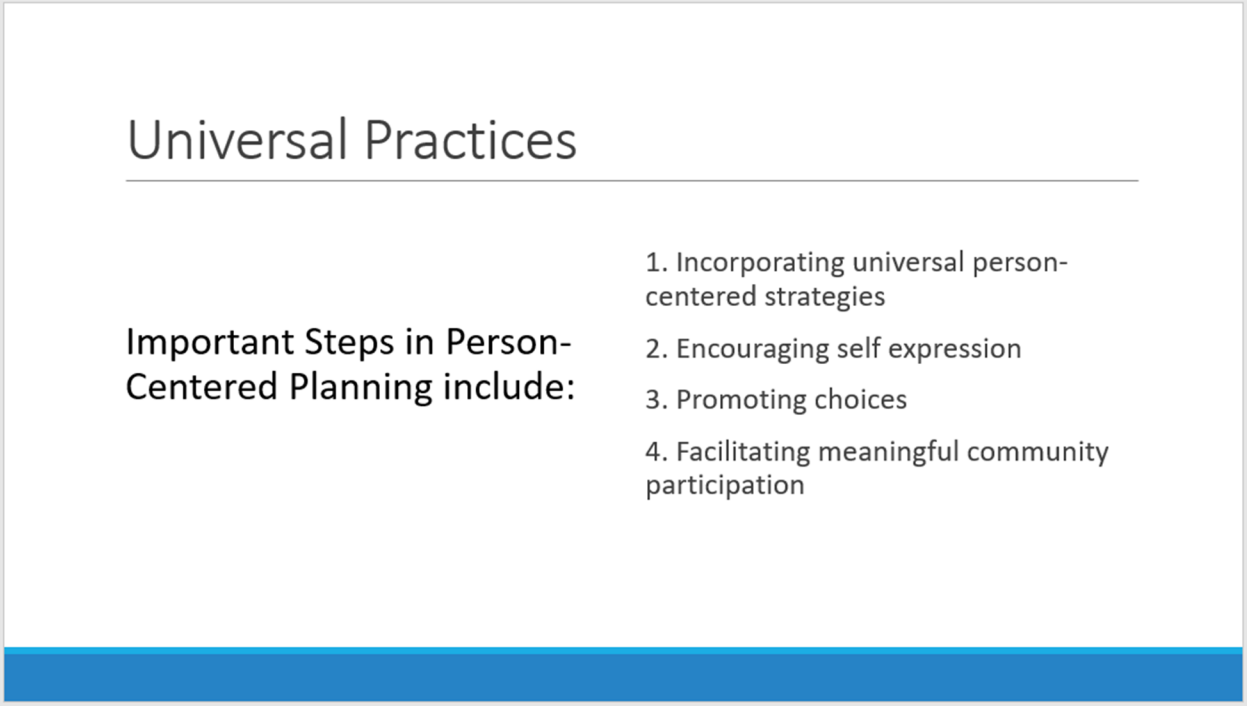


Universal practices are bleeding over from education and Positive Behavior Support into our everyday lives. And this is a great thing! Universal practices are just that - *practices* that benefit *everyone* regardless of age, gender, situation, and level of need.

Universal practices are preventative and should **always** be in place to support the focus person. The specific types of Universal Practices to implement will be up to the team, but one practice that should be ubiquitous across every person served is to promote positive and responsive environments.

Ubiquitous: Present, appearing, or found everywhere.

Slide 42



As a plan implementor – the person-centered planning area of focus for Universal Practices will likely be the most relevant. Regardless of whether a person has formal interventions in place – these practices can help to enrich their quality of life and create more positive and supportive environments.

From a PBS perspective, by ensuring everyone has Universal Practices in place, there will be a natural reduction of any interfering behaviors.

Keep in Mind: These practices are not only beneficial to the focus person. Exploring these different strategies for ourselves, and for the planning team, ensures we are better able to interact, remain positive, and be proactive. It is easier to engage in this manner when we take care of ourselves.

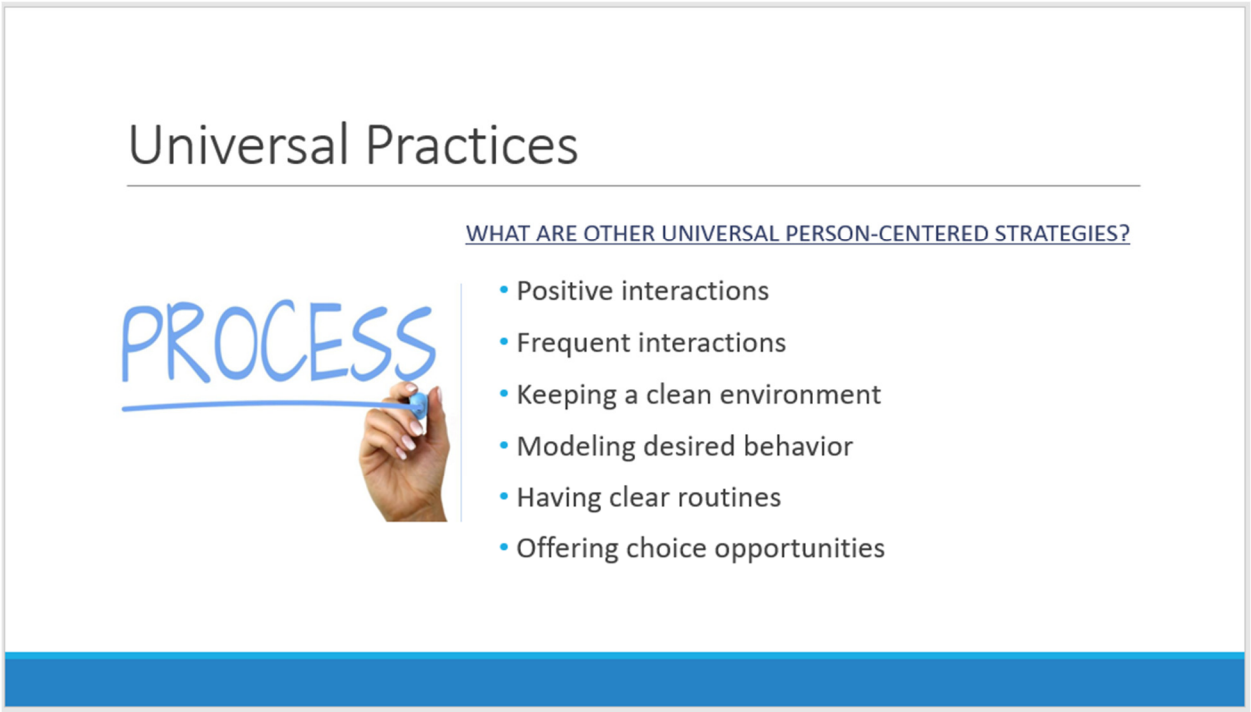
Slide 43

Refer to Hand-Out 3: Instruct the group to reference hand-out 3, Resource List for Universal Practices. This is not an all-inclusive list – and the areas listed are not the only examples of Universal Practices. Are there any listed that interest you? How could you incorporate these methods into your daily routines?

Here are some examples of universal strategies that can be implemented with focus persons and ourselves. These practices, when used consistently, improve our ability to regulate, be resilient, and be present in our lives.

Interjecting these (or other) practices into daily routines bolsters focus persons (and ourselves!) for when times become challenging. When these practices become routine, we are better able to reach for these practices when we are struggling. Attempting to learn these techniques while in crisis/survival mode will be difficult and may be less effective.

Slide 44

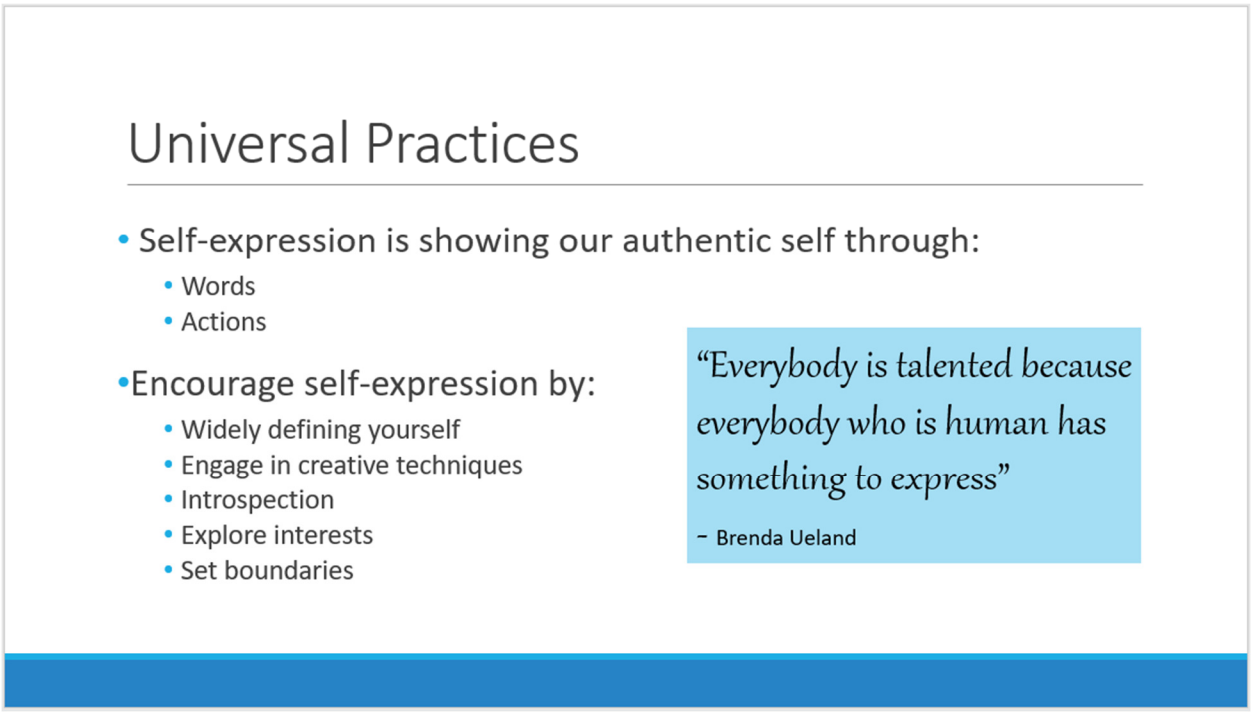


This is another list of Universal Practices that can be implemented with any focus person – whether there are formal behavior interventions in place. These practices are beneficial for everyone and they fall in line with the positive and proactive principles of PBS.

As plan administers and staff – all these strategies are important – but, perhaps the one that will take the most focus and attention is "modeling desired behavior". It is easier to direct/dictate than model – possibly because directing and dictating are tenants of traditional discipline models and it is what most of us have experienced growing up.

These strategies can be explored and defined during person-centered planning meetings. It is beneficial to both the focus person and everyone involved to have clear expectations up front. This understanding will make it easier to be aware and notice when these strategies can be implemented.

Slide 45



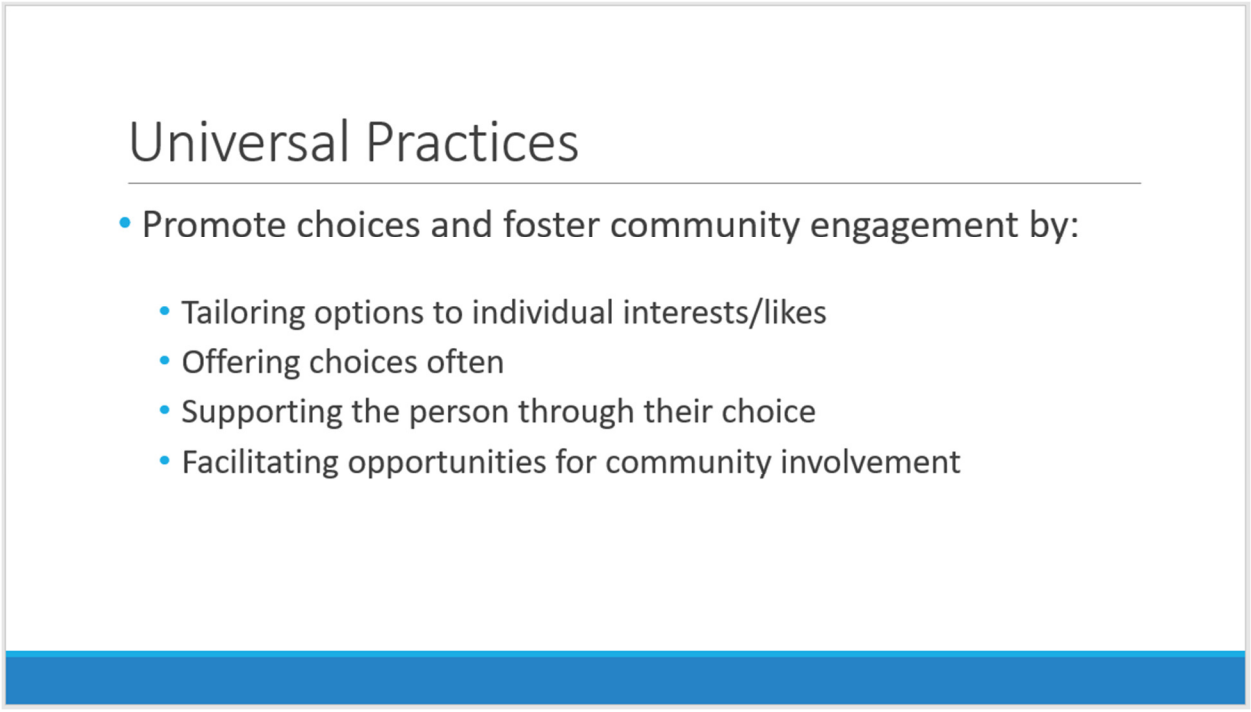
Trauma, past learning, shame, and societal pressures can all effect our sense of "self". Those impacts can turn in to negative self-talk and make us all more reactive. Reactivity is often what we see on the surface - the outbursts, the anger, the non-compliance.

Fostering self-expression and our authentic selves is just another proactive and Universal Practice which can help to improve quality of life and naturally reduce interfering behaviors.

We see a lot of encouragement of self-expression in person-centered planning activities such as MAPS and PATHS. Once aspects of the "self" is defined or understood – it is important to carry those practices through to implementation (whether formal or informal).

Example: If you learn a focus person is interested in music – make sure they have access to music and can participate in music-related activities. This access should be given freely when possible/appropriate. Having to "earn" access to things which are integral to our self-worth and expression can be detrimental if "earning" that time/activity is the only way the person can enjoy those things.

Slide 46



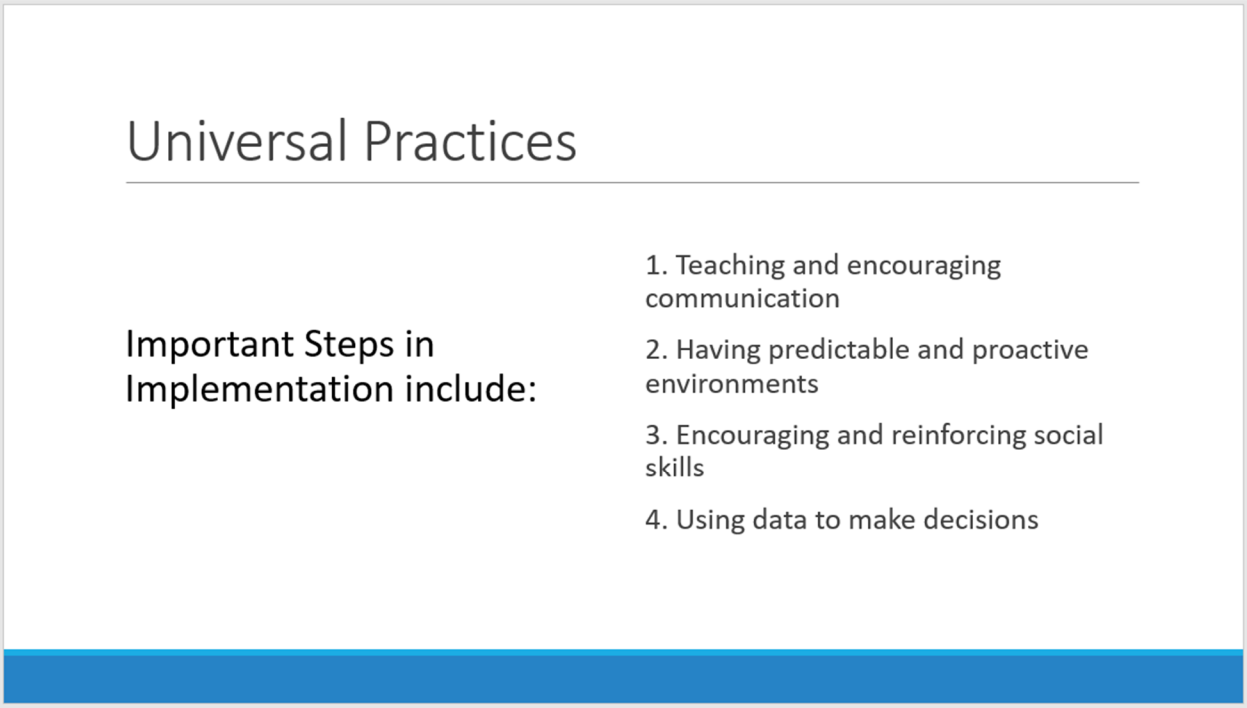
Individuals in long-term care may not be familiar with making their own choices or realize they can make choices. This could be due to not having the opportunity or not having their choices honored, amongst other reasons.

For individuals who may struggle with making choices, the forced-choice method explained earlier may be a good idea to start out. Plan Administers/staff can use the data available for the person's interest/likes to select an activity and ask whether the person would like to participate now or later – or if they would like to participate with Person A or Person B.

Another option can be to select two or three things from a list a choice and offer those to the person.

Keep in Mind: It may take time to build trust with choice-making. Honoring the person's choice and/or giving them additional information/education is imperative in promoting choice. If there is a choice the person may make which directly impacts their health/safety or violate employer/agency policy – the team should brainstorm how to navigate those situations to give the person as much agency as possible.

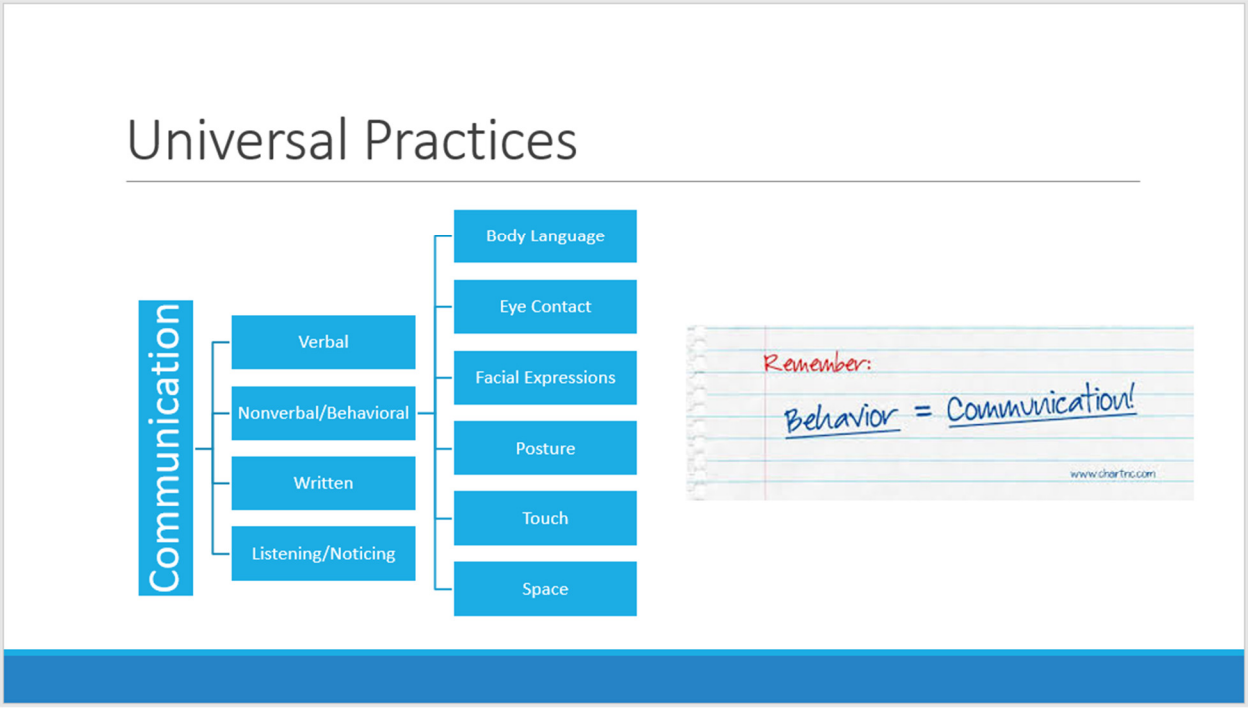
Slide 47



When formal implementation of PBS plans, protocols, or guidelines are needed – these practices should be present in all interventions.

How these different steps are made actionable is determined by the data and by the person-centered planning team.

Slide 48



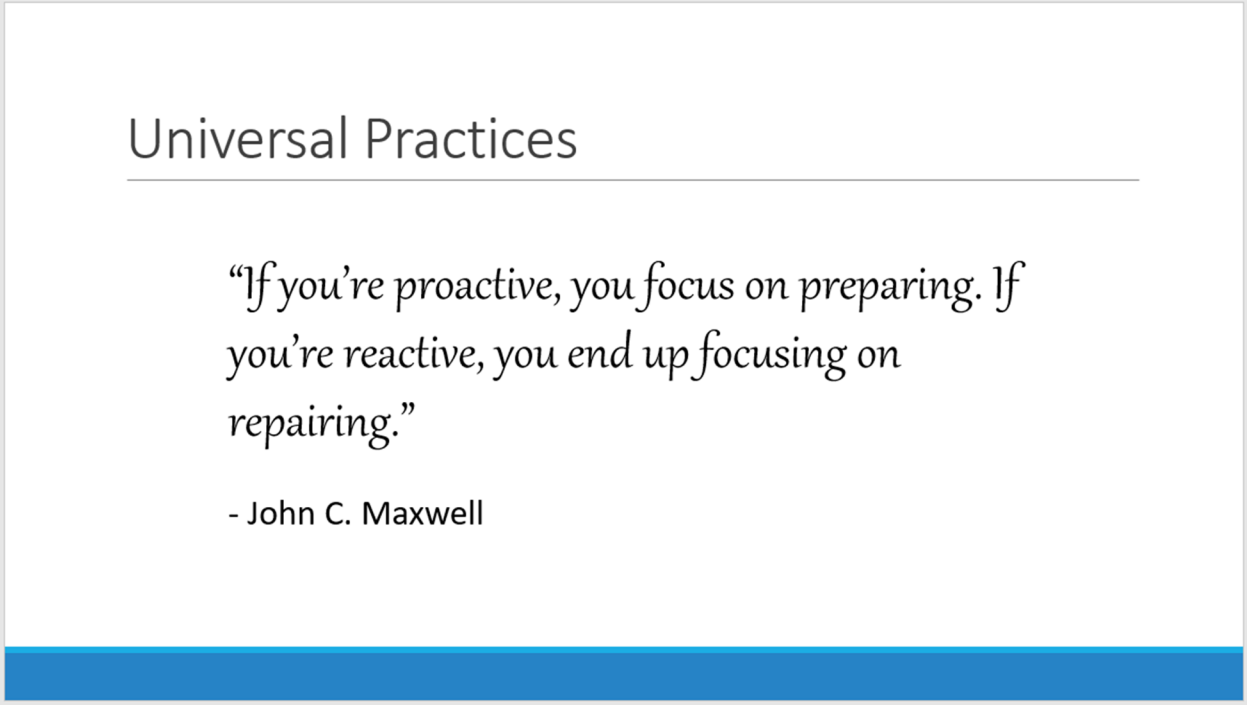
Other forms of communication not listed include sign language, Picture Exchange Communication Systems (PECS), and other augmented communication devices (tablets, communication apps).

Communication assessments are an important part of the person-centered planning process. This will give the team an idea of how the person currently communicates, what works best for them, and what challenges there may be to communication.

Ensuring effective communication strategies is one way to be proactive with every person. Sometimes – just by establishing personalized communication – a focus person can experience an immediate reduction in interfering behavior, because their major barrier has been removed and they can effectively get their needs met.

Keep in Mind: Meet people where they ***are***, not where you want them to be/where you think they should be.

Slide 49



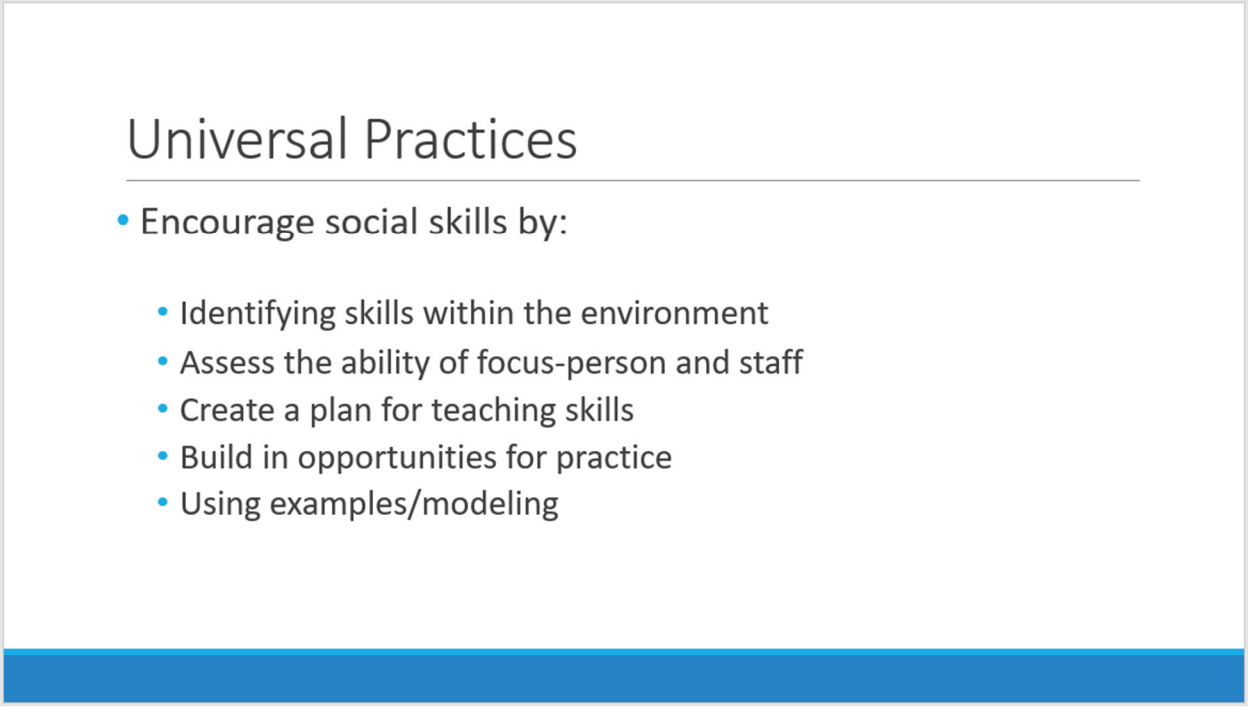
Having a predictable environment goes back to those basic needs explained in the Quality-of-Life section. Security, order, and stability are key to having Safety Needs satisfied.

If someone cannot predict what they will encounter in a day – survival instincts become activated; it is our brain's way of trying to protect us from a perceived threat. These survival strategies may manifest in ways which are interfering (aggression, non-compliance, becoming withdrawn, etc).

To develop a proactive and predictable environment – the team may utilize an array of Universal Practices. In addition to those practices, developing a routine which works for the focus person – and which works for the setting (when applicable) – helps cement a stable environment.

When upcoming changes are known – prepare the focus person for that change in the way they are best able to receive communication. However, not all change can be known in advance. Those times are when proactively implementing Universal Practices becomes advantageous – because then the person has something to fall back on that is known and stable to help them navigate through the uncertainty.

Slide 50



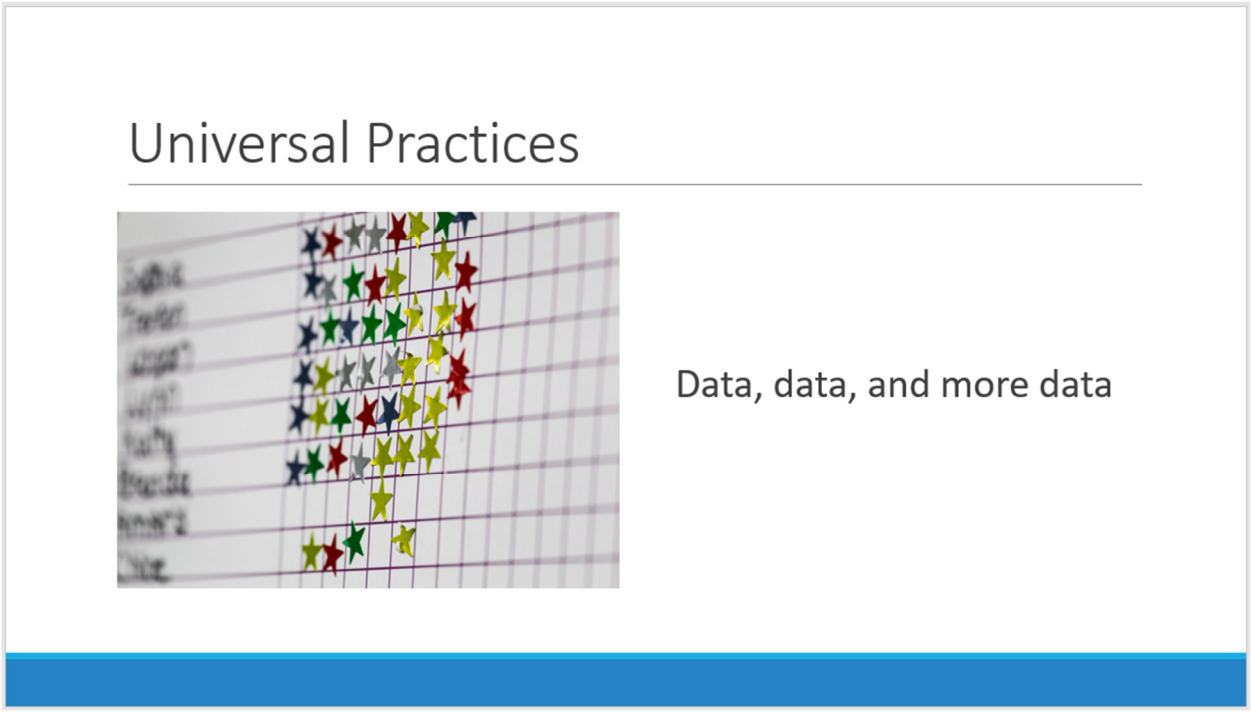
People are, by nature, sociable. We are readily capable of learning and adapting through social means. We also rely heavily on social skills to navigate our every-day lives.

Through the PBS/person-centered process, the team will be identifying what social skills the person currently has within their repertoire of behaviors and what areas present a challenge for the focus person. This information will be used to develop a way to teach and improve upon social skills.

Once a plan is in place – continuously looking for opportunities to practice will be necessary for all focus persons. Modeling skills across environments is another way to expose, teach, and cement social skills for focus persons. Focus persons who struggle with understanding/recognizing social cues may need extra opportunities for practice and reinforcement built into their plans.

Keep in Mind: We are constantly modeling social skills to each other. It is important to be mindful of what is needed for the focus person and be sure to model skills that align with their plan. By not paying attention and modeling skills that are undesirable, conflicting, or harmful to the person and their plan – progress can be negatively impacted.

Slide 51



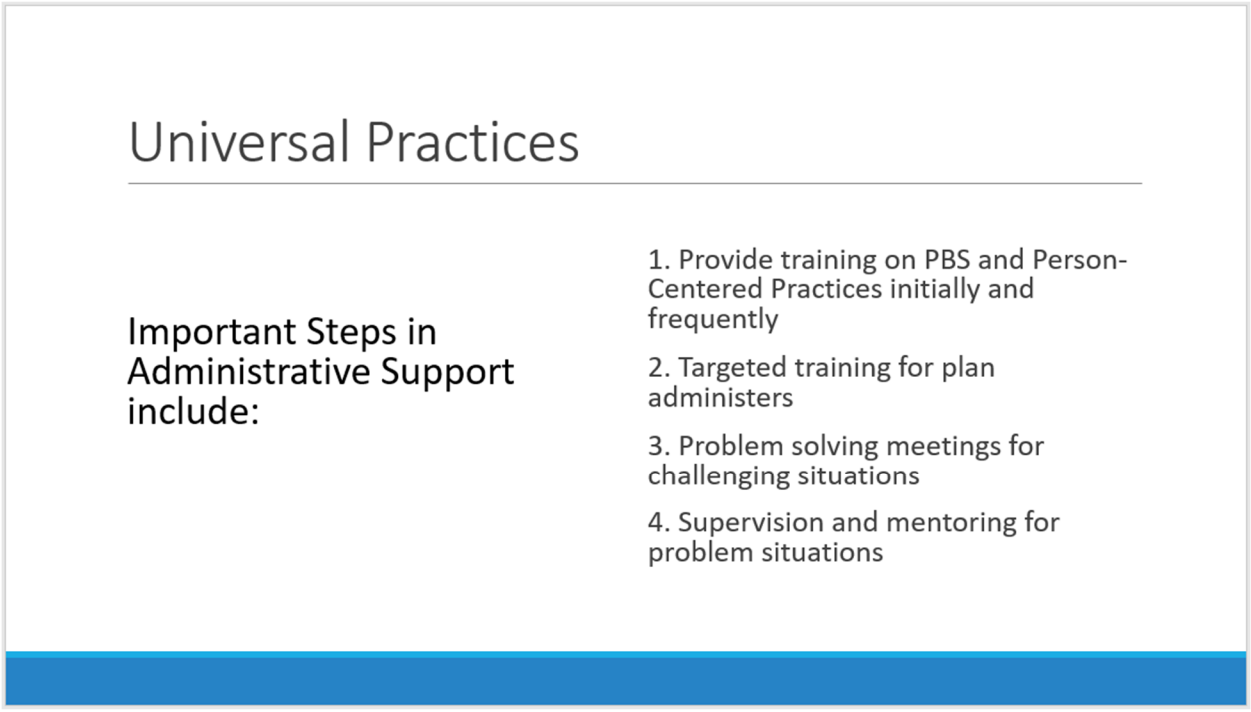
The key to any successful plan is meaningful data across all stages of plan implementation.

Teams should be looking for data in the planning process, through the implementation process, when generalizing, and when monitoring progress. The data will give insight into what is working – what is not working – what needs revision – and what may need scrapped for new ideas.

Fidelity in data collection is imperative to a plan's success. If any member of the person-centered planning team is not reporting with fidelity, there is a chance changes could be made in error – or to the person's detriment.

Keep in Mind: If at any point in the person-centered planning process you do not understand what you are collecting data on – or how to properly collect data – please ask for clarification. Each person on the team is important to the process – and by asking and actively participating, you are personally taking steps to help ensure the person can be successful.

Slide 52



As mentioned in the beginning of the training, Positive Behavior Support is an entire system change. Management and administration are a part of the system and play a role in the success of programs.

Teams need the support of management and administration. This is a direct analogy of the success of focus persons. When a member is not supported, they are not as likely to success – and when a team is not supported, they are also not as likely to succeed.

Training and fidelity checks and mentoring are steps management and administrations can take to support teams and actively participate in the PBS process.

Activity 4 – Relaxing the Body

This a physical activity you can complete any time you are feeling anxious/nervous. This practice helps to activate the Parasympathetic (relax/restore) Nervous System.

Anxiety can be a sign of an overactive or hyper-aroused Sympathetic (survival) Nervous System. Our heartrates increase, we are vigilant, our blood pressure increases, we are breathing more quickly and shallowly, etc.

We encounter a variety of things throughout our day that can activate our SNS; things that were not present in the past, so our bodies have not learned they are not a threat. This practice "tricks" the body into thinking you have fought and won – allowing the PNS to become activated.

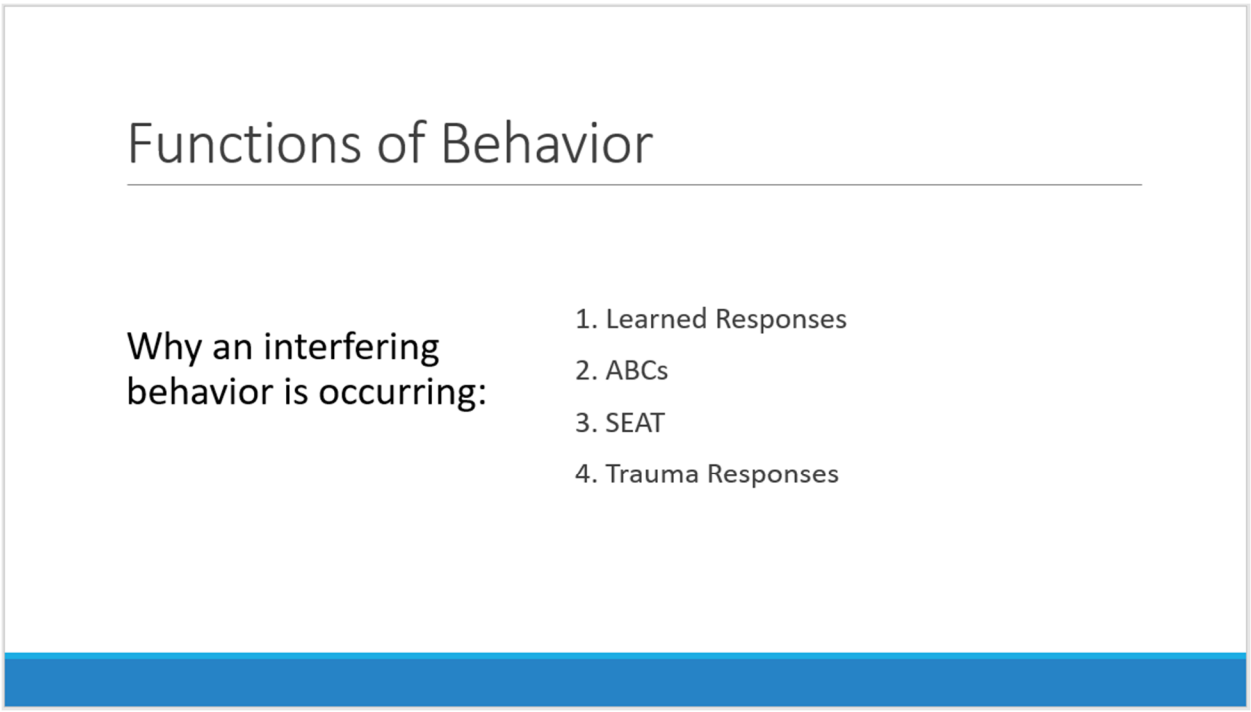
Completing the activity:

1. There are no materials – this activity can be completed anywhere at any time.
2. Instruct the trainees to tense as much of their body as possible - squeeze as many muscle groups as they can at once. Hold for 3-5 seconds.
3. Then instruct the trainees to relax the tension on their muscles.
4. Take a few deep breaths and release slowly.

Modifications: This can be completed in whatever position feels comfortable for participants: sitting, standing, laying down.

Functions of Behavior

Slide 55

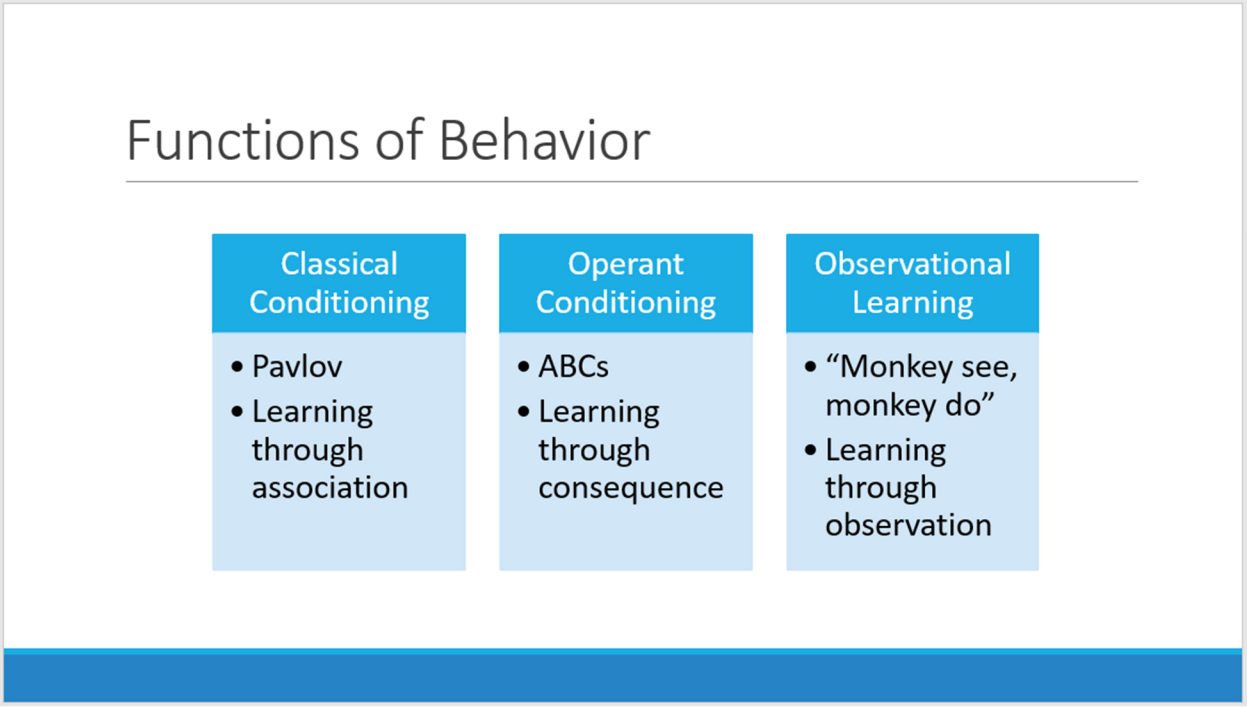


One of the biggest questions answered by a Functional Behavioral Assessment is *why* an interfering behavior is occurring. Another big question answered is *what* is the maintaining consequence.

There may be one answer to each of those questions – but there may be multiple answers depending upon context and environment. This is why Positive Behavior Support is so dynamic and why interventions must be tailored to each individual person – why a "one size fits all" model will not work.

Understanding how we learn and how we respond to stressful situations is important foundational information for understanding how to design and implement behavior interventions.

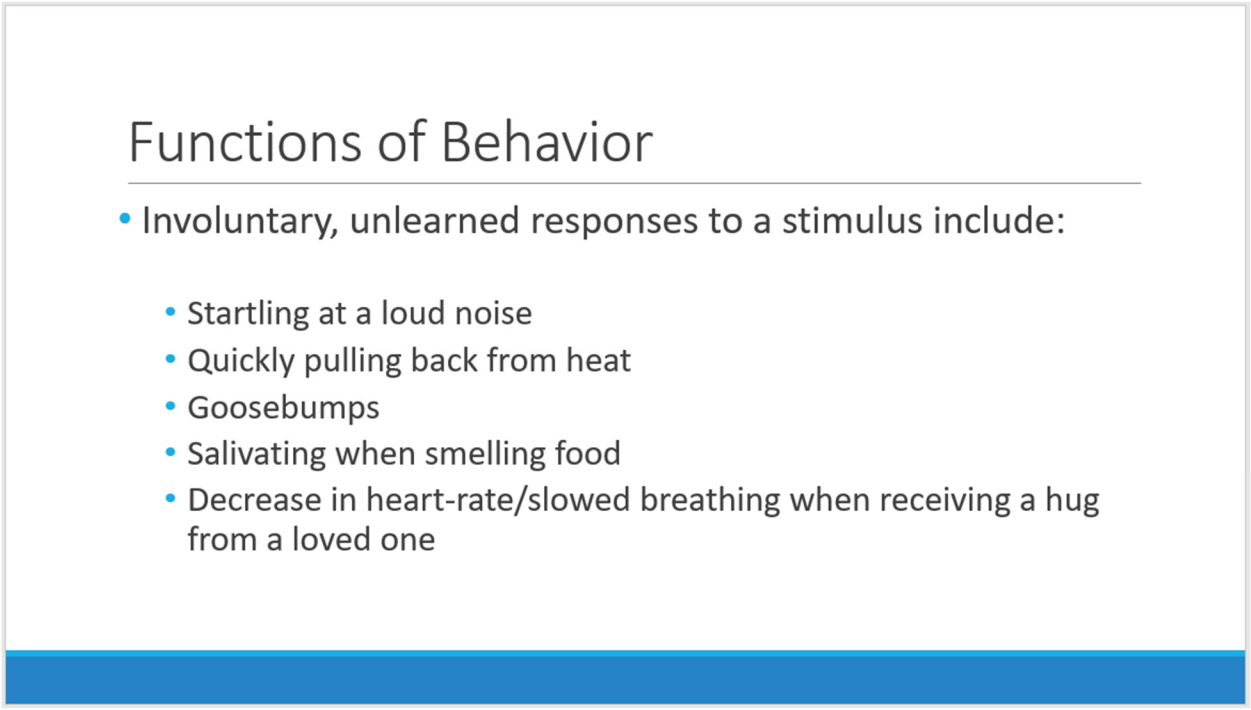
Slide 56



There are three main learning styles to consider when assessing and implementing:

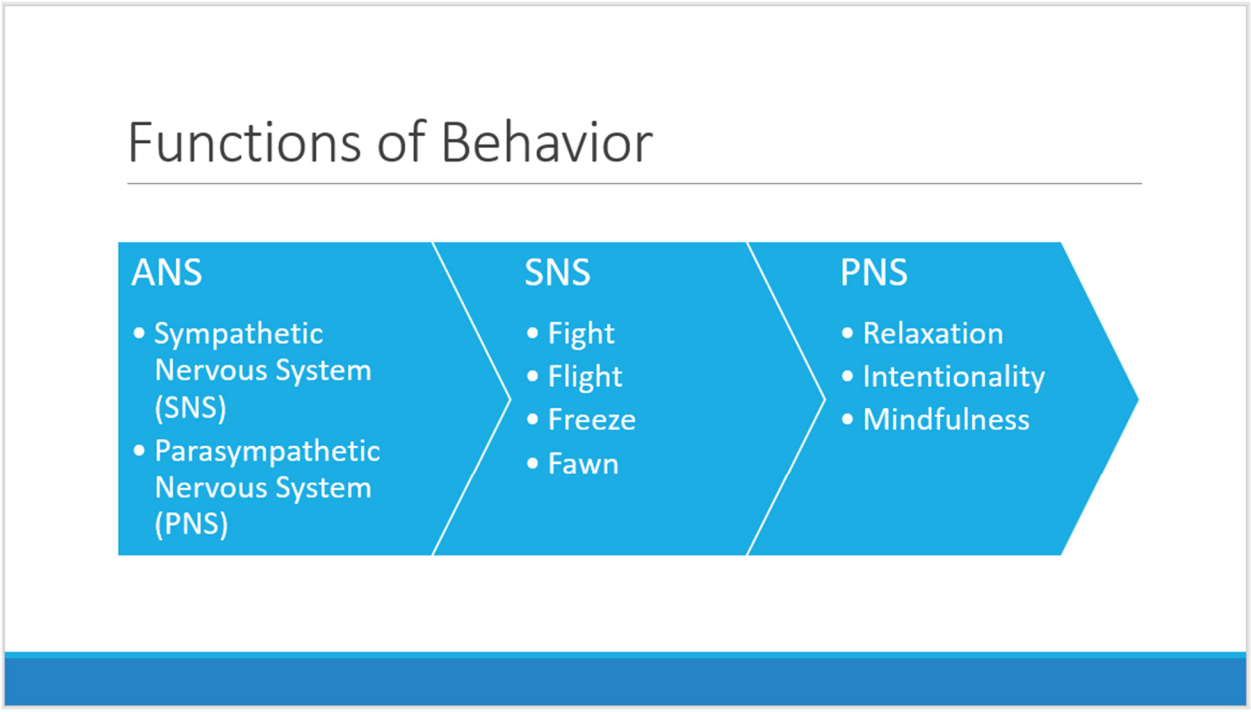
1. Classical Conditioning – nearly everyone will know the famous experiment by Pavlov. Pavlov paired feeding dogs with ringing a bell – and over time, the dogs would salivate when they heard the bell, even if food were not presented. There are certain parameters as to what can be classically conditioned – but the main take-away is that this learning takes place through associating one thing with another.
2. Operant Conditioning – this is the learning model through which we get the ABC's, which most of you will be familiar. Something happens in the environment or internally (antecedent), which triggers a response (observable behavior), which then is either maintained or extinguished by a reaction to the response (consequence).
3. Observational learning – this model is why modeling is so important. We can learn by watching what works and doesn't work for others. We also learn what is socially acceptable and not acceptable through this means. Observational learning is how most of us are taught to navigate through situations by answering "how does *this* work?"

Slide 57



There are some things we do not have to be taught. These are some automatic reactions we experience through our Autonomic Nervous System.

Slide 57



Positive Behavior Support is a dynamic and relatively young field of study. As we learn more about how we learn and respond, that gets incorporated into the practice.

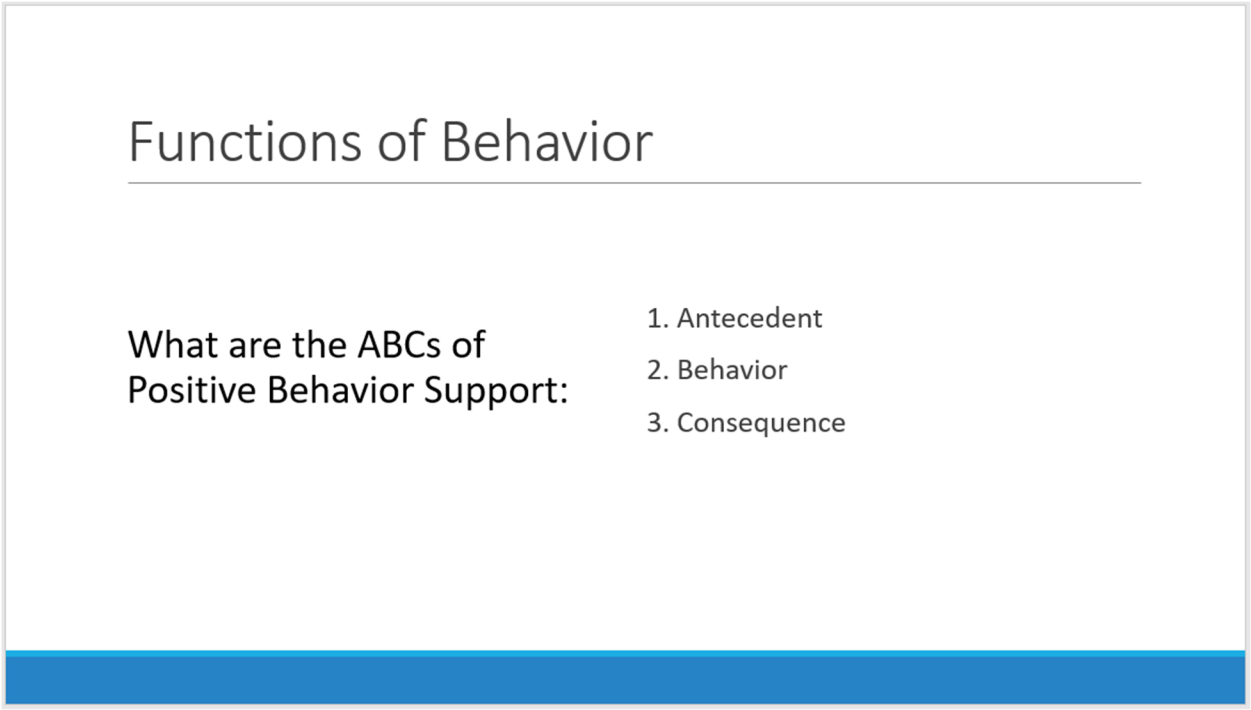
The Autonomic Nervous System, mentioned on the previous slide, has two different branches which control different things: The Sympathetic Nervous System and the Parasympathetic Nervous System. This will be particularly important when addressing trauma responses.

1. Sympathetic Nervous System (SNS) – is the survival instinct. Most of you have heard of fight or flight, but the SNS has a few other responses such as freezing (feeling unable to move or act) and fawning (becoming compliant or people-pleasing)

2. Parasympathetic Nervous System (PNS) – is the relaxation and recovery response. When we are no longer in danger, this system decreases our heart rate and blood pressure, promotes digestion, and gives the body a calm and relaxed feeling. These reactions are slower than the SNS reactions.

Keep in Mind: The main take-away is that there are two ways we are inclined to respond to situations (survival or relaxation/recovery). While we may be inclined to respond one way or the other – it is possible to practice and control our responses – which has many benefits.

Slide 58

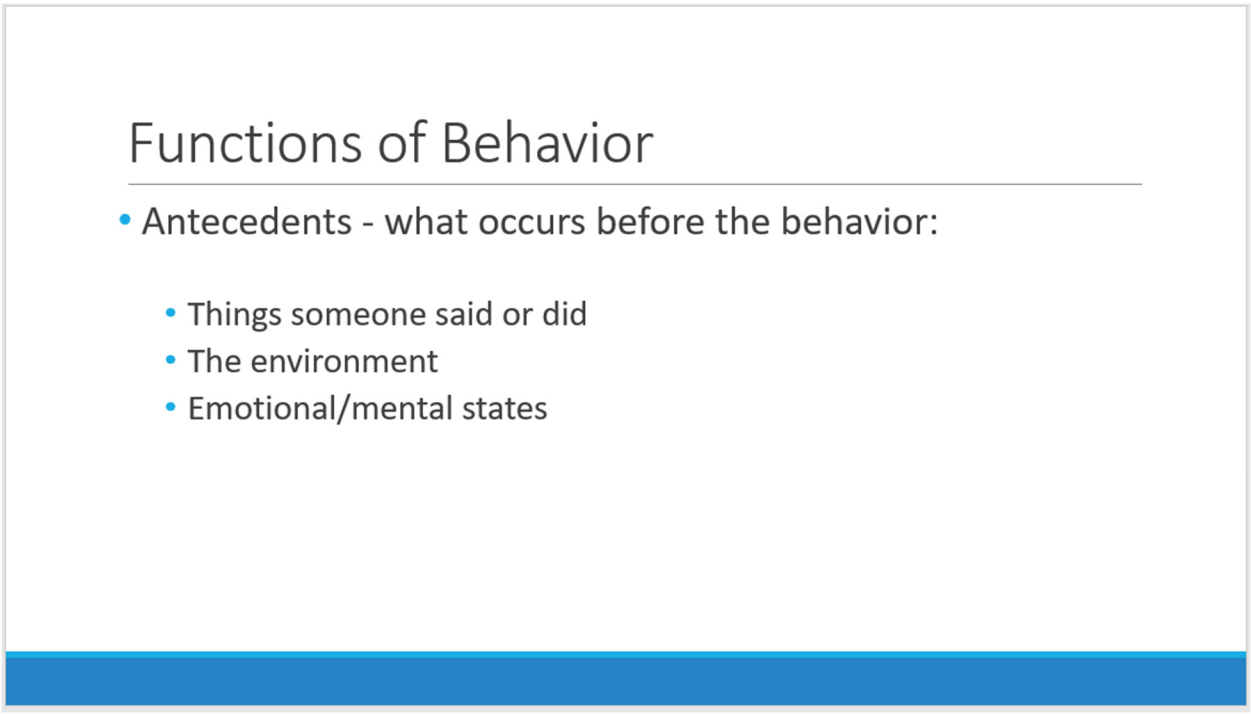


We have already touched on ABC's a few times – but it is important to understand when collecting data and implementing behavior intervention strategies.

1. Antecedent – is what takes place *before* a response.
2. Behavior – is the actual response to the antecedent. This is what is targeted for data collection. It is important to define the behavior in observable terms so that data may be accurately collected.
3. Consequence – this is what result immediately follows a behavior.

Keep in Mind: ABC's are true for desired behavior as well. While it is important to collect data on how the interfering behavior operates – it is also beneficial to understand the conditions responsible for *desired* behavior, as this could give the team a great starting point.

Slide 60

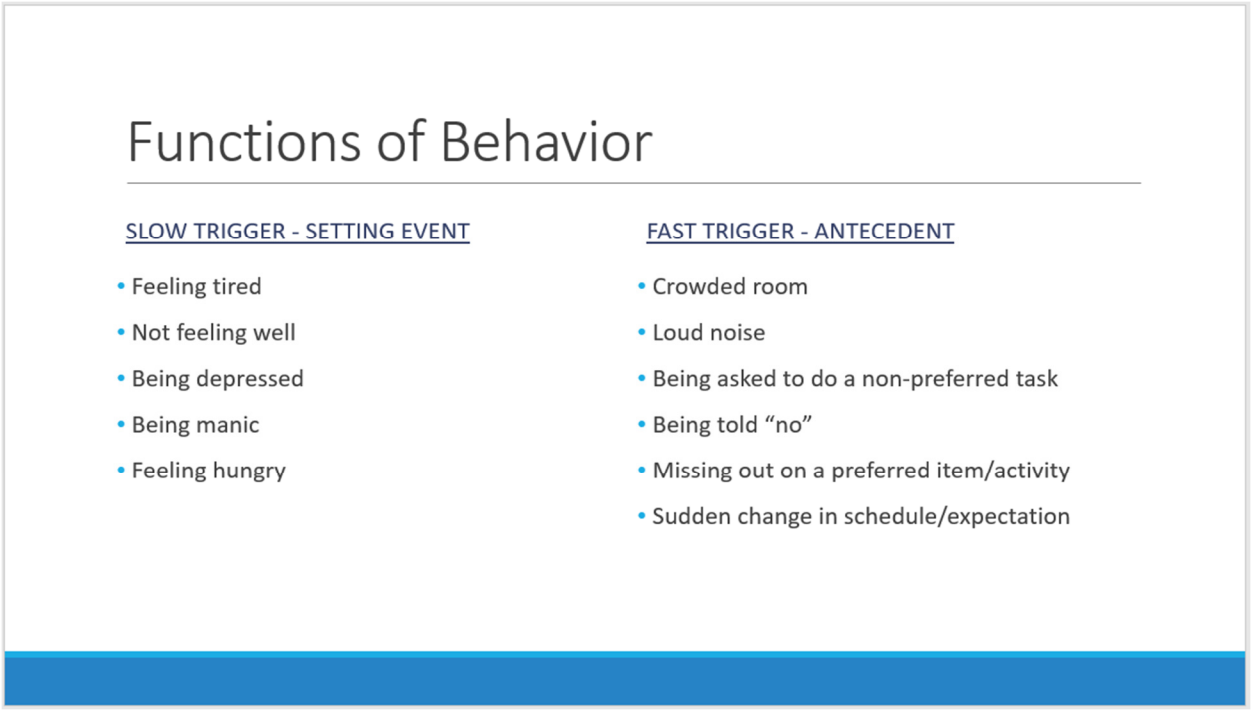


You will commonly hear antecedents referred to in two separate categories:

1. Slow Triggers/Setting Events – emotional and mental states are often in this category. The slow trigger does not necessarily result in an interfering behavior – but it can increase the magnitude of a fast trigger and make an interfering behavior more likely.
2. Fast Triggers – these are more likely actions or events occurring outside of the focus person. Fast triggers are often perceived as things that happen to us or things we experience.

Magnitude: The extent to which something can have an effect. A higher magnitude means there is a greater effective and a lower magnitude is something having a lesser effect.

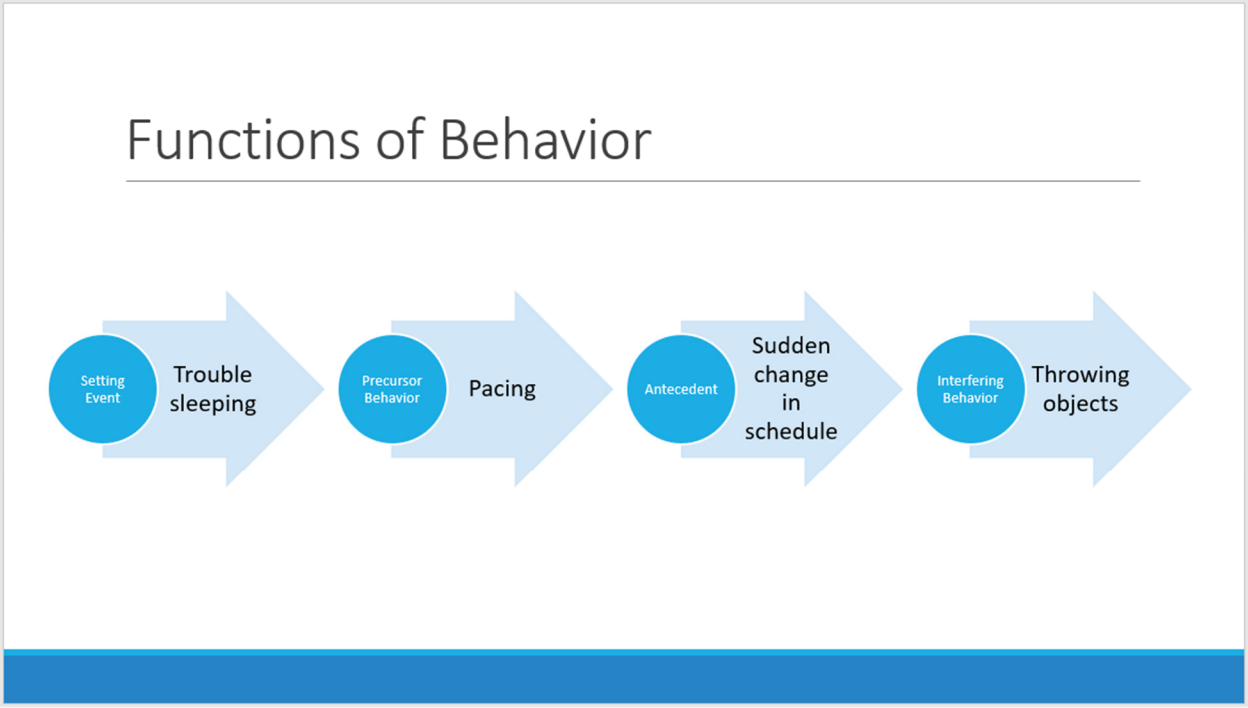
Slide 61



Here are some examples of different antecedents.

Understand what an antecedent is and what specific triggers are for a focus person helps to create a more person-specific intervention.

Slide 62

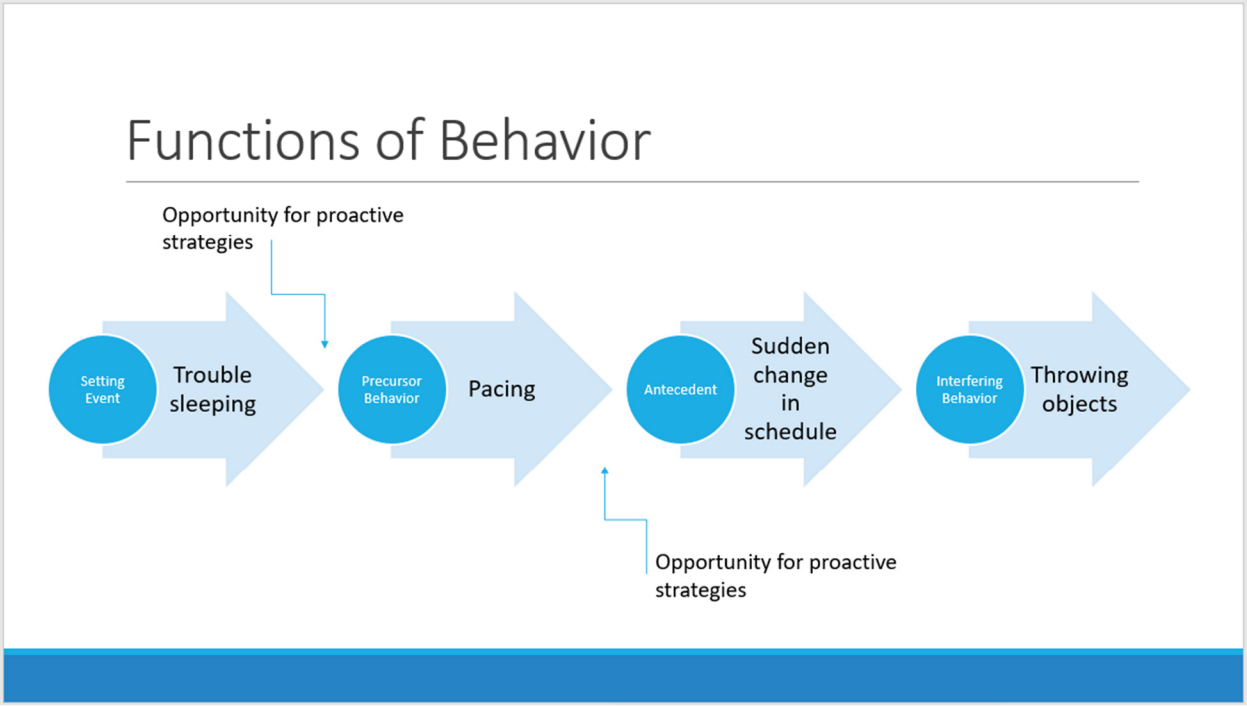


This is a typical chaining of events.

The focus person is tired because they had trouble sleeping. This makes them more susceptible and less able to cope with challenges throughout their day. The person may exhibit precursor behavior – or they may not. Due to the setting event of being tired – the person is more susceptible to the antecedent/fast trigger (in this case a sudden change in schedule) – which leads to them participating in the interfering/target behavior of throwing objects.

Precursor Behavior: A sign the person may be having challenges. Precursor behaviors are varied – it could be picking at skin, biting nails, pacing, twirling hair, becoming withdrawn, fidgeting, etc. Precursor behaviors are typically significantly less severe than the interfering/target behavior – but they are a sign the person may be feeling stressed, concerned, or agitated – and more likely to be reactive to other stressors.

Slide 63

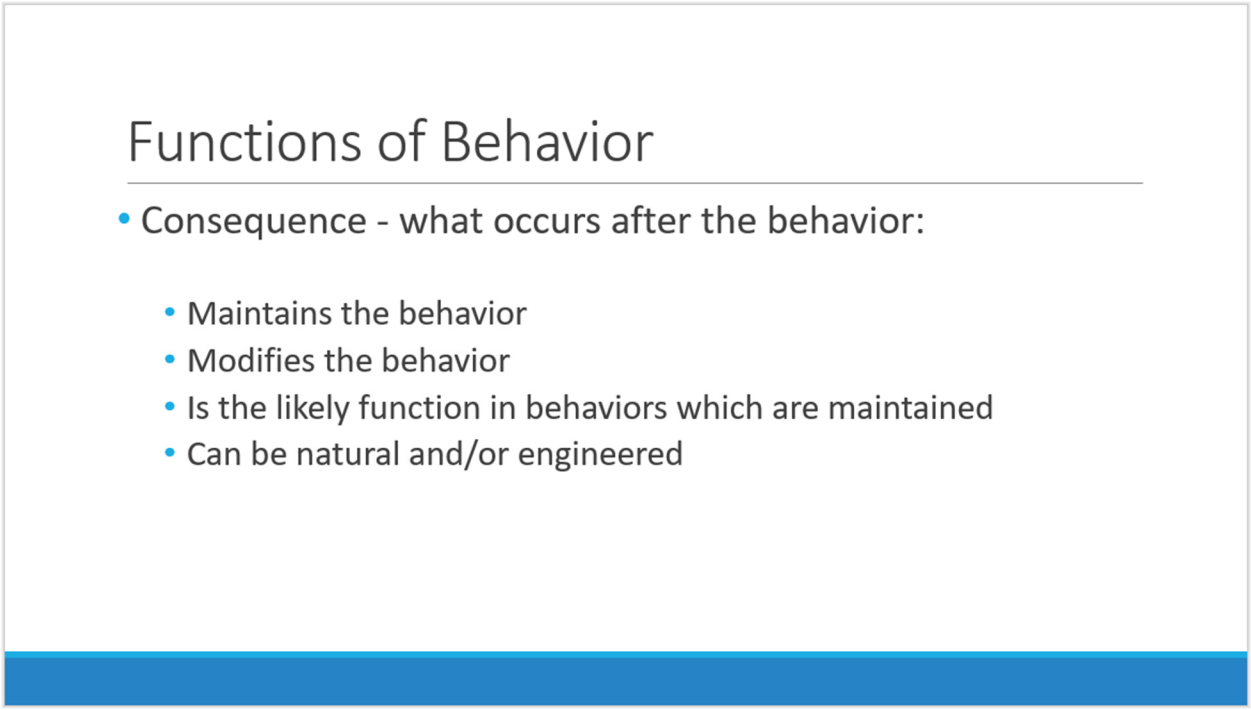


A large component of behavior intervention is being observant.

If the person-centered planning process was conducted well – the setting events, precursor behaviors (if any), antecedents, and interfering behavior will be known and well defined. By understanding the different pieces – staff will know what to look for and (in general) *when* to look for specific signs.

Using the same chain of events – by knowing this information - there are a few opportunities to interject proactive strategies. Being proactive can help avoid or reduce the impact of the antecedent and/or the interfering behavior.

Slide 64



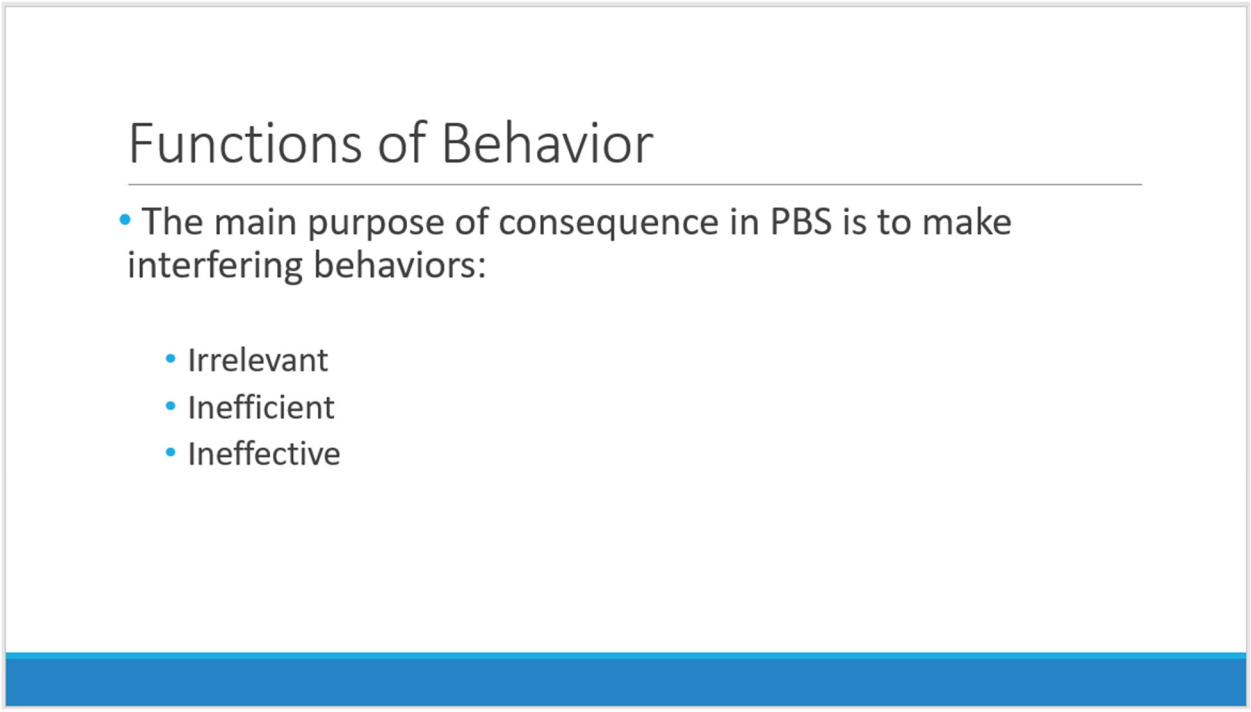
Consequences are a natural part of life – but they can have a lasting impact on behavior.

There are natural consequences – such as trying something new and failing (less likely to try again) or succeeding (more likely to try again) – or saying something hurtful to a friend (they are less likely to want to keep being your friend or withdraw their friendship for a time) or something nice to a friend (they feel loved/appreciated and want to keep extending their friendship).

Natural consequences influence whether behavior is maintained – just like other consequences: a parent giving a child a toy after they've thrown a tantrum, because they were embarrassed by/didn't want to hear screaming/crying (the child is more likely to throw a tantrum the next time they are denied a toy), a student starts throwing things from their desk because they don't want to participate in an activity and the teacher lets them sit out (the student is more likely to throw things next time they are asked to participate).

Consequences can be changed to modify behavior – but without replacing the behavior and giving the person a means to have their needs met that is desirable or acceptable in the meantime, there is a risk of new or worsening interfering behaviors.

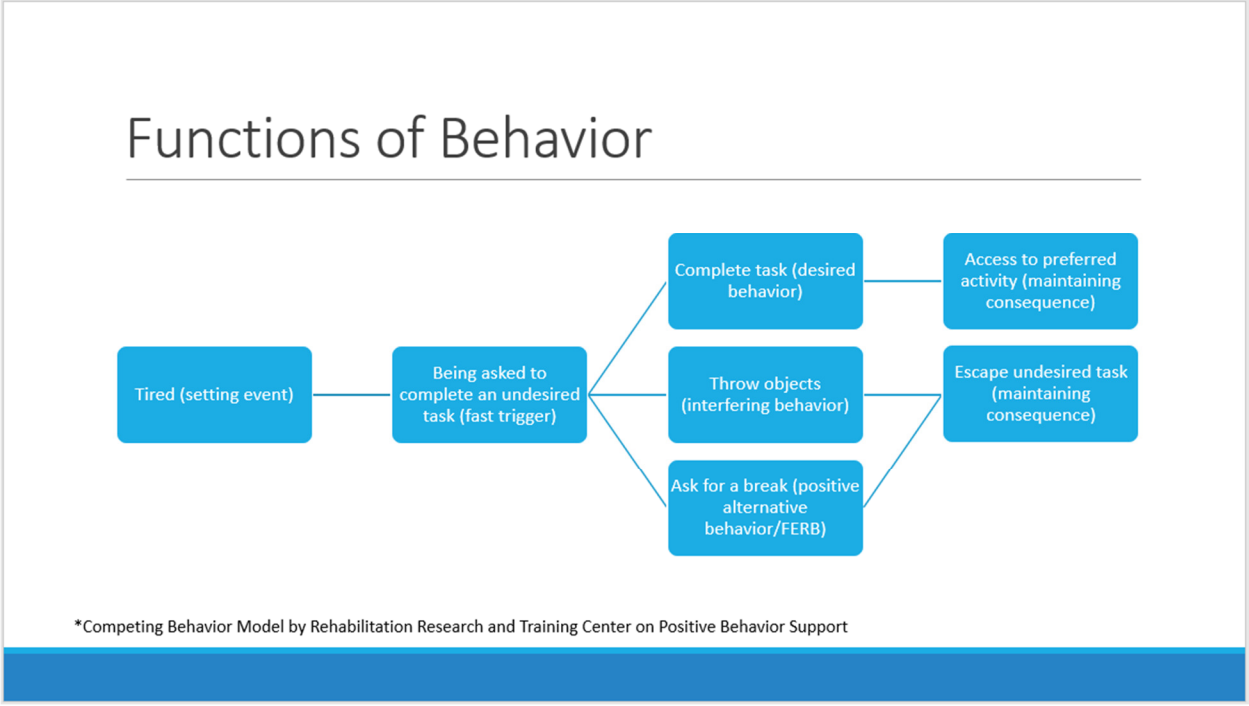
Slide 65



When using consequences in PBS, the goal is to make the interfering/target behavior:

1. Irrelevant – no need to engage in the behavior because needs are being met another way.
2. Inefficient – there are easier behaviors to engage in yielding the same result.
3. Ineffective – the interfering behavior no longer works to produce the desired outcome/maintaining consequence

Slide 66



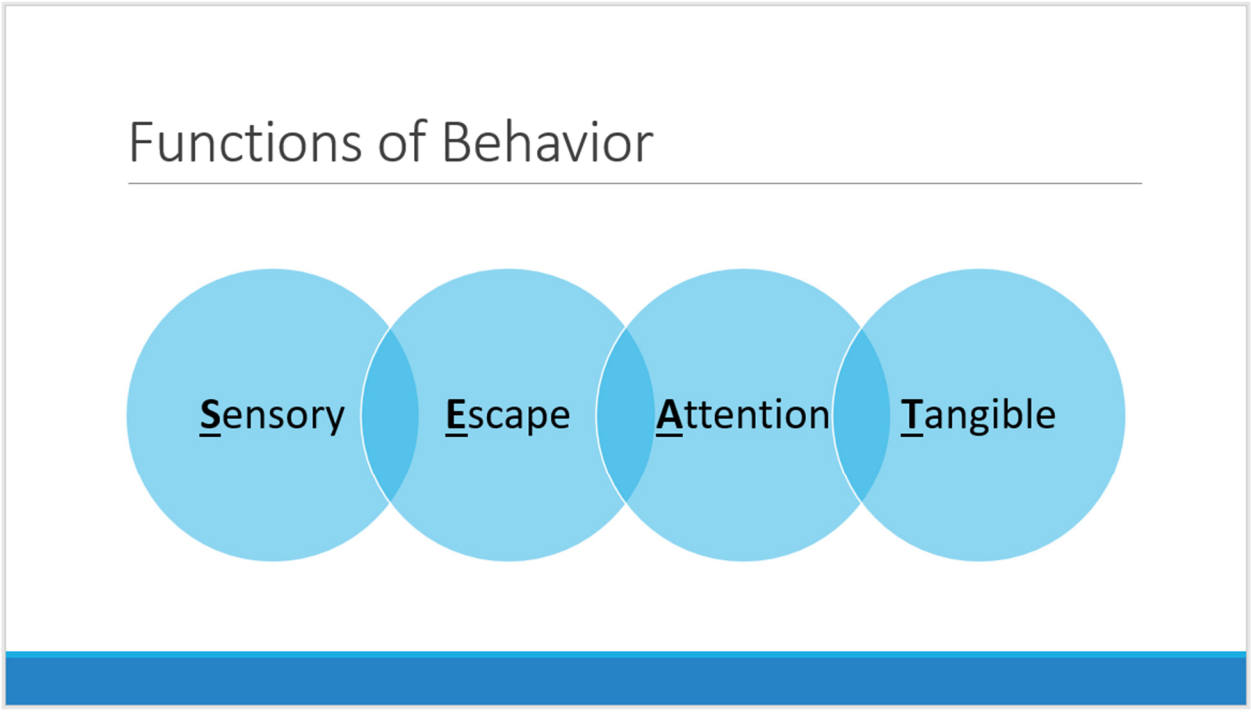
This is an example of a competing behavior model.

In this model we can see that the interfering behavior and the replacement behavior have the same maintaining consequence. However, in this model the replacement behavior (while more socially acceptable) is not the *desired* behavior (which has a different maintaining consequence).

In instances when the replacement behavior and the desired behavior are not the same – the focus person can be taught a replacement behavior to use while they are learning to complete the desired behavior.

Desired behaviors most often differ from replacement behaviors (but not always)

Slide 67



In the Operant Conditioning learning model – or learning by consequences – SEAT is the category the maintaining consequences are sorted into. When someone participates in a behavior, the consequence that maintains the behavior is one of four things:

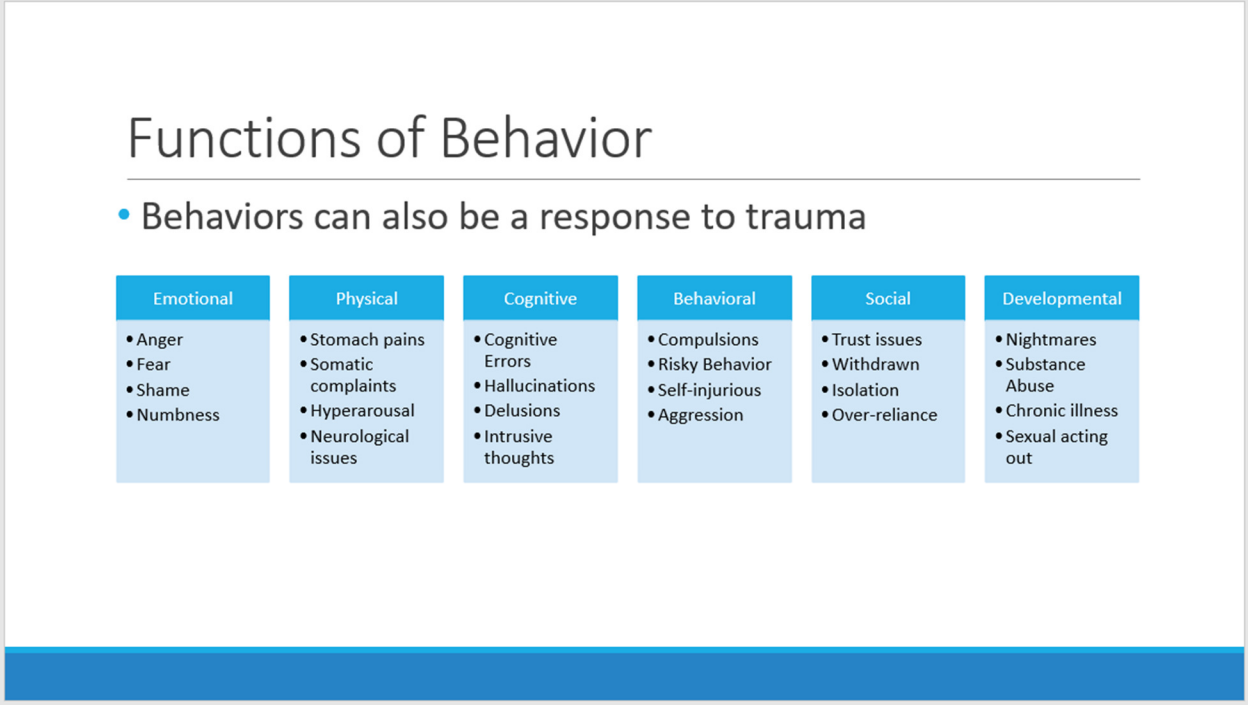
1. Sensory – This is perhaps the most difficult function to meet when implementing intervention strategies. Sensory reinforcement is when the persons' movements or actions result in positive feedback. The movement/action either feels good or it is fulfilling a sensory need (sometimes pain or pressure can be a feedback people are seeking, for example).

2. Escape – Escape is just that – being able to escape (not have to do) or avoid (put off for as long as possible) an undesired task or feeling. When this is the maintaining consequence – the person's goal with their behavior is to get away.

3. Attention – Attention can be a common function – the person is participating in some behavior to gain access to a social interaction. The engagement doesn't necessarily have to be "positive" to meet the function. Some people learned the behaviors they exhibit specifically in response to "bad/negative" attention because that is what they were able to get. Attention can sometimes be a mislabeled trauma response.

4. Tangible – This function is perhaps the easiest to identify. The person is wanting access to a preferred item or activity. If screaming got a child access to a tablet to watch videos – then screaming will continue when they want access to the tablet in the future.

Slide 68



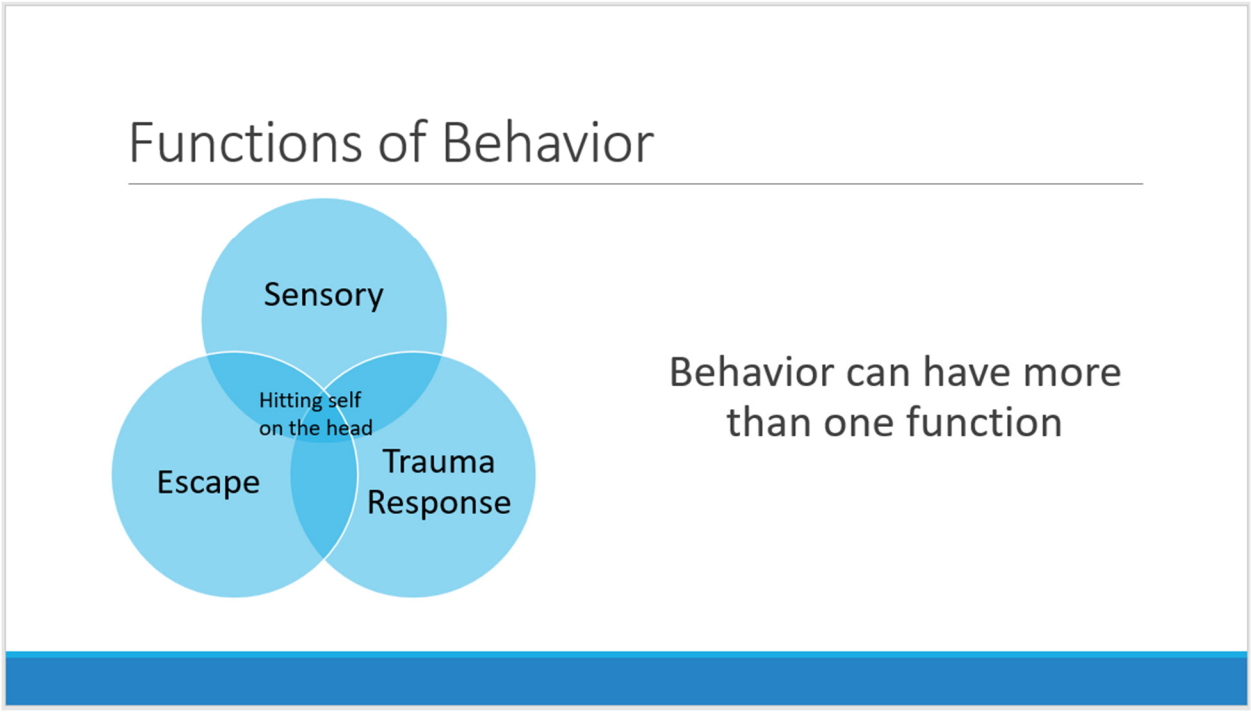
These are some examples of behaviors and reactions resulting from trauma. The traumatic event which manifested the reaction or taught the behavior can be a singular event – or it could have been the result of multiple or enduring traumatic events.

These responses are normal – but they can also linger.

In some cases when working with focus persons – you won't know their history with trauma. But, by learning some common responses and trauma informed practices, you can pause when these behaviors occur. Instead of concluding that a person is self-injurious for attention – with some careful examination of situations it may be found the behavior is a trauma response. Understanding *where* a behavior is coming from can help with designing appropriate interventions.

Keep in Mind: Understanding the impacts of trauma is an entire field of its own. There is no way to condense all the important information into a few slides. However, being aware that some responses/behavior can be the result of trauma is a good first step. One question to ask if you witness these types of behaviors/responses is "how else can we address this?" – because the traditional consequence model may not be the answer since what you thought was the maintaining consequence isn't actually the maintaining consequence.

Slide 69



One of the reasons data-driven decision making is so important is that behavior can have more than one function.

Context matters. In one setting the behavior may be exhibited to escape from an undesired task – in another setting the same behavior could be meeting a sensory need. The same behavior may also have been learned in response to a trauma – and will re-emerge when the brain recognizes a similar threat.

It is not easy to see this relationship though if the data is not comprehensive. Being able to represent clearly and accurately what happened before and after the behavior goes a long way to teasing out these nuances.

Sometimes data is a collective effort. For example – in a 24-hour setting, staff recording data in the evening may not know the person poorly slept the night before unless it was documented earlier in the day. Therefore, instead of linking a behavior with poor sleep – to the staff documenting later in the day, it could appear as though a behavior occurred unprovoked.

Activity 5 – Identifying Key Elements

Trainees will be identifying different facets related to behaviors in this activity. There will be several examples and trainees will be asked to identify whether certain key words are setting events, antecedents, a precursor behavior, or a specific behavior function.

Completing the activity:

1. Pass out materials to each trainee:
    a. Page 115
    b. Utensils (if needed)
2. Allow 5-10 minutes to complete the worksheet.
3. Discuss answers

Modifications: If any trainee requires modifications to complete the activity, this is permissible. The activity may be completed orally, electronically, or by paper. Additional time may be allowed, if necessary.

Activity 5: Identifying Key Elements Answer Key

For each scenario there will be a key word or phrase underlined. Identify whether the underlined section is a **setting event (slow trigger), antecedent (fast trigger), precursor behavior, or a specific behavior function.**

1) Sally's roommate had a medical emergency overnight. Sally couldn't get back to sleep and was worried for her friend.

Setting event *Antecedent* *Precursor behavior* *Sensory function*

2) Olivia started throwing her toys when her mom asked her to clean her room.

Sensory *Escape* *Attention* *Tangible*

3) Tim told Tavon to "shut up", and Tavon pushed Tim.

Setting event *Antecedent* *Precursor behavior* *Attention function*

4) Farhan was feeling hungry and started pacing in and out of the kitchen.

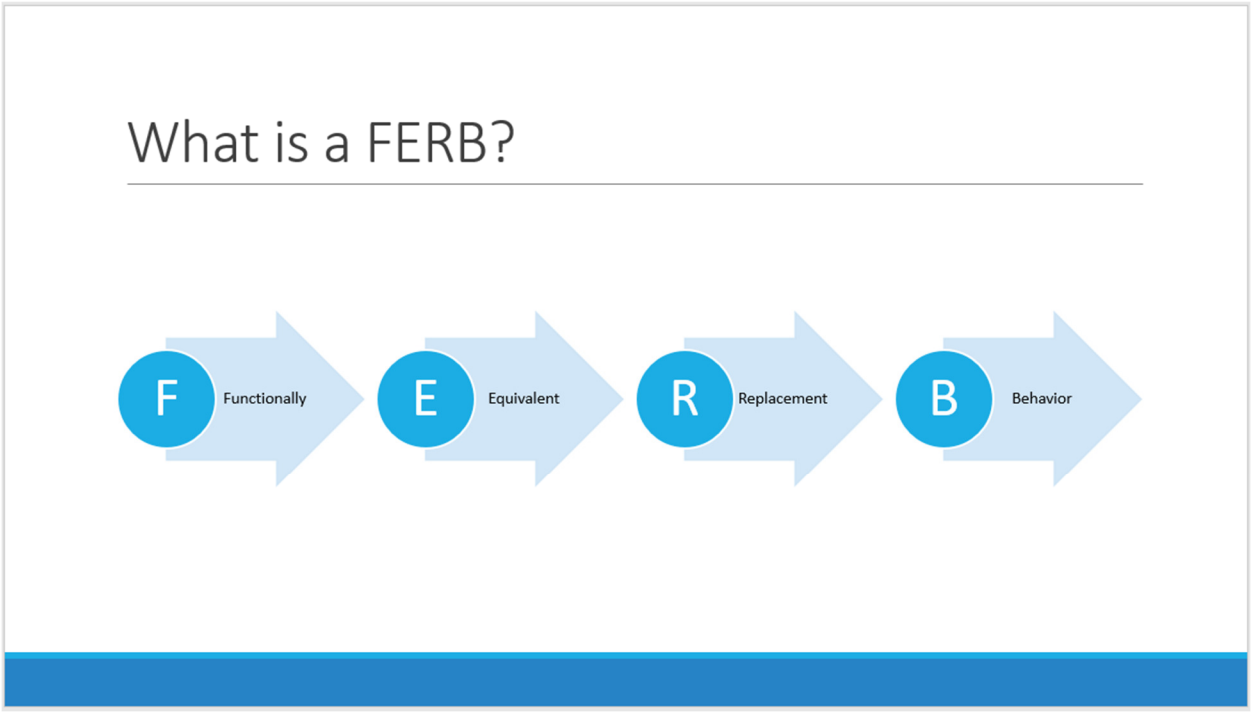
Setting event *Antecedent* *Precursor behavior* *Escape function*

5) Charis is sitting by herself chewing on her nails.

Sensory *Escape* *Attention* *Tangible*

What is a FERB?

Slide 72

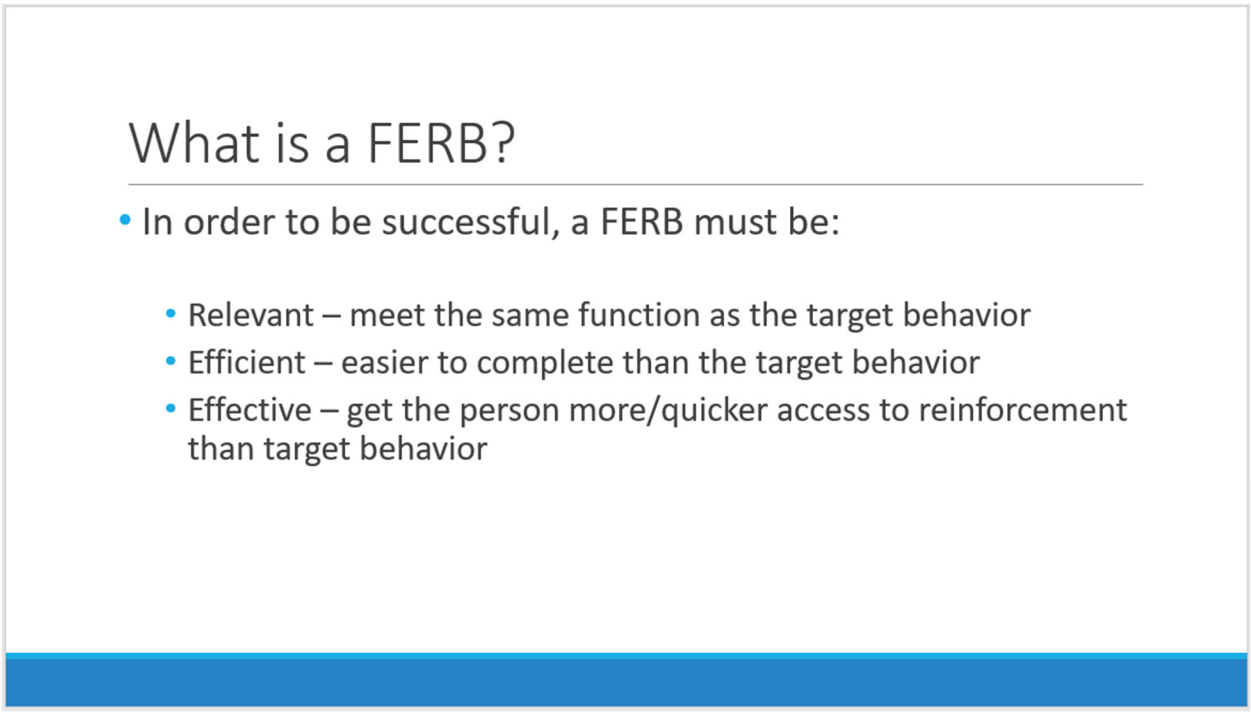


A FERB is a functionally equivalent replacement behavior. It can also be thought of as an "alternative" behavior. Basically, a FERB is a more socially acceptable way of having a need met.

In some cases, identifying and teach a FERB is the only step. However, there are cases where the FERB is not the *desired* behavior. And therefore, teaching and reinforcing the FERB is only one part of the process.

Example: A focus person throws objects when asked to take a shower to escape/avoid having to take a shower. The FERB would be what the person could do to escape/avoid the shower – ask to take a shower later, ask to do a fun activity before the shower, etc – however, the person cannot escape a shower forever. Therefore, the desired behavior in this case would be to take a shower regularly without fuss.

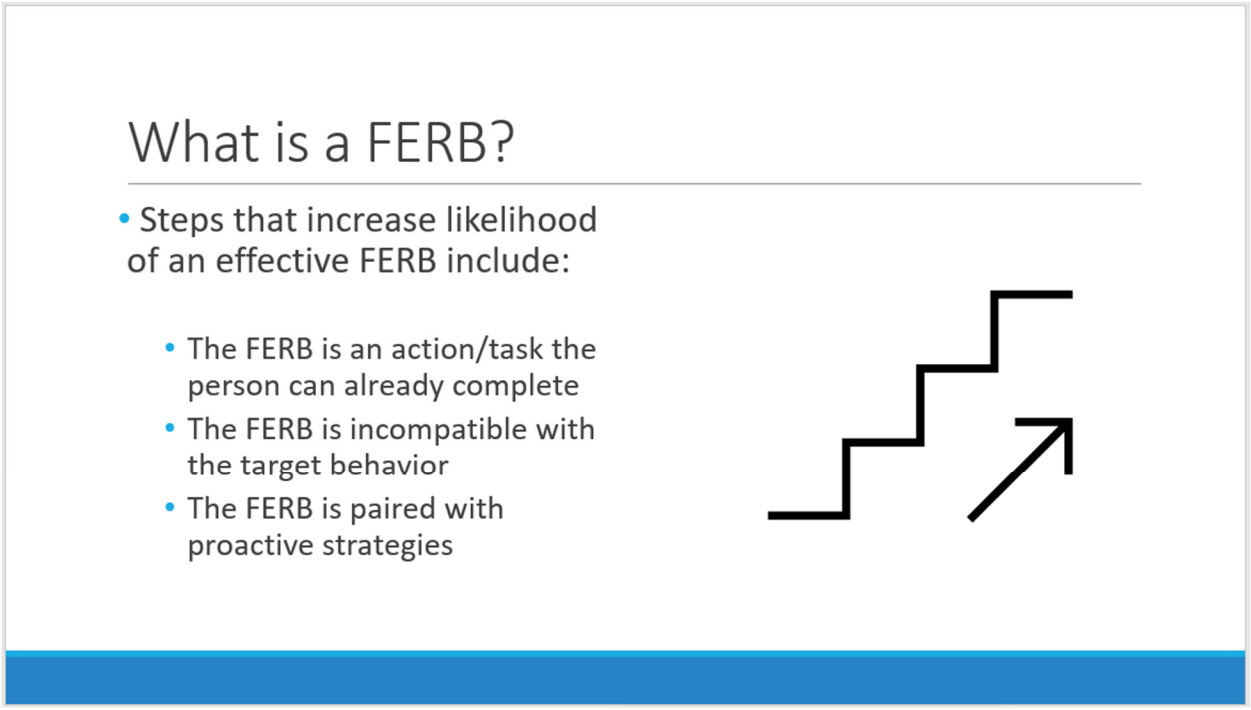
Slide 73



When assessing and decide what type of alternative behavior to teach – not just any behavior will do. To stand a chance of being successful the FERB must meet these qualifications.

The one thing a FERB must do is meet the same function as the target behavior. If the FERB does not meet the function, there will not be any reduction in the target behavior due to the introduction of the FERB.

Slide 74



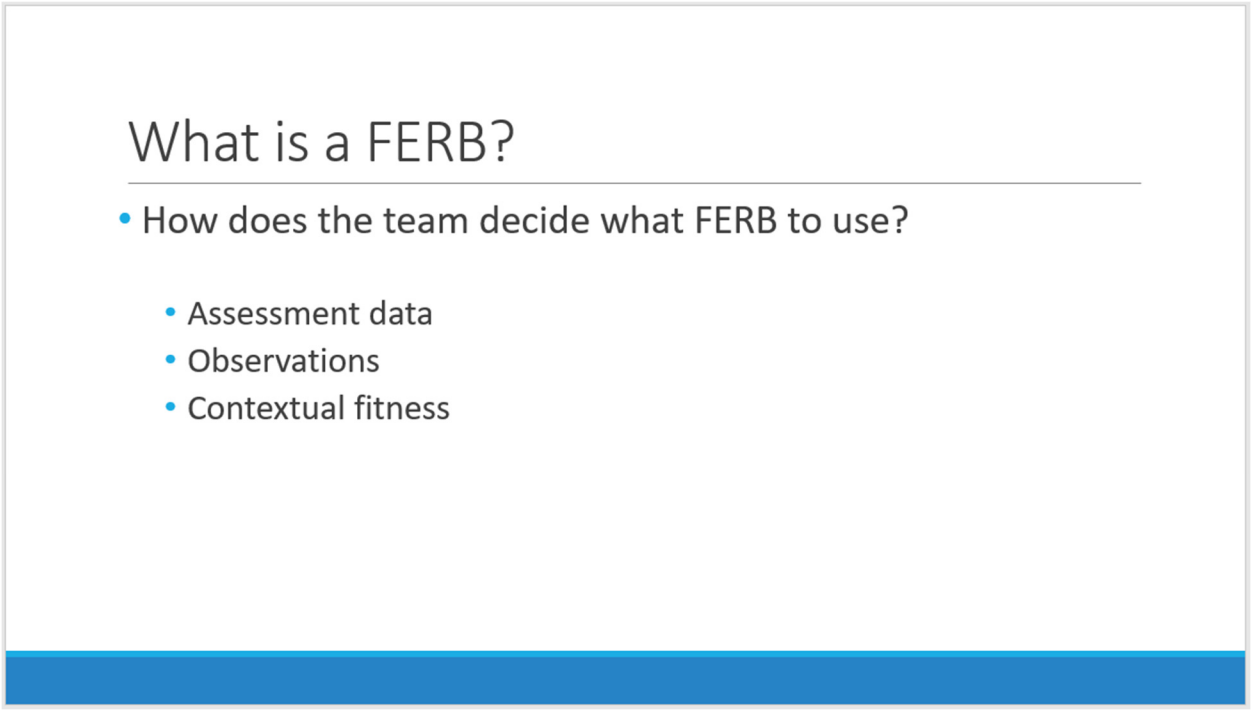
We want FERBS to be effective, so *just* meeting the same function is not enough.

When the team is assessing the person – these are questions to answer and explore:

1. Is the proposed FERB something the person can already do? Or would the person have to learn a whole new behavior?
2. Is the proposed FERB something that doesn't permit the target behavior to be completed at the same time? Example – target behavior is hitting self in the head; replacement behavior is raising both hands straight up in the air – both cannot be completed at the same time.
3. Does the plan build in proactive strategies to use with the FERB? Is the FERB being taught while the person is calm? Were steps taken to reduce/avoid triggers?

Keep in Mind: Even if someone has successfully learned/is able to engage in a FERB – learning is not undone overnight. In times of stress or high magnitude, the person may revert to the target behavior. This does not mean the FERB is not working – it's just those neural pathways are more ingrained and easier to access in times of stress. Keep practicing and being consistent and revisiting the data.

Slide 75

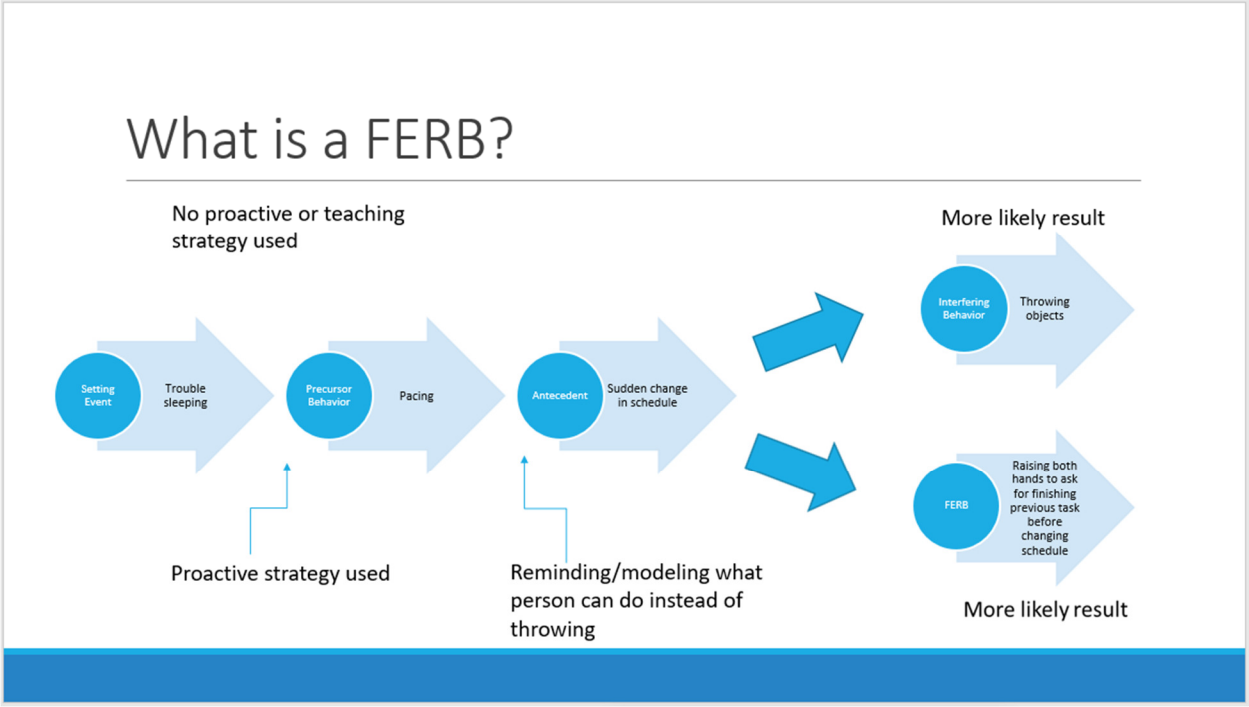


As mentioned previously – choosing a FERB should not be random. PBS is a data-driven process. What works for one person, in one situation may not work for another person in another situation.

It is important to view every case as unique and making sure the FERB is coming from assessed data, is something the person can easily to in all necessary environments and is tailored to their specific needs.

Keep in Mind: Extinction bursts are common when no longer receiving reinforcement for a behavior which has previously met the person's needs. This is typically the first sign a plan is working. However, the team must be sure the person is getting their needs met via a FERB or other means. **Using extinction without a replacement is not an ethical PBS practice.**

Slide 76



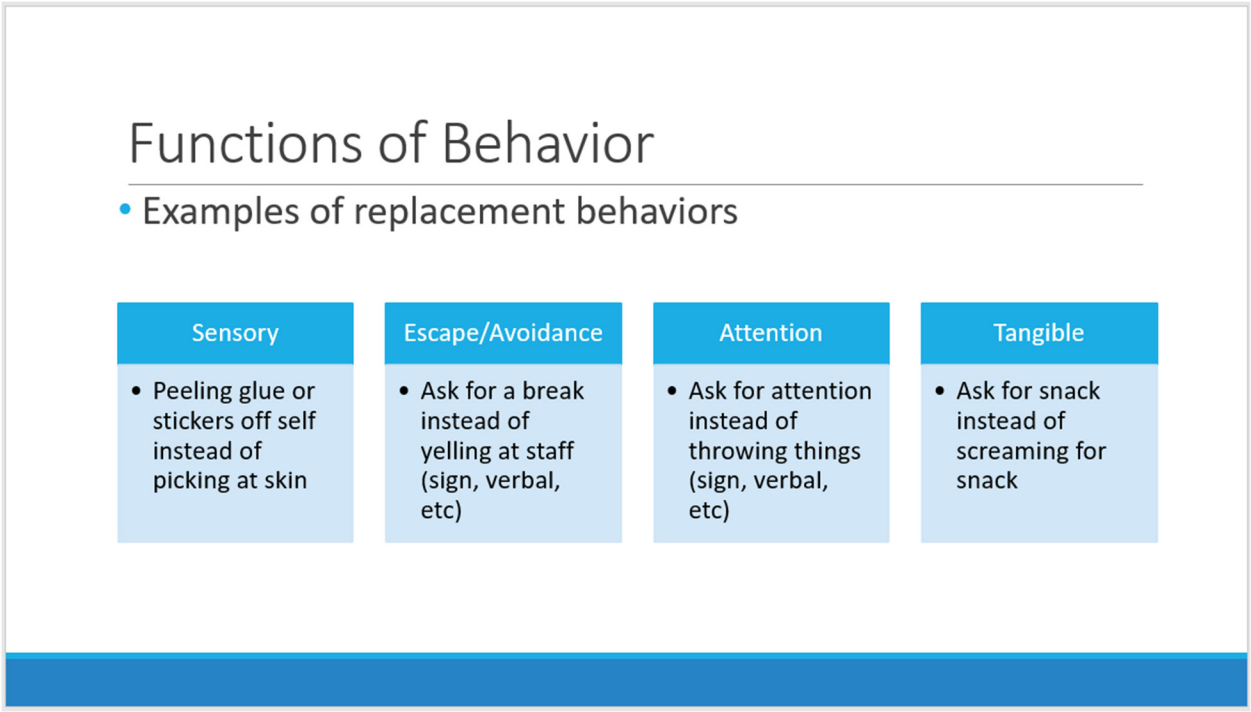
This is the same scenario reviewed earlier. There are two potential outcomes shown.

The first likely outcome (shown up top) is if there are no proactive strategies used, and no reminding or modeling done of the FERB, the most likely outcome is for the person to continue using the interfering/target behavior when the antecedent occurs.

The second likely outcome (shown at the bottom) is staff notice the person slept poorly (setting event) so they used proactive strategies – then they noticed precursor behavior, so they reminded and modeled for the person what they could do – when the antecedent occurs, the person is more likely to be in a place where they are able to use the taught FERB.

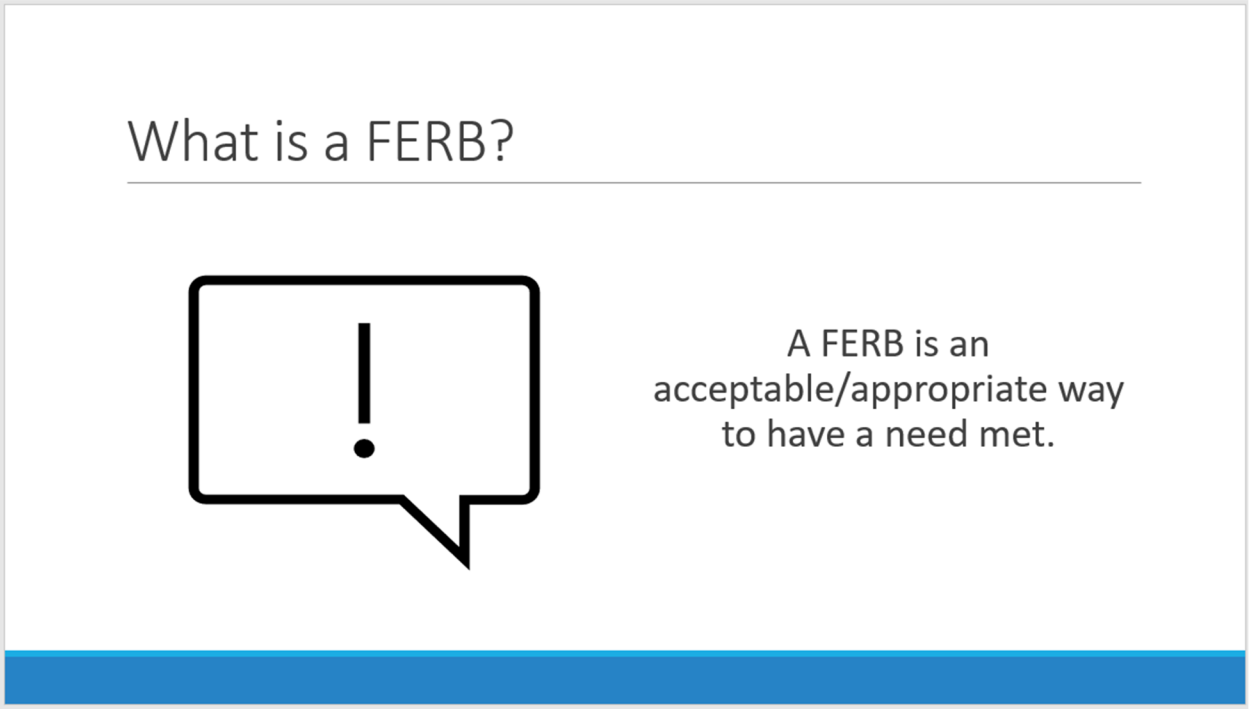
Keep in Mind: When first being taught, it may be beneficial to include extra reinforcement when a FERB is used appropriately. This could be as simple as saying "thank you for doing x – that was so nice!"

Slide 77



Here are some examples of a potential FERB for each function.

Slide 78

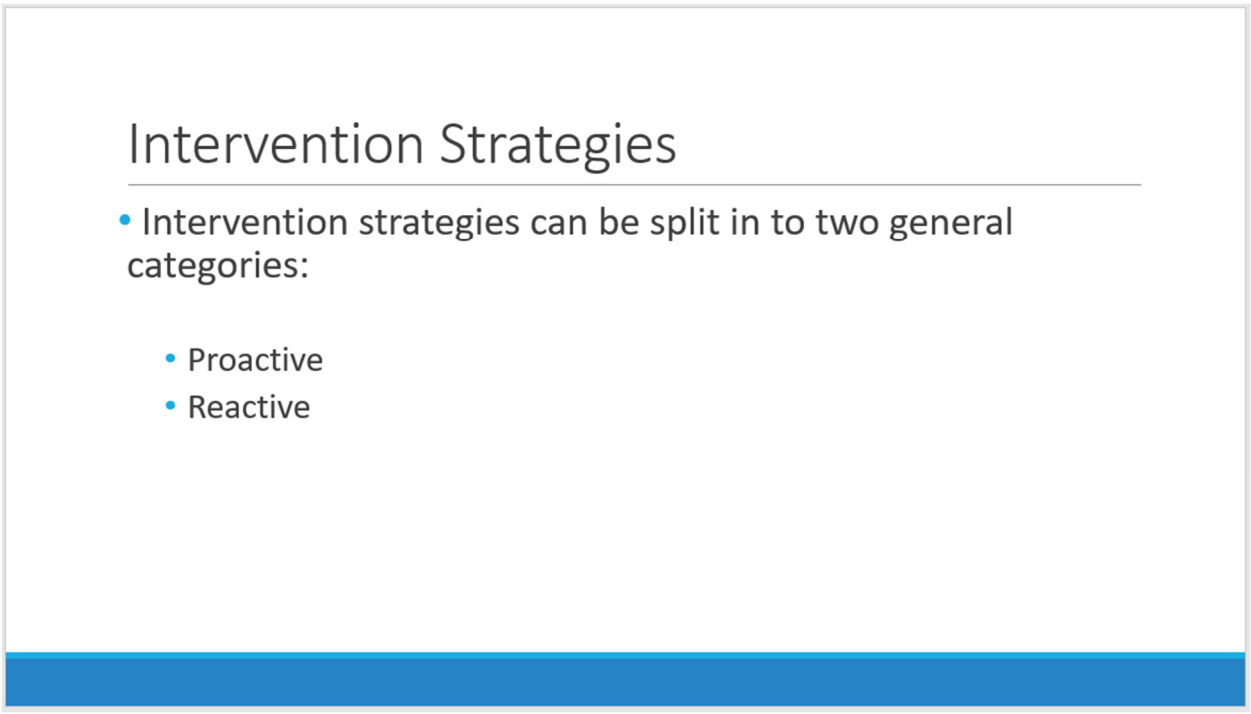


Again, a FERB – functionally equivalent replacement behavior – is just an acceptable or appropriate way to have a need met.

The FERB should be individual to the person and be supported by data.

Intervention Strategies

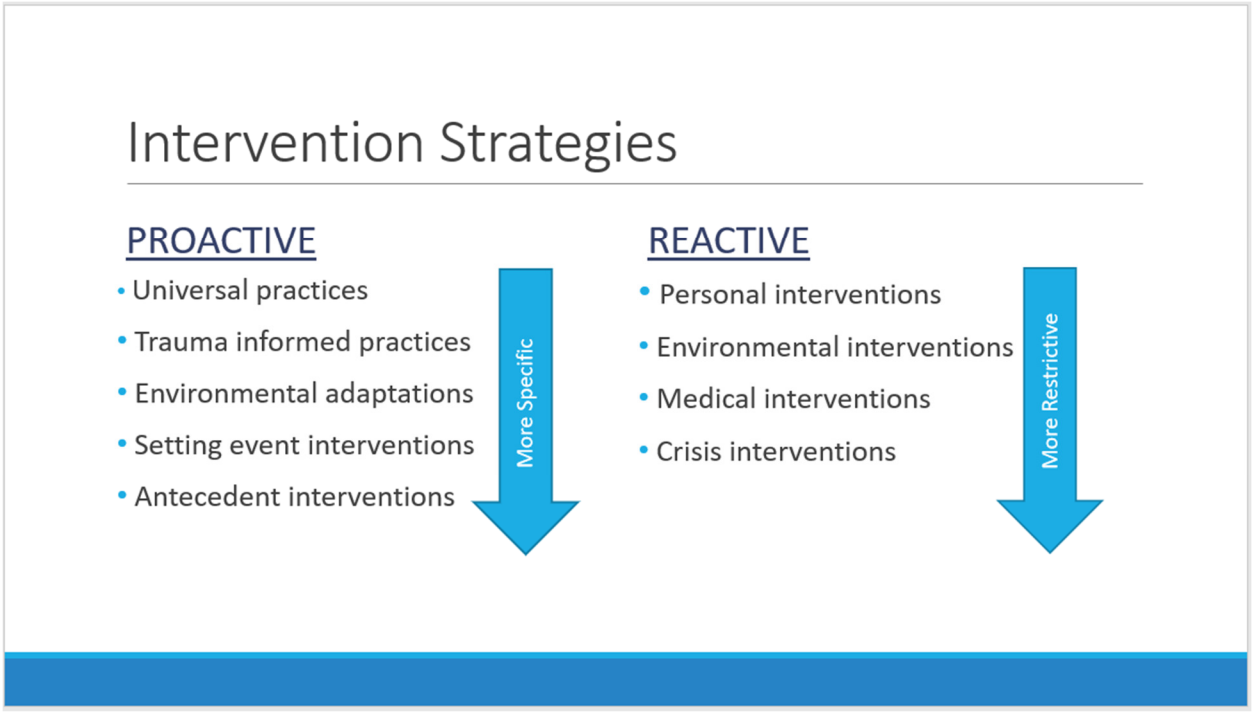
Slide 80



There are two different types of interventions:

1. Proactive – Interventions are geared towards preparing the person and/or environment. Intervention takes place *before* an interfering behavior has occurred. The more time and attention you can put into proactive interventions, the better.
2. Reactive – Interventions geared towards responding to the interfering behavior. Interventions could also be aimed at keeping the person and/or others safe.

Slide 81

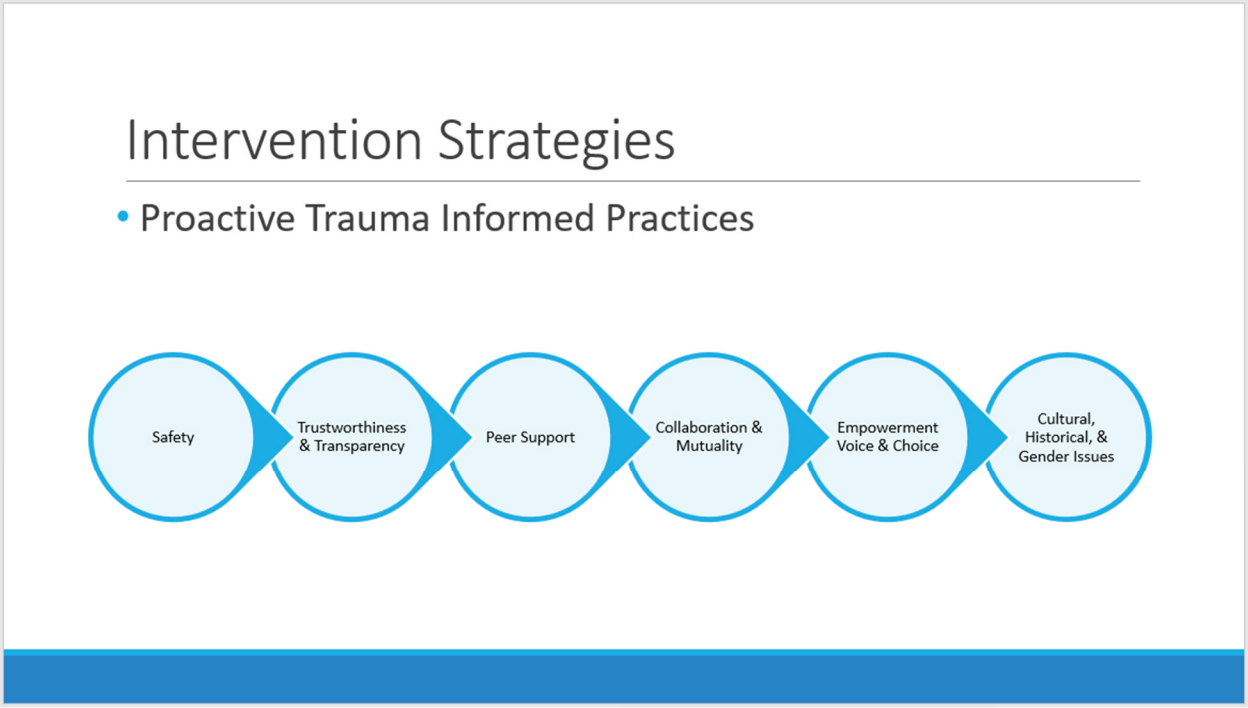


The proactive interventions listed are in descending order from general to more specific in relation to situations.

We have covered an array of Universal Practices which can be performed with any person, anywhere, at any time. These types of interventions are more general – because there is not necessarily an interfering behavior being addressed. These practices are supporting and restorative to everyone. We will not be covering them again here – the focus will be on the other proactive and reactive interventions.

The reactive measures have a similar listing order, instead of less to more specific, they are going from least to most restrictive. Reactive measures will always be specific to the situation they are being implemented in. We also want to make sure we are using the least restrictive measure possible, for the shortest duration possible to keep the person and/or others safe.

Slide 82



Trauma informed practices are beneficial to everyone – regardless of whether they have experienced trauma.

Alex Shevrin Venet is a teacher who writes about trauma and works with schools to incorporate trauma informed practices. She made the analogy that trauma informed care is like a wheelchair-accessible ramp – not everyone needs it, but those who do have significant barriers removed and *everyone* has access to the building.

Trauma informed care focuses on creating safety for every person – in their environment and in their relationships. It bolsters protective factors, such as self-esteem and self-efficacy, while also teaching and strengthening coping skills.

Trauma informed care builds in trustworthiness by showing that every person is worthy of care without contingency. People are worth being shown kindness, understanding, and a path through the troubling times regardless of their behavior or compliance. It may take time – and certainly consistency and effort – but providing support and opportunities for reflection and transparent collaboration helps build resiliency.

This work is also inherently collaborative – we are constantly modeling and engaging with each other to show how emotions and situations can be managed in healthy ways. Noting is a

powerful tool in trauma informed care. We all have bad days – feel frustrated, upset, and overwhelmed – and those things are normal. By naming and showing these things – by being vulnerable – and modeling coping strategies, we build each other up. Over time – these practices help build self-regulation.

Example: I am feeling frustrated because my day did not go as planned. When I'm frustrated – I get fidgety and can come off as grumpy. Stretching and moving around helps ease my frustrations – would you like to take a short walk together?

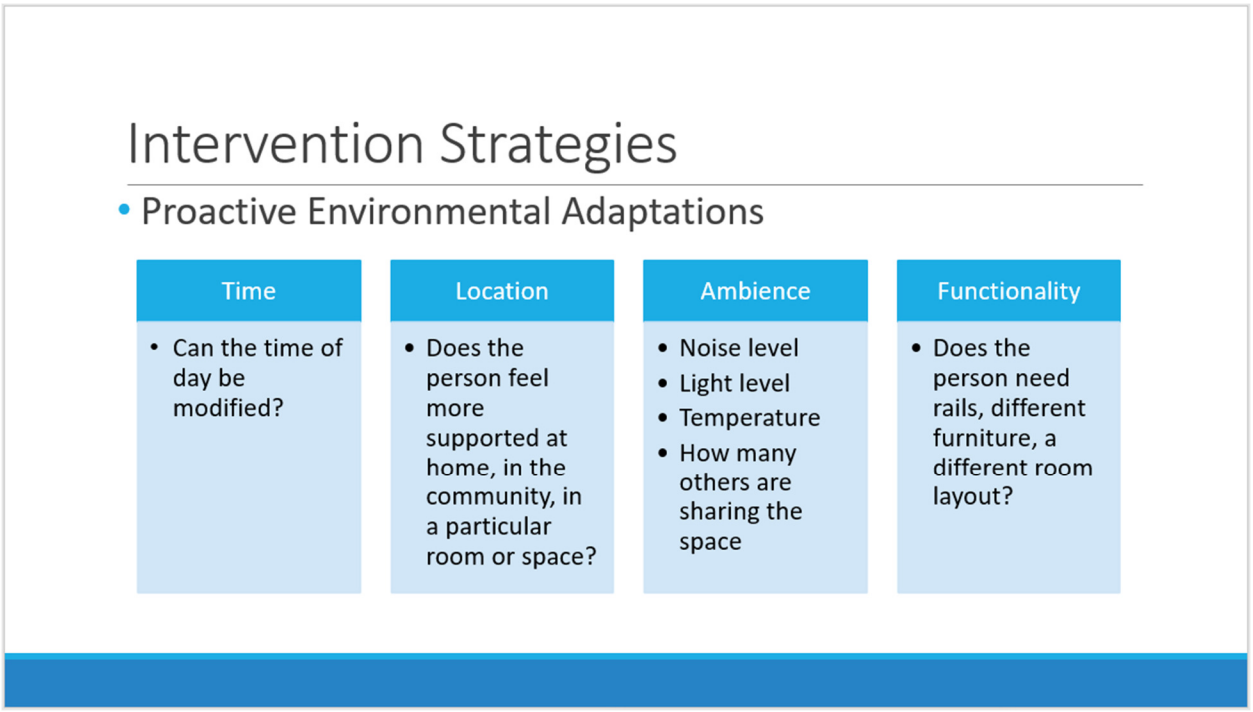
Trauma informed care also recognizes and addresses biases. There are certainly other factors to consider – race, sex, sexual orientation, etc – but specific to our population of members is the bias of disability.

The United Nations Convention on the Rights of Persons with Disabilities defines disability as "long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others."

Resilience: the capacity to recover quickly from difficulties.

Self-Regulation: the ability to manage your own emotions, behavior, and body movements when faced with challenges and/or triggering situations.

Slide 83

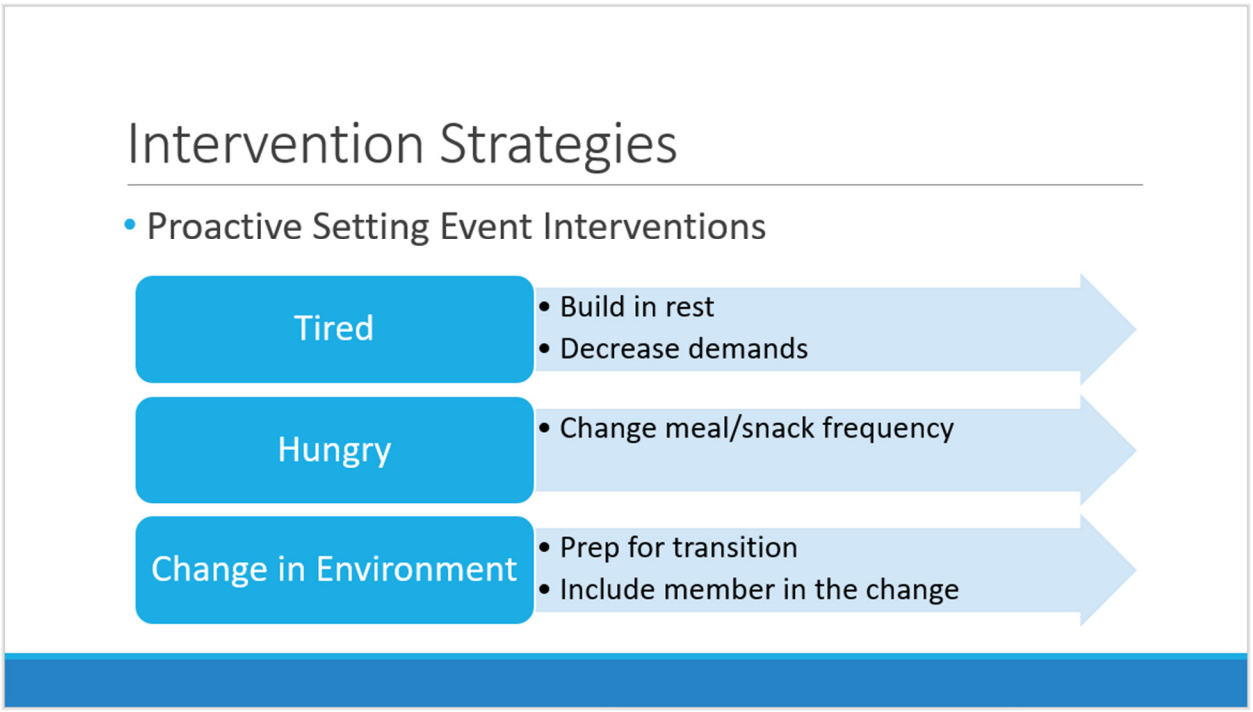


Proactive, environmental adaptations can be more general to provide a positive environment for the person – or more specific to address behavioral modification.

In general – having a clean, positive, healthy environment sets people up for success.

These examples are showing more specific environmental adaptations in different ways. When assessing a focus person, their environment should also be evaluated. Do they participate in interfering behaviors at certain times, with certain people, in certain settings, etc? Once that information is known – specific proactive environmental adaptations can be addressed.

Slide 84

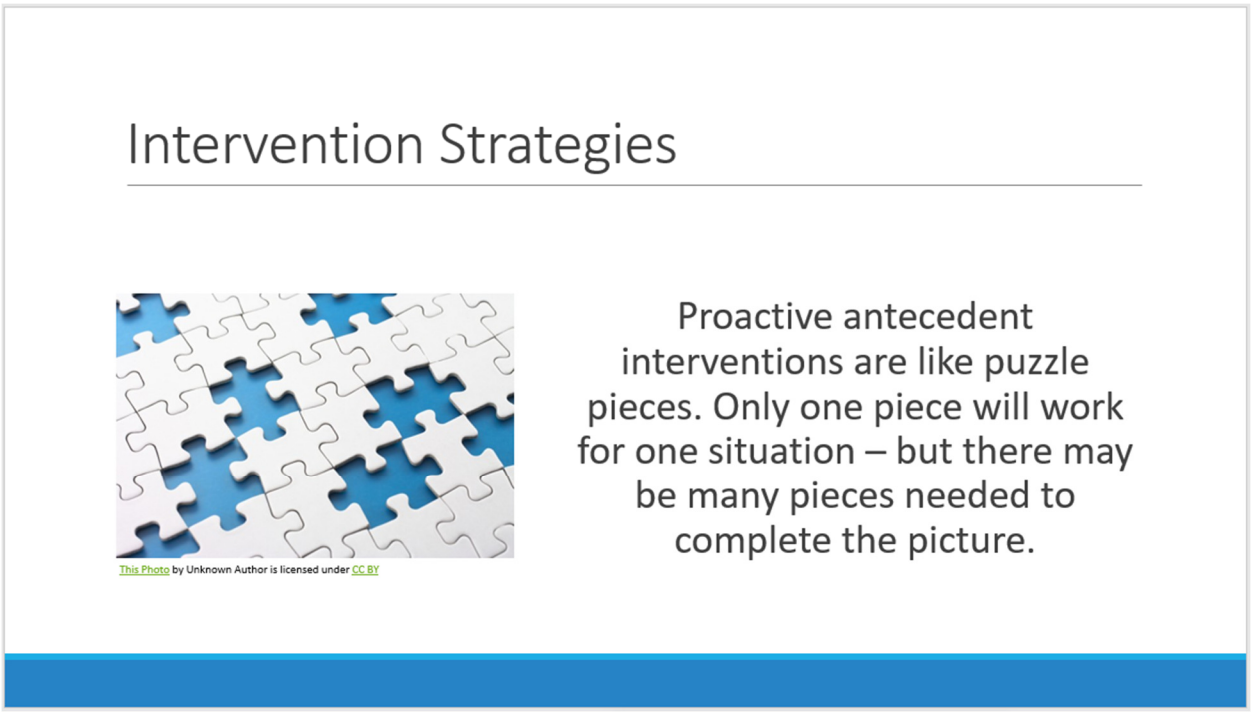


Proactive setting event interventions start to get even more specific. Assessments, observations, and data collection will all be required to see what type of events/states cause the focus person to be more likely to engage in precursor behaviors and/or be more sensitive to antecedents.

These are just some examples – but the team will need to work together to identify setting events for each focus person and decide the best proactive interventions.

Keep in Mind: The focus person is an integral part of the team and must be included in the process of determining setting events and formulating interventions.

Slide 85



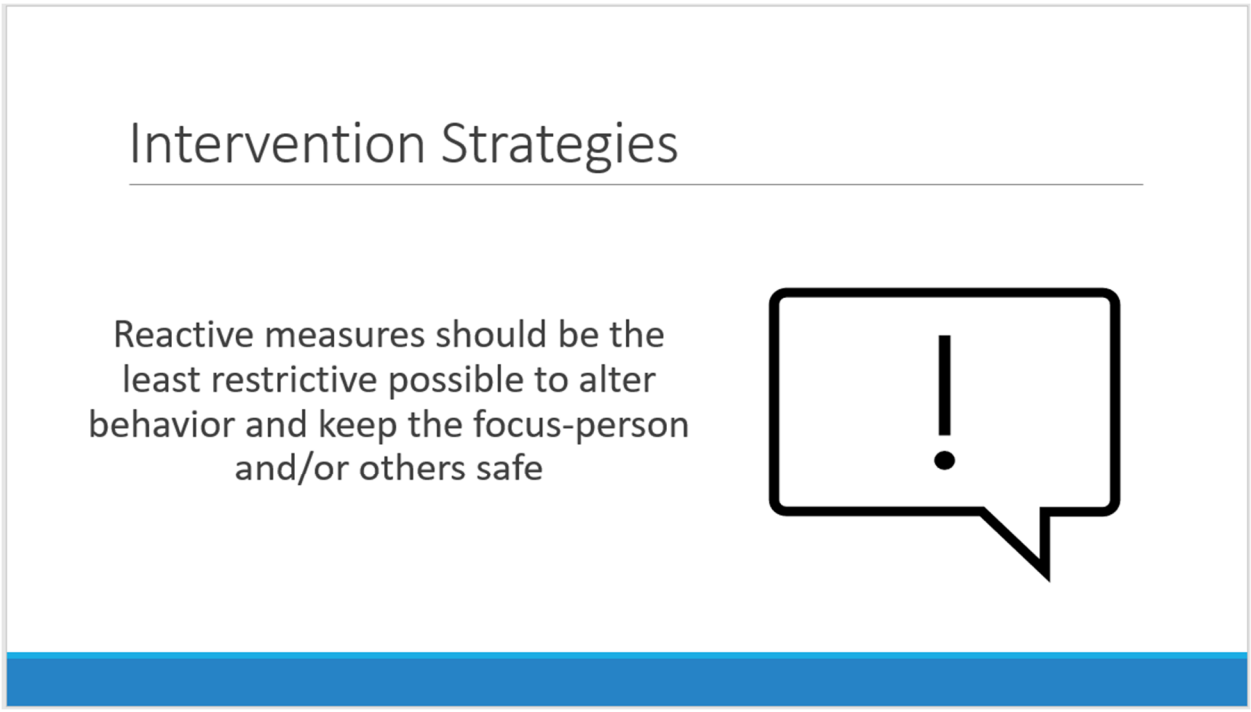
Antecedent interventions are the most specific. They are entirely dependent upon what the antecedent or fast trigger is.

Some proactive interventions will be avoidance – a person will throw things when told "no", for example – so interactions can be restructured to a "first this, then that", or "would doing/having/saying this be okay instead?", or whatever phrase works best for the team to avoid using a blanket "no" without providing alternatives.

Sometimes though, antecedents/fast triggers cannot be avoided in the moment. Someone shows up unannounced – the phone rings – there is an emergency, etc. So instead of avoiding that trigger in the exact moment when it could occur – the team would ideally implement some strategy that prepares the person for unexpected situations that are triggering and provides them with alternatives they can learn *before* they are in a stressful situation.

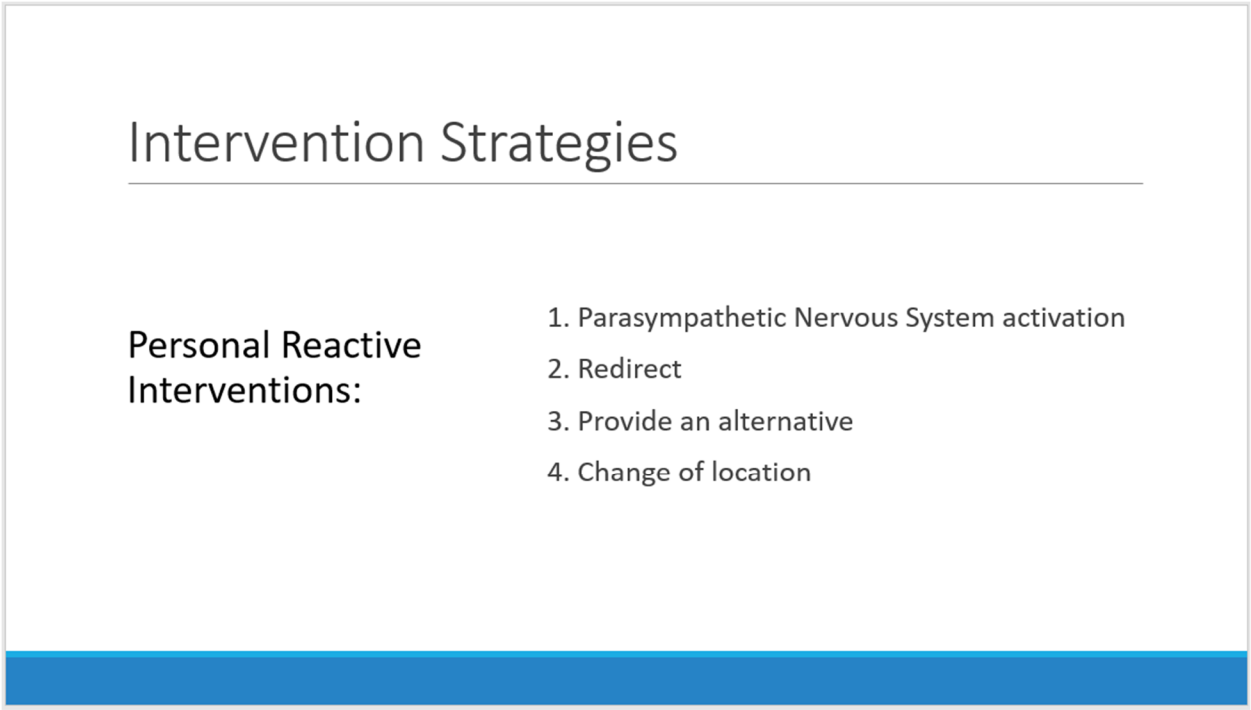
Pairing antecedent interventions with any of the other intervention methods increases the likelihood of the intervention being effective. All proactive interventions can be "stacked" or compounded to give the person the best outcomes.

Slide 86



There is a difference between a reactive strategy and punishment. Teams should always look at using the least reactive strategy. The least reactive strategy is just enough to keep the person safe – <u>not</u> controlled.

Slide 87



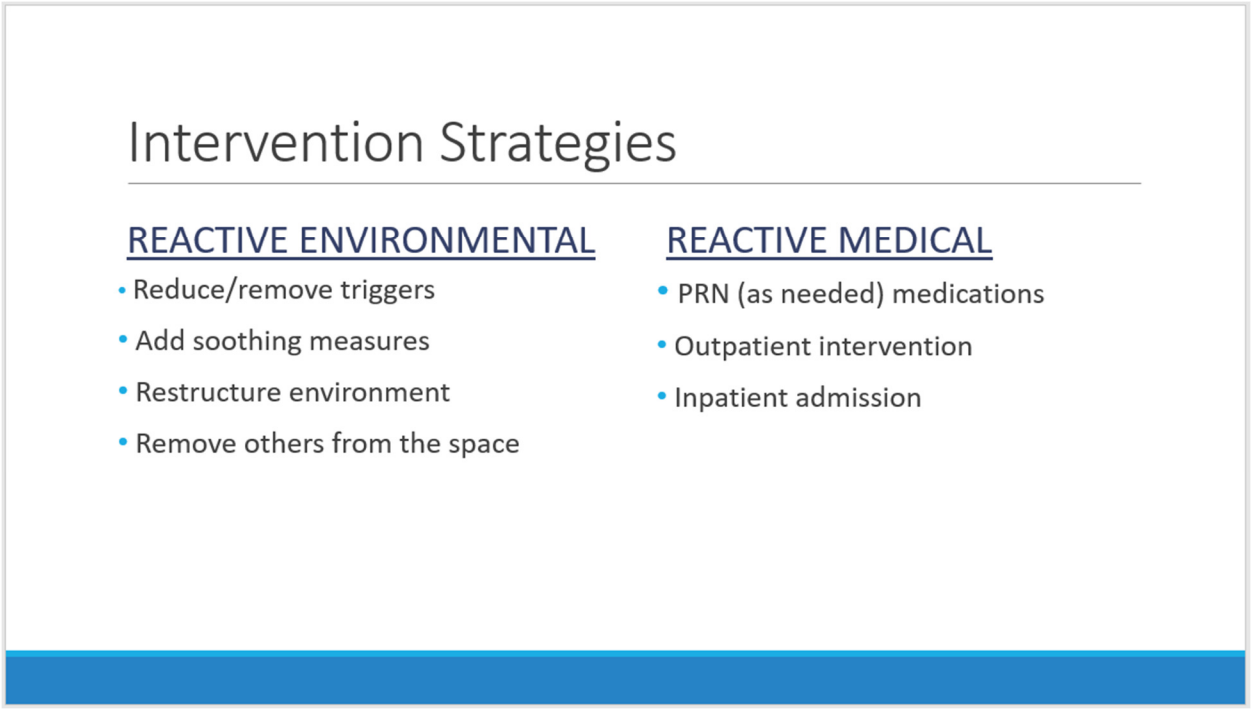
Personal reactive interventions are the least restrictive form of reactive interventions. They are interventions where the focus of change is the focus person. These interventions are also tiered from the least restrictive to the most restrictive within the personal reactive intervention category.

1. PNS activation – the least restrictive measure is attempting to activate the parasympathetic (relaxation/recovery) nervous system. This can be done using Universal Practices.
2. Redirection – if the person is unable to be calmed using PNS activation, redirection is the next least restrictive. Verbal redirection or physical redirection (when not relocating) can be used. You can acknowledge the person's feelings and direct them to a more appropriate way of exercising those feelings.
3. Provide an alternative – if redirection is not successful, the person can be provided with an alternative. Instead of doing *this* let's do *that*. Providing an alternative is another form of redirection, essentially – but typically it involves introducing a different physical task for the person to perform/participate in.

4. Change of location – if the person cannot be calmed and/or is interfering with the health/safety of another person, the focus person can be redirected to a different location. This can be a different room of the home – another area of a store – a different side of the street – etc. This is just removing the person from a situation where they could be involved in harming themselves or another person – removing the active stressor – and giving them an opportunity to regulate themselves with or without assistance (this will depend on the person/plan).

Keep in Mind: The IDT must take into consideration the function of behavior and what is best for the focus person. For someone who has a function of escape, as an example, removing them from the location may only serve to further reinforce the interrupting behavior. The must make sure to include interventions which are specific to the individual and make sense within the plan.

Slide 88



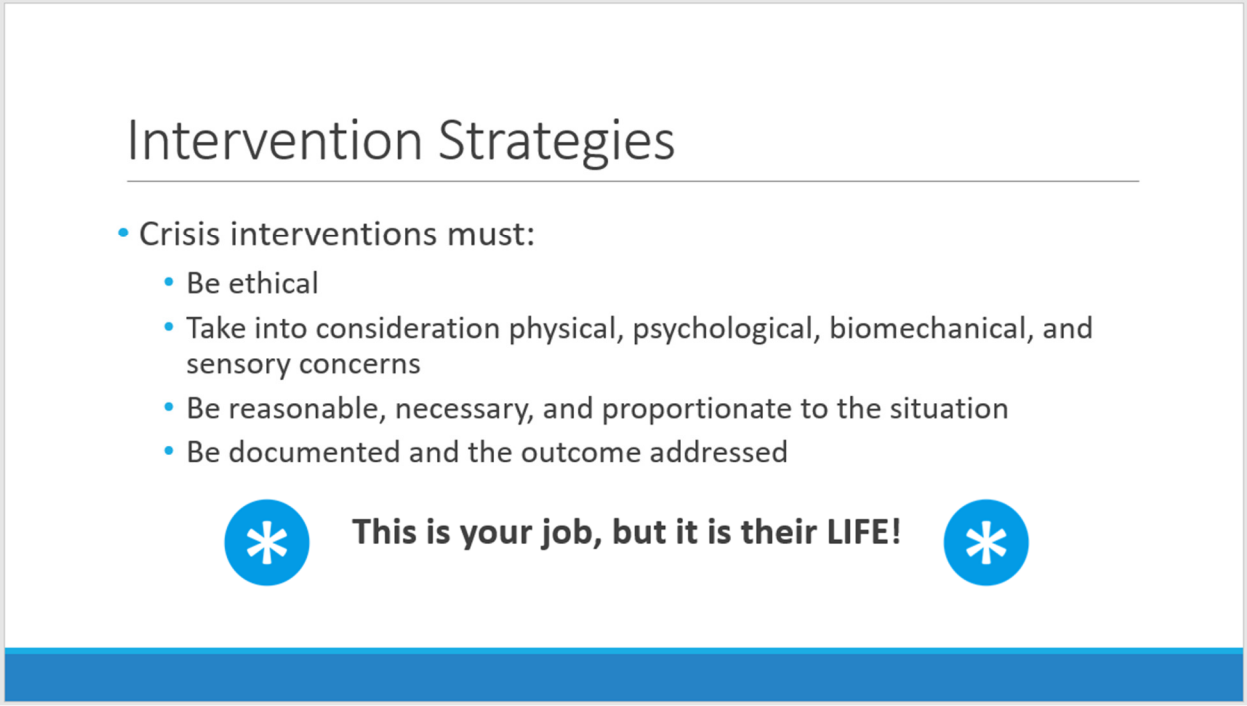
When possible, environmental reactive measures would come next – again from least to most restrictive.

If it is feasible – reduce or remove the trigger – if the phone is ringing, answer or turn off the ringer is a quick/easy example. Adding soothing measures may be things like turning on calming music – using a heating pad or weighted blanket – or turning on a favorite show. Restructuring the environment could involve such things as changing the temperature, adjusting the lights, adjusting the noise level, removing objects, etc. In times when behaviors are potentially affecting the health/safety of others and the person cannot be calmed – then removing others from the space to ensure their health/safety is appropriate.

Medical reactive measures should be taken very seriously. They may or may not be included as part of crisis planning – it depends on the person and the plan. The team should identify specific situations in which any of these methods should be utilized – and only when completely necessary to ensure the safety of the person and/or others.

Keep in Mind: Reactive interventions should be decided using data and team involvement and only be implemented for as long as it takes to ensure the health/safety of the person and/or others.

Slide 89



Crisis interventions should be considered as the last possible resort. Unless someone is in immediate danger, other avenues should be explored first. Crisis interventions are just that – the response to a **crisis.** This level of intervention should never be used to address other situations.

Crisis interventions should also be as well thought-out as they can be. The team will need to evaluate who is responsible for execution of crisis interventions, how the interventions will be documented, how the outcomes will be addressed, etc. Crisis plan development is a part of the person-centered planning process and should be considered proactively, when the team is developing the plan, not reactively after a crisis has occurred.

The team must also take the utmost care not to traumatize or retraumatize the person.

Keep in Mind: These interventions are not meant to be ongoing or for *routine* use. If someone is repeatedly in a crisis and requires frequent use of crisis interventions the team *must* address how the person can be supported to reduce the need for crisis intervention.

Activity 6 – Putting it All Together

This activity will be for the trainee to practice identifying most of the ideas we have covered today. They will be given a scenario and be asked to identify the different parts.

Completing the activity:

1. Pass out materials to each trainee:
    a. Page 116
    b. Utensils (if needed)
2. Allow 10-15 minutes to complete the worksheet
3. Review answers

Modifications: If any trainee requires modifications to complete the activity, this is permissible. The activity may be completed orally, electronically, or by paper. Additional time may be allowed, if necessary.

Activity 6: Putting it All Together Answer Key

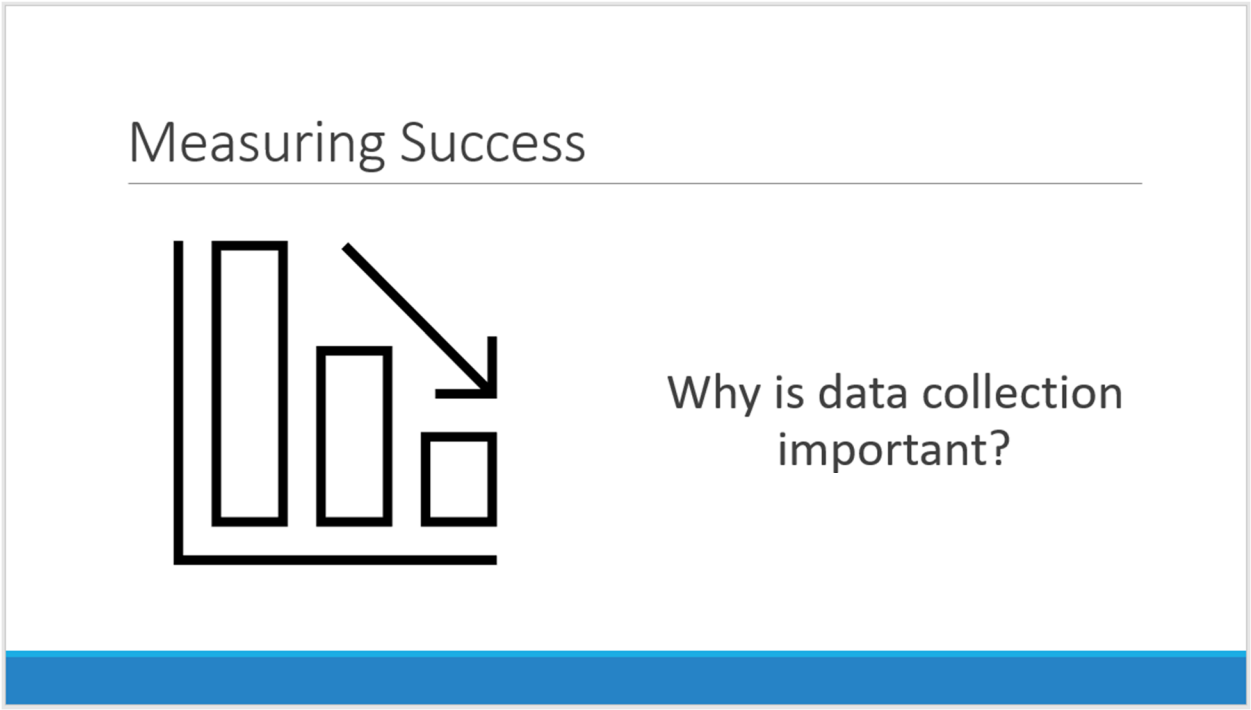
Multiple answers may be considered acceptable.

Alex had a long day at school. When he got home his mother told him they would be having company for dinner. Alex's mom gave him a snack so he wouldn't be too hungry since dinner would be a while. He was feeling nervous, so he began rearranging his toys. Alex's mom shouted up that guests would be arriving in 10 minutes. Alex went down for dinner and sat between his mom and dad. His dad's friend asked Alex questions about his day. Alex put his hands over his ears and started banging his head against the table. Alex's mom placed her hand between his head and the table and Alex's dad rubbed his back. When Alex stopped banging his head, his mother told him he could go to his room and she would bring his food in a few minutes.

Setting Event	Long day at school. Tired. Frustrated.
Antecedent	Dad's friend asked questions
Precursor Behavior	Rearranging his toys
Proactive Strategy	Snack. Early notice of having guests. 10-minute reminder for guest arrival.
Behavior (FERB or Interfering)	Interfering behavior – putting hands on ears and banging head on table
Reactive Strategy (if any)	Placing hand between head and table. Rubbing his back.
Reinforcing consequence	Escape

Measuring Success

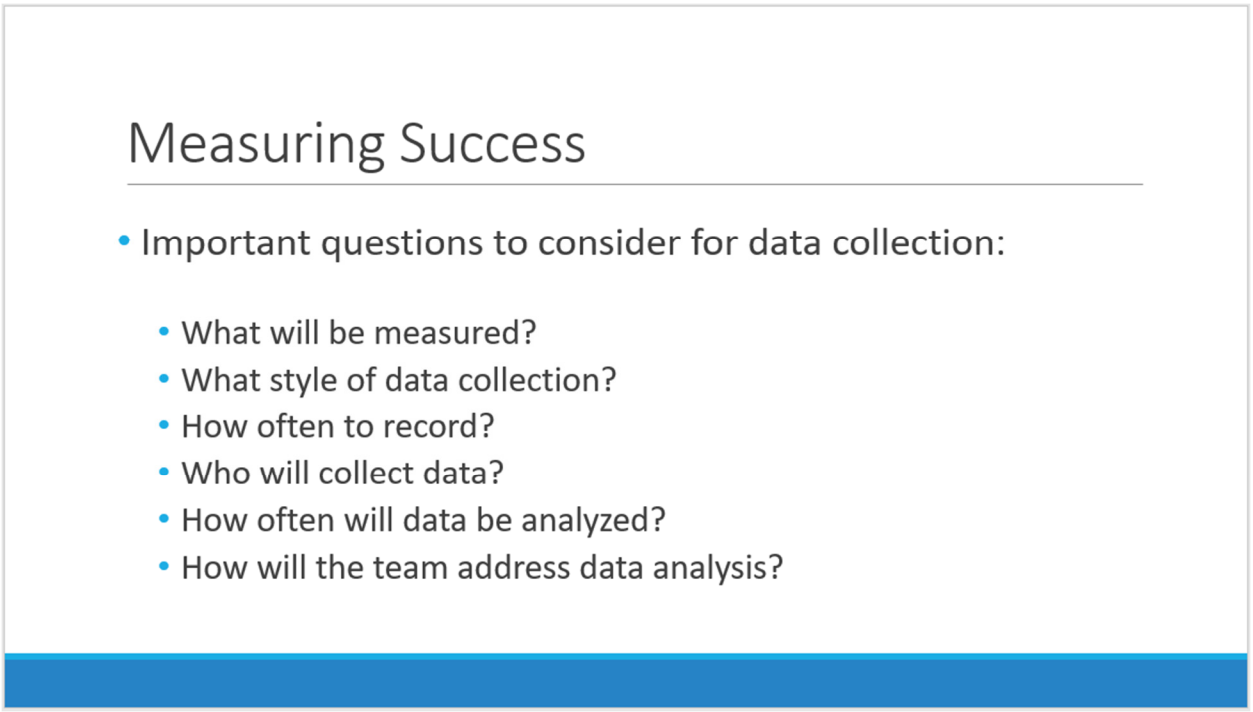
Slide 92



Why do we collect data? What purpose does it serve? There are many answers – and this is not an all-inclusive list. What teams must do is be sure to evaluate areas that are meaningful to the focus person and the success of the interventions – as well as the success of the team.

1. Assessing behavior changes
2. Determining plan effectiveness
3. Identifying and preventing ineffective measures
4. Improving effectiveness of current procedures
5. To assist with decision making
6. To promote discussion and teamwork

Slide 93

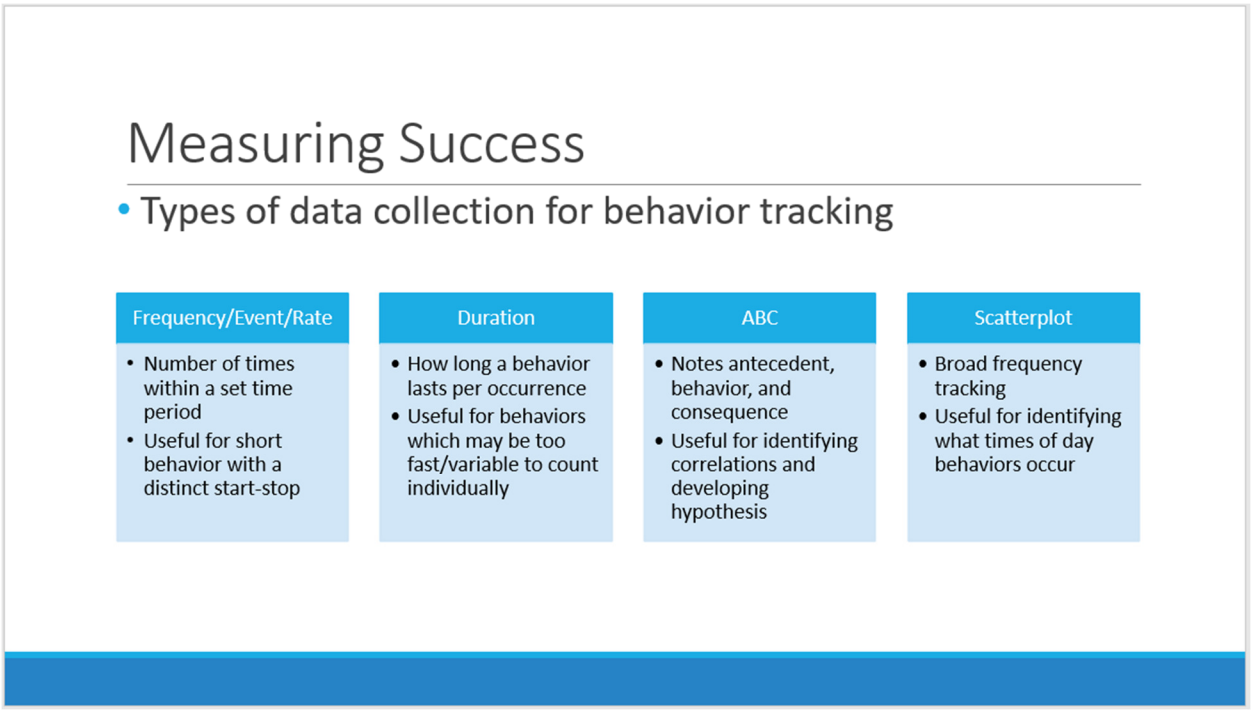


Early in the person-centered planning process, the team needs to address these questions. And there may be more than one answer to each.

The answers are also going to be determined by the focus person, what the goal for the individual is, what the goal for the team is, and so on.

Keep in Mind: Data collection can be more expansive than data on/about the focus person. Teams should also consider how to measure plan fidelity and team effectiveness.

Slide 94



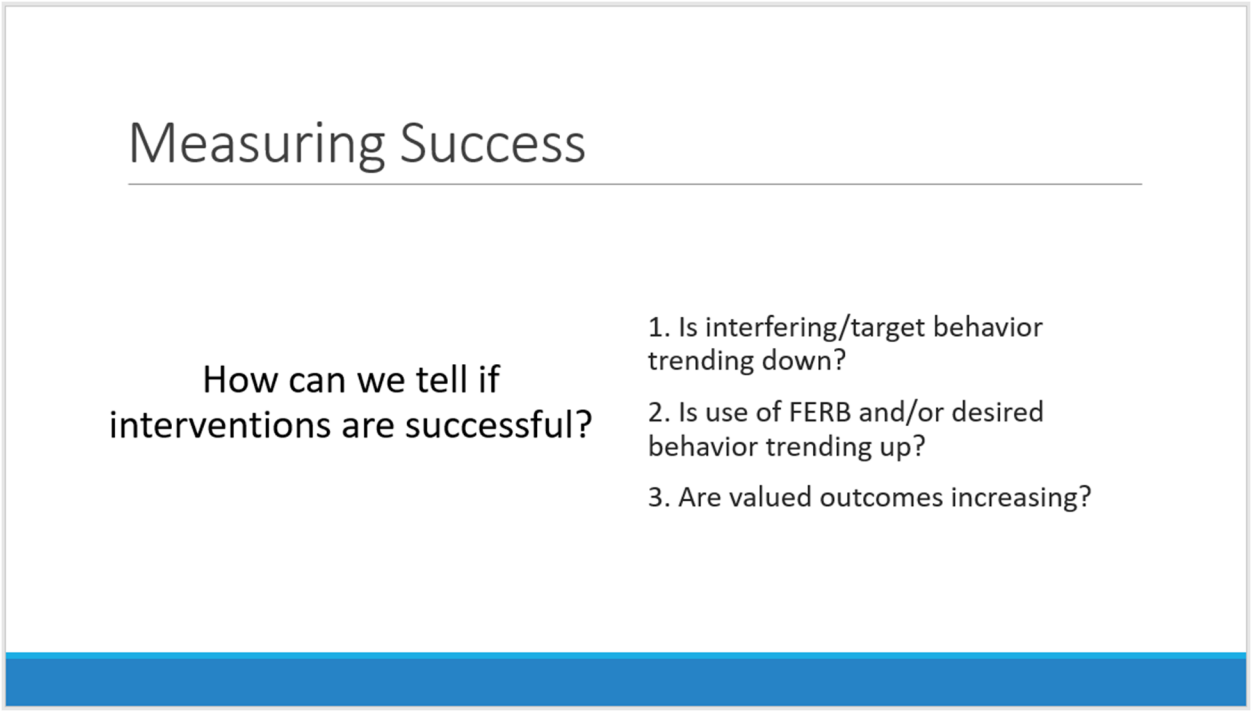
These are some examples of common behavior tracking methods. Again, this is not an exhaustive list.

Data collection can be more than one method – depending upon the information the team is looking for. Data collection methods can also be dependent upon the feasibility of collection. If, for example, there are periods where there is one staff person per two or three members – it may not be feasible during those times to do ABC collection (which is more in depth and requires noting of the antecedent).

That is just one example of a barrier teams may face when determining which style of data collection to use. And while it may be okay to use a less intensive form of data collecting for a time – there may be a period where it can no longer be avoided. Teams will have to use a variety of resources and creativity.

One thing to consider is mode of collection. Does all data need to be pencil/paper collected? Can data be recorded electronically? Via observer who comes for specific data collection purposes? Methods will vary by team, by feasibility, and by policy/procedure. Some methods may need to be approved by a Human Rights Committee and teams will need to evaluate the need, duration, and ramification of such collection methods.

Slide 95



Goals for individual focus persons and teams may vary – but these are three main ways to tell whether interventions are successful. These link back to the tree main goals of PBS: 1) increase quality of life 2) decrease problem behavior and 3) teach adaptive skills.

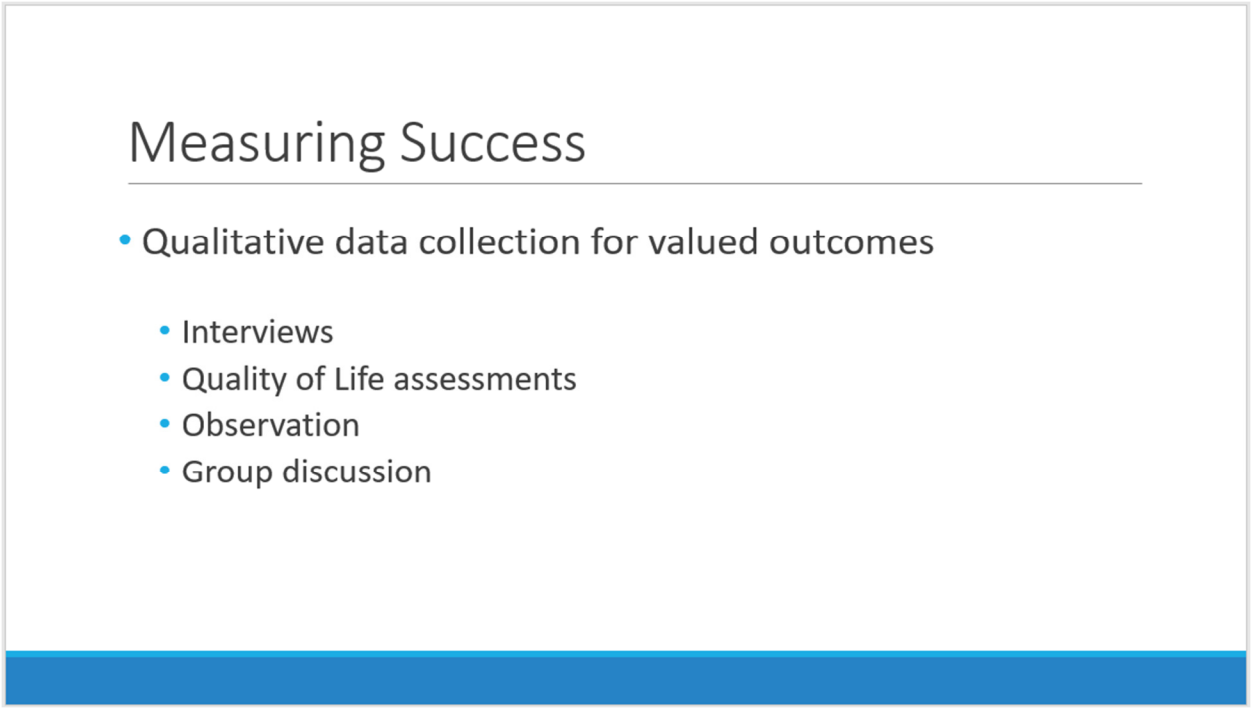
There may be days or weeks where frequency of interfering behavior increases – and this is normal. Change and growth are difficult – and we are all susceptible to bad days. If the overall trend is showing a decrease in frequency, you can be confident interventions are working.

Another way to track intervention success is by collecting data on the use of FERBs and/or desired behavior. If the person is, in general, using those alterative behaviors more and more often – this is another measure of the intervention's success.

But, perhaps the most important measure is whether valued outcomes are increasing.

Keep in Mind: When intervention strategies are first implemented, it is normal to see an increase in the interfering/target behavior. This is an extinction burst – and it is likely the first sign that interventions are working.

Slide 96



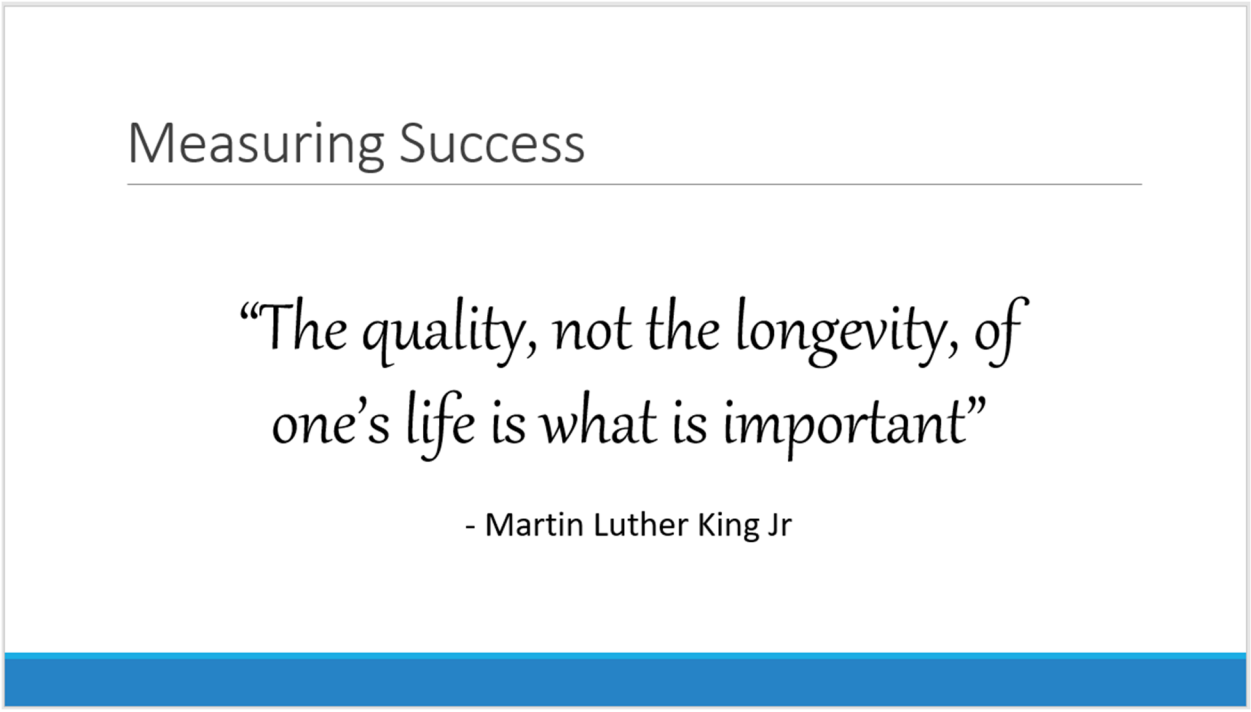
The Association for Positive Behavior Support states:

"Positive behavior support (PBS) strategies are considered effective when interventions result in increases in an individual's success and personal satisfaction, and the enhancement of positive social interactions across work, academic, recreational, and community settings. Valued outcomes include increases in quality of life as defined by an individual's unique preferences and needs and positive lifestyle changes that increase social belonging."

Teams can choose a variety of methods for measuring valued outcomes – but here are a few ways.

Keep in Mind: Data collection is meaningless if it is not used to make decisions, effect change, and celebrate successes.

Slide 97



We are all deserving of dignity and happiness.

I hope the information in this presentation was useful not just for your job – but for your personal lives as well.

Post-Test

The post-test will evaluate the trainee's knowledge of the course materials. The post-test should be administered following the completion of the course. Trainees should work independently to complete the post-test.

Each question corresponds with a course objective (noted on answer key).

Conducting the post-test:

1. Pass out materials to each trainee **only after the course is complete**:
    a. Page 3-4
    b. Utensils (if needed)
2. Allow 10-15 minutes to complete the post-test.
3. Collect the post-test.
4. Score post-test and complete a certificate for those trainees who scored 80% (8/10) or more.
5. Any trainee who did not score at least 80% will not receive a certificate of passing the course.
6. Trainer should schedule a remedial training for the course objectives missed. This can be done individually or as a group.
7. After remediation – the trainee may re-take the post-test and be awarded a certificate if they scored at least 80%.

Modifications: If any trainee requires modifications to complete the post-test, this is permissible. The test may be administered orally, electronically, or by paper. Additional time may be allowed, if necessary. The trainer may also assist with word comprehension, provided the trainer is not answering the question for the trainee.

Overview of Positive Behavior Support Post-Test Answer Key

Name: _____ Date: _____ Score: _____/10

For each of the following questions, circle the letter that best answers the question.

1. Positive Behavior Support (PBS) is: Objective 1

A. *Person-centered, punishment oriented, proactive, data driven.*

B. *Non-individualized, positive, reactive, data driven.*

C. *Person-centered, positive, proactive, data driven.*

D. *Person-centered, positive, proactive, opinion based.*

2. Which of the following are considered Dimensions of Wellness (There can be more than one correct answer)? Objective 2

A. *Social*

B. *Positive*

C. *Environmental*

D. *Developmental*

3. Which of the following does **not** represent a person-centered approach? Objective 3

A. *Implementing interventions based on assessment results.*

B. *Completing documentation at the end of the shift so the focus person is not preoccupied.*

C. *Implementing the same interventions for each focus person.*

D. *Being aware of the focus persons' triggers and structuring the environment to minimize those triggers.*

4. Who can benefit from universal practices? Objective 4

A. *The focus person*

B. *Direct-care staff*

C. *The Case Manager*

D. *All the above*

5. Which of the following are known functions/purposes of behavior? Objective 5

A. *Attention*

B. *Tangible (i.e., item or activity)*

C. *Sensory*

D. *Escape/avoidance*

E. *All the above*

6. What is a Functionally Equivalent Replacement Behavior (FERB)? Objective 6

A. *What the plan implementer does following a target behavior.*

B. *A skill taught to the focus person to get their needs met.*

C. *A circumstance that starts the focus person off on the "wrong foot".*

7. True or False: Trauma responses can look like a known function of behavior? Objective 5

A. *True*

B. *False*

8. Which of the following is a proactive strategy? Objective 7

A. *Telling the focus person to "calm down".*

B. *Using a social story before going into the community.*

C. *Taking the focus person home after an interfering behavior occurs.*

9. What are effective strategies for preventing and dealing with conflict? Objective 7

A. *Give choices, not orders.*

B. *Use universal practices and calming strategies proactively.*

C. *Be aware of triggers – yours and the other person's - and try to avoid them.*

D. *All the above*

10. True or False: Data is only collected on target behavior. Objective 8

A. *True*

B. *False*

Testing and Activity Materials

Testing Materials:

Testing materials should be given out right before taking the test and collected after the test has been reviewed.

Pretest: Can be scored as a group. Trainer should evaluate results prior to beginning training to see if there are areas requiring emphasis.

Post Test: The trainer should collect and score these. Post tests should not be scored by the trainee. If a trainee has a score below 80% (8/10) then a certificate of completion cannot be awarded. The trainee may attend a remediation training of the individual course objects missed. This can be done on an individual basis or as a group.

Activity Materials:

Activity materials may be passed out either at the beginning of the training course – or right before the activity is completed.

There is no formal scoring of activities. These are designed to connect the trainee to the material for a better understanding of the course information.

Overview of Positive Behavior Support Pre-Test

Name: _____ Date: _____ Score: _____/10

For each of the following questions, circle the letter that best answers the question.

1. Positive Behavior Support (PBS) is:

A. *Person-centered, punishment oriented, proactive, data driven.*

B. *Non-individualized, positive, reactive, data driven.*

C. *Person-centered, positive, proactive, data driven.*

D. *Person-centered, positive, proactive, opinion based.*

2. Which of the following are considered Dimensions of Wellness (There can be more than one correct answer)?

A. *Social*

B. *Positive*

C. *Environmental*

D. *Developmental*

3. Which of the following does **not** represent a person-centered approach?

A. *Implementing interventions based on assessment results.*

B. *Completing documentation at the end of the shift so the focus person is not preoccupied.*

C. *Implementing the same interventions for each focus person.*

D. *Being aware of the focus persons' triggers and structuring the environment to minimize those triggers.*

4. Who can benefit from universal practices?

A. *The focus person*

B. *Direct-care staff*

C. *The Case Manager*

D. *All the above*

5. Which of the following are known functions/purposes of behavior?

A. *Attention*

B. *Tangible (i.e., item or activity)*

C. *Sensory*

D. *Escape/avoidance*

E. *All the above*

6. What is a Functionally Equivalent Replacement Behavior (FERB)?

A. *What the plan implementer does following a target behavior.*

B. *A skill taught to the focus person to get their needs met.*

C. *A circumstance that starts the focus person off on the "wrong foot".*

7. True or False: Trauma responses can look like a known function of behavior?

A. *True*

B. *False*

8. Which of the following is a proactive strategy?

A. *Telling the focus person to "calm down".*

B. *Using a social story before going into the community.*

C. *Taking the focus person home after an interfering behavior occurs.*

9. What are effective strategies for preventing and dealing with conflict?

A. *Give choices, not orders.*

B. *Use universal practices and calming strategies proactively.*

C. *Be aware of triggers – yours and the other person's - and try to avoid them.*

D. *All the above*

10. True or False: Data is only collected on target behavior.

A. *True*

B. *False*

Activity 1: Management vs. Support

Name: _____ Date: _____

Please fill out responses to each question below. Feel free to use additional space below or on the back of the worksheet.

1) What are some words you think of when you hear the term "management"?

_____
_____

2) What are some words you think of when you hear the term "support"?

_____
_____

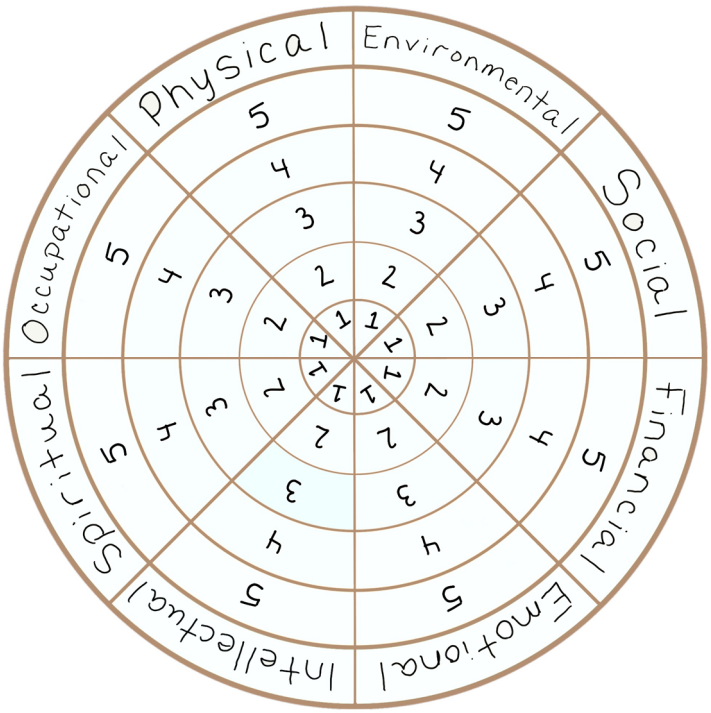
3) Have you ever been managed in your life? If so, how did it make you feel? How did you respond to being managed?

_____
_____
_____
_____

4) Have you ever been supported in your life? If so, how did it make you feel? How did you respond to being supported?

_____
_____
_____
_____

Activity 2: 8 Dimensions of Wellness Worksheet



Please rate each dimension of wellness, on a scale of 1 – 5, based upon your current levels of satisfaction.

Key

1. Very dissatisfied with this part of my life
2. Dissatisfied with this part of my life, but not completely at rock-bottom
3. Pretty satisfied with this part of my life, but there is room for improvement
4. Satisfied with this part of my life, but with a few small changes it could be even better
5. Completely satisfied with this part of my life, there is no room for improvement

Which one or two areas are you least satisfied with?

_____

What are some immediate changes you could make to improve this/these areas of your life?

_____

_____

_____

_____

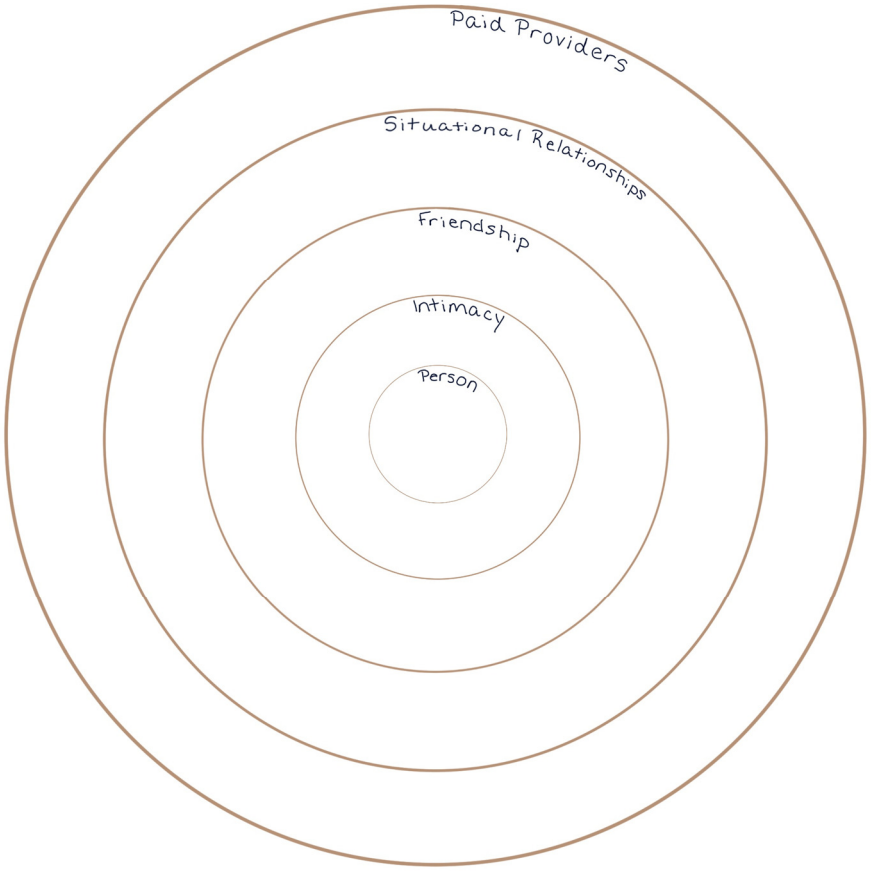
What are some long-term goals in this/these areas of your life?

_____
_____
_____
_____

What resources do you need to succeed? This could be material items, people to assist, etc.

_____
_____
_____
_____

Activity 3: Finding Your Circle



Take a few moments to fill out the Circle of Support and answer the following questions.

1) Do you have someone close to you who could provide you with support? Yes No

2) Are there any situations where acquaintances could become friends or closer? School, work, sports teams, etc? Yes No

3) What are some steps you could take to grow your circle?

_____
_____
_____
_____

Activity 5: Identifying Key Elements

Name: _____ Date: _____

For each scenario there will be a key word or phrase underlined. Identify whether the underlined section is a **setting event (slow trigger), antecedent (fast trigger), precursor behavior, or a specific behavior function.**

1) Sally's roommate had a medical emergency overnight. Sally couldn't get back to sleep and was worried for her friend.

Setting event *Antecedent* *Precursor behavior* *Sensory function*

2) Olivia started throwing her toys when her mom asked her to clean her room.

Sensory *Escape* *Attention* *Tangible*

3) Tim told Tavon to "shut up", and Tavon pushed Tim.

Setting event *Antecedent* *Precursor behavior* *Attention function*

4) Farhan was feeling hungry and started pacing in and out of the kitchen.

Setting event *Antecedent* *Precursor behavior* *Escape function*

5) Charis is sitting by herself chewing on her nails.

Sensory *Escape* *Attention* *Tangible*

Activity 6: Putting it All Together

Name: _____ Date: _____

Reach the scenario and identify each item listed below.

Alex had a long day at school. When he got home his mother told him they would be having company for dinner. Alex's mom gave him a snack so he wouldn't be too hungry since dinner would be a while. He was feeling nervous, so he began rearranging his toys. Alex's mom shouted up that guests would be arriving in 10 minutes. Alex went down for dinner and sat between his mom and dad. His dad's friend asked Alex questions about his day. Alex put his hands over his ears and started banging his head against the table. Alex's mom placed her hand between his head and the table and Alex's dad rubbed his back. When Alex stopped banging his head, his mother told him he could go to his room and she would bring his food in a few minutes.

Setting Event _____

Antecedent _____

Precursor Behavior _____

Proactive Strategy _____

Behavior (FERB or Interfering) _____

Reactive Strategy (if any) _____

Reinforcing consequence _____

Overview of Positive Behavior Support Post-Test

Name: _____ Date: _____ Score: _____/10

For each of the following questions, circle the letter that best answers the question.

1. Positive Behavior Support (PBS) is:

A. *Person-centered, punishment oriented, proactive, data driven.*

B. *Non-individualized, positive, reactive, data driven.*

C. *Person-centered, positive, proactive, data driven.*

D. *Person-centered, positive, proactive, opinion based.*

2. Which of the following are considered Dimensions of Wellness (There can be more than one correct answer)?

A. *Social*

B. *Positive*

C. *Environmental*

D. *Developmental*

3. Which of the following does **not** represent a person-centered approach?

A. *Implementing interventions based on assessment results.*

B. *Completing documentation at the end of the shift so the focus person is not preoccupied.*

C. *Implementing the same interventions for each focus person.*

D. *Being aware of the focus persons' triggers and structuring the environment to minimize those triggers.*

4. Who can benefit from universal practices?

A. *The focus person*

B. *Direct-care staff*

C. *The Case Manager*

D. *All the above*

5. Which of the following are known functions/purposes of behavior?

A. *Attention*

B. *Tangible (i.e., item or activity)*

C. *Sensory*

D. *Escape/avoidance*

E. *All the above*

6. What is a Functionally Equivalent Replacement Behavior (FERB)?

A. *What the plan implementer does following a target behavior.*

B. *A skill taught to the focus person to get their needs met.*

C. *A circumstance that starts the focus person off on the "wrong foot".*

7. True or False: Trauma responses can look like a known function of behavior?

A. *True*

B. *False*

8. Which of the following is a proactive strategy?

A. *Telling the focus person to "calm down".*

B. *Using a social story before going into the community.*

C. *Taking the focus person home after an interfering behavior occurs.*

9. What are effective strategies for preventing and dealing with conflict?

A. *Give choices, not orders.*

B. *Use universal practices and calming strategies proactively.*

C. *Be aware of triggers – yours and the other person's - and try to avoid them.*

D. *All the above*

10. True or False: Data is only collected on target behavior.

A. *True*

B. *False*

Handouts

Handouts are just additional information for staff to review and keep for their knowledge and resources.

Handouts may be passed out at the beginning of the course, all at once – or whenever prompted in the training handbook.

HAND-OUT 1

Maslow's Hierarchy of Needs Examples

Step	**Examples**	
Physiological Needs	• Air • Food • Drink	• Warmth • Sex • Sleep
Safety Needs	• Protection from elements • Security • Law	• Order • Stability • Freedom from fear
Love and Belongingness Needs	• Friendship • Intimacy • Trust and acceptance	• Receiving affection • Giving affection • Affiliating – being part of a group
Esteem Needs	• Dignity • Achievement/Mastery • Independence	• Respect from others • Prestige • Status
Cognitive Needs	• Knowledge • Exploration • Curiosity	• Understanding • Need for meaning • Need for predictability
Aesthetic Needs	• Beauty • Balance	• Form • Wonder
Self-Actualization Needs	• Understanding personal potential • Self-fulfillment	• Seeking personal growth • Creating
Transcendence Needs	Values which transcend the personal self:	
	• Mystical experiences • Aesthetic experiences • Sexual experiences	• Service to others • Pursuit of science • Religious faith

HAND-OUT 2

8 Dimensions of Wellness Definitions and Examples

Dimension Definition	**Examples**
Emotional – Coping effectively with life and creating satisfying relationships	Developing healthy self-esteem and self-image, developing intimate relationships, stress management, expression of wide range of emotions in a healthy manner, coping mechanisms, etc
Physical – Caring for your body to stay healthy	Well-balanced eating habits, regular physical activity, healthy leisure activities, making informed choices about your body and sexuality, understanding how your body works, etc
Social – Having a sense of connectivity, belonging, and a support-system	Develop and maintain friendships, networking, being a part of your community, understanding diversity and inclusion, cultural, global, and national understandings, having boundaries, etc
Spiritual – Having a sense of purpose in life; meaning, morals, ethics	Exploring, questioning, and clarifying personal values, search for meaning in life, acting with integrity by following values, religious/spiritual activities and practices, gratitude, acceptance, etc
Intellectual – Expanding knowledge, skills, and creativity	Exercise critical thinking, explore creativity, analyzing and problem-solving skills, challenging yourself mentally, engaging in interests, etc
Occupational (Vocational) – Gaining personal satisfaction and enrichment from work (academic, career, etc)	Work/home balance, effective communication, developing healthy work habits and skills, having satisfaction with your work, having vocational/career goals, etc
Financial – Satisfaction with current and future financial situation	Financial literacy, budgeting, seeking out professional financial advisement when necessary, understanding credit reports and bank statements, financial planning, etc
Environmental – Fostering and occupying stimulating, pleasant environments that support well-being	Fostering peaceful home environment, environmental awareness, recycling, community involvement, spending time in nature, understanding/engaging with environmental regulations, etc

Adapted from the Substance Abuse and Mental Health Services Administration's definitions of wellness

HAND-OUT 3

Resource List for Universal Practices

Resource	***Examples***	**Additional Information**
Brain Boost	*Exercise, Puzzles, Balanced nutrition*	Free exercise videos can be found on apps such as HASFit or on YouTube
Meditation	YouTube, Podcasts, Apps	Meditation does not need to be guided – but it can be helpful for beginners. YouTube has many meditation channels. Other free examples include apps like Calm or podcasts like Meditation Minis.
Mindfulness	Journaling, Gratitude, Habits/Routines	A list of resources on Mindfulness can be found at https://www.psychologytools.com/professional/techniques/mindfulness
Awe/Wonder	Nature Walks, personal inspiration (art, music, dance)	More information can be found at https://cac.org/awe-wonder-and-love-2020-08-13/
Focus/Flow	Puzzles, video games, exercise, music, built-in breaks	More information can be found at https://www.lifehack.org/864497/how-to-improve-focus-and-concentration
Circle of Friends and Community	Building relationships with people who have shared interests	Facebook events is a place to look for interests in your community. Libraries are also a great resource. Places where the person has interests – coffee shops, bookstores, community centers, etc.
Affirmations and Gratitude	I-can and I-am mantras, self-talk, visualization	More information can be found at https://merakimusings.org/how-to-practice-positive-affirmations-with-faqs/

Certification of Completion

The following page is a Certificate of Completion for the course. The trainer may use the following page in staff training files as proof of passing the course.

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

has successfully completed the Overview of Positive Behavior Support

_____ _____

Trainer Name - Printed and Signed

DATE

Acknowledgements

A special thank you to the West Virginia Association of Positive Behavior Support for sponsoring this Overview of Positive Behavior Support training.

The WVAPBS network is a group of volunteers from a variety of programs who are passionate about the philosophy of Positive Behavior Support. If you are interested in learning more and being involved in practicing PBS in your communities – please email the WVAPBS Network at wvapbs@gmail.com – to be added to the invitation list. The network meets the first Wednesday of every month at 10am.

If you are interested in practicing PBS as a professional, there is a path to becoming certified and endorsed. Please see your programs' policy manual for information on pre-requisites such as education and experience requirements.

Please also visit https://www.wvapbs.com/ for further information about joining the network, the endorsement process, and for access to links and resources for PBS.

We look forward to seeing you!