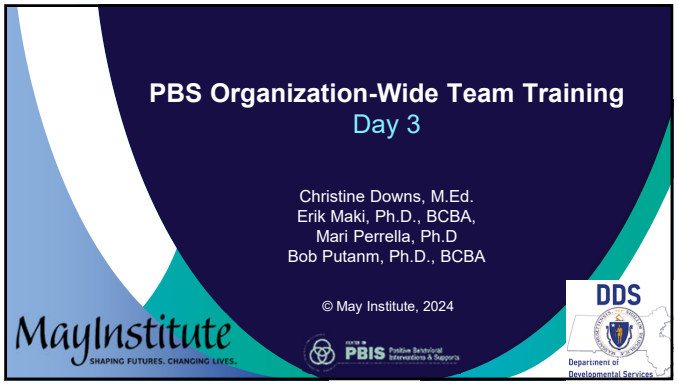
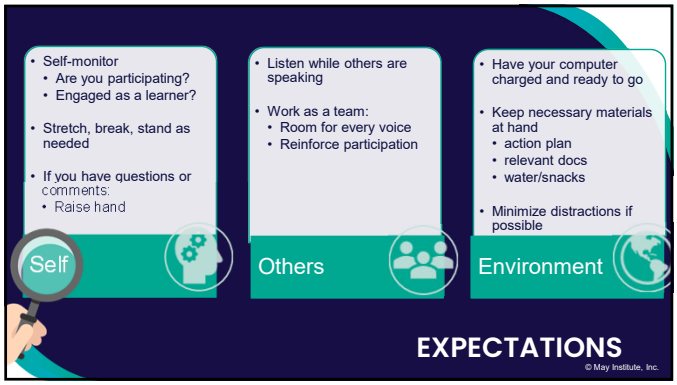
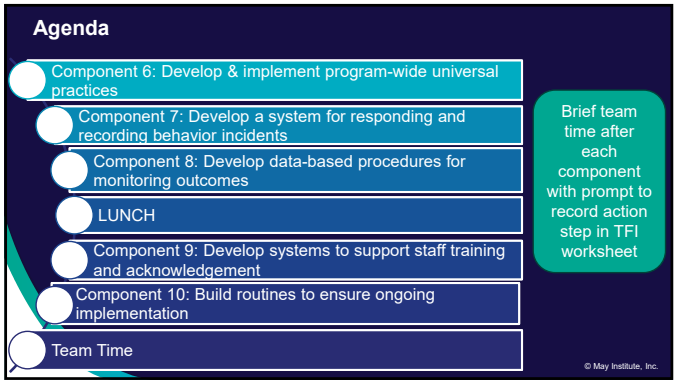

PBS Organization-Wide Team Training
Day 3
Christine Downs, M.Ed.
Erik Maki, Ph.D., BCBA,
Mari Perrella, Ph.D
Bob Putanm, Ph.D., BCBA
© May Institute, 2024
MayInstitute
SHAPING FUTURES. CHANGING LIVES.
PBIS
DDS
Department of Developmental Services

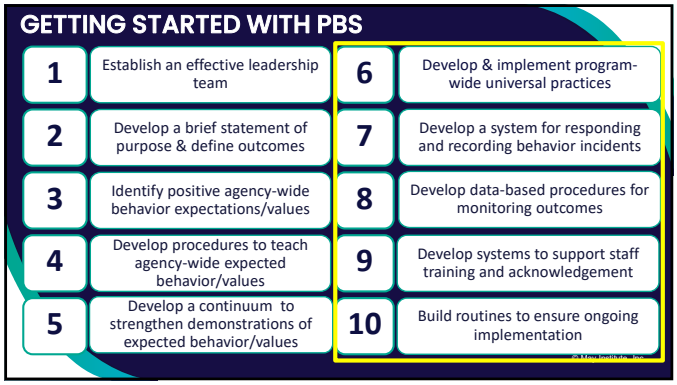
1


Self-monitor
Are you participating?
Engaged as a learner?
Stretch, break, stand as needed
If you have questions or comments:
Raise hand
Self
Listen while others are speaking
Work as a team:
Room for every voice
Reinforce participation
Others
Have your computer charged and ready to go
Keep necessary materials at hand
action plan
relevant docs
water/snacks
Minimize distractions if possible
Environment
EXPECTATIONS
© May Institute, Inc.

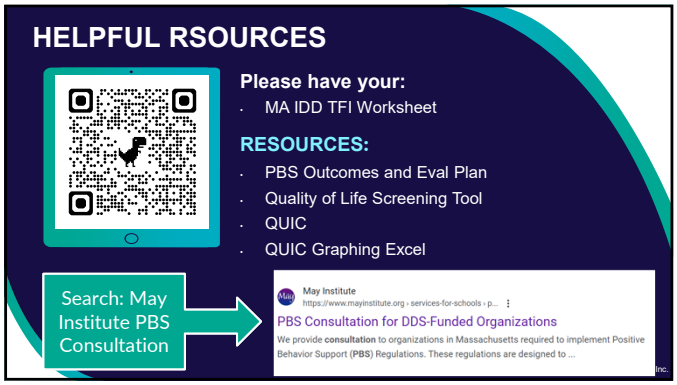
2


Agenda
Component 6: Develop & implement program-wide universal practices
Component 7: Develop a system for responding and recording behavior incidents
Component 8: Develop data-based procedures for monitoring outcomes
LUNCH
Component 9: Develop systems to support staff training and acknowledgement
Component 10: Build routines to ensure ongoing implementation
Team Time
Brief team time after each component with prompt to record action step in TFI worksheet
© May Institute, Inc.

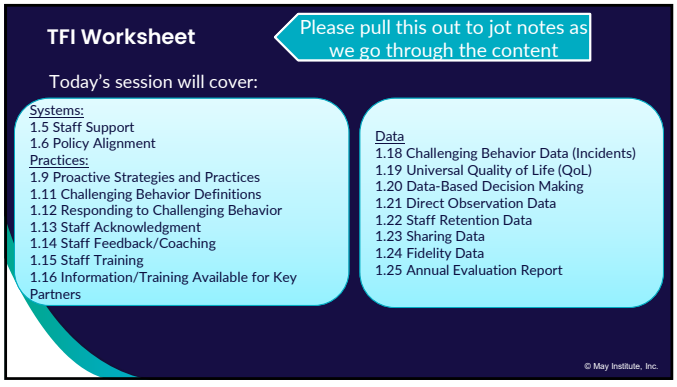
3


GETTING STARTED WITH PBS
1
Establish an effective leadership team
2
Develop a brief statement of purpose & define outcomes
3
Identify positive agency-wide behavior expectations/values
4
Develop procedures to teach agency-wide expected behavior/values
5
Develop a continuum to strengthen demonstrations of expected behavior/values
6
Develop & implement program-wide universal practices
7
Develop a system for responding and recording behavior incidents
8
Develop data-based procedures for monitoring outcomes
9
Develop systems to support staff training and acknowledgement
10
Build routines to ensure ongoing implementation

4


HELPFUL RSOURCES
Please have your:
MA IDD TFI Worksheet
RESOURCES:
PBS Outcomes and Eval Plan
Quality of Life Screening Tool
QUIC
QUIC Graphing Excel
Search: May Institute PBS Consultation
May Institute
PBS Consultation for DDS-Funded Organizations
We provide consultation to organizations in Massachusetts required to implement Positive Behavior Support (PBS) Regulations. These regulations are designed to ...

5


TFI Worksheet
Please pull this out to jot notes as we go through the content
Today's session will cover:
Systems:
1.5 Staff Support
1.6 Policy Alignment
Practices:
1.9 Proactive Strategies and Practices
1.11 Challenging Behavior Definitions
1.12 Responding to Challenging Behavior
1.13 Staff Acknowledgment
1.14 Staff Feedback/Coaching
1.15 Staff Training
1.16 Information/Training Available for Key Partners
Data
1.18 Challenging Behavior Data (Incidents)
1.19 Universal Quality of Life (QoL)
1.20 Data-Based Decision Making
1.21 Direct Observation Data
1.22 Staff Retention Data
1.23 Sharing Data
1.24 Fidelity Data
1.25 Annual Evaluation Report
© May Institute, Inc.

6

Component 6: Develop & Implement Program-Wide Universal Practices

1.9 Proactive Strategies and Practices	
1.14 Staff Feedback/Coaching	
1.15 Staff Training	

7

PBS Universal Supports Are always in place for everyone, ALL of the time

- Universal supports create physical and social environments that are positive and responsive and benefit everyone
- ENVIRONMENT plays a BIG role in the well-being of a person.
- Provide environments that offer opportunities for healthy, happy lives
- Sensible expectations/ values developed in all settings
- Developed with individual's preferences in mind (routines, consistency, choice, praise, activities, etc.)
- Socially appropriate behavior taught, expected, encouraged
- Staff are skilled, knowledgeable, caring-staff are teachers

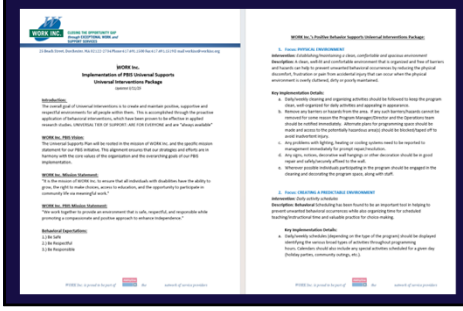
8

Proactive, Trauma-Informed Strategies Include…

- Modifications of physical and social environments to prevent challenging behavior
- Behavioral awareness
- Daily choice making – we are supporting adults with rights
- Individualized praise/positive feedback
- Access to preferred activities
- Redirection
- Schedules to provide structure

9

Universal Practices



10

We all want a positive, preventative, proactive, and responsive environments for all individuals and all staff.

Staff tips (Sample from ARC)

Set up for success
- Set the environment up for success
- Have the environment clearly tell the individual what to do
- Have your body language clear
- Make positive statements "you can do it"
- Be sure materials that are need available/accessible

Promote social skills
- Be a social role model
- Always strive to increase the number of positive interactions we have with individual.
- Know what common interests the individuals have with each other
- Draw attention to activities or items that both individuals enjoy
- Encourage turn taking
- Encourage showing/sharing an item or information
- Give specific praise to individuals

Encouragement
- Present choices instead of yes/no question
- Model what needs to be done
- Be positive about the activity

Promote independence
- Offer choice
- Let them problem solve
- Praise when they do it on their own or attempt or partial success
- Independence is more important than how quickly it gets done

Redirect behavior
- Redirection is effective for minor interfering behavior
- It must be done at the first signs of challenging/ unexpected behavior
- Ignore inconsequential behaviors whenever possible
- Draw the individual's attention to expected/appropriate behaviors
- Use gestures

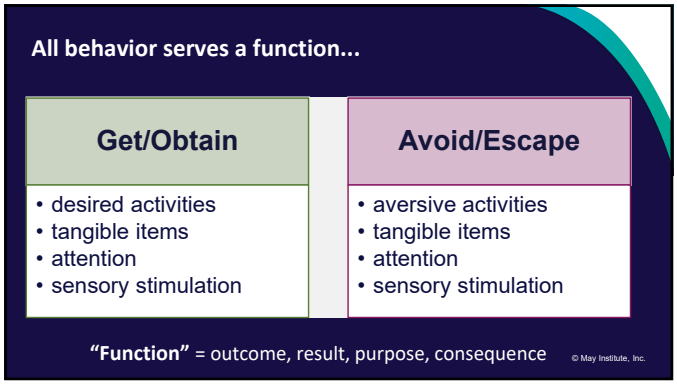
11

BUILDING BLOCKS OF BEHAVIOR: Three Term Contingency

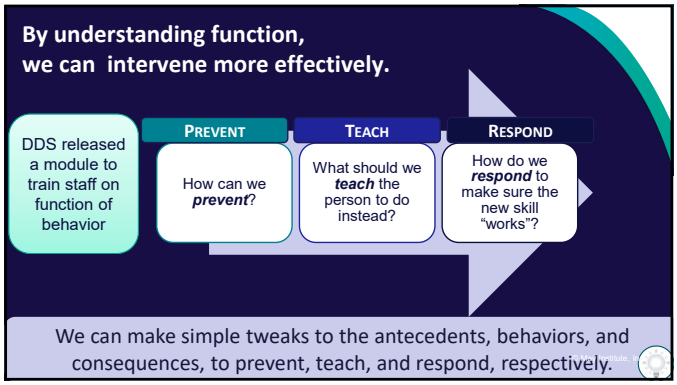
ANTECEDENT	BEHAVIOR	CONSEQUENCE
What typically precedes?	What do the behaviors look like?	What typically follows?

Based on observing patterns across time, we can infer the probable function of behavior.

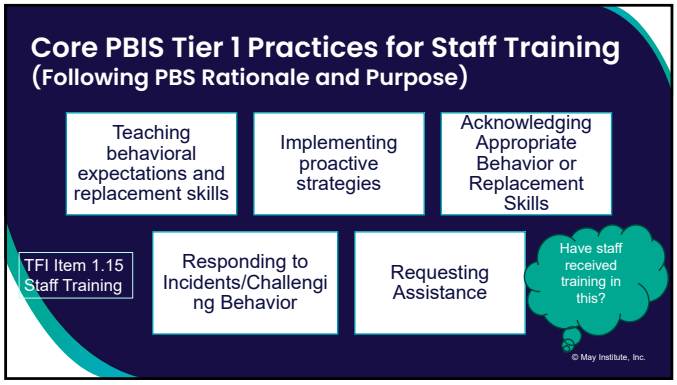
12


All behavior serves a function...
Get/Obtain
• desired activities
• tangible items
• attention
• sensory stimulation
Avoid/Escape
• aversive activities
• tangible items
• attention
• sensory stimulation
"Function" = outcome, result, purpose, consequence
© May Institute, Inc.

13


By understanding function,
we can intervene more effectively.
DDS released a module to train staff on function of behavior
PREVENT
How can we prevent?
TEACH
What should we teach the person to do instead?
RESPOND
How do we respond to make sure the new skill "works"?
We can make simple tweaks to the antecedents, behaviors, and consequences, to prevent, teach, and respond, respectively.

14


Core PBIS Tier 1 Practices for Staff Training
(Following PBS Rationale and Purpose)
Teaching behavioral expectations and replacement skills
Implementing proactive strategies
Acknowledging Appropriate Behavior or Replacement Skills
TFI Item 1.15 Staff Training
Responding to Incidents/Challenging Behavior
Requesting Assistance
Have staff received training in this?
© May Institute, Inc.

15

ADDITIONAL STAFF PD CONSIDERATIONS

- Behavioral principles to understand and support student behavior
- Mental health and trauma informed care foundations
- Community culture, values, and historical perspectives (in partnership with families & local community supports)
- Effectively applying core practices with cultural competence

If your data from staff, individual, family surveys or outcomes indicate a need, these areas may also be beneficial PD topics

16

Embedded and Ongoing Professional Development

First, identify what staff need to know, then, provide…

Explicit Training	Coaching/ Prompting	Performance Feedback

*We need to provide staff with universal training and support for **all** components of the PBS framework if we want them to implement!*

17

Embedded and Ongoing Professional Development

First, identify what staff need to know, then, provide…

Explicit Training

- Model, lead, test format
  - Demonstrate desired skill (*I do*)
  - Provide effective examples/non-examples
  - Provide sufficient group practice (*We do*)
  - Provide opportunities to demonstrate and receive feedback (*You do*)
- Connected to/embedded in typical practice/routines
- Brief training/practice spaced out

18

Explicit Training Example

- Green Inc. PBS Leadership Team shares the finalized **Universal practices Handbook** with ***ALL*** staff.
- A scenario is provided, and a team member performs a "think aloud" to model her interaction with an individual. ***(I do)***
- Additional examples and non-examples of individual-staff interactions are provided with opportunities for questions to be asked.
- Another scenario is provided, and small groups of staff discuss how to use the Universal Practices as a guide to their response. ***(We do)***
- One more scenario is provided. Each staff member writes down how they would respond and then shares the response with a colleague. ***(You do)***
- All staff are provided copies of the Universal Practices handbook and are asked to focus on using it **during time in common areas.**

19

Explicit Training Example

- Green Inc. PBS Leadership Team shares the finalized **Universal practices Handbook** with ***ALL*** staff.

Next month…
each person writes an example of how they used the various Universal Practices during their shifts. Share it to a common document.

Staff are then asked to continue practicing different Universal Practices throughout their daily routines.

- All staff are provided copies of the Universal Practices handbook and are asked to focus on using it **during time in common areas.**

20

Embedded and Ongoing Professional Development

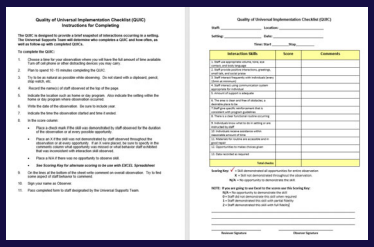
Once staff are trained, then, provide…

Explicit Training	Coaching/ Prompting	Performance Feedback

Supervisors need to support and coach staff in the newly trained practices

21

Quality of Universal Implementation Checklist – QUIC



Now that staff know the practices we provide…

Explicit Training	Coaching/ Prompting	**Performance Feedback**

The QUIC is designed to provide a brief snapshot of PBS universal support interactions occurring in a setting.

We will discuss this more in the upcoming data section

22

Decision Making

Universal Practices

- Have you established your Universal Practices?
- Is there a training curriculum for staff?
- How often are staff trained? (Onboarding, On-going)
- Are supervisors coaching and prompting staff to use the Universal Practices?
- Are UP being measured by the QUIC?
- What further training does staff need?

23

ACTIVITY: Develop & Implement Program-Wide Universal Practices

Collaborate with your team to create/ identify the following:

-Begin to develop list of best practices

-this will support you in determining staff training

-we will dig into QUIC during later and during coaches' session

Add action steps to your TFI worksheet next to the items as needed (i.e., **items 1.9 proactive strategies and practices, 1.14 staff feedback/ coaching, and 1.15 staff training**)

10 minutes

24

Component 7: Develop a system for responding and recording behavior incidents

- 1.11 Challenging Behavior Definitions
- 1.12 Responding to Challenging Behavior
- 1.18 Challenging Behavior Data (Incidents)

25

Challenging Behavior Definitions

PBIS Incident Data Form Definitions

Problem Behavior/ Incidents	Definitions
Verbal/Gestural Aggression/Verbal Threats/ Instigation	Program participant delivers message that includes name calling, swearing, or use of words or gestures to insult i.e. (sexual, racial, culturally insensitive, sarcastic, mocking, repeating deliberately, socially unacceptable etc.) Or Uses intimidating language to threaten to cause harm to others/self/property or to instigate harmful behavior in others.
Disruptive	Program participant engages in ongoing behavior causing an interruption to group or activity. Disruption includes but is not limited to physical or verbal outbursts, yelling, or screaming, noise with materials, horseplay or roughhousing. (Failure to respond to redirection)
Eloping	Leaving the program space/facility without informing staff, causing potential risk or harm to themselves or others
Wandering	Unguided travel within the facility other than structured programing space without the activity leader's knowledge
Fall	Any physical unsteadiness that may or may not lead to injury
Injury	Program participant is physically harmed/hurt in anyway
Harassment / Bullying	Program participant (repeatedly) subjects others to hostile or prejudicial remarks or actions, torments or repeated attacks, either in person or via social media
Sexualized Behaviors	Threatening to coerce or forced engagement in any non-consensual sexual touching of a person or exposure of genitals.
PICA	The consumption of non-edible objects
Physical aggression	Any physical contact of another person that includes but not limited to, hitting, punching, kicking, pulling, pushing, spitting and scratching, with the intent to harm.
Property damage	Any misuse/destruction to objects/structures in the environment
Safety risk	Any type of behavior or action that poses the likelihood that the individual may be harmed or cause harm to others
Self injurious behavior	The program participant deliberately harms his/her own body
Theft	Taking other people's property without their consent
Other	Program participant engages in any other behaviors that do not fall within the above categories

26

Definitions

Example from Work Inc.

Antecedents

Antecedent	Definitions
Challenging task	Task requesting great physical or mental effort by program participant or perceived by the participant to be difficult to complete.
Changed environment	Program participant adjusting to loss of family, peer, staff, other program participant, adjusting to new home, work, Day Hab, new housemate, staff, or furniture
Changed routine	Change from usual daily schedule
Denied item/activity	Program participant is unable to access an item, accessing a location, or from participating in an activity
Family interaction/Home visit	Prior to going home/family visit or coming back from home/family visit/interaction, and phone/VP contact with family.
Medical issue	Program participant has been sick or medically compromised and contributing to incident
Noisy environment	Prior to incident there was a change in level of noise – someone making noise, crowded room, loud music, fire alarm, etc.
Prior incident	Incident prior to this
Peer interaction	Interaction with ano
Staff interaction	Interaction with staf
Staff request	Staff made a request
Stranger interaction	Program participant
Transition	Moving from progra and/or moving from
Transportation	Incident related to g
Unknown	No known cause wa
Other	Behavior which does

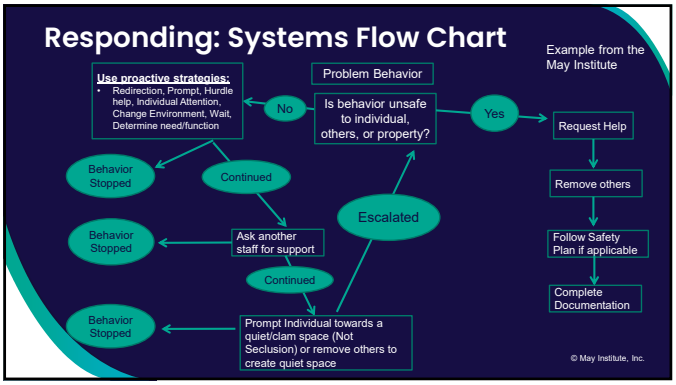
Action Taken

Immediate Action	Definitions
Remove audience	Assist other program participants to leave area of disruptive program participant
Remove object	Remove the object that is influencing the problematic behavior or that could present a danger during a behavioral episode.
Blocking	Use of staff's hands, arms and body or object to block/redirect program participant.
Hand over hand	Use of staff's hands over program participant's hands to direct them or assist in a task
Supportive guide	Use of respectful redirection by using gentle touch to assist the program participant to move to a safe and comfortable space as outlined by the Safety Care curriculum
Change environment	Assist the program participant to move to another area for safety or comfort
Offer quiet space	Offer a choice for the program participant to use a quiet area to stay calm and relax
Verbal/gestural/visual redirection	The use of verbal or gestural cues, ASL, or visuals to provide prompts or redirection
Other	Does not fall under categories above

Emergency Action	Definitions
911 called	Incidents requiring the police/Fire department or EMT to intervene
CPR/First Aid/AED	Incidents where certified staff administer CPR/First Aid/AED
Treated by Nurse/EMT	Incidents requiring responses or treatment by a program nurse or EMT at the scene of the incident/accident
Urgent care/Doctor visit	Incidents requiring a program participant to receive medical attention at an Urgent care or Doctor's Office
Taken to ER via Ambulance	An Ambulance transports the program participant to the ER
Emergency Restraint	Use of a restrictive physical hold, to prevent a program participant from engaging in behavior that places him/ herself or others at risk of injury.
BEST Team	Incidents requiring involvement of the Behavior Emergency Services Team to provide crisis evaluation and treatment services
Other	Action which does not meet categories stated on list

27

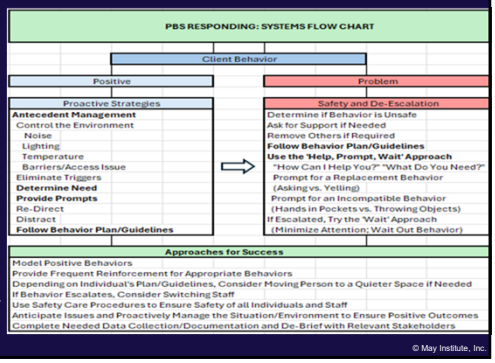
Responding: Systems Flow Chart



28

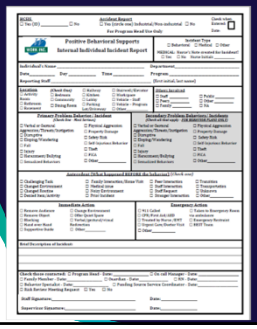
Responding: Systems Flow Chart

Example from Charles River Center



29

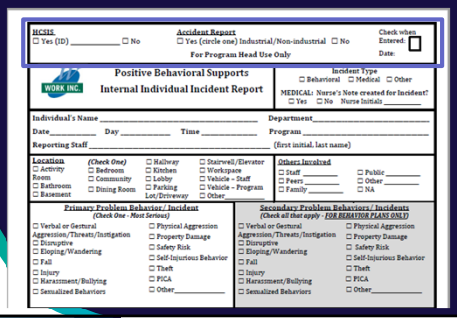
Recording Behavior Incidents



- Incident tracking allows the PBS Team to review **externalizing behavior** and look for patterns and red flags that need to be addressed.
- Teams identify areas for improvement and then action plans to implement new or improved **systems and practices** for staff and individuals.
- Incident data should be readily available and easy to read. Preferably in **graph format**.
- Teams should review this data at a minimum **monthly.**
- Data should be **shared with staff** monthly

30

Recording Behavior Incidents

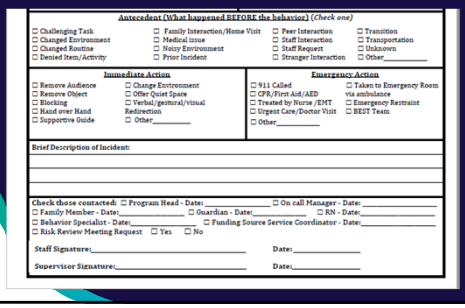


Positive Behavioral Supports
Internal Individual Incident Report

- Who
- When
- Where
- What
- Why

31

Recording Behavior Incidents

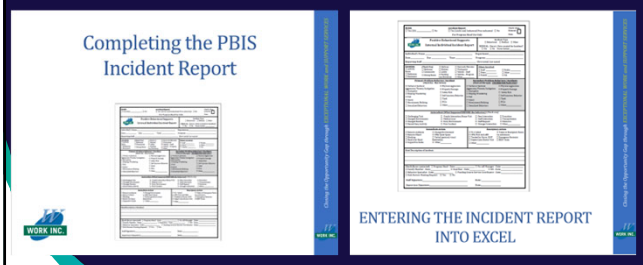


Antecedent (What happened BEFORE the behavior) (Check one)

- Antecedent
- Proactive strategy
- Others involved
- Injuries
- Admin action
- Emergency action

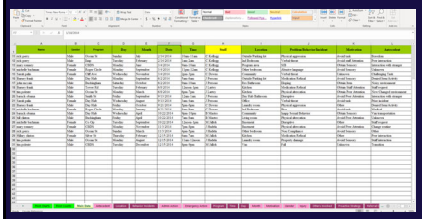
32

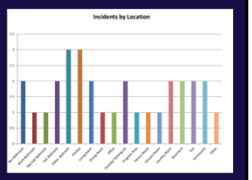
Ensure Proper Staff Training



33

Incident tracking

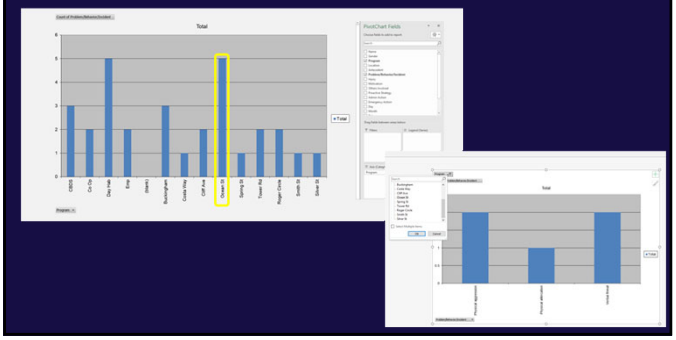




- Location
- Behavior
- Incident tracking by Day of Week
- Per Day Per Month
- Incident tracking by Program
- Etc.

34

Pivot Tables for Drill Down



35

Precise Problem Statement: Many Individuals are engaging in problem behavior in the indoor and outdoor common areas during lunch transition times and the behavior is maintained by attention.

Goal: Reduce problems in common Area by 50% by Jan. 31

Solution Components	What are the Action Steps?	Who is Responsible?	By When?	How will Fidelity be Measured?	Notes/Updates
Prevention	Increase active supervision	Program Leads All staff	Ongoing	Staff visible in the indoor and outdoor common areas	
Teaching	Teach behavioral expectations for the commons and hallways	Staff will teach hallway/common area expectations to their program group	January 15	Staff sign-off sheet next to the PBIS bulletin board in the faculty lounge to indicate completion	-Review video on teaching expectations -
Recognition	Movie Party Recognition tickets for following expected behavior in common areas	PBIS Team will coordinate	Movie by January 31	Movie Night Attendance tickets used at the Spirit Store	
Extinction	Post weekly data Quick redirection – low attention for misbehaviors Quick recognition for expected behaviors	All staff	Ongoing	Weekly data posted in the commons and hallway	

	What data?	Who is responsible for gathering the data?	When/How often will data be gathered?	Where will data be shared?	Who will see the data?
Data Collection	Incident record	Incident Data Entry person and principal share report with teachers.	Weekly	Emailed to staff and posted in the hallways and commons for individuals and families	All staff and individuals

36

Work Inc Sample: Universal Cluster Reporting and Planning Document

Universal Cluster Reporting Sheet

Program with concern:	Cliff Ave
Behavior:	Physical Aggression (pushing, grabbing, wrestling for remote)
Location:	Common Area/Living Room
Staff:	Various
Time:	4:30-7:30
Day of the Week:	T, W, Th
Number of Individuals	3
Other (Motivation/Antecedent, etc.)	Obtain items: Access to TV shows

Precise Problem Statement: At the Cliff Ave Residence there is an increase in physical aggression (pushing, grabbing, wrestling for remote) in the LR and Common Areas during after work through dinner time. The aggression seems to be regarding getting access to the TV to watch their desired shows.

Attach Graphs Here

Universal Adjustments:

- Meet with individuals to create a schedule for TV shows for the 4:30-7:30 time frame.
- Post schedule and review in the morning and after work to ensure everyone knows which shows will be shown today.
- Look into getting a second TV to put into the rec room.

Needs from the PBIS Leadership Team:

- Approval to purchase a second TV.

Recommend for Targeted Supports for the following reason:

One individual (TI) might need Targeted Supports. We will keep an eye on the data. If he does not decrease his behavior after the schedules are in place, we might recommend for Targeted Supports.

Recommend for Intensive Supports for the following reason:

N/A

Recommend Safety Plan for the following reason:

N/A

37

Decision Making

Incident Tracking

- Are you collecting all relevant problem behaviors?
- Who enters data into incident tracker?
- How often will we review data? (minimum monthly)
- Will sub-programs, residences, work programs review data separately from overall program? How often?
- Who will share the data with staff? How often?
- What training does staff need?

38

ACTIVITY: Develop a system for responding and recording behavior incidents

Collaborate with your team to create/ identify a plan for the following:

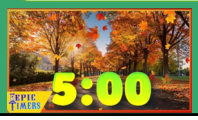
-Challenging behavior definitions

-Form for collecting incident data (and defining the options on the form)

-Excel sheet that will match incident data form

-Flowchart for responding to behavior

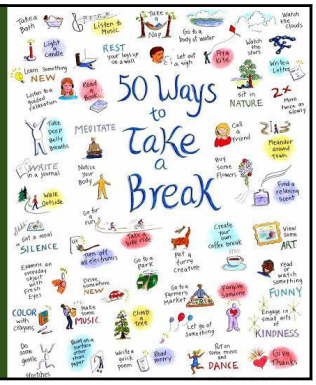
Add action steps to your TFI worksheet next to the corresponding item (i.e., **items 1.11 challenging behavior definitions, 1.12 responding to challenging behavior, 1.18 challenging behavior data**)



5 minutes

39

10 Minute break



40

Step 8: Develop data-based procedures for monitoring outcomes

1.19 Universal Quality of Life (QoL) Assessment	
1.20 Data-based Decision Making	
1.21 Direct Observation Data	
1.22 Staff Retention Data	
1.24 Fidelity Data	

41

Quantitative vs Qualitative

Quantitative Research/Data

- Use of statistics and "numbers" to measure variables, support hypothesis, make predictions, etc.
- Uses directional verbs: effect, influence, cause, relate, etc..
- Looks for "why", "to what extent", etc.

Sample QT question:

What is the effect of PBS in reducing behavior incidents at our agency?

Qualitative Research/Data

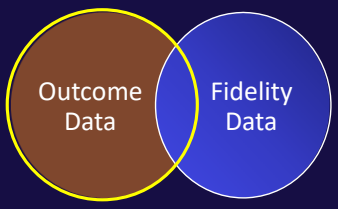
- Asks "what" or "how" questions in an open-ended design
- Uses exploratory verbs: report, describe, discover, generate, explore
- Looks for emergent themes from personal reports, focus groups, etc.

Sample of QL question (from Feedback Survey):

One thing staff could do better to improve our agency is is: _____

42

Types of Information (Data)



Is the plan resulting in progress toward our goals?

Did we implement the systems and strategies we agreed on?

43

Possible Data Sources

- Incident data
- Accident reports
- QUIC
- Quality of Life
- Medical Responding Data (ER visits/internal med logs)
- Essentials for Living Skills Tracking
- Staff Training
- Staff Retention
- Staff happiness/satisfaction
- Family satisfaction
- Work site satisfaction
- Individuals' happiness

Must be meaningful to your agency

Best Practices

- **Challenging Behavior Data (incidents)**
- **Quality of Life (DDS)**
- **Staff Retention**
- **Staff Direct Observation Data**
- **Fidelity Data**

44

Selecting, Monitoring, & Evaluating Meaningful Outcomes

Consider your agency improvement plans for guidance

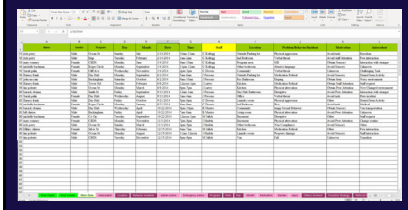
	Outcomes: Behavior	Outcomes: Fidelity
Question	When and where are behavioral errors occurring?	Are we making progress with implementing PBS with fidelity?
Data Source	Behavior incident data	Tiered Fidelity Inventory
How/ When is Information Gathered?	Staff record behavior incident data; reviewed by PBS team monthly	PBS team completes TFI annually in Spring
Make Decisions & Action Plan	PBS team presents to staff and identifies plan to support behavior (e.g., prevent, teach, acknowledge)	Team develops plan with trainer; progress & goals shared with staff, individuals, families

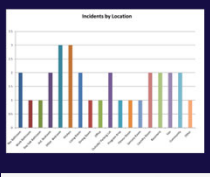
45

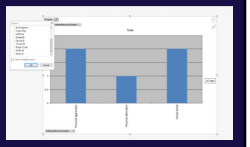
Outcome Data

46

Incident tracking







47

Quality of Life Screening

	Independent	Verbal cues	Physical Partial cues	Willing requires full assistance	Refusal Not at all	NA
Communication						
1. Communicates basic needs: hungry, tired, needs help	4	3	2	1	0	
2. Has a mode of communication: sign, gesture, vocal	4	3	2	1	0	
3. Can pick a preferred item from 2	4	3	2	1	0	
4. Can be understood by others	4	3	2	1	0	
5. Can express pleasure or displeasure (enjoys/dislikes activity)	4	3	2	1	0	
Community Participation						
6. Participates in community activities 2 or more times per week (stores, restaurants, sports, clubs, transportation)	4	3	2	1	0	
7. Volunteers in the community	4	3	2	1	0	
8. Has a paying job outside of the home/day program	4	3	2	1	0	
9. Has access to nature and participates in outdoor activities (hiking, walking, swimming, picnics, etc)	4	3	2	1	0	

The QLS was designed by the May Institute, Inc. 2015

The QLS is designed to evaluate life skills and goals for individuals receiving supports. It may be completed by staff or when able with input from the individual.

48

Quality of Life Screening

Per Individual Scoring: Complete the QLS Questionnaire once per year (or more frequently as needed) Enter the data from the Questionnaire into the QLS DATA sheet for the year it was taken. Create action Support/Teaching plan for items that score low.

ADAPTAION: Use one Score Sheet per Residence or Program. Type the name of the house or program in the NAME Area. Change the years to names of individuals in house or program. Analyze data by house or program and determine which skills need to be taught.

Quality of Life Scoring Tool

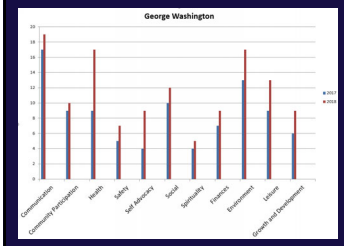
Enter the answer to each question under the corresponding year.

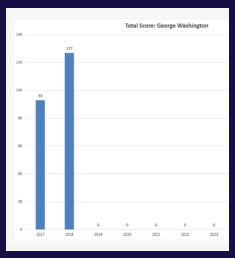
Name: George Washington

		Year 2017	2018	20
	Communication			
1	Communicates basic needs: hungry, tired, needs help	4	4	
2	Uses mode of communication: sign, gesture, vocal	4	4	
3	Can pick a preferred item from 2	3	3	
4	Can be understood by others	3	4	
5	Can express pleasure or displeasure (enjoys/dislikes activity)	3	4	
	Communication Score	17	19	
	Community Participation			
6	Participates in community activities 2 or more times per week (stores, restaurants, sports, clubs, transportation)	3	4	
7	Volunteers in the community	3	3	
8	Participates in a paying job outside of the home/day program	n/a	n/a	
9	Participates in outdoor activities (hiking, walking, swimming, picnics, etc)	3	3	
	Community Participation Score	9	10	
	Health			
10	Completes self-care tasks (dressing, bathing, brushes teeth, eating, toilet)	2	3	
11	Indicates pain or discomfort (headache, hunger/thirst, too hot/cold)	3	3	
12	Eats a balanced and nutritious diet	1	3	
13	Follows a nighttime sleep routine and gets adequate rest	0	2	
14	Participates in cardio exercise 3 times a week	3	4	
15	Participates in strength exercise 3 times a week	0	1	
	Health Score	9	17	

49

Quality of Life Screening





50

Essentials For Living
Overview

- A functional life skills curriculum-based assessment & intervention guide
- Designed for children & adults with moderate-to-severe disabilities with limited repertoires & problem behavior
- Includes over 3,000 skills sorted into domains
- Within these domains are sequences of skills

The Essential Eight

8 Must-Have Skills in relations to health and safety

- Making Requests
- Waiting
- Accepting Removals
- Completing Brief, Previously Acquired Tasks
- Accepting "No"
- Following Directions
- Completing Daily Living Skills
- Tolerating Situations

51

Decision Making

QUALITY OF LIFE SCREENER

DOES THE SCREENER MATCH THE NEEDS/DESIRES OF THE INDIVIDUALS SERVED?

WHAT CHANGES DO WE WANT TO MAKE TO THE SCREENER?

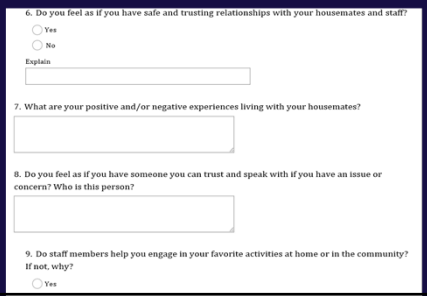
HOW OFTEN WILL WE USE THE SCREENER?

HOW WILL WE CREATE INDIVIDUAL GOALS FROM THE SCREENER?

WHAT TRAINING DOES STAFF NEED?

52

Satisfaction Surveys – Individuals, Staff, Family /Guardians



6. Do you feel as if you have safe and trusting relationships with your housemates and staff?
Yes
No
Explain

7. What are your positive and/or negative experiences living with your housemates?

8. Do you feel as if you have someone you can trust and speak with if you have an issue or concern? Who is this person?

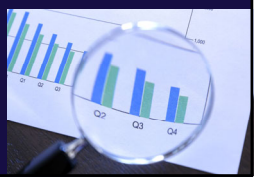
9. Do staff members help you engage in your favorite activities at home or in the community? If not, why?
Yes

53

Other Possible Data Sources

- Accident / Nursing Reports
- Number of, and Reduction of, Targeted and Intensive Plans
- Acknowledgement
- Medical Responding Data (ER visits/internal med logs)
- Staff Training
- Staff Retention
- Individuals' happiness
- Family Satisfaction

Must be meaningful to your agency

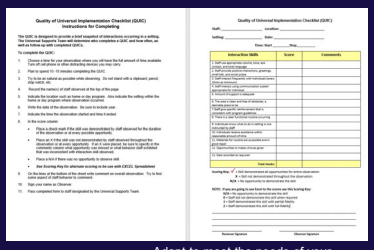


54

Fidelity Data

55

Quality of Universal Implementation Checklist - QUIC



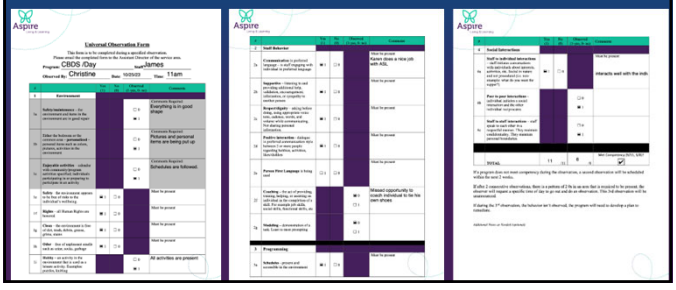
Adapt to meet the needs of your agency

Now that staff know the practices we provide…

Explicit Training	Coaching/ Prompting	**Performance Feedback**

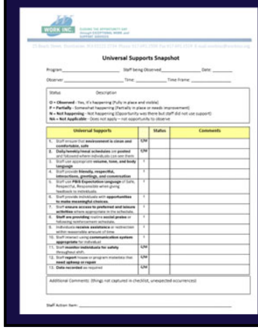
56

AN OBSERVATION TOOL THAT EVOLVED FROM THE QUIC – ASPIRE EXAMPLE



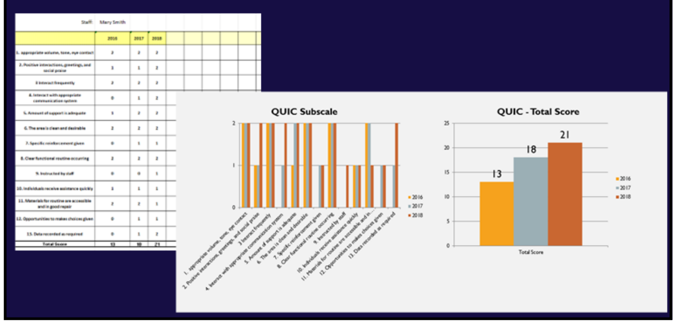
57

Work Inc. – Universal Supports Snapshot



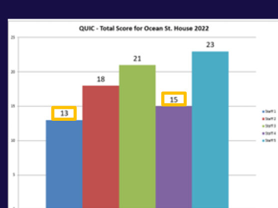
58

QUIC Graphing



59

QUIC
Graphing by Program/Residence by Staff



60

Decision Making

QUIC

- Are the questions on the QUIC relevant to your program guidelines?
- What changes should be made to the QUIC?
- How often should the QUIC be used? By whom?
- Are staff interacting with individual in accordance with program guidelines?
- What training does staff need?

61

Tiered Fidelity Inventory (TFI)

MayInstitute

MA IDD Positive Behavior Supports (PBS) Fidelity Tool

Note: Positive Behavior Supports (PBS) is a term that is typically interchangeable with Positive Behavior Interventions and Supports (PBIS).

Tier 1

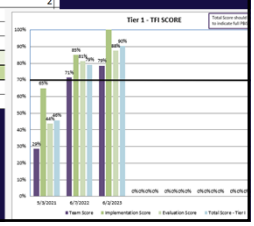
Feature	Possible Data Sources	Scoring Criteria 0 = Not implemented 1 = Partially implemented 2 = Fully implemented
Subscale: Systems		
1.1 Team Composition: A PBS Leadership Team exists and includes broad representation across all organizational areas and must include: • An individual in an executive leadership position who supports and has authority to implement	• Program organizational chart or documentation • PBS Leadership Team meeting minutes • Recruitment Email or Letters to individuals served or family members/caregivers	0 = PBS Leadership Team does not exist. 1 = PBS Leadership Team exists, but does not include required team members, invitations to individuals or family members/caregivers

62

TFI Scoring

Using the TFI tool please fill in your responses (0, 1, 2) to each question under the corresponding quarter.

	Year	5/3/2021	6/7/2022	6/2/2023
	Systems			
1.1	Team Composition	1	2	1
1.2	Cultural Representation	0	2	2
1.3	Effective Operating Procedures	1	1	2
1.4	PBS Team Vision	1	2	
1.5	Staff Support	1	2	
1.6	Policy Alignment	0	1	
	Team Score	29%	71%	
	Practices			
1.7	Behavioral Expectations/Values	1	2	
1.8	Teaching Expectations/ Values and Replacement Skills	1	1	



63

LOGISTICAL CONSIDERATIONS

Demographic questions: Consider whether brief instruction on gender and gender identity as well as race and ethnicity are needed.

Disaggregating data is important!

Allows comparisons across groups
Supports equitable decision making
Facilitates development of precise problem statements

- What data will be collected?
- When/how often it will be collected?
- Where is the data housed?
- Who will review it?

64

Data

What data do you have access to currently?

Likely to focus on staff training and challenging behavior (incident) data

65

Goals Linked to Data

Have you identified your goals?

Which outcome measures are they linked to? (how and when will you measure?)

66

PBS OUTCOME EVALUATION

Outcomes

Outcome Number	What do you want to know?	Measurable outcome goal	Measurable Outcome Statement.	How Measure	How often Measure
1	Increase Tier I Fidelity to 90%	TFI Tier I Fidelity Score was 30% in July 2024.	By Spring of 2025, the TFI Tier I Fidelity score will increase to at least 60% or above	TFI- Scale Score	1-2 times per year
2					

Evaluation Plan

Purpose	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	August
Outcome 1) TFI								TFI			TFI	
Outcome 2) Train staff												
Outcome 3)												
Outcome 4)												
Outcome 5)												
Summative Evaluation										Annual Eval.		

67

Data Routines

Collect data → Analyze/ Review data → Make informed decisions

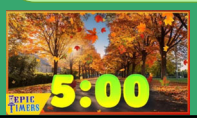
68

ACTIVITY: Develop data-based procedures for monitoring outcomes

Collaborate with your team to create/ identify a plan for setting up systems to collect:

- -Behavior incident data
- -Quality of Life data
- -Staff training data (comes before direct observation data)

Add action steps to your TFI worksheet next to the corresponding item (i.e., **items 1.19 universal QoL assessment, 1.20 DBDM, 1.21 direct observation data, 1.22 staff retention data 1.24 fidelity data**)

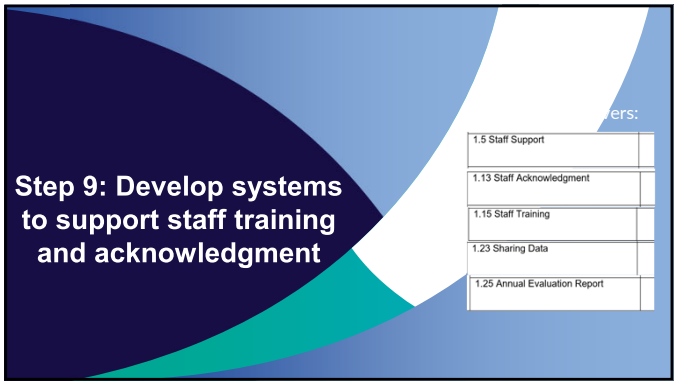


5 minutes

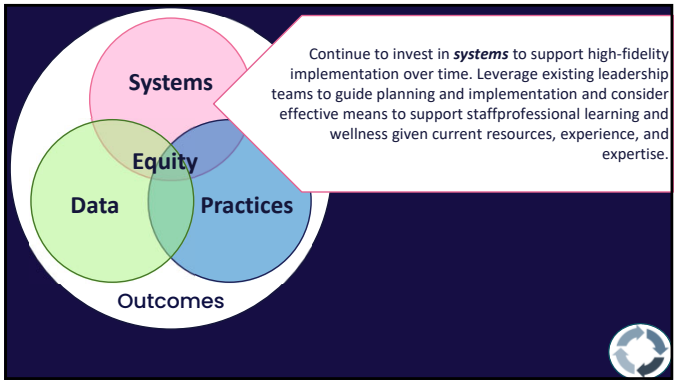
69


LUNCH
BREAK
© May Institute, Inc.

70


Step 9: Develop systems to support staff training and acknowledgment
ers:
1.5 Staff Support
1.13 Staff Acknowledgment
1.15 Staff Training
1.23 Sharing Data
1.25 Annual Evaluation Report

71


Systems
Equity
Data
Practices
Outcomes
Continue to invest in systems to support high-fidelity implementation over time. Leverage existing leadership teams to guide planning and implementation and consider effective means to support staffprofessional learning and wellness given current resources, experience, and expertise.

72

What are SYSTEMS?

The way agencies operate are their foundational systems.

In PBS, these systems support:
- accurate, durable implementation of practices
- the effective use of data to achieve better outcomes

In other words…
systems are what we do to support the **adults**!

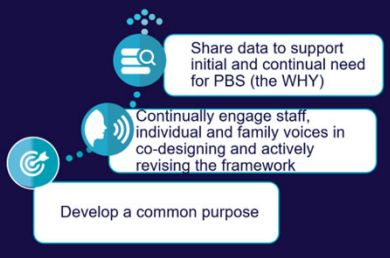
73

Systems SUPPORT implementation fidelity

74

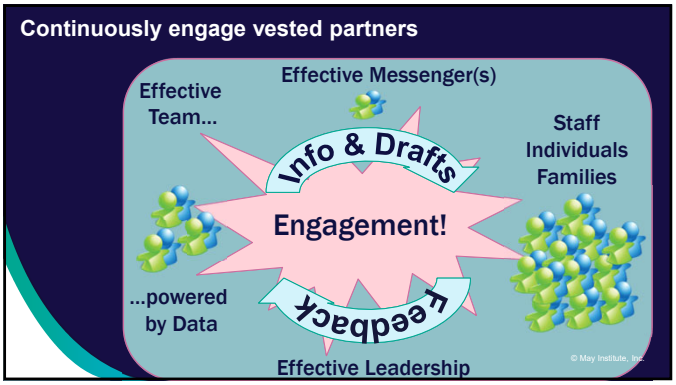
Staff Engagement is Critical for Implementation!

- significant factor driving sustaining implementation (McIntosh et al., 2013)
- top thing that makes everything fall apart when it was missing (Pinkelman et al., 2015)
- lack of staff buy-in most commonly reported reason for abandonment (Kittleman et al., 2020)



75

Continuously engage vested partners



76

Share relevant data with staff often and regularly

The factor most related to high sustainability of PBS…

The frequency data is shown to all staff!
(Pinkelman et al., 2015)

Behavior Incidents
- Average per day/month
- Location
- Risk ratio

Perception (Survey) Data
- Individual
- Staff
- Families

Fidelity Data
- TFI scores
- QUIC Data (aggregated)

77

Annual Evaluation Report

78

Guidelines for Staff Engagement

- Use data to establish need
  - Self-assessment
  - Baseline discipline/behavior/climate data
- Maintain an effective team with active administrator participation
- Present information in clear and efficient way(s)
- Obtain and incorporate feedback on all elements of PBS from staff
- Start small and demonstrate success

79

Continuum of Multi-tiered Professional Development Support

Onboarding and Professional Development

Tier 1
What do we do for **ALL** Staff?

Universal Professional Development:
Training and Self-management

Universal Screening:
Walk-through and Student Data Review

~5%

~15%

~80% of Staff

Tier 3
What do we do for the **FEW** staff needing intensive support?

Intensive Professional Development:
Data-driven Consultation

Performance Feedback:
Routine Walkthrough and Self-management Data Reviews

Tier 2
What do for the **SOME** staff needing more support?

Targeted Professional Development:
Self-management with Peer or Coaching Support

Progress Monitoring:
Walkthrough, Student Data Review, Teacher Collected Data

80

Embedded and Ongoing Professional Development

What content?	When will it be explicitly taught?	By who?	How will prompting and coaching occur?	How will staff be provided performance feedback?

First, identify what staff need to know, then, provide…

Explicit Training	Coaching/ Prompting	Performance Feedback

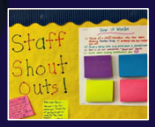
81

Guidelines for Embedded and Ongoing Professional Development

- Ensure PD includes explicit training, performance feedback and ongoing coaching
- Develop a PBS PD Calendar and routines (e.g. 15 minutes of every program meeting)
- Align staff evaluation procedures with expected practices where possible

82

Acknowledge the staff, too!



83

ACTIVITY: Develop systems to support staff training and acknowledgment

Collaborate with your team to create/ identify the following:

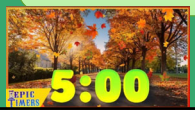
-Onboarding and professional development that includes explicit training, coaching/prompting and feedback

-Engaging staff (e.g., gathering staff feedback)

-Acknowledging staff

What content?	When will it be explicitly taught?	By who?	How will prompting and coaching occur?	How will staff be provided performance feedback?

Add action steps to your TFI worksheet next to the corresponding item (i.e., **items 1.5 staff support 1.13 staff acknowledgement, 1.15 staff training, 1.23 sharing data, 1.25 annual evaluation report**)



5 minutes

84

Step 10: Build routines to ensure ongoing implementation

1.6 Policy Alignment
1.16 Information/Training Available for Key Partners

85

How do we keep the pieces all going?

- Mark your calendars
- Organize resources
- Policy Alignment
- Work smarter, not harder

86

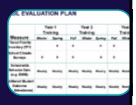
Maintain an agency-wide shared calendar including:

Leadership team meeting times
(regularly, ~monthly)

Expectations/ Values Teaching and Booster Schedule
(Start Day 1!)

Professional development

Staff updates
(at least quarterly)



Evaluation Plan Routines

"Time is the scarcest resource and unless it is managed nothing else can be managed." ~Peter F. Drucker

87

Organize Your Resources

For Staff

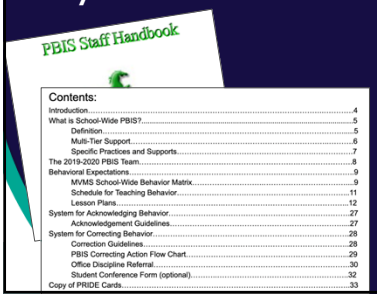
- Description of PBS
- Agency-Wide Expectations/Values
- Expectations/Value Matrix
- Lesson Plans
- Overview of Acknowledgement System
- Overview of Positive Proactive Strategies
- Challenging behavior definitions
- Flowchart for Responding to Challenging Behavior
- Request for Assistance form

For Individuals and Families

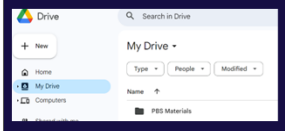
- Description of PBS
- Agency-Wide Expectations/Values
- Expectations/Value Matrix
- Sample Home Matrix (if applicable)
- Overview of Acknowledgement System
- Overview of Positive Proactive Strategies
- Challenging Behavior Definitions
- Overview of Responding to Challenging Behavior

88

Ensure staff have access to what they need…



Digital Binder?

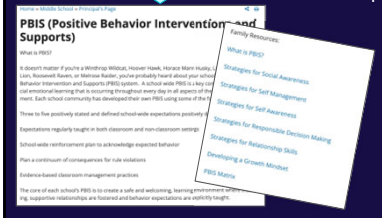


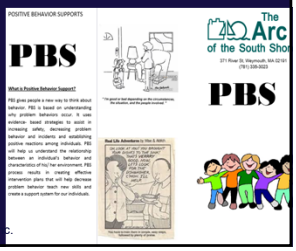
89

Agency Website

Quick overview of PBS for anyone who visits your agency online or in person

Tri-fold Brochure





90

Newsletter

Example from Charles River Center

RISE APPROACH HIGHLIGHTS POSITIVE BEHAVIOR SUPPORTS

Charles River has joined with the May Institute to pilot a new education program to increase awareness of PBS.

Positive Behavior Supports (PBS) are strategies and techniques to help adults with intellectual disabilities engage in positive behaviors by creating an encouraging and empowering environment.

Kelly Mahoney and Kallie O'Brien, registered behavior technicians at Charles River, are spearheading the PBS education program, which is called RISE: Respect, Inclusion, Safety and Engagement.

"With positive behavior supports, we're seeking to understand the reasons for a particular behavior," said Kelly.

"Our goal is to help individuals replace behaviors that don't serve them well with positive skills that enhance their quality of life."

"The RISE campaign will educate all our stake-holders, namely individuals, staff, family members and the community," Kallie added. "RISE posters and flyers throughout Charles River will help everyone better understand the approach of positive behavior supports."

Headquartered in Randolph, the May Institute is a nonprofit organization that is a leader in the field of applied behavior analysis, serving autistic individuals and those with other developmental disabilities, brain injury and neurobehavioral disorders, and other special needs. Charles River is one of three organizations piloting this educational initiative.

RISE will roll out across Charles River this summer.

A leader in supporting people with disabilities

3

91

Training Available for Key Partners (e.g., families, community members)

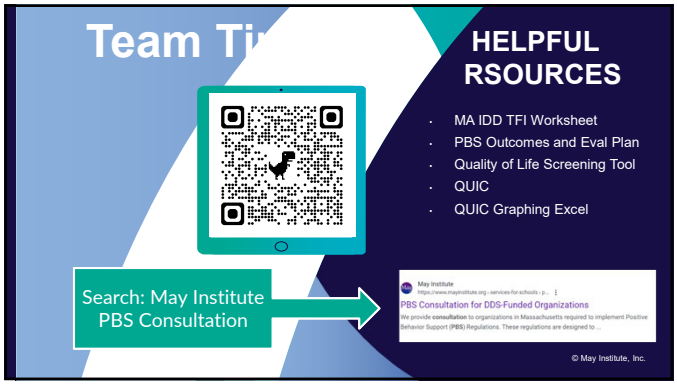
- Live virtual trainings
- Community Presentations
- Recorded webinars

92

Typical Agenda for PBS Leadership Team Meeting

- Universal Practices Updates
  - Core Values Established
  - Teaching Core Values
  - Documentation Created
- Training
  - Needs
  - Development
  - Delivery
- Data Overviews
  - QUIC, Incidents, Surveys, Quality of Life, Other
- Acknowledgements
  - Individuals
  - Staff
- Advanced Tiers Reports
  - How many newly referred, How many have come off
  - Human Rights Committee Report
  - Peer Review
- Family and Stakeholder Engagement
- Other Issues
  - Policies

93


Team Ti
HELPFUL RSOURCES
MA IDD TFI Worksheet
PBS Outcomes and Eval Plan
Quality of Life Screening Tool
QUIC
QUIC Graphing Excel
Search: May Institute PBS Consultation
May Institute
PBS Consultation for DDS-Funded Organizations
© May Institute, Inc.

94


Before you go...
SHARE OUT
What is one action item your team will continue to work on?
Please complete this quick training feedback survey:
https://www.surveymonkey.com/r/C4DDSPBSDay3
This helps ensure we meet your needs!
© May Institute, Inc.

95