Minnesota's Standards of Practice: Positive Behavior Support Across the Lifespan

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Standards of Practice: Positive Behavior Support Across the Lifespan

Positive behavior support* is a framework that is used to help people from birth to old age improve their quality of life (Carr et al., 2002; Carr et al., 2007). Implementing positive behavior support promotes social and emotional health and wellness, and involves making changes in home, school, work, and community settings to prevent challenging behavior (Brown, Anderson, & De Pry, 2015). There are many different settings in Minnesota where positive behavior support is being implemented (Freeman et al., 2019; Freeman et al., 2021), and across the nation, schools and districts, early childhood settings, supports for people with disabilities, children and family services, juvenile justice, and many other types of organizations are implementing positive behavior support (Bradshaw, Koth, Thornton, & Leaf, 2009; Crosland, Dunlap, Clark, & Neff, 2008; Durand et al., 2013; Freeman et al., 2023; Hemmeter, Snyder, Fox, & Algina, 2016; Jolivette, & Nelson, 2010; Lucyshyn, Dunlap, & Albin, 2002; Grasley-Boy, Reichow, van Dijk, & Gage, 2021; Shear, Moore, & Freeman, 2023). The following features are essential to positive behavior support —

- Positive changes in lifestyle reflect unique cultural values,
- Supports occur across a person's lifespan and with all of the settings in a child or adult's life,
- Children and adults are empowered to seek their best lives,
- Challenges are prevented, in part, by considering changes in the setting, not the person,
- Progress is measured using data,
- Foundational principles from behavioral and biomedical science are used to improve lives,
- Multiple fields of study and practices are integrated using systems change, and
- Everyone works together to make larger changes that impact educational and community organizations using a continuum of increasingly intensive strategies.

(APBS Practice Guidelines, 2023; Carr et al., 2002; Carr et al., 2007; Dunlap et al., 2008; Freeman et al., 2021; Kincaid et al., 2016).

Vision for the Standards

Positive behavior support is currently being used across the state of Minnesota (MN) in diverse settings to support people from birth to old age (Freeman et al., 2019; Freeman et al., 2021). People in Minnesota representing these settings submitted a petition in 2016 to the Association for Positive Behavior Support (APBS) to create the Minnesota Positive Behavior Support (MNPBS) Network. APBS Networks are communities of practice where people work together to learn and make change. Each network creates an action plan to promote positive behavior support (Association for Positive Behavior Support, 2023). Every year, the network reports progress being made to APBS. One of the tasks chosen by the network is to create Standards of Practice in positive behavior support in Minnesota.

Effective positive behavior support plans are implemented across home, school, work, and community settings (Freeman et al., 2015). The MNPBS Network created these standards with the idea that standards will assist implementers in achieving coordinated positive behavior support across the lifespan. The goal of the MNPBS Standards is to improve services for people of all ages and to share a common positive behavior support language across settings. Creating a common way to talk about positive behavior support across early childhood, education, juvenile justice, mental health, out-of-home placements, hospitals, and other services supporting people will make it easier for young children, youth, adults, and older Minnesotans during the different stages of their lives to guide their own positive behavior support plans. These types of life transitions often involve changes in the kinds of supports and services a person needs.

**Words highlighted in green are defined in the glossary*

The standards in this document have been reviewed by experts, trainers, and implementers within Minnesota and in the United States (see the collaborator page for more details). Comments from these reviews have been consistently positive while many reviewers acknowledged the challenges associated with defining three-tiered positive behavior standards in a manner that represents diverse people, environments, services, and settings. For example, antecedent, behavior, and consequence data are often collected by direct support staff at tier 1 in disability services but this type of data collection is less likely to be collected by general education teachers regularly as a universal strategy. Terms, tools, and systems in education, early childhood, or juvenile justice settings vary. In the review process, some people reported that the standards may be too similar to the language used in schools. However, those representing education also have commented that they now have a better understanding of how positive behavior support is being implemented in settings outside of schools and districts.

The training and technical assistance systems in Minnesota have used the PBIS framework across education, early childhood, and human services. The adaptations of PBIS to human service settings show promise although continued research is needed to expand the evidence base. Feedback from people representing different settings and populations across the lifespan is still needed to improve this product. Continued edits will be made to ensure the standards are inclusive of all positive behavior support in the state. The MNPBS Network will continue to refine the standards in this monograph and invite those interested to send additional feedback and suggestions.

History of Positive Behavior Support

Positive behavior support concepts emerged in the late 1980's as a preferred alternative to the use of punishment that people with intellectual and developmental disabilities (IDD) were exposed to on a regular basis (LaVigna & Donnellan, 1986; Lucyshyn, Dunlap, & Freeman, 2015). Punishment during this time period was often used as a strategy to control behaviors people considered to be problematic that were challenging services and systems (Meyer & Evans, 1989; Will, 1999). Champions of nonaversive strategies for supporting children and adults worked together to strongly advocate for effective alternatives to punishment calling this framework positive behavior support (Horner et al., 1990). This action was consistent with the goal of the civil and disability rights movements to provide equal access to the same opportunities as everyone else in the United States (Lucyshyn et al., 2015). These advocates also insisted that people with disabilities should not be placed in large institutions far away from their homes and communities (Freeman et al., 2020). The goal for advocates was to make changes in the United States to ensure that people with disabilities could live in the homes and communities of their choosing. Advocates of these positive approaches called for people with disabilities to have the same rights as everyone else.

Over time, disability advocates expanded their mission to ensure the rights of children with disabilities be educated in the least restrictive settings possible. These advocacy efforts resulted in changes in legislation at the federal level in education and human services (Lucyshyn et al., 2015). Positive behavior support has been used in home, school, work, juvenile justice, and community settings (Sailor, Dunlap, & Horner, 2008). Leaders in positive behavior support focused on ways to prevent challenging behavior by supporting young children both with and without disabilities (Blair, Fox, & Lentini, 2010; Dishion et al., 2008; Sugai et al., 2000).

Positive behavior support also became a resource for supporting people with traumatic brain injury (Feeney, & Ylvisaker, 1997, 2006; Freeman et al., 2023) and older adults with a diagnosis of dementia (Shear, Moore, & Freeman, 2023).

Advocacy efforts in positive behavior support have expanded to address systemic injustices and ensure equity for all people who are facing oppression in today's society (Allen & Steed, 2016; Barclay, Castillo, & Kincaid, 2022; Fallon, O'Keefe, & Sugai, 2012; Knochel, Blair, Kincaid, & Randazzo, 2022; Utley, Kozleski, Smith, & Draper, 2002; Utley & Obiaker, 2012; Vincent & Tobin, 2011; Wang, McCart, & Turnbull, 2007). The 2023 APBS Practice Guidelines now state that social justice and equity as well as cultural and professional humility are "...critical to the practice of positive behavior support " (p. 4, APBS Practice Guidelines, 2023).

The MNPBS Network recognizes that positive behavior support can and has been implemented by people in a manner contributing to systemic injustice and the oppression of marginalized communities and is committed to addressing this past by actively integrating culturally responsive practices into all elements of implementation (APBS Equity Position Statement, 2022). Positive behavior support trainers now actively teach how to use data to improve equity for children and adults receiving services (Barclay et al., 2022; NCPMI Equity Coaching Guide, 2023; McIntosh, Barnes, Morris, & Eliason, 2014; Leverson et al., 2021l; McIntosh et al., 2021; Vincent & Tobin, 2011; Vincent, Swain-Bradway, Tobin, & May, 2011). Families, teachers, early educators, and others who work in education and human service settings represent diverse cultural viewpoints and backgrounds (Paul, Kalyanpur, & Harr, 2012; Harry, 1992). Building a culture that celebrates diversity and encourages reflection on how values and beliefs impact responses to challenges across settings is necessary for improving quality of life outcomes for children and adults (Sugai et al., 2012).

The information in these standards is based on the belief that disability and social justice efforts are linked. People with disabilities represent black, indigenous, people of color as well as those who are gender nonconforming and/or LGBTQ, immigrants, and other marginalized communities. The term intersectionality is a concept that describes all oppression as being linked and provides a way to understand how people with disabilities experience multiple forms of oppression based on their unique life experiences. Daphne Frias, a youth activist said that people with disabilities: "...live at the intersection of all systems of oppression. There isn't one issue or one intersection where you will not find disabled individuals advocating for or experiencing the effects of those issues (pp. 1)" (Pressley, A., & Cokley, R. (2022). These standards build on the long history of advocacy for disability in positive behavior support while acknowledging that positive behavior support is a resource for all people, and therefore, disability and social justice efforts must be actively integrated into all elements of positive behavior support training.

As positive behavior support has grown, systems change has been used to move beyond workshops and trainings delivered outside of applied everyday settings. Leaders in positive behavior support address this issue by supporting changes at an organizational level (Sugai et al., 2000; Hemmeter et al., 2016; Rodgers, LePage, & Freeman, 2016). Researchers studying the science of how to embed practices such as positive behavior support into education, family, early childhood, juvenile justice, and human service settings have provided a framework for effective implementation. (Fixsen et al., 2005). The larger focus on the organization instead of just the individual has encouraged the scaling up of positive behavior support in ways that bring communities together (Fixsen, Blasé, Metz, & Van Dyke, 2013; Fixsen, Blasé, & Van Dyke, 2019).

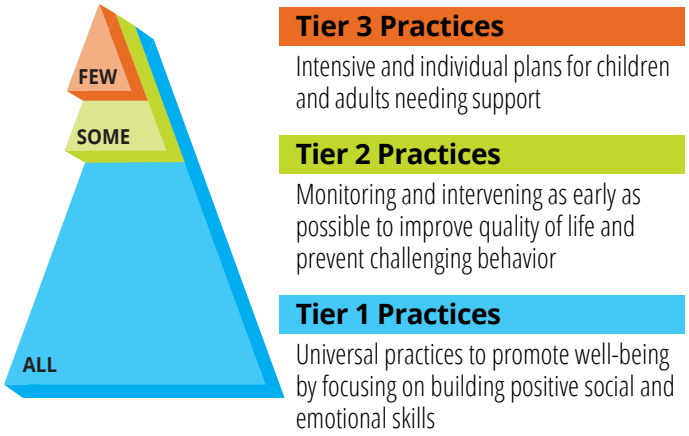
Three-Tiered Model of Positive Behavior Support

The information in these standards describes the positive behavioral interventions and supports or PBIS framework (Center on Positive Behavioral Interventions and Supports, 2010; Sugai & Horner, 2006). PBIS is organized using a three-tiered approach commonly used in public health for improving outcomes (World Health Organization, 2004). Using three tiers of prevention that increase in intensity helps improve quality of life and decrease challenging behavior (Fox, Dunlap, & Powel, 2002; Sugai et al., 2000). The first level, Tier 1, is also referred to as universal prevention. Interventions at this tier benefit everyone by promoting learning about and use of social and self-regulation skills (Center on PBIS, 2022). Important outcomes at Tier 1 include increasing emotional wellness and creating a positive and predictable environment. Tier 1 involves everyone working together to create a consistent plan to respond to challenges and recognize positive behaviors in a proactive manner. A team that represents all of the major roles and diverse voices within an organization makes these changes. The team's job is to gather feedback from children and adults receiving support as well as administrators, managers, staff, family members, and others in the community to make positive changes as part of an organization-wide self-assessment (Office of Special Education Programs, OSEP, Technical Assistance Center on Positive Behavioral Interventions and Supports, 2015; Van Ness et al., 2018).

Some children or adults need a little more support when minor challenges arise than Tier 1 can offer (Turnbull et al., 2002). Tier 2 systems are designed to use data to monitor how children or adults are doing in a setting and to act as early as possible when minor challenging behaviors arise (Crone, Hawkin & Horner, 2015; Crone & Horner, 2010; Newcomer, Freeman, & Barrett, 2015). The goal at Tier 2 is to address challenges as soon as possible and prevent behavior from escalating by adding support. Group and targeted interventions and simple positive behavior support plans are implemented at Tier 2.

When really complex challenges occur, Tier 3 interventions are needed. Tier 3 includes more intensive ways to support a person with complex life challenges that result in challenging behavior and lower quality of life. (Brown et al., 2015; Crone & Horner, 2015). At Tier 3, a team forms around a person who is seeking positive behavior support. The person leads their own team with support from family members, caregivers, and others who know them well (Anderson, Brown, & Schuermann, 2007; Freeman et al., 2022). Figure 1 below shows a triangle that represents an entire organization and examples for each tier.

Figure 1. Tiered Model of Positive Behavior Support



Children and adults who benefit from Tier 3 supports are still actively involved and can receive supports from both Tier 1 and 2 (Freeman et al., 2006). Data are used at each tier to assess, monitor, and problem solve so that each child or adult receives what they need to improve their quality of life including across domains such as personal and academic growth, emotional wellness, and interpersonal relationships (Carr, 2002, 2007; Dunlap et al., 2008). The disability field uses the term "domain" to describe quality of life while the term "dimension" is common in mental health and wellness, however, the concepts in Figure 2 are similar (Das, 2015; Kobrin, 2017; Schalock et al., 2002; Schalock & Verdugo, 2002).

Figure 2. Quality of Life Domains and Dimensions

Assessing Quality of Life and Across the Lifespan: Improving Wellness in Mental Heath and Disability

SAMHSA's Eight Dimensions of Wellness

- **Social** — Developing a support system/feeling connected to others
- **Emotional** — Skills to cope with stress and negative life outcomes
- **Spiritual** — Search for meaning/sense of purpose
- **Intellectual** — Knowing one's strengths and expanding wisdom and skills
- **Environmental** — Living in positive settings that support well being
- **Financial** — Satisfaction with current finances and future plans
- **Occupational** — Obtaining a sense of positive meaning from one's work

Quality of Life and IDD

- **Emotional Wellbeing** — Feelings of happiness or contentment, feeling comfortable and safe at home and in the community
- **Interpersonal Relationships** — Receiving affection and love at home and in the community, connecting with others
- **Maternal Wellbeing** — Being able to purchase items that one wants or needs, owning items or property
- **Personal Development** — Learning and evolving as a person in education and life
- **Physical Wellbeing** — Maintaining optimal health and mobility
- **Self-Determination** — Making one's own important life decisions and life goals
- **Social Inclusion** — Feeling included as part of a community and building meaningful connections with others
- **Rights** — Being able to have one's right to privacy and freedom and access to legal support, to vote and engage in civic responsibilities

The information in these standards outlines the key elements of each tier in order to clearly define the continuum of intensity of supports needed for organization-wide change. However, the MNPBS network embraces other positive behavior support frameworks or models and recognizes that network members may not be involved in larger organizational change.

Some members of the MNPBS Network are not part of any PBIS efforts. They are involved in important roles associated with positive behavior support. These standards have been created with an understanding that people can apply the information based on what works best for each person and in each setting.

The MNPBS standards can be used whether a county, early childhood setting, school district, individual school, or any other organization is working at a larger systems-change level is formally using PBIS. **People who live or work in settings that are not using a tiered approach can still use the content in these standards by focusing on interventions at different levels of intensity.** The tiers simply describe: 1) how to prevent challenges at Tier 1, 2) strategies for monitoring quality of life and social behavior and to intervene before minor problems escalate at Tier 2, and 3) key positive behavior support strategies for people who are seeking help to address more intensive and complex challenging behavior at Tier 3. Table 1 includes a summary of examples demonstrating implementation at each tier.

Table 1. Examples of Strategies Across Three Tiers or Levels of Positive Behavior Support

Tier 3 (Few)	• Individual and intensive plans use different practices with positive behavior support such as person-centered plans, wraparound planning, and trauma-informed cognitive behavior therapy • Interventions directly address the function maintaining challenging behavior • Social, emotional and communication skills are taught • Changes in routines and settings are made to prevent challenges • Individual plans are monitored using data-based decision making • Plans are monitored using measures of social and challenging behavior and quality of life with each individual's cultural context Bambara et al., 2005; Brown et al., 2015; Eber, Sugai, Smith, & Scott, 2002; Freeman et al., 2015; Kincaid & Fox, 2002; Stroul & Friedman, 1996; Van Ness et al., 2018
Tier 2 (Some)	• Simple interventions are used to add a little more support than Tier 1 can provide • Social, emotional, and communication skills address the function of challenging behavior • Group and targeted interventions address minor challenging behavior • Data are used to monitor and intervene as early as possible when minor challenging behaviors occur Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020; Hawkin et al., 2015; Heppen et al., 2015; Kern, Harrison, Custer, & Mehta, 2019; Newcomer, Freeman, & Barrett, 2013; Tsai & Kern, 2019; Wolfe et al., 2016
Tier 1 (All)	• Tier 1 team represents the diversity of people in a setting • Everyone is involved in teaching, modeling, and encouraging communication and relationship building • Social, emotional, and behavioral skills are taught, modeled, and practiced • People are recognized for positive social interactions • Consistent responses to challenges are agreed upon together with strategies used based on each setting (instructional, person-centered, trauma informed, and restorative practices) • Teams review responses to challenging behavior using strategies to assess how cultural bias may impact responses. • Data are used to guide Tier 1 efforts Anderson et al., 2007; Center on PBIS, 2022; Crone et al., 2015; Crone & Horner, 2010; Hemmeter et al., 2016; Hemmeter et al., 2022; Smull, Bourne, & Sanderson, 2009; Sugai et al., 2000

Using the Minnesota's Standards of Practice

The standards can be used by people who have different roles within an organization. Leaders can use the standards to begin organizing a plan for an entire organization. People who consult or work directly with children and adults can learn about and share information with others guided by the standards. Family members and caregivers may choose to learn how to use a tiered model at home or advocate for positive behavior support. Some examples of services where positive behavior support is implemented include —

- Individual family homes, employment, and community organizations,
- Children and family services (foster care, preservation),
- Counties and public health organizations,
- Early childhood settings,
- Education and alternative educational contexts,
- Juvenile justice,
- Mental health organizations, psychiatric residential treatment and out of home placements, and school-linked programs in schools,
- Nursing homes/assisted living, and
- Traumatic brain injury services.

Each person reading these standards have diverse job roles, work in a variety of organizations, and may be using positive behavior support in various ways with people of all ages. The Minnesota Standards of Practice in Positive Behavior Support can be used to —

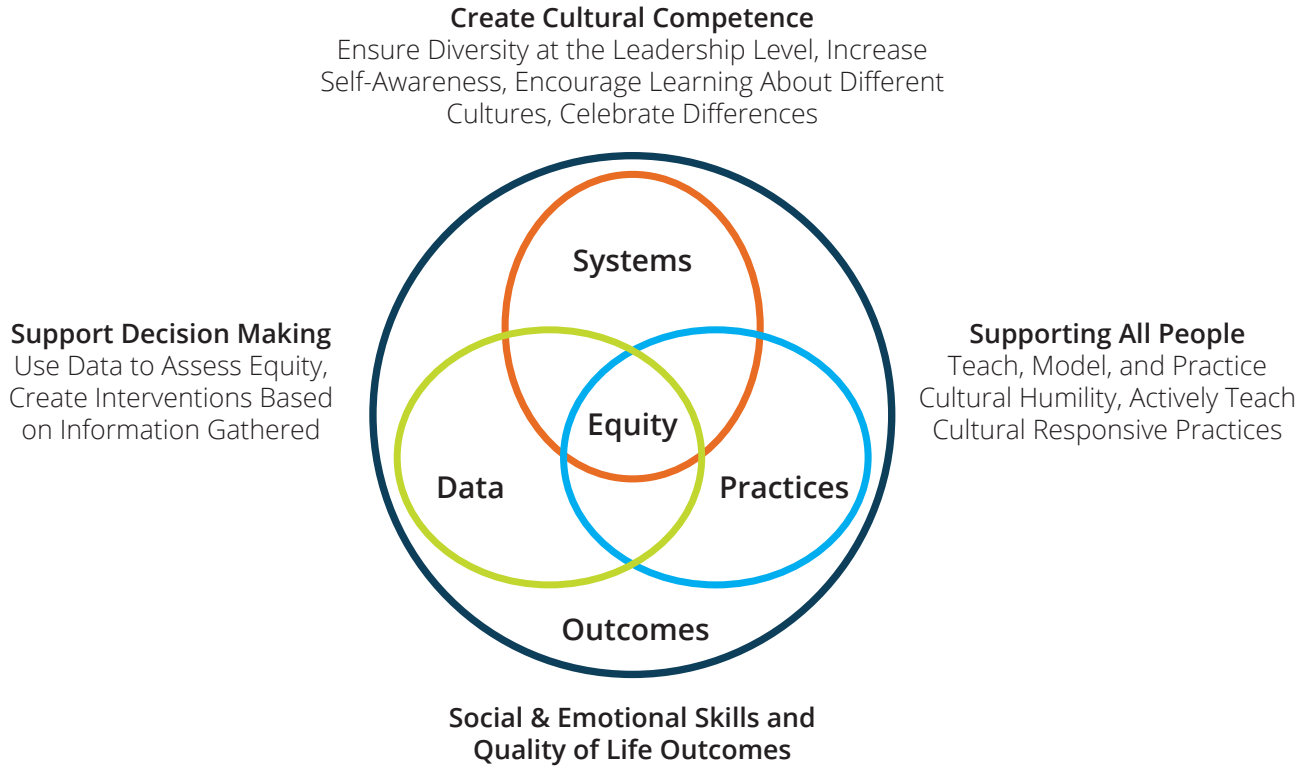
1. Introduce key parts of the positive behavior support process at each tier,
2. Describe how organizations can implement positive behavior support with fidelity,
3. Define the key features of positive behavior support at each tier,
4. Guide people who are learning how to use positive behavior support,
5. Advocate for positive behavior support funding, policy changes, and implementation, and
6. Evaluate expected performance characteristics and structures of positive behavior support.

The references at the end of this section represent positive behavior support research and technical assistance across home, work, education, and community settings.

Integrating Cultural Responsiveness into the Standards

Practices can be used in a way that are helpful to a person or that can have a negative impact on people who represent marginalized communities and are not part of the dominant culture (APBS Equity Position Statement, 2023). For this reason, it is important to integrate information about how to increase cultural responsiveness into each of the tiers described in the standards. The Figure below describes how to think about the changes that need to be made to achieve positive social and quality of life outcomes. Figure 3 was created as part of the Office of Special Education Program's Center on PBIS and shows how any organization can begin to make systems change by thinking about data, systems, and practices (McIntosh, 2023).

Figure 3. Integrating Cultural Responsiveness into Data, Systems, and Practices



Adapted with permission: McIntosh, K. (2023).

Organizations that are breaking down systemic injustices use data about race, ethnicity, and positive and negative outcomes to assess if positive behavior support works in an equitable manner for everyone (Vincent & Tobin, 2011). Systems can be designed to help support people in becoming more aware of variations in culture and how these variations can lead to various opinions about what challenging behavior looks like within a cultural context (McIntosh et al., 2021). The positive behavior support practices taught in Minnesota include ways people can stop and assess whether their own assumptions are in conflict with others before responding to challenging behavior or making important decisions that can impact someone's life (McIntosh et al., 2020).

Creating a Common Language

Each tier is outlined in more detail in the next sections of the standards. These settings and populations use different terms, tools, and words to describe data, systems and practices. For this reason, the standards present each tier in a way that shares the elements of positive behavior support that are common across settings for all of the diverse children and adults who receive support. There are a number of terms MNPBS Network members are using across settings and at each tier.

Challenging Behavior. In these standards, the term challenging behavior refers to any actions that are of concern to a child or adult and to the people who know them well within their own cultural context. Our belief is that challenging behavior is part of our human condition and that all of us benefit from positive behavior support principles since everyone engages in challenging behavior at some point in life. Challenges occur when a behavior interferes with our quality of life, health and wellness, or the safety

of ourselves or others. These behaviors are a signal that the interaction patterns between one or more people, variability in cultural values and beliefs, internal events within a child or adult, and/or the social and physical climate need to be assessed. Even when physiological factors trigger challenging behavior, the way in which the environment is organized can increase or decrease the intensity and severity of the behaviors that occur.

Language. The MNPBS Network recognizes that the use of language in positive behavior support is a sensitive topic that needs to be prioritized in order to promote collaborative community partnerships. Past articles, books, and chapters often failed to write about positive behavior support implementation in a manner that assumes Autistic people and people with disabilities are colleagues and are equal partners in the evolution of this practice. A positive aspect of positive behavior support is that it has always included core values and language that includes the following assumptions —

- Children and adults lead their own meetings,
- Positive behavior support plans are guides for how people communicate and create plans for improving quality of life,
- The elements of an environment that are not a good fit for a person and may be triggering frustration, fear, anger, and other negative emotions need to be restructured, and
- Cultural values and beliefs must be an integral part of positive behavior support at all three tiers to avoid inequity and implicit bias that may be responsible for the occurrence of challenging behavior (Carr, 2002; Freeman et al., 2020)

We recognize that we might not always communicate these values in a manner that reflects the viewpoint of our diverse community of implementers. Our goal is to adapt and modify the content of the standards systematically over time based on feedback. The MNPBS Network invites any concerns or comments about the language in the standards and will work to represent our inclusive community.

Organization. An organization is defined in this document as a system of one or more people who are working together toward a common goal. The term organization can be referring to very large or small groups of people who are bound together in some way. Each organization is very different. Schools, counties, mental health and provider organizations, and families or caregivers who are managing staff are all examples of organizations.

Positive Behavior Support Facilitator. This term refers to a person with more experience in positive behavior support who is planning to use the standards within an organization. Facilitators responsible for implementing positive behavior support in an organization may take on leadership roles to help teams put one or more tiers in place. A Positive Behavior Support (PBS) Facilitator may be dedicated to leading work at only one of the three tiers, or implementing across all three tiers. Terms that are related to this role include coaches, early childhood professionals, psychologists, social workers, juvenile justice staff, family members, trainers, or behavior analysts. Since different terms are used to describe roles across different types of organizations, these standards refer to any person who is taking a lead role in implementing positive behavior support. More information is available at the end of this document that will provide links to training, tools, and resources that will use terms that are commonly used in each type of setting.

Positive Behavior Support Practitioner. Behavioral support professionals, clinical professionals, direct support professionals, early childhood professionals, education psychologists, families and caregivers, juvenile justice professionals, teachers, school paraprofessionals, personal care attendants, and community members are examples of people who may be considered Practitioners. APBS uses the term Practitioner to refer to any person using positive behavior support while supporting someone. The term Practitioner has been adopted by the MNPBS Network to indicate that a person is learning about and using positive behavior support as a part of an organization.

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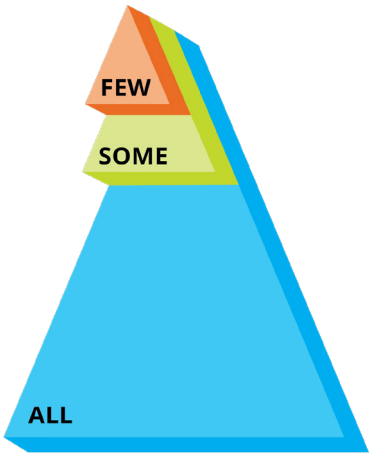
**The references throughout the standards are organized at the end of each section to make it easier to find the resources related to each topic. With the exception of the introduction, all reference sections for the standards sections are summarize at the top of each numbered topic in the standards rather than after each item. We believe this will make it easier to read and understand the content presented.*



Tier 1 Positive Behavior Support

This section describes Tier 1 practices that are used by organization-wide teams to use positive behavior support as outlined in Table 1. An important way to start Tier 1 planning is to adopt a team approach with people who represent all of the roles, as well as cultural and social groups within the organization. Teams coordinate implementation of the systems, data, and practices in Figure 3 with intentional equity embedded in all activities. The team does this by working with a broad range of people to assess strengths and needs across the organization. Systems-change research recommends teams involve everyone in positive behavior support assessment and planning. Research studies also indicate that organizations will achieve better outcomes when the leaders of each organization are directly involved in positive behavior support.

Figure 4 is used as a visual that shows the four defining features of effective organizations. Effective organizations create leadership at different levels within an organization. Quality leadership comes from creating a common language, a vision everyone shares, and by making predictable routines for data-based decision making. Leaders empower people with different roles in the organization to share in decision-making. Sharing leadership empowers people to find new solutions to challenges. Focusing on a common language makes it easier for people to understand the vision and mission of positive behavior support. Discussing common values and beliefs and reflecting on different cultural viewpoints that are represented in a setting helps create a unified vision across people. Building "feedback loops" for sharing information and making decisions together helps build a common experience across people (Freeman et al., 2009). Table 2 provides more details for each feature in Figure 4.

Figure 4. Four Features of Effective Organizations

Adapted from (Center on Positive Behavioral Interventions and Supports, 2015)

Table 2. Description of Each Feature Related to Effective Organizations

Feature	Description
Common Vision/ Values	A vision and mission that is created and accepted by most of members of an organization provides a shared goal for systems change.
Common Language	Introducing terms and concepts that are designed and shared by most people creates improves communication and action planning
Common Experience	Routines, events, and behaviors that are practiced together provides a way to reflect on actions and share progress
Quality Leadership	Encouraging leadership and innovation across an organization empowers people to seek out new ways to improve support

(Adapted from Center on Positive Behavioral Interventions and Supports, 2015)

Systems Approaches at Tier 1

(Some Examples Include: Early Childhood Centers, Families, Foster Care, Mental Health Centers, Schools, Alternative Education Settings, Provider Organizations Supporting People with Disabilities at Home, Work, and in the Community, Juvenile Justice Settings, Nursing Homes/Assisted Living, Psychiatric Residential Treatment Facilities, etc.)

This section outlines the systems needed at Tier 1 including team-based strategies for gathering information, involving community partners, changing policy, and evaluating implementation.

1. Core Tier 1 Team Actions

a. People representing important roles within the organization are recruited to form a team based on the type of education or community services an organization provides —

i. Students, persons receiving services, older adults

ii. Family members, foster care parents, guardians, and caregivers

iii. Administrative leaders, Directors, CEOs

iv. Educators, paraprofessionals, school staff

v. Human service supervisors and managers

vi. Direct support staff, child care staff, personal care attendants and staff providing direct support, juvenile justice personnel

vii. Mental health professionals, juvenile justice, or other intensive out of home service professionals

viii. Professionals from outside of an organization working in related services

ix. Community members, business leaders, advocates

b. Teams reflect the diversity of each setting with broad representation across cultural and social groups

c. Team members are involved in guiding Tier 1 efforts —

i. Regularly scheduled meetings with one person responsible for organizing the events

ii. Effective meeting strategies are used and reviewed by the team

iii. Team engages in dialogue across the entire organization including children and adults (depending upon age), staff, families, and others involved about positive behavior support and assesses readiness before getting started

iv. Assessment tools, data, and feedback from community partners are used to identify strengths and priorities for moving forward

v. Action plans address Tier 1 implementation and goals and guide implementation

vi. Key features of Tier 1 are reflected in the action plan (teaching social, emotional skills, practicing emotional wellness skills, designing ways to recognize desired behavior, creating a consistent response to challenging behavior based in the setting (instructional, person-centered, trauma informed restorative-practice driven)

vii. Other positive support practices that are evidence-based are integrated at Tier 1 (universal strategies for mindfulness, restorative practices, trauma informed care, using student, family, community, and person- centered strategies to build positive relationships)

viii. Data are used to drive decisions and solve problems

d. Leaders of the organization are actively involved in the team process

e. Team invests in a program or process for accurate data entry for office referral/incident report data

f. At least one person on the team understands and can share state, regional, and organization policies

g. Team meetings promote respect for cultural variations and prompt awareness and discussion about equity

h. Strategies are in place to reach out to community members (outside of the organization) —

i. Natural supports and community relationships

ii. Tier 1 practices are implemented in community settings

iii. People outside of the organization learn about positive behavior support

iv. Recruiting outside members to serve as team members (e.g., educators reach out to local businesses)

i. Organization policies, procedures, and training systems are changed to improve Tier 1 practices —

i. Mission and vision include values related to positive behavior support

ii. Handbooks, policies, or other documents integrate features of positive behavior support

iii. Training materials are designed to introduce positive behavior support and to guide ongoing trainings and coaching systems

iv. Staff hiring and recruitment strategies are changed to recruit people who represent different cultures within the community and whose values align with positive behavior support

v. The organization uses the evidence-based practices (EBP) defined by the Association for Positive Behavior Support in policy and training.

(APBS and Evidence-based Practices, 2023; Allen & Steed, 2016; Barrett, Bradshaw, & Lewis-Palmer, 2008; Filter & Brown, 2019; Hemmeter et al., 2022; Horner et al., 2018; McIntosh et al., 2018; Newton et al., 2009; Schalock & Verdugo, 2012; Sugai et al., 2012; Newton et al., 2012; Todd et al., 2012; Todd et al., 2011; Witte, Singleton, Smith, & Hersfeldt, 2021)

2. Features of Tier 1 Prevention

a. Social and emotional skills that reflect the values of all cultures within an organization are selected using a consensus-based approach

b. A plan is in place to ensure that the social and emotional skills chosen are taught —

i. Everyone in Tier 1 planning is involved

ii. Training materials are reviewed by people from various cultural backgrounds and with special attention given to marginalized communities

iii. Data are collected to assess whether any patterns occur in data that reflect equity issues (office discipline referrals, incident reports, etc.)

c. Teaching and practicing social and emotional skills occur across settings and on an ongoing basis

d. The social behaviors that reflect the values in each setting are recognized —

i. A plan for recognizing positive social behavior includes different types of reinforcers

ii. Data are used to assess whether reinforcers are being disseminated in a fair and equitable manner

e. Consistent responses to problems that focus on prevention are in place —

i. Consistent responses to challenging behavior are discussed and agreed upon by everyone in the setting

ii. Challenging behaviors are responded to in a consistent manner using strategies that meet the needs of each setting (instructional, person-centered, trauma informed care, and restorative practices)

iii. People in settings are taught to recognize coercive interaction patterns

iv. Strategies are in place to prevent challenging behavior in routines, locations, and settings within the organization

v. Cultural humility and culturally responsive procedures are taught (recognizing people have different communication styles, values and beliefs, learning how to use active listening strategies, recognizing events that increase implicit bias)

vi. Strategies are in place with the specific intention to encourage awareness and prevention of implicit bias and include opportunities for reflection after challenges occur

vii. Conflict resolution is addressed through team-oriented problem solving (consensus, mediation, and the like)

f. Data are used by the team to identify the functions that maintain challenging behavior and to design a plan for prevention at Tier 1 —

i. Patterns related to challenging behavior are assessed on a regular basis

ii. The functions that maintain behaviors across an organization are reviewed in order to identify Tier 1 interventions

iii. Common events that set the stage for challenging behavior across children and adults are identified (setting events)

iv. The most common antecedent events that trigger challenging behavior across children and adults are summarized

v. Tier 1 teams review the most likely events that immediately follow challenging behavior (consequences)

vi. Challenging behaviors are defined and taught including examples and nonexamples

vii. Time is dedicated both in the team and across the organization to reflect on how challenging behavior is viewed from different cultures compared to dominant cultural norms

viii. Overall climate, stress and compassion fatigue are assessed and responses are planned

(Alberto & Troutman, 2016; Barclay et al., 2022; Barrett, Eber, McIntosh, Perales, & Romer, 2018; Colvin, 2010; Dishion & Syner, 2016; Gion, McIntosh, & Falcon, 2020; Hemmeter et al., 2007; Hemmeter et al., 2022; Knochel et al., 2022; Kumm, Mathur, Cassavaugh, & Butts, 2016; McIntosh, Barnes, Morris, & Eliason, 2014; McIntosh et al., 2018; Vincent & Tobin, 2011; Vincent, Swain-Bradway, Tobin, & May, 2011; Leverson et al., 2022; Scheuermann et al., 2013; Snyder et al., 2013; Stirk & Sanderson, 2012; Sugai et al., 2012; Todd et al., 2012).

3. Evaluate Progress and Use Data-Based Decision Making

a. Positive behavior support efforts are assessed using effort, fidelity of implementation, and outcome data

b. Multiple sources of data for decision-making and action planning are used that are appropriate to the organization

i. Office discipline referrals, incident reports or other indicators of challenging behavior

ii. Positive social skills used in key activities

iii. Frequency of reinforcers

iv. Staff tenure/attrition/retention data

v. Sick days, injury rates, worker's compensation

vi. Attendance rates including impact and outcome measures related to mental health therapy sessions

c. Systems for collecting, summarizing, and reporting data are developed or improved

d. Key outcome data are summarized and available for use in Tier 1 team meetings

e. Annual evaluation planning is in place address long-term planning goals

(Algozzine et al., 2018; Freeman et al., 2023; Freeman et al., 2008; Hemmeter et al., 2022; Horner et al., 2018; Jolivette, Swoszowski, Ennis, & Nihles, 2020; Kumm et al., 2020; McIntosh et al., 2014; McIntosh, Ellwood, et al., 2018; McIntosh et al., 2017; McIntosh, Mercer, et al., 2018; Schalock, Gardner, & Bradley, 2007; Schalock & Verdugo, 2012; Newton et al., 2009; Newton et al., 2012; Snyder et al., 2013; Todd et al., 2012; Todd et al., 2011; Van Ness et al., 2018; Vatland et al., 2023)

4. Design Training Practices

a. Training for new staff and ongoing instruction is provided to everyone (children or adults receiving supports, educators, families, community, etc.) and is modified for each community partners group's needs

b. Training efforts are evaluated in Tier 1 meetings to address challenges that arise

c. Training systems are reviewed annually to ensure content is current and effective.

d. Data are used to improve trainings over time

e. Ongoing coaching and mentoring processes are implemented to ensure skills are learned over time.

f. Strategies for teaching cultural awareness and opportunities to reflect on cultural variations are embedded in training all year —

i. Introductory training

ii. Ongoing training events

iii. Staff meetings

iv. Emails, newsletters, social media throughout the year

(Allen & Steed, 2016; Bradshaw et al., 2018; Fallon et al., 2012; Fox, Ferro, Hemmeter, & Binder, 2019; Hershfeldt et al., 2012; Joyce & Showers, 2002; Reinke, Stormont, Herman, & Newcomer, 2014; Freeman et al., 2023; NCPMI (Equity Coaching Guide), 2023; Van Ness et al., 2018)

Tier 1 Positive Behavior Support Facilitators

(Some Examples Include: Behavior Specialists, District Personnel, Coaches, Mentors, Family Members, Psychologists, Counselors, Early Childhood Leaders, Juvenile Justice Professionals, Social Workers, Staff Development Leaders, Teachers, Trainers, Supervisors, Managers, etc.)

This section describes the areas of knowledge and experience required for Positive Behavior Support Facilitators at Tier 1.

1. Facilitate Tier 1 Efforts

a. Guidance in Tier 1 meetings is provided for systems-level assessment and action planning

b. Teams select the social and emotional skills valued by all cultures within the organization —

i. The team creates a plan for teaching, practicing, and modeling new skills

ii. Systems for reinforcing positive social behaviors are put in place

iii. The team creates a proposal for prompting and reminding people to use skills-based feedback gathered (visuals prompts, posters, emails, etc.)

c. The team works on plans for encouraging everyone to follow consistent, agreed-upon responses to challenging behavior

d. Facilitation includes dedicating time in meetings to reflect on improving cultural responsiveness of the organization

i. Variability in communication styles and cultural viewpoints are encouraged

ii. People are empowered to share different thoughts

iii. Cultural humility is intentionally modeled and practiced

iv. Strategies are in place to prompt the team to reflect on how implicit bias may impact decisions being made and to confirm all voices have been heard when making these decisions

v. Time is taken to celebrate progress on jointly held values

vi. Data are used to find sources of bias and systemic injustice and to act in ways that can improve outcomes for black, brown, and indigenous people as well as other marginalized communities

e. Strategies are used to help the team problem-solve when barriers are encountered

f. Teams learn how to monitor data and make decisions

(Allen & Steed, 2016; Freeman et al., 2020a; Freeman et al., 2020b; Hemmeter et al., 2016; Horner, Lewis-Palmer, Sugai, & Todd, 2004; Knochel et al., 2022; NCPMI (Equity Coaching Guide); OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports Facility-Wide Tiered Fidelity Inventory (v0.2))

2. Guide Evaluation and Data-Based Decision Making

a. Effort, fidelity, and outcome data are used for decision-making

b. Teams follow a process for ensuring data are entered regularly and graphing of data occurs in time for team meetings so that data-based decision-making is possible

c. Data need to be maintained and available during meetings for action planning

i. Data are entered regularly for accurate interpretation of data in meetings

ii. Definitions of challenging behavior have been confirmed with everyone involved in organization

iii. Process for when to complete an office referrals/incident reports is clear

iv. Ethnicity data related to office referrals/ incident report data, attrition patterns of individuals within the organization, hiring patterns, etc.

v. Data are audited to ensure accuracy on a regular basis

d. Teams learn to identify areas of the organization in need of intervention (e.g. classrooms, home routines, hallways, clubhouse, vehicles, circle time, etc.)

e. Fidelity of implementation data at for Tier 1 implementation are monitored and used to assess implementation

f. Time is dedicated to an annual review where the team will be guiding Tier 1 efforts

g. Effective training practices are established —

i. Teams use adult learning strategies and are supported as coaching and mentoring systems are put designed

ii. Facilitation strategies are in place to support teams in using data to assess how well trainings address cultural variation

(Behavior Incident Report Form, 2023; Algozzine et al., 2018; Fernandez et al., 2015; Filter & Brown, 2019; Freeman, Simacek, Kramme et al., 2020; Freeman, Simacek, Tschetter et al., 2020; Hemmeter et al., 2016; Hemmeter et al., 2022; Jolivette et al., 2020; McIntosh et al., 2014; NCPMI (Equity Coaching Guide), 2023; School-wide Information System, 2023a Snyder et al., 2013; Todd et al., 2012)

3. PBS Facilitator Guides Tier 1 Training Systems for Organization

Effective PBS Facilitators understand the principles of behavior across Tiers 1–3.

a. Leaders are engaged to assess the resources available for introductory and ongoing training within the organization

b. Function-based decision making is taught including the basic terms needed to form a hypothesis for minor challenging behavior

i. Settings or context, psychological, biological, and quality of life factors related to challenging behavior at Tier 1

ii. Understanding the signals that challenging behavior may be related to implicit bias or cultural variation

iii. How to identify events that immediately precede challenging behavior (antecedent)

iv. Steps for understanding events that immediate follow challenging behavior (consequences)

v. Clear definitions of a challenging behavior including examples and nonexamples

vi. Strategies for reinforcing and recognizing positive social behavior and adjusting to each child and/or adult's unique preferences

c. Data-based decision-making systems are taught with a focus on ensuring definitions are clear with examples and nonexamples,

d. Teams learn how to ensure office referral and/or incident report data are entered regularly and data can be understood in team meetings

e. Culturally responsive strategies are integrated into trainings for practitioners

f. Knowing when to seek out additional expertise in building cultural competence for more intensive training opportunities on equity and social justice

(Behavior Incident Report Form, 2023; Fox et al., 2019; Freeman, Tschetter et al., 2020a; Freeman, Tschetter et al., 2020b; Hemmeter, Ostrosky, & Fox, 2021; Hemmeter et al., 2022; Jolivette et al., 2020; NCPMI (Equity Coaching Guide), 2023; Schalock & Verdugo, 2002; School-wide Information System, 2023a Stirk & Sanderson, 2012)

Tier 1 Positive Behavior Support Practitioners

(Some Examples Include: Direct Support Staff, Early Childhood Educators, Family Members, Personal Care Attendants, General and Special Education Teachers, Counselors, Juvenile justice professionals, Nurses, Psychiatric Residential Treatment Staff, Human Resource Professionals)

This section describes the areas of knowledge and experience that practitioners (early childhood educator, teacher, direct support professional, family member, etc.) need to implement Tier 1 practices.

1. Implement Tier 1 Practices

a. Practitioners teach, prompt, and model social and emotional skills (early childhood setting, schools, family, provider organizations, etc.)

b. Changes in instruction are made to meet the unique needs of each child or adult

c. A consistent response to challenging behavior is created in collaboration with everyone within the organization using strategies to assess how cultural bias may impact responses.

d. Celebrating and recognizing children and adults who are using positive social and emotional skills is an important part of Tier 1 implementation

e. Participate in organization-wide assessment, provide feedback to the PBS team, and be actively involved in Tier 1 interventions

f. The term function-based decision making is understood and used every day at work

i. Challenging behavior can be a form of communication

ii. The four main elements for a function-based hypothesis is used to understand minor challenging behavior (identifying the setting event, antecedent, and consequences)

iii. Some data at Tier 1 are completed by practitioners within the organization

iv. Data are reviewed together with practitioners helping people understand and assess patterns based on their experience

v. Basic understanding of the escalating pattern of behavior

(Behavior Incident Report Form, 2023; Algozzine et al., 2018; Freeman, Simacek, Kramme, et al., 2020; Freeman, Simacek, Tschetter et al., 2020; McIntosh et al., 2014; OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports Facility-Wide Tiered Fidelity Inventory (v0.2)); School-wide Information System, 2023a)

2. Work with the Team to Discuss Progress

- **a.** Practitioners are involved in helping the Tier 1 team in engaging in assessment and action planning
- **b.** Data are reviewed by practitioners with guidance and support from people who are involved in evaluating positive behavior support
- **c.** Everyone in the organization works on understanding their own cultural values and the various views about what is considered a "problem behavior"

(Behavior Incident Report Form, 2023; Algozzine et al., 2018; Freeman, Simacek, Kramme, et al., 2020; Freeman, Simacek, Tschetter et al., 2020; OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports Facility-Wide Tiered Fidelity Inventory (v0.2); School- wide Information System, 2023a)

3. Participate in Ongoing Tier 1 Training & Learning Experiences

- **a.** Practitioners share how Tier 1 practices are implemented with others
- **b.** Active reflection occurs at work about how our own behavior contributes to improved quality of life for children and adults (staff meetings, trainings, supervision, etc.)
- **c.** Everyone in the organization learns more about cultural responsiveness and helps to create a culture where diversity is embraced
- **d.** Understand how to adapt teaching strategies based on developmental and accessibility-related needs of each person
- **e.** Collaborative work with others helps everyone understand the key elements of Tier 1
- **f.** Strategies are intentionally used to prevent implicit bias and reflect on events that occur as a way to become more aware of one's own cultural values

(Barrett et al., 2018; Behavior Incident Report Form, 2023; Minnesota Positive Behavioral Interventions and Supports, 2023; Freeman et al., 2022; Minnesota Positive Support Practices, 2023; School-wide Information System, 2023a).

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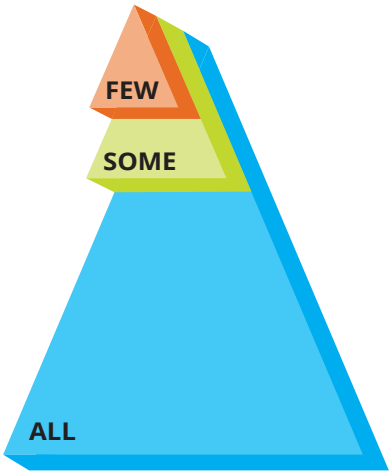

Tier 2 Positive Behavior Support

This section describes Standards of Practice for Tier 2 systems. Tier 2 involves monitoring data across an organization for early identification of minor challenging behavior and implementing group or targeted interventions including simple function-based interventions. Tier 2 systems are intended to build on Tier 1 efforts that are implemented. Children and adults receiving Tier 2 practices are also receiving Tier 1 supports but may need a little more support to improve quality of life and prevent challenging behavior. An example of a Tier 2 practice includes self-management strategies where children or adults monitor their own progress on a specific goal and reinforce themselves when they are successful. Tier 2 practices increase social and emotional skills, academic or work-related instruction, and quality of life. Decreases in minor challenging behavior are measured. The following Tier 2 standards describe the systems approaches needed and the responsibilities of Tier 2 facilitators and practitioners.

Tier 2 systems for monitoring multiple positive behavior support plans within an organization requires a team-based approach to monitor plans across children and adults. Data collections systems are linked to each targeted and group intervention. Simple individual function-based plans may be included in the Tier 2 system as well as other practices such as person-centered planning, mindfulness, or other practices. Teams at Tier 2 ensure that interventions are available for children and adults based on the major functions maintaining challenging behavior but are designed to address minor, less intensive issues.

Systems Approaches at Tier 2

(Some Examples Include: Early Childhood Centers, Families, Foster Care, Mental Health Centers, Schools, Alternative Education Settings, Provider Organizations Supporting People with Disabilities at Home, Work, and in the Community, Juvenile Justice Settings, Nursing Homes/Assisted Living, Psychiatric Residential Treatment Facilities, etc.)

This section outlines the systems needed at the Tier 2 practice level and is based on team-based strategies for monitoring people supported and using information to respond as early as possible when quality of life, academic, work, or challenges occur.

1. Tier 2 Team Processes

- **a.** Members of the Tier 2 team have the following skills and experiences —
  - i. Expertise in principles of behavior and Tier 2 interventions
  - ii. Administrative leadership is involved in Tier 2 meetings
  - iii. Knowledge of the organization and people receiving support is available from one or more team members
  - iv. One or more team members representing the people receiving supports and/or family members, guardians, and community

agencies depending upon the type of education or services provided (early childhood, provider services, education, foster families, etc.)

v. Membership in the Tier 2 team represents diverse cultural groups

b. Tier 2 systems are clear, it is easy to understand how to request support and children and adults involved want to participate in process —

i. Referral process is in place (Flow chart, forms or process to request assistance, etc.)

ii. The process in place for a child or adult to request support at Tier 2 and for others to refer someone is easy to follow

iii. Everyone is aware of the Tier 2 team process and understands how to seek support

iv. Children and adults receiving education or other services want to be involved in Tier 2 problem solving

v. Tier 2 meetings are held on a regular basis (e.g., bi-weekly or weekly) and data are reviewed

c. Tier 2 teams promote the values of positive behavior support and related practices (e.g., person centered practices, wraparound planning, etc.), and ensures the basic elements of positive behavior support are used —

i. All people receiving support are able to access Tier 1

ii. Effective meeting processes are in place

iii. Strategies for encouraging an understanding of cultural diversity across the team and organization are implemented

iv. Team evaluates cultural responsiveness issues at Tier 2 (e.g., recognition of variability in communication styles and cultural beliefs, inclusion of all communities represented, and recognition of the influence of implicit bias)

(Anderson & Borgmeier, 2012; Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020; Freeman et al, 2006; Newcomer et al., 2013)

2. Tier 2 Strategies and Supports

a. Use evidence-based Tier 2 practices —

i. Based on the function that maintains minor challenging behavior (escape or avoid, access to attention or preferred activities, people, items, sensory or biological factors)

ii. Practices at Tier 2 are linked to Tier 1 and are linked to each person's needs for more support

iii. Culturally responsive procedures are embedded with intention in each evidence-based practice

b. Use group and targeted interventions to support people who are learning and accessing —

i. New social skills (e.g., social skills groups)

ii. Emotional coping strategies, self-regulation skills

iii. Health and wellness interventions

iv. Reinforcement for positive social behaviors

v. Participation in inclusive settings (e.g., participation of all school, work, community activities)

vi. Array of interventions address all of the various functions that maintain challenging behavior

c. Teams monitor progress using data and problem-solve if interventions are not successful including —

i. Information about cultural norms when choosing interventions for each person (e.g., what is popular or common in terms of: style of dress, language, beliefs, behaviors)

ii. Issues related to function-based intervention implementation

iii. Challenges related to overall contextual fit

(Cheney et al., 2009; Cressey, 2019; Crone et al., 2015; Crone & Horner, 2010; Debnam, Pas, & Bradshaw, 2012; Filter et al., 2007; Freeman et al, 2006; Goulet, Archambault, Janosz, & Christenson, 2018; Hackney, Jolivette, & Sanders, 2023; Hawkin & Horner, 2003; Hawkin et al., 2015; Hawken, MacLeod, & Rawlings, 2007; Heppen et al., 2015; Hoyle, Marshall, & Yell, 2011; Kern, Harrison, Custer, & Mehta, 2019;

Maggin, Zurheide, Pickett, & Baillie, 2015; Mitchell, Stormont, & Gage, 2011; Newcomer et al., 2013; Simonsen, Myers, & Briere III, 2011; Sobalvarro, Graves, & Hughes, 2016; Tsai & Kern, 2019; Wolfe et al., 2016)

3. Monitoring and Data-Based Decision Making

- **a.** Evaluation of data occurs continuously with review of visual summaries in regularly scheduled meetings
- **b.** Impact and fidelity data on group and targeted interventions are collected and reviewed
- **c.** Equitable and culturally responsive interventions are used
- **d.** Fidelity of intervention data are used to assess for individual Tier 2 interventions (e.g., intervention implementation) as well as at a team level
- **e.** Data systems are assessed at least annually and plans for improving Tier 2 are identified
- **f.** Individual visual summaries of data for children or adults are monitored for effectiveness and summaries across individual data are monitored —
  - i. Technically accurate graphic displays of data to guide teams
  - ii. Teams choose an accurate measurement system for each Tier 2 intervention
  - iii. Graphing conventions are used accurately to evaluate progress including —
    - Placing small number of behaviors in graph
    - Clearly labeling x-axis and y-axis
    - Including increment of scales that allow for meaningful interpretation
    - Phase lines, criterion lines, label phase change

Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020; Horner, Todd, & Dickey, 2005; School-wide Information System, 2023b; Yassine & Tipton-Fisler, 2022)

4. Effective Training Practices

- **a.** Organization-wide training in Tier 2 practices is offered to staff, family, and other team members
- **b.** Training materials are reviewed based on overall Tier 2 data and are updated at least annually
- **c.** Ongoing coaching and mentoring is implemented for every person and coaching for Tier 2 interventions are in place
- **d.** Tier 2 training materials are reviewed by people from marginalized communities to assess cultural responsiveness
- **e.** Opportunities are made for people to reflect on whether cultural bias is integrated into trainings and provide feedback

(Crone & Horner, 2010; Crone et al., 2015; Hawken, Adolphson, Maclead, & Schumann, 2008; Hawken et al., 2020; Newcomer et al., 2013)

Tier 2 PBS Facilitator

(Some Examples Include: Behavior Specialists, District Personnel, Staff Development Leaders, Trainers, Coaches, Mentors, Psychologists, Counselors, Early Childhood Leaders, Family Members/Caregivers, Social Workers, Supervisors, Managers, etc.)

This section describes the areas of knowledge and experience that a leader needs to facilitate teams implementing Tier 2 practices.

1. Facilitate Effective Tier 2 Team Processes

- **a.** Ensure key Tier 2 roles are in place with diverse members who know how to assess team effectiveness
- **b.** Provide support to the people monitoring Tier 2 practices
- **c.** Effective meeting processes and problem-solving systems are in place (e.g., action planning)
- **d.** Teams learn to engage in intentional activities that prompt awareness of culture and learn to review cultural responsiveness in meetings (e.g.

communication styles and cultural contexts, possible implicit bias)

e. Tier 2 PBS Facilitator seeks out new ideas for interventions and introduces ideas for moving forward.

f. Teams receive assistance in designing the referral process, assessing Tier 2 interventions, and creating a plan for introducing Tier 2 to everyone —

i. People need to know how to request Tier 2 practices

ii. People who would benefit from Tier 2 practices choose to participate

iii. Ensure there is an organizational process that can be easily used by people in the organization

iv. Establish a way to continually review and improve the referral process

(Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020)

2. Guide Evaluation and Data-Based Decision Making

a. Tier 2 teams use a fidelity of implementation tool to guide implementation

b. Teams learn to evaluate each Tier 2 intervention using data

c. Multiple sources of data are used to evaluate effort, fidelity, and outcomes of Tier 2 interventions

d. Each Tier 2 intervention is evaluated on how well it addresses cultural diversity (e.g., recognition of variations in communication styles, perception of challenging behavior, cultural contexts, and influence of implicit bias)

e. Teams are supported in making data-based decisions and an action plan is used to improve Tier 2 practices

f. Tier 2 PBS Facilitator assists the team to display easy to understand and technically accurate graphic displays of data —

i. Help the team choose an accurate measurement system for Tier 2

ii. Use graphing conventions accurately —

- Placing small number of behaviors in graph
- Clearly labeling axes
- Including increment of scales that allow for meaningful interpretation
- Phase lines, criterion lines, label phase changes

g. Social validity and contextual fit data are gathered for each Tier 2 intervention

(Crone et al., 2015; Crone & Horner, 2010; Everett et al., 2011; Hawken et al., 2020; Horner et al., 2005; Yassine & Tipton-Fisler, 2022)

3. Establish Effective Training Practices

a. The Tier 2 process is introduced systematically so that everyone is aware of how to request assistance

b. Tier 2 team members are introduced to their roles and what the expectations are in meetings —

i. How to interpret visual data and monitor progress for children and adults

ii. Function-based decision making

iii. Group and targeted interventions and simple functional behavioral assessment

iv. Problem-solving process to confirm function, determine confidence in hypothesis, and make decisions about what Tier 2 intervention is appropriate

v. What fidelity of implementation data are and how they are used

vi. Introduction to inter-rater agreement processes

c. Training materials are written to teach all people the Tier 2 process

d. Key elements of fidelity are introduced for each intervention

e. Coaching and mentoring systems are in place to support people in key group and targeted intervention roles

f. Awareness-level training is provided on the overall referral process and for all tier 2 interventions for people in different roles (children and adults, families and caregivers, staff, community members, etc.)

g. Each intervention is assessed for cultural competence prior to implementation by people representing various cultural backgrounds to ensure Tier 2 systems are culturally responsive

h. The team gathers feedback from all of the people involved in Tier 2 including how to improve cultural responsiveness of interventions

(Behavior Incident Report Form, 2023; Crone et al., 2015; Crone & Horner, 2010; Everett et al., 2011; Hawken et al., 2020; School-wide Information System, 2023b; Yassine & Tipton-Fisler, 2022)

Tier 2 Practitioner

(Some Examples Include: Direct Support Staff, Early Childhood Educators, Family Members, Personal Care Attendants, General and Special Education Teachers, Counselors, Juvenile justice professionals, Nurses, Psychiatric Residential Treatment Staff, Human Resource Professionals)

This section describes the areas of knowledge and experience that a practitioner (early childhood educator, teacher, direct support professional, family member, etc.) needs to implement Tier 2 practices.

1. Participate in Effective Tier 2 Team Processes When Needed

a. Practitioners attend Tier 2 meetings when invited and assist in improving practices for people they support

b. Tier 2 team members are able to participate in meetings given their roles including —

- **i.** How to interpret visual data and monitor progress for children and adults
- **ii.** Function-based decision making
- **iii.** Group and targeted interventions and simple functional behavioral assessment
- **iv.** Problem solving process to confirm function, determine confidence in hypothesis, and make decisions about what Tier 2 intervention is appropriate
- **v.** Understanding fidelity of implementation data are and how it is used for quality assurance
- **vi.** Ability to participate in discussion and problem solving about inter-rater agreement
- **vii.** Work as a team to problem solve together and support children and adults

c. Understand all Tier 2 interventions and how they are evaluated

(Check and Connect, 2023: Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020)

2. Implementing Tier 2 Practices

a. Know when to request assistance when implementing Tier 2 interventions

b. Work together with the Tier 2 team to improve the interventions that are in place

c. Participate in Tier 2 teams when involved in supporting a child or adult and assist in confirming the function maintaining challenges within each cultural context

d. Work with the Tier 2 team to reflect on sources of potential implicit bias that may be impacting the outcome of Tier 2 interventions

(Check and Connect, 2023: Crone et al., 2015; Crone & Horner, 2010; Everett et al., 2011; Hawken et al., 2020)

3. Evaluating Data and Make Decisions with the Tier 2 Team

a. Practitioners may collect data on Tier 2 practices (e.g., visual schedule, token economy, check in-check out)

b. Provide advice and feedback about how effective a Tier 2 intervention is and whether it is helping to improve outcomes for children or adults receiving support

c. Review data presented by the Tier 2 team

d. Participate in problem solving to improve Tier 2 interventions

e. Assist the Tier 2 team in evaluating cultural competence, equity issues related to each Tier 2 intervention

f. Participate in assessment of social validity and contextual fit of Tier 2 systems

(Behavior Incident Report Form, 2023; Check and Connect, 2023: Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020; Horner et al., 2005; School-wide Information System, 2023b; Yassine & Tipton-Fisler, 2022)

4. Participate in Ongoing Tier 2 Training & Learning Experiences

a. It is important to learn more about how to implement Tier 2 interventions

b. Describe Tier 2 interventions accurately to others (families and caregivers, community members, etc.)

c. Help other new people learn about how to implement Tier 2 interventions by providing coaching and support from a peer perspective

d. Participate in activities for reflecting on our values and beliefs can help everyone understand how cultural bias can impact Tier 2 interventions

(Behavior Incident Report Form, 2023; Check and Connect, 2023: Crone et al., 2015; Crone & Horner, 2010; Hawken et al., 2020; School-wide Information System, 2023a)

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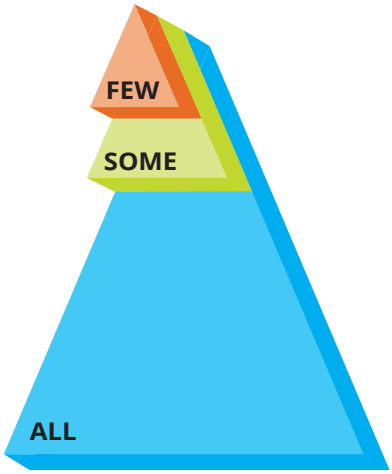

Tier 3 Positive Behavior Support

This section describes the Standards of Practice needed to monitor intensive plans that are designed to support children or adults with more complex challenging behavior. At Tier 3, a team forms around a child or adult to engage in problem solving. The child and family or adult invites individuals to join their team and leads the process with support from a PBS Facilitator. Interventions included in an individual positive behavior support plan are function based and address unique biological, psychological, and social needs. Plans may be implemented across settings including home, school, work, and the community. People receiving Tier 3 supports also participate at Tiers 1 and 2.

Tier 3 systems for monitoring multiple positive behavior support plans within an organization require a team-based approach to monitor plans across children and adults receiving support. Professionals from other services and community partners are often involved at Tier 3 (disability, social justice, families, and self-advocacy organizations, county case managers, education or work settings, juvenile justice-related professionals, psychologists from mental health, county or state professionals specializing in early childhood and/or disability services, etc.). Memorandums of agreement allowing for communication about details related to a child or adult may be in place across organizations and systems. To monitor progress across groups of children, scheduled meetings that include de-identified details are in place to allow for cross-agency communication and improve service coordination.

Larger organizations may have a dedicated Tier 1, 2 and 3 teams while smaller systems can include the same individuals who are managing all tiers. The mission, activities, and roles of each team are important while the number of people and how meetings are organized will vary. If there are separate Tier 1 and 2 teams within an organization, representatives are needed to ensure that tiered implementation is coordinated and effective.

Systems Approaches at Tier 3

(Some Examples Include: Early Childhood Centers, Families, Foster Care, Mental Health Centers, Schools, Alternative Education Settings, Provider Organizations Supporting People with Disabilities at Home, Work, and in the Community, Juvenile Justice Settings, Nursing Homes and Assisted Living, Psychiatric Residential Treatment Facilities, etc.)

This section outlines the systems needed at the Tier 3 level and is based on individualized and intensive team-based strategies for supporting children and adults who choose positive behavior support. Systems are used to support each person engaged with Tier 3 supports and to monitor progress on the plans created for each person. PBS Facilitators master content related to the facilitation of positive behavior support and engage in ongoing learning to master person- centered and/or wraparound strate-

gies, the principles of behavior, and implementation science in order to embed interventions into education, home, work, and community settings.

1. Effective Team Processes at Tier 3

- **a.** Tier 3 teams promote the values of positive behavior support, person-centered, and additional evidence-based practices (e.g., cognitive behavior therapy, mindfulness, motivational interviewing), and ensure the basic elements of positive behavior support are implemented —
  - i. All people receiving support are still able to access Tier 1 and Tier 2 interventions
  - ii. Effective meeting processes are in place
  - iii. Strategies for encouraging an understanding of cultural diversity across the team and organization are implemented
  - iv. Team members evaluate cultural responsiveness at Tier 3 (e.g., recognition of variations in communication styles and cultural beliefs, inclusion of all communities represented, and recognition of the influence of implicit bias)
- **b.** Leaders representing the organization are actively involved in the meeting process
- **c.** One or more individuals on the team have expertise in person-centered, wraparound, or other planning methods to support children and/or adults
- **d.** One or more individuals on the team have expertise in Tier 3 positive behavior support
  - i. Facilitating person-centered planning, wraparound or other methods
  - ii. Functional behavioral assessment
  - iii. Function-based support plan development
  - iv. Data-based decision making
  - v. Training systems
- **e.** At least one team member serves in the role of coordinator to ensure training, skill development, and Tier 3 systems are implemented
- **f.** Team members in supporting roles (who are not facilitating meetings) have awareness-level knowledge about the key features of Tier 3 positive behavior support
- **g.** One or more team members have experience understanding the organization's policies,
- **h.** Children and adults receiving supports and their family and caregivers are actively involved and empowered in all Tier 3-related activities —
  - i. Family members, caregivers guardians, and/or advocates representation is present in oversight meetings for Tier 3 (one or more individuals are present to review de-identified data)
  - ii. The child or adult receiving positive behavior support is present and assists in leading meetings and/or participates in a manner they choose (participation may vary based on age and developmental stage in life and can include making choices about level of involvement, deciding how meetings are organized, inviting people to attend meetings, etc.)
- **i.** Tier 3 teams form relationships with community-based providers who can offer additional support to people
  - i. Training in improving culturally responsive practices
  - ii. Providing evidence-based practices to support people exposed to traumatic life-events (exposure to abuse, neglect, violence in the home or community)
  - iii. Mental health services related to specific diagnoses (ADHD, depression, anxiety, etc.)
  - iv. Community members who can provide natural supports related to transition planning, employment, spiritual growth, volunteer experiences, internships, etc.
- **j.** Meetings are guided by a structured problem-solving framework (such as Team Initiated Problem Solving (TIPS) or similar methods)

k. Fidelity of implementation is collected by the team to monitor oversight of Tier 3 systems

l. Summaries of Tier 3 data across children and adults are kept current for use in Tier 3 meetings at the team and individual intervention levels including fidelity of implementation at the individual intervention level

(Crone & Horner, 2003; Crone et al., 2004; DeJager, & Filter, 2015; Freeman et al., 2006; Freeman et al., 2023; Horner et al., 2018; Kincaid & Fox, 2002; Mathews et al., 2019; McInerney, Zumeta, Gandhi, & Gersten, 2014; McIntosh et al., 2017; Newton et al., 2012)

2. Plans at Tier 3 are Tailored for Each Person Receiving Support

a. Person-centered planning wraparound or other methods are used to guide the positive behavior support plan (assertive community treatment, WRAP, etc.)

b. Other practices are integrated with positive behavior support (trauma-informed care, motivational interviewing, etc.)

c. Interagency service coordination is provided as needed based on each type of education or human service organization

d. Plans align with the child or adult, family or caregivers as well as the organization's procedures and its people

e. Strategies for ensuring cultural responsiveness are provided —

i. Written materials are translated

ii. Translators are available for meetings

iii. Cultural awareness activities that are embedded into positive behavior support planning (for example, how implicit bias might impact the perception of challenging behaviors)

f. Training and coaching systems are in place to support implementation for each plan

g. Each Tier 3 plan is monitored on a regular basis for each child or adult receiving support and data are used to make changes and improve outcomes

(Bambara & Kern, 2014; DeJager, & Filter, 2015; Eber et al., 2002; Freeman et al., 2015; Kincaid & Fox, 2002; O'Brien, 2002; O'Brien & Mount, 2015; O'Brien, Pearpoint, & Kahn, 2010; Stroul & Friedman, 1989; Suter & Bruns, 2009; Smull & Lakin, 2002; Tondora, Croft, Kardell, Camacho-Gonsalves, & Kwak, 2022)

3. Tier 3 Assessment & Positive Behavior Support Planning

a. Person-centered, family-centered, and community-centered plans serve as a foundation for each positive behavior support plan —

i. Person, family, and community-centered planning is designed to build on strengths and is used to create a unified vision for improving quality of life

ii. The plan is designed and led with the child or adult deciding the best format for the event, recruiting who should attend, who will co-facilitate, and the level of involvement with adaptations made based upon the age and developmental level of each person and the type of organization

iii. Details from person-centered, wraparound, or other plans are integrated into the positive behavior support plan

iv. Examples of common child, person and student-centered planning processes include but are not limited to: Assertive Community Treatment, Wraparound Planning, Essential Lifestyle Planning (ELP), Planning Alternative Tomorrows Together with Hope (PATH), Group Action Plan.

v. Making Action Plans (MAPS), WRAP, or other methods

vi. Meetings are held on a regular basis, not as a one-time event

b. Functional behavioral assessment (FBA) is used to understand what is maintaining challenging behavior —

i. Information related to biological, psychological, social, ecological, cultural, and quality of life factors are assessed

ii. A general medical and/or mental health appointment is completed before more FBA data are collected

iii. The FBA includes gathering indirect (interviews, surveys, record reviews) and direct assessment (direct observation, scatter plot, ABC data)

iv. Assessment information is used to understand the events, times, and situations where challenges are likely and are less likely to occur

v. Behaviors are clearly defined using an operational definition to ensure effective measurement

vi. Data are collected to better understand the challenging behavior (scatter plots, ABC chart, individual measures of social behavior)

vii. The FBA is complete when one or more hypotheses are confirmed using direct observation to confirm setting events, antecedents, the behavior, and consequences that follow the behavior

viii. The assessment and planning process includes time to reflect on how cultural bias may influence how people view challenging behavior and behavior is interpreted based on the cultural norms of the person being evaluated

c. A functional assessment is used with FBA when supporting a person needing mental services and supports to gather the following —

i. Information about mental health symptoms and needs that are noted in the person's diagnostic assessment

ii. Information about the use of drugs and alcohol (as applicable)

iii. Details related to social, vocational, educational skills and preferred leisure time

iv. Assessment of relationships with family and others

v. Understanding of self-regulation, self-care and the ability to live on one's own

vi. Status of medical and dental health

vii. List of financial assistance needed

viii. Information about housing and transportation needs

ix. Any other details that the person has or challenges

d. Functional Analysis of Behavior (FA) is used when it is difficult to understand the function maintaining behavior relying only on direct observation and/or FBA methods are not clear —

i. Functional analysis refers to creating an experimental design for testing the function maintaining behavior using a research-based approach

ii. Conditions are set up to confirm the functions that maintain behavior (whether a child or adult is seeking to escape, to seek out another person's attention, or due to internal biological issues. A control condition is added as the fourth test

iii. Data are gathered in each functional analysis condition to understand the antecedent variables and consequences that maintain challenging behavior

iv. A functional analysis is not necessary when the FBA provides clear evidence for proceeding forward with the positive behavior support plan

v. A person with experience conducting FA is needed in situations where the FBA is unclear and the child or adult's challenges are so intense that there is a danger to health and safety

e. Positive behavior support plans are implemented with fidelity —

i. The information from the person-centered plan and functional behavior assessment (FBA) are used to design the positive behavior support plan

ii. Multi-component interventions are designed to directly address the function(s) maintaining behavior —

- Interventions are directly linked to the hypothesis statements from the functional behavioral assessment
- Key interventions include direct observation data to evaluate fidelity of implementation at the intervention level

iii. Other positive support practices that are integrated with the positive behavior support plan are evaluated for fidelity

iv. Punishment and coercion are not considered part of positive behavior support

v. Tier 3 systems support staff by including education about the ethics of positive behavior support based on roles within the organization

f. Punishment-based strategies are understood so that they can be eliminated within positive behavior support planning (timeout, response cost) —

i. Concept of natural consequences are understood and strategies for supporting people (injuries incarcerated individuals who are involved in justice system, etc.)

g. The positive behavior support plan includes multi-component interventions directly connected to the function maintaining challenging behavior and include the following —

i. Antecedent interventions

- Curricular, work, and task modifications
- Teaching new skills for communication, coping, or self- management
- Adaptations to routines
- Opportunities for choice and self-determination
- Predictable and clear expectations
- Errorless learning
- Precorrection

ii. Teaching new social and emotional skills

- Understanding of replacement behaviors
- Core elements associated with teaching new communication skills
- Access to Augmentative and Alternative Communication devices, systems, and strategies
- System for ensuring additional evidence-based practices that are added to plan are implemented with fidelity (academic interventions, mindfulness, cognitive behavior therapy, motivational interviewing)

iii. Consequence interventions

- Use of primary and secondary reinforcers
- Premack principle
- Schedules of reinforcement and differential reinforcement theory
- Basic principles of positive and negative reinforcement
- Identification and interruption of coercive interaction patterns
- Pairing of reinforcers
- Understanding of extinction

h. Interventions are implemented during everyday routines and include implementation planning for generalization and long-term supports —

i. Routines selected are more likely to be associated with challenges and/or that will rapidly result in success for implementers are targeted for intervention first

ii. A plan to generalize interventions to new routines and settings is in place and actively taught to those implementing the plan

iii. Systems for anticipating future challenges are included in the plan (e.g., crisis response, interagency supports)

iv. Training and supports are provided for people responsible for putting each intervention in place

v. Plans for sustainability include identifying life transitions and approaches for addressing unexpected life events (natural disasters, violence in schools and community, etc.)

i. An implementation plan is used during individual planning meetings —

i. Steps involved in completing the FBA

ii. Materials needed to implement each intervention is in place

iii. Training dates are set to support the implementers of the plan

iv. Each team member understands what they need to do to prepare

v. Times to complete intervention fidelity are scheduled

j. Supports needed across home, school/work, community, and other important settings are included in the plan

k. Plan for generalization of interventions is built into plans from the beginning to empower implementers to expand positive behavior support impact and reach

(Alberto & Troutman, 2016; Anderson, Brown, & Schuermann, 2007; Baker & Feil, 2000; Binnendyk & Lucyshyn, 2009; Blair et al., 2010; Blair, Lee, Cho, & Dunlap, 2011; Cale, Carr., Blakeley-Smith, & Owen-DeSchryver, 2009; Carr et al., 1999; Colvin, 2010; DeJager, & Filter, 2015; Dishion & Synder, 2016; Duda et al., 2004; Dunlap et al., 2018; Durand, Hieneman, Clarke, & Zona, 2009; Eber et al., 2002; Freeman et al., 2005; Holburn & Vietz, 2002; Iovannone et al., 2009; Iwata et al., 1982; Kincaid & Fox, 2002; Lohrmann- O'Rourke, Knoster, & Llewellyn, 1999; Lucyshyn et al., 2007; Lucyshyn, Albin, & Nixon, 1997; O'Brien, 2002; O'Brien & Mount, 2015; O'Brien, Pearpoint, & Kahn, 2010; O'Neill et al., 1997; Schalock et al., 2007; Schalock & Verdugo, 2002; Sugai, Horner, & Sprague, 1999; Touchette, MacDonald, & Langer, 1985; Vandercook, York, & Forest, 1989)

4. Evaluation and Data-Based Decision Making

a. Tier 3 teams summarize progress across all positive behavior support plans, track the number of plans implemented (within an organization, across the number of people supported by a PBS Facilitator), and evaluate progress —

i. The number of positive behavior support plans and people participating in Tier 3 supports is recorded

ii. Overall patterns across plans are used assess how many plans are showing increases, no change, or decreases in expected outcomes (challenges, social skills, quality of life)

iii. Number of crises or need for intensive interventions are assessed

iv. Annual evaluation of Tier 3 systems is shared with everyone in the organization in a manner that does not provide details about individuals

b. Individual teams supporting children or adults monitor the effectiveness of the positive behavior support plan

i. Ability to display easy to understand and technically accurate graphic displays of data to guide teams

ii. Choosing an accurate measurement system for plan

iii. Use graphing conventions accurately

- Placing small number of behaviors in graph making it easier to analyze data
- Clearly labeling axes
- Including increment of scales that allow for meaningful interpretation
- Phase lines, criterion lines, label phase change

c. Summaries of more than one plan are used to evaluate how well Tier 3 systems are in improving outcomes —

i. Tier 1 team shares office referral or incident report data to better understand Tier 3 training needs

ii. Fidelity of implementation data are collected by teams to ensure data, systems, and practices at Tier 3 are deployed in the manner intended

iii. Summary of status of plans are reviewed

iv. Impact data are standardized to understand outcomes across plans (academic progress, decrease in challenging behavior, increase in replacement behavior, quality of life)

v. Overall team and individual summaries of intervention fidelity are reviewed

vi. Evaluation of cultural responsiveness is summarized across plans

vii. Training provided by individual team have good contextual fit —

- Quality of life is improving or maintained at optimal levels
- Criteria are established to trigger additional problem solving when a plan is not showing progress
- Contextual fit summaries are evaluated regularly
- Training for new PBS Facilitators include direct observation and review of written plans

d. Both the overall Tier 3 team and individual planning efforts include dedicated time to review key issues —

i. Whether data indicate changes are needed

ii. How cultural bias may be impacting the effectiveness of Tier 3 plans

iii. How children and adults are currently involved across Tiers 1 and 2

iv. The steps needed to transition a child or adult from Tier 3 back to Tiers 1 or 2 is outlined

(Alberto & Troutman, 2016; Albin, Lucyshyn, Horner, & Flannery, 1996; Baker & Feil, 2000; Blair & Mahoney, 2022; Crone & Horner, 2003; Crone et al., 2004; Freeman et al., 2006; Holburn et al.,2007; Horner et al., 2014; Knoster, & Llewellyn, 1999; McInerney, et al., 2014; O'Neill et al., 1997; Schalock et al., 2007; Schalock & Verdugo, 2002; Touchette et al, 1985; Van Ness et al., 2018)

5. Effective Tier 3 Training Systems

a. Training materials are based on the standards within this document, national standards for positive behavior support, and/or standards for other evidence-based practices that are integrated into Tier 3 plans

b. Training materials and practices include competency-based assessment

c. Effective adult learning methods are used to teach key concepts

d. Ongoing coaching and mentoring systems are in place for Positive Behavior Support Facilitators and Practitioners —

i. Layered trainings offered for people representing different roles (practitioners, PBS facilitators, family/caregivers, general awareness and community outreach, etc.) prepare system to implement positive behavior support

ii. Coaching systems in place for key practices

iii. Layered training in place to teach effective data interpretation and graphing systems expertise based on roles

e. Data are collected to evaluate the training provided to people who are implementing positive behavior support plans

f. A process is in place for monitoring the training for Tier 3 coaching and mentoring

(Alberto & Troutman, 2016; Bambara & Knoster, 2009; Colvin, 2010; Dunlap et al., 2000; Freeman et al., 2005; Freeman et al., 2022; Holburn & Vietze, 2002 Knoster, & Llewellyn, 1999; Knotter et al., 2018; Symons et al, 1998)

Tier 3 PBS Facilitators

(Some Examples Include: Behavior Specialists, District Personnel, Coaches, Mentors, Family Members, Psychologists, Counselors, Early Childhood Leaders, Juvenile Justice Professionals, Social Workers, Staff Development Leaders, Teachers, Trainers, Supervisors, Managers, etc.)

This section describes the areas of knowledge and experience needed to facilitate teams implementing Tier 1 practices.

1. Facilitate Tier 3 Systems

a. A facilitator with experience in positive behavior support data, systems and practices at Tier 3 guides the team —

i. Tier 3 data systems are designed to monitor and support plans to ensure each child or adult is reporting success

ii. Data are summarized across plans and are ready to share in Tier 3 meetings

iii. Data are used to guide decision making in meetings

b. Facilitator guides meeting processes and problem-solving systems effectively across plans

c. Prompts are provided in meetings to think about awareness of cultural variability and review cultural responsiveness

d. A Tier 3 referral process is designed by the team with support from the PBS Facilitator —

i. People need to know how to request Tier 3 practices

ii. Children and adults choose to participate in Tier 3

iii. Tier 2 and 3 teams work together to design a referral process for supporting children and adults needing support

iv. All new processes are reviewed by people from groups that are not part of the dominant culture within the organization

e. Teams are guided in assessing how well interventions fit the values, resources and skills of practitioners with data collected and reviewed to evaluate contextual fit

f. The team creates a plan for introducing Tier 3 practices with support in order to everyone —

i. Knows how to request Tier 3 interventions

ii. Understands children and adult choose to participate at Tier 3

iii. Can describe how Tiers 1, 2, and 3 work together to support children and/or adults

g. Master or work collaboratively with someone with expertise facilitating person- centered, wraparound, assertive community treatment or other methods for assessment and action plans for improving wellness and quality of life, empowering self-determined behavior, and acting on comprehensive lifestyle change (varying based on age and lifespan contextual factors) —

i. Lifestyle and cultural background information that includes values, beliefs, local connections with people from the same culture, possible sources of historical trauma

ii. Services currently involved in or needed and extent to which coordination and collaboration is occurring —

- Memoranda of agreement between services
- Barriers experienced in service coordination
- Current strengths of systems of care efforts

iii. Preferences and interests, hobbies, favored interaction styles,

iv. Communication and social strengths and areas of growth

v. Supports needed to promote independence and ensure success across home, school, work, and community

vi. Ideal and key environmental routines and settings (family, work, education, community)

vii. Important people in the child or adult's life including natural supports that contribute to self-determination, a sense of belonging and inclusion in local community

viii. Health and safety considerations

ix. Spiritual and personal growth and search for meaning in life

x. Connection of all of the above with challenging behaviors that occur

h. Understand the principles of behavior and ethics of positive behavior support related to —

i. The principles of behavior including punishment with the ability to discuss why punishment is not part of positive behavior support, its ethical challenges, response efficiency issues, problems associated with implementation, and examples of strategies used —

- Overcorrection
- Response cost
- Time-out

ii. Explain differential reinforcement and how it is implemented —

- Differential reinforcement of alternative behavior
- Differential reinforcement of incompatible behavior
- Differential reinforcement of zero rates of behavior
- Differential reinforcement of lower rates of behavior

iii. Understand the theory of coercive interaction patterns

iv. Use of extinction and its relation to replacement behaviors

v. Understand when to use functional analysis methods —

- Be able to describe the difference between functional behavioral assessment and functional analysis
- Describe the ethical issues associated with functional analysis and understand when it is not appropriate to use it
- Know when to seek out someone with expertise in applied behavior analysis (ABA) or positive behavior support to complete a functional analysis if necessary
- Assist someone with expertise in setting up the conditions tailored to the needs of the child or adult supported
- Develop the skills of functional analysis as experience and confidence as a PBS Facilitator grows

i. Knowledge of the history of both applied behavior analysis and positive behavior support and is able to share details related to —

i. Similarities and unique features of PBS and ABA

ii. Movements in the field of serving persons with disabilities that influenced positive behavior support (deinstitutionalization and nonaversive movements, inclusion, normalizations, social and disability advocacy movements, school-wide positive behavioral interventions and supports

iii. Emphasis on the integration of person-centered and wraparound principles

iv. Need for adaptations related to cultural variance to support children and adults across the lifespan (early childhood, education, juvenile justice, family and community settings)

v. Sensitivity about how language is used related to neurodiversity movement, changes in person-first term use, and gender affirming respectful language

j. Skilled facilitation of functional behavioral assessment methods

i. Guide team in implementation of direct assessment, indirect assessment methods, and direct observation —

- Gather and/or teach Antecedent-Behavior-Consequence (ABC) chart recording
- Scatter plot or combined methods of ABC and scatter plot recording
- Effective use of appropriate interview formats, survey tools, and record reviews

ii. Gather functional behavioral assessment data related to —

- Setting events (or establishing operations)
- Antecedents/triggers
- Consequences for both desired and challenging behaviors
- Ecological and family systems variables
- Lifestyle issues
- Medical/biophysical problems

k. Understand when there is enough evidence for a hypothesis statement given the data gathered and when the functional behavioral assessment is complete —

i. Describe challenging behavior using operational definitions

ii. Identify the events, times, and situations that predict when challenges both occur and do not occur,

iii. Record the consequences maintaining challenging behavior(s)

iv. Write one or more hypothesis statements about the function a challenging behavior serves based on routines identified

v. Confirm each hypothesis or function by collecting direct observation data

vi. Understand when a functional analysis (FA) might be necessary and seek out someone with the expertise to guide the process to ensure safety of everyone involved

vii. Before proceeding with a possible functional analysis, consider ethical considerations related to —

- Level of experience of the person who is guiding the FA process
- Whether completing an FA is a good contextual fit for the child/adult and those involved
- Confirming the data collection in the FBA was completed correctly and the hypothesis is unclear
- Ensuring the team carefully considers cultural and contextual implications

l. Assist the child or adult and team in implementing function-based multi-component interventions

i. Plans address quality of life and lifestyle changes —

- Domains of quality of life (disability) or dimensions of wellness (mental health) are reviewed based on lifespan-related emphases
- Outcome measures are used to evaluate progress

ii. Antecedent interventions are included in plans —

- Setting event interventions are identified
- Changes to antecedent events immediately preceding challenging behavior are targeted

iii. Instructional interventions for teaching social and emotional skills are in place —

- Replacement behaviors are identified
- Coping and self-regulation strategies taught
- Link between operant and respondent learning is taken into account

iv. Consequence interventions are included —

- Effective use of reinforcement and natural reinforcers when possible
- Strategies to assist those implementing interventions to decrease reinforcement for challenging behaviors while dramatically increasing reinforcement for use of positive social and communication skills

- Interruption of escalating sequence of challenging behaviors are taught
- Emergency intervention strategies are used only where safety of the individual or others must be assured
- PBS Facilitators seek out crisis management training systems to ensure confidence addressing crises and to guide team action planning
- Least intrusive methods are used to decrease reinforcement for challenging behaviors (extinction, error correction)
- Strategies to address natural consequences are in place (hospital admissions, injuries, incarceration, or legal proceedings)

v. Systems change interventions at the individual level are employed

vi. Modify organizational policies or regulations to facilitate plans

- Create simple PBS plan "quick sheets" for use by people implementing interventions as a reference
- Coaching support and training for personnel & families
- Assist team in accessing needed resources (bringing in additional supports during transitions, changing schedules for staff temporarily)
- Work with other systems to improve service coordination via Interagency collaboration

m. Write positive behavior support plans in an efficient way to guide implementation

i. Understand the length and intensity necessary for each Tier 3 positive behavior support plan

ii. Include details necessary for teams to implement multi-component plans with fidelity —

- Implementation plan including the meeting schedule, activities, completion dates, who is responsible and what materials need to be developed for each intervention
- Materials, training and support needed for those doing intervention
- Evaluation plan (how data will be collected and analyzed to address both impact and fidelity of intervention)
- Coaching supports needed for people implementing the plan

iii. Understand and integrate concepts related to generalization and sustainability including —

- Stimulus generalization
- Response generalization
- Generalization across subjects
- Maintenance of behaviors across time

n. Commitment to ongoing learning and growth in positive behavior support as a PBS Facilitator

i. Attend state and national conferences

ii. Seek out collaboration with others when facing challenges

iii. Pursue new knowledge and evidence-based sources

iv. Reach out to diverse communities to form new relationships and learn more about local cultural variances

v. Understand and remain current with legal and regulatory requirements

(Brown, Anderson, & De Pry, 2015; Carr et, a., 1994; Crone & Horner, 2003; Crone et al., 2004; Dishion & Snyder, 2016; Dunlap, Lee, Joseph, & Strain, 2015; Durand et al., 2009; Dunlap, Wilson, Strain, & Lee, 2013; Durand & Hieneman, 2008a; Eber et al., 2002; Freeman et al., 2005; Harry, 1992; Horner et al., 2014; Lucyshyn et al., 2007; Matthews et al., 2019; O'Neill et al., 1997; Paul, Kalyanpur, & Harry 2012; Tondora, Croft, Kardell, Camacho- Gonsalves, & Kwak, 2022)

2. Guide Tier 3 Evaluation and Data-Based Decision-Making

a. Guide the team in assessing the effectiveness of Tier 3 supports across the program/ organization as a whole —

i. Each planning team uses data for decision-making

ii. Ability to set up manage and improve data collection systems

- Ability to write operational definitions and select appropriate measurement systems
- Use graphing conventions accurately
- Converting data to standardized format
- Follow graphing conventions (increments of scale for meaningful interpretation, clearly labeled axes, phase change lines, criterion lines, etc.
- Placing small number of behaviors in graph
- Set up system and manage system for gathering inter-rater agreement across implementers (direct observation of challenging behavior, intervention fidelity, etc.)

iii. Summarize data across children and adults receiving support to assess overall Tier 3 patterns and review with team

iv. Monitor attendance of people participating in Tier 3 supports is monitored over time

v. An annual evaluation of Tier 3 is summarized and shared with everyone in the organization

b. Evaluation of individual plans include key outcome data

i. Goals from person-centered, wraparound, or other plans are evaluated and summarized

ii. Replacement behaviors and challenging behaviors are measured

iii. Intervention fidelity of implementation reported

iv. Quality of life data across key domains and/or dimensions of wellness

v. Contextual fit and social validity data

vi. Goals from positive behavior support plans are evaluated including interventions from other data related to other evidence-based practices.

c. Ability to design and display easy to understand and technically accurate graphic displays of data to guide teams —

i. Regular use of data to guide implementation

ii. Bring up to date visual data to each meeting to review with team

iii. Share with team changes in phase and trend to evaluate impact

iv. Make modifications and changes based on data

v. Data are collected to assess the cultural responsiveness of each planning (e.g., recognition of variability in communication styles and cultural contexts, influence of implicit bias)

d. Guide inter-rater agreement systems for measurement across children and adults with positive behavior support plans and monitor effectiveness

e. Ensure Tier 1 and Tier 2 supports remain in place for people receiving Tier 3 supports and collaborate with other teams

(Alberto & Troutman, 2016; Baker & Feil, 2000; Blair & Mahoney, 2022; Colvin, 2010; Crone & Horner, 2003; Crone et al., 2004; Durand & Hieneman, 2008b; Hieneman, Childs, & Sergay, 2006; Holburn et al., 2007; Holburn & Vietze, 2002; Hoffman et al., 2006; Horner et al., 2014; Knoster, & Llewellyn, 1999; Newton et al., 2012; O'Neill et al., 1997; Schalock & Verdugo, 2022; Todd et al., 2012; Symons, McDonald, & Wehby, 1998; Touchette et al., 1985)

3. Establish Effective Training Practices

a. Mentor family, staff, or others who are building PBS Facilitator expertise

i. Establish training system for individuals learning how to facilitate plans —

- Person-centered, wraparound, or other planning
- Functional behavioral assessment
- Measurement and graphing skills
- Multi-component interventions

- Evaluating and problem solving with teams
- Summarizing Tier 3 data

ii. Create a shadow system for someone to participate in key activities

iii. Observe PBS Facilitators in training

- Person-centered meetings
- Confirming the challenging behavior(s) and operational definitions
- Functional behavioral assessment meeting
- Positive behavior support team meetings
- Teaching people to implement interventions

b. Teach inter-rater agreement systems for team-level and individual intervention fidelity

c. Train team members, family and caregivers, and others who are involved in individual positive behavior support planning

i. Competency-based training processes are used to support people implementing positive behavior support

ii. Teams learn to select measurement systems that address the unique needs of each person

iii. Individuals are taught to review data and evaluate progress as part of Tier 3

iv. Training materials integrate culturally responsive strategies and include how to use data to assess equity

v. Clearly define problem behaviors within the context of cultural norms that are shared by the person, their families or caregivers

vi. Select and use fidelity measurement systems appropriate for assessing each part of a multi-component support plan

vii. Meet regularly with people implementing plans to review the data and discuss changes needed in positive behavior support plans

viii. Teach effective data-based decision-making skills (reading a graph, understanding simple measurement, participate in documentation)

ix. Use strategies to teach function-based decision making and other elements necessary for generalization and sustainability of positive behavior support plans

(Bambara & Knoster, 2009; Dunlap et al., 2000; Holburn & Vietze, 2002 Knoster, & Llewellyn, 1999; Knotter et al., 2018; Minnesota Positive Support Practices Training Materials Page, 2023; Stokes & Baer, 1977; Symons et al, 1998)

Tier 3 PBS Practitioners

(Some Examples Include: Direct Support Staff, Early Childhood Educators, Family Members, Personal Care Attendants, General and Special Education Teachers, Counselors, Juvenile justice professionals, Nurses, Psychiatric Residential Treatment Staff, Human Resource Professionals)

This section describes the areas of knowledge and experience that a practitioner (early childhood educator, teacher, direct support professional, family member, etc.) needs to implement Tier 3 practices.

1. Implement Tier 3 Practices as Needed

a. Understand when to make a referral to the Tier 3 team when appropriate to support a person

b. Recognize and participate in the FBA and positive behavior support plans

c. Identify the function maintaining a staff, family member, child, or adult's challenging behavior

d. Understand the cultural values, beliefs, and perceptions of the child or adult as well as those who know the person well and who share the same culture

e. Basic understanding of the escalating pattern of behavior and coercive interaction patterns

f. Work with a child or adult as part of a team process to design and implement Tier 3 strategies

g. Participate in function-based decision-making

(Alberto & Troutman, 2016; Bambara & Kern, 2015; Bambara & Knoster, 2009; Colvin, 2010; Durand & Hieneman, 2008; Freeman et al., 2020; Hieneman, Childs, & Sergay, 2006; Holburn & Vietze, 2002; Horner et al., 2014)

2. Work Within a Team to Assess Progress and Make Data-Based Decisions

- **a.** Assist in collecting Tier 3 level data when needed and as appropriate for role
- **b.** Participate in implementing Tier 3 strategies to support a child or adult
- **c.** Work within a team to identify Tier 3 practices that address the function maintaining challenges for a child or adult
- **d.** Review annual data shared by the overall Tier 3 team and participate in problem-solving to improve Tier 3 systems
- **e.** Basic working knowledge of how to read visual summaries of data
- **f.** Provide feedback on contextual fit for individual plans and share how to improve data, systems, and practices at the Tier 3 level overall

(Alberto & Troutman, 2016; Algozzine et al., 2018; Bambara & Knoster, 2009; Brown et al., 2015; Colvin, 2010; Freeman et al., 2022; Freeman, Simacek, Kramme et al., 2020; Freeman, Simacek, Tschetter et al., 2020; Harry, 1992; Durand & Hieneman, 2008b; Hieneman, Childs, & Sergay, 2006; Holburn & Vietze, 2002; Horner et al., 2014; Minnesota Positive Support Practices Training Materials, 2023; Todd et al., 2012)

3. Tier 3 Training & Learning Experiences are Ongoing

- **a.** Key steps in positive behavior support are learned as an introduction and continue to be reviewed over time
- **b.** All people learn how to request Tier 3 supports for themselves
- **c.** Other community partners understand how to make a referral
- **d.** Learn new skills to implement Tier 3 interventions for the children or adults they support and provide contextual fit feedback
- **e.** Everyone contributes to knowledge about Tier 3 by sharing their experiences over time
- **f.** Actively reflect on values and beliefs and discuss how these cultural variations can impact positive outcomes for children or adults

(Behavior Incident Report Form, 2023; Alberto & Troutman, 2016; Bambara & Knoster, 2009; Durand & Hieneman, 2008b; Freeman, DePasquale, & Jeffrey-Pearsall, 2022; Freeman, Simacek, Kramme, et al., 2020; Hieneman, Childs, & Sergay, 2006; Holburn & Vietze, 2002; Horner et al., 2014; Minnesota Positive Support Practices Training Materials, 2023; School-wide Information System, 2023a)

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MNPBS Network Resource Links for All Tiers

Minnesota Statute and Rules Related to Positive Behavior Support Standards

There are a number of online websites and resources in Minnesota dedicated to positive behavior support. Furthermore, positive behavior support appears in several locations in Minnesota statutes and rules, including those involving professional licensure, when and how PBS is expected to be used, and specific content required in assessments and support plans. The links below summarize major online resources.

Minnesota Positive Behavior Support (MNPBS) Resources

- Minnesota Positive Behavior Support Network Website
- Message from MNPBS Network – Response to the Murder of George Floyd MNPBS Brochure
- American Academy of Pediatrics Newsletter – Network Promotes Positive Approach to Challenging Behaviors
- Exemplary Communities Tiered Implementation Across the Lifespan

State Resources

- Minnesota Center of Excellence Pyramid Model
- Minnesota Positive Behavioral Interventions and Supports Website
- Minnesota Positive Support Practices Website
- Home and Community Based Modules

State Policies

- Minnesota Statute 122A.627 POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
- Positive Support Rule
- 245D Statute
- Positive Support Transition Plans
- Olmstead Plan
- Olmstead Office

National Resources

- Association for Positive Behavior Support
- Positive Behavioral Interventions and Supports
- School-Wide Information System (SWIS) and other Tools for PBIS in Education

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Glossary for the Standards of Practice

Adult Learning Strategies: Adults have different educational needs than children and bring a wealth of experience to the learning context. This requires instruction that will encourage adults to connect their prior experiences with new topics of instruction. Examples of adult learning strategies also include encouraging active participation, giving people control over their own learning, and making instruction practical with a view towards building on existing knowledge.

Antecedent-Behavior-Consequence Chart (ABC): ABC refers to antecedent, behavior, and consequence. An antecedent is a verbal cue, physical prompt, person or event that precedes a behavior. The behavior is a clear definition of the challenge encountered and the consequence is what happens immediately following the behavior. The ABC chart is used to gather information during direct observation to better understand the function maintaining a behavior.

Antecedent: A stimulus such as a verbal cue, physical prompt, person or event that precedes a behavior.

Annual Evaluation: A regular process used by an organization to assess how well positive behavior support is being implemented. Examples of data used to assess progress include: office discipline or incident reports, staff attrition and attrition, sick leave, or injuries, use of crisis management strategies, quality of life data, organizational climate, fidelity of implementation measures.

Applied Behavior Analysis (ABA): Applied behavior Analysis or ABA is used to teach skills such as communication, self-care, communication and social skills, and academics. The practice relies on the principles of learning theory to prevent challenging behavior and improve quality of life. Different forms or models of ABA have evolved over time to support children and adults. A few examples include Discrete Trial Training, Pivotal Response Treatment, and the Early Start Denver Model.

Assertive Community Treatment: A planning process from mental health for improving outcomes for people with severe mental illness and may be more likely to be at-risk of hospitalization and other negative life outcomes including possible involvement in the criminal justice system. The practice involves forming a multidisciplinary team including community outreach and action planning.

Association for Positive Behavior Support: An international association for positive behavior support. The mission of APBS is to improve quality of life for people of all ages using interventions that have been proven to be effective by research in behavior and biomedical science. Positive behavior support is used in education, home, work, and community settings to promote organization-wide prevention, in small groups, and as a way to support individuals with who are experiencing complex challenges related to social or biomedical issues.

Augmentative and Alternative Communication: Refers to tools and strategies used to help a person communicate. Augmentative strategies are added to a person's speech to assist with communication. Alternative methods are used instead of speech. AAC can have low costs and low technology-based strategies (gestures, writing, pointing to pictures) or can involve a higher level of technology (computers, ipads, communication devices).

Basic Elements of Positive Behavior Support: Refers to activities such as function-based decision making, teaching social and communication skills, changing routines and settings, focus on increasing the skills and abilities of people, improving quality of life, and creating a consistent response to challenging behavior.

Challenging Behaviors: Any behavior that is of concern to a person and the people who are living and working with that person. Everyone engages in behaviors that are problematic at some point in life. A behavior becomes challenging if it interferes with quality of life, health and wellness, or safety of self or others.

Challenging Behaviors: Behavior that are of concern by the people who are living and working with a person. Everyone engages in behaviors that are problematic at some point in life. A behavior becomes challenging if it interferes with quality of life, health and wellness, or safety.

Check In-Check Out: A Tier 2 targeted intervention strategy used in schools to support students needing a support. The student and team assess the function of the interfering behavior and choose positive social strategies and reinforcers the student can use for support throughout the day.

Circle Time: A strategy in early childhood settings that involves bringing a group of children together in a way that helps build positive relationships using fun activities. It can also be used to talk to the children about issues that have come up in class. Circle time is used to support transitions across the day and to help prepare children for learning.

Clubhouse: Programs that support people with serious and persistent mental illness that provide opportunities to engage in social and recreational opportunities that are restorative and are considered part of a person's path to recovery. Clubhouses are run by people with mental health challenges in collaboration with mental health professionals.

Coercive Interactions: Coercive interactions develop between two people when one person engages in a negative behavior to achieve a social outcome and the other person responds in an equally negative fashion. The ongoing exchange between the two individuals increases in intensity until one of them gives up.

Coercion: Using force or threat of punishment to persuade someone to engage in a behavior.

Coercive Interaction Patterns: Described as a negative reinforcement trap because two people reinforce each other in manner that inadvertently strengthens negative interactions and challenging behavior. One person "wins" but both individuals receive reinforcement for their actions and are more likely to engage in the same behavior in the future.

Communities of Practice: A group of people who meet to discuss a common concern or who are interested in learning more about a particular topic. The purpose of the group is to provide a way to achieve both individual and common goals held by the community.

Community Partners: A term used to refer to people who are involved in or are interested in a particular issue or concern. Community partners in positive behavior support are included in teams to implement organizational changes, attend positive behavior support meetings for individuals, and to support regional capacity building.

Competency-Based Assessment: A model that is focused on identifying the skills needed for a position, determining a plan to build these skills, and designing strategies to evaluate the effectiveness of that plan. The goal is for a person to demonstrate mastery of a skill before moving on to the next competency to be taught. Once they demonstrate the skill, they move to the next skill to acquire. This approach means that time is not wasted on teaching skills a person already knows.

Consequence: The stimulus or event that occurs immediately following a behavior.

Contextual Fit: The extent to which a positive behavior support plan is a good fit for the cultural values, needs, skills of people who will implement the plan and whether the resources are sufficient for implementation.

Cultural Competence: A culturally-competent organization has defined the values, attitudes, behaviors, systems, and policies needed to work with people across cultures and to value diversity. Assessment processes and data are used to adjust, address, and adapt to diverse cultural viewpoints, and to work toward improving racial equity and racial justice.

Cultural Humility: A lifelong process involving self-reflection and assessment of one's own personal bias. Cultural humility reflects an understanding that one cannot fully know another person's cultural experience. People who engage in cultural humility show an interest in trying to fix imbalances in power and to seek out partnerships who advocate for others. They also seek to understand how history and current systems shape lives, belief systems, and sense of self.

Cultural Norms: A term used to describe shared expectations and rules that guide the behavior of people within a group. These cultural norms are learned and reinforced over the course of a person's life and shared by families, friends, teachers, and the community.

Cultural Responsive: This term refers to the ability of people or organizations to learn about and become more aware of one's own and other persons' cultural values in ways that are respectful and contribute to a multicultural community. Being culturally responsive helps people to become more aware of implicit bias and systemic injustices and to act in ways that can improve negative outcomes for BIPOC (Black, Indigenous and People of Color). and cultural humility. The extent to which people embrace their own culture as well as that of different cultures.

Cultural Values: The core beliefs and ideals that a person has that remain stable and consistent over time. Understanding our own cultural values can explain how and why we may be responding to another person in either a positive or negative manner. Being aware of similarities and variations in cultural values in ourselves and others helps us to become more culturally responsive.

Culturally Responsive: The ability of people or groups of people to act with humility as they learn about and become more aware of one's own and other persons' cultural values in ways that are respectful and contribute to a diverse community. Acting with humility conveys the message that we cannot know everything about another person and their culture and, therefore, we are in a lifelong process of reflection about our own and other cultures. Being culturally responsive means that we help people become more aware of implicit bias and systemic injustices and to act in ways that can improve outcomes for Black, Brown, and Indigenous people.

Dementia: A term used to describe an impairment in a person's ability to remember, make decisions, and think that interferes with everyday tasks and activities. Dementia is more common in older adults but it is not a part of the aging process.

Diagnostic Assessment: A written report that documents the clinical and in person evaluation of a person's mental health that is used to determine a member's eligibility for services through Minnesota Health Care Programs.

Direct Observation: A process for gathering data to identify when challenging behaviors occur, what happens right before a problem behavior, what the problem behavior looks like, and how people respond to challenging behavior. Direct observation data are gathered in the functional behavioral assessment to develop and confirm a hypothesis about why challenges are occurring.

Disability and Social Justice: The concept of disability justice evolved from an awareness that while the US disability rights movement made an important contribution, it focused on political strategies that used litigation and bureaucratic approaches and that left out the fight against other forms of oppression. The lives of people with disabilities who are people of color, immigrants, queer, transsexual and gender non-conforming, without a home, incarcerated, and/or whose ancestral lands were stolen were not visible in these first advocacy efforts. Disability and Social Justice is a new wave

of advocacy that embraces the fact that all human bodies have strengths and needs and cannot be separated from ability, gender, race, sexuality, class, nation, and other

Effort, Fidelity, and Outcome Evaluation Data: Refers to different types of evaluation questions that assess positive behavior support. Effort evaluation gathers information about what is being implemented (number of people impacted by training, changes in policy, organizations involved). Fidelity is a term used to describe evaluation efforts that want to know how well a practice is used and if it is being implemented in the manner it is supposed to be based on research. Outcome data are focused on changes that improve quality of life and decrease challenges.

Effective Meeting Strategies: Common meeting strategies include a facilitator, regular meeting schedule, agendas are created together as a team, a timekeeper helps make sure each agenda item is covered, meeting minutes are sent in advance, meeting roles are defined, ground rules are created as a team, strategies to reflect on cultural awareness and responsiveness are built into meetings.

Emotional Coping Strategies: Coping strategies are used to manage unwanted or painful emotions. Emotional coping strategies help people to recognize feelings and emotions and to use strategies, routines, and tools to work through pain, stress, anxiety, or anger. Examples of coping strategies include mindfulness, positive thinking, relaxation, or writing in a journal as a way to express one's feelings.

Errorless Learning: An antecedent intervention that involves making sure a child or adult is successful in learning a task by creating prompts throughout that guarantee the individual experience success and no mistakes are made. Once errorless learning is established, prompts are faded to encourage independence completing a task.

Evidence-Based Practice: The Association for Positive Behavior Support defines evidence-based practice as the integration of rigorous science-based knowledge with applied expertise driven by community partner preferences, values, and goals within natural communities of support.

Extinction: The gradual weakening of a previous learned response when reinforcement is withheld.

Feedback Loops: A term used in an organization to 1) gather information, 2) assess the data, 3) make changes based on what has been learned, and 4) meeting again to follow progress and make changes.

Fidelity of Implementation: A process for showing evidence that you are implementing a practice in the way a practice is intended. Tools used to assess fidelity can be used at an organizational level with teams, to evaluate individual plans, and for specific interventions that are put in place to support a person.

Functional Analysis (FA): An experimental process that demonstrates the relation between challenging behavior and environmental events. There are different ways to do functional analysis (FA). However, the FA process must be overseen and run by a person with a high level of expertise. Most providers conduct a functional behavior assessment involving interviews, questionnaires, and direct observation. A functional analysis may be needed in situations where challenging behavior is complex and/or the functional behavioral assessment does not result in a clear hypothesis.

Functional Assessment: In Minnesota, a Functional Assessment is a behavioral health term that refers to an eligibility requirement for a number of services. A functional assessment is used to gather information about a person's strengths and current functioning in key domains of wellness and aid in planning for recovery as well as to access services.

Function-Based Thinking: A way of thinking about what a behavior is communicating for a person. People engage in behavior that helps they to achieve something they need. Function- based thinking means that we observe behavior to better understand whether a person is communicating that they need something (such as attention from others, or access to something).

Functional Behavioral Assessment or FBA: A process that involves gathering information to understand why a challenging behavior occurs (its function). The FBA involves indirect methods for collecting information including interviews, surveys, and record reviews. Direct observation provides objective information about the challenging behavior and confirms a hypothesis statement that includes a setting event, antecedent, a definition of the challenging behavior, and the consequences maintaining the behavior. The FBA is used to brainstorm interventions that everyone uses to create new positive social interaction patterns together.

Generalization: Generalization in the context of a positive support plan refers to the application of skills, techniques, learning, etc. to multiple settings. For example, if the use of strategies to help reduce anxiety (e.g., use of a visual timer, self-talk scripts, completion of checklists, and advance access to schedules) is successful in a home environment for an individual with autism, then these same strategies can be "generalized" (i.e., utilized) in a work environment.

Group and/or Targeted Interventions: Both terms are often used at Tier 2 to describe different ways to support a person. Group interventions bring more a small number of children or adults who all are interested in learning more about social or emotional approaches. Examples include self-management strategies, mindfulness, or learning new academic or work-related skills (for instance, how to find a job in the community). Targeted interventions help prompt and receive positive feedback.

Hypothesis Statement: A statement regarding what may be maintaining a challenging behavior that is created as part of a Functional Behavioral Assessment or FBA. This hypothesis statement includes information about the setting events related to the challenging behavior, the antecedents that trigger challenging behavior, a description of the challenging behavior, and the consequences maintaining these challenges.

Implicit Bias: Automatic and often unconscious stereotypes we hold about race or other groups based on social learning or lack of exposure, that influence our beliefs, understanding, actions, and decision-making.

Incident Report Data: A record of minor and major events that involve documenting the occurrence of challenging behavior or other problematic events. The incident report is written by the employee who was involved or witnessed the incident. Information is collected about the challenging event, who was there, what preceded the events, when, and where it occurred. When reviewed across an organization, incident reports can provide information that can be used to create interventions to promote a positive climate.

Indirect and Direct Assessment: Terms used in functional behavioral assessment (FBA) that describe the types of information gathered. Indirect assessment involves collecting information that is based on record reviews, interviews, and surveys. Direct assessment is a way to observe directly what is happening in a setting and to systematically gather data that helps to confirm the function maintaining a challenging behavior. Both indirect and direct assessments are needed to complete the FBA.

Interagency Service Coordination: It can be difficult for families or caregivers when a child or adult needs a great deal of support involving services from different agencies since many of these systems tend to operate in isolation. This can cause difficulties for families and caregivers who are communicating across fragmented services and trying coordinate supports for a child or adult.

Interagency service coordination refers to efforts across agencies to decrease these challenges by collaborating in ways that streamline how information is shared across services and to create more person and family-centered systems.

Intersectionality: The term used to describe the ways in which multiple forms of discrimination can combine and overlap in ways that have a negative impact, particularly on marginalized groups. Racism, ableism, sexism, and classism are all examples of discrimination that are experienced by people. Intersectionality is based on the concept that oppression is linked. A person who is Black, is a woman, and has a disability will experience oppression differently than a white woman living in a middle class neighborhood.

Instructional, Person-Centered, Trauma Informed, and Restorative Practices: Different positive supports are used in different organizations. Instructional strategies help teach new academic, social, or work skills and person-centered practices are used to build positive relationships. Trauma-informed strategies focus on teaching how negative past events can impact a person and how to avoid re-traumatize a person. Restorative practices are used in schools to help strengthen relationships between people and communities.

Intervention Implementation: When a practice is being used in an organization.

MAPS: Refers to a person-centered plan model that used to be called Making Action Plans. Now the word "maps" refers to the way in which visual images are created to describe the history and personal story of an individual. The dreams, past nightmares, gifts and strengths of a person are shared in the Maps process in order to create a shared vision for the future.

Mindfulness: A therapeutic strategy that involves focusing one's awareness on the present moment. Mindfulness helps people to accept thoughts and feelings and observe these thoughts without judgment. Over time, mindfulness can help people manage strong emotions, and decrease anxiety, stress, and depression.

Minnesota Positive Behavior Support Network (MNPBS): The Minnesota Positive Behavior Support Network is a community of practice recognized by the Association for Positive Behavior Support. The MNPBS Network has a website is led by a diverse group of people from across the state including state leaders in the Minnesota Department of Education and the Minnesota Department of Human Services, in universities, providers organizations, counties, and other organizations.

Motivational Interviewing: This practice is used to help people create positive behavior change in their lives. It is often used when people have mixed feelings about changing their behavior. For this reason, the approach is used by a facilitator in a collaborative way that is meant to empower a person to talk about and reach a new level of self-understanding.

Multi-Component Intervention: Positive behavior support plans include more than one strategy to address the function maintaining challenging behavior. Interventions often address different elements of the hypothesis statement from the functional behavioral assessment include setting events, antecedents, teaching new skills, and consequences.

Multi-Component Support Plans: Interventions often address different elements of one or more hypothesis statements from the functional behavioral assessment include setting events, antecedents, teaching new skills, and consequences. A multi-component support plan will describe these interventions including plans for ensuring effective implementation, measurement, generalization, and maintenance.

Natural Supports: A term that is used to refer to family members, friends, neighbors, former teachers, or others in the community who know the abilities and interests of a person and who are supporting them to live their best life. This term is often used in both positive behavior support and person-centered planning.

Office Discipline Referrals: A written report often completed by an educator or school administrator documenting a challenging behavior and the people and issues associated with the challenge. The student is often sent to an administrator who addresses the issues that were documented in the office discipline referral by assigning a consequence (detention after school, parental contact, etc.).

Office of Special Education Program's Center on PBIS: The Center responsible for supporting research and technical assistance in the implementation of positive behavioral interventions and supports or PBIS. PBIS is an example of three-tiered implementation of positive behavior support that first started in schools and districts across the United States.

Operant and Respondent Learning: Operant learning relies on reinforcement and punishment to increase or decrease the likelihood of a behavior occurring. This type of learning is derived from a functional behavioral perspective and assumes that behaviors are maintained by the environment. Respondent learning occurs when someone begins to learn over time to respond to a signal in the environment. When a stimulus that elicits a response (unconditioned stimulus) is paired with a stimulus that does not usually elicit this type of response, over time and with repeated pairings this neutral stimulus begins to elicit the response, becoming a conditioned stimulus.

Operational Definition: Defining a challenging behavior so that it can be measured consistently from observer to observer. An operational definition objective and clearly describes what the challenging behavior looks like, when it begins and ends, and the level of intensity. Sometimes includes examples and nonexample of the behaviors that are considered challenging.

Oppressed or Marginalized Communities: Populations or groups of people who have be excluded from social, educational, economic, and other elements of general society. A marginalized community may be at risk for exclusion due to age, different abilities, health and wellness, race, gender identity, sexual orientation, language, and immigration status.

Outcome Measures: Changes that occur because of person-centered and positive support practices. These changes may be captured using quantitative or qualitative data. Examples include changes in social and emotional skills, greater staff retention, higher satisfaction, improvement in quality of life.

PATH Planning: A planning tool that uses a small meeting approach with visual pictures, words, and symbols to create a positive vision for individuals and by groups of people. The PATH plan starts by thinking about a desired future and then works backwards to write down the steps for achieving that future.

Person-Centered Planning: A process that is used to create a plan for a positive and meaningful life for someone by building on their interests and strengths. There are different methods that can be used to help a person create their dreams for a better future.

Positive Behavior Support: A framework used to improve the quality of a person's life and prevent or decrease challenging social interactions. The tools and strategies used in positive behavior support encourage using social communication skills while changing social settings to prevent challenging behaviors. Positive behavior support is based on research from areas including biomedical and behavioral science that is driven by person-centered and culturally responsive values and uses the science of implementation to create sustainable and lasting using systems change.

Positive Behavior Support Facilitators: The term used in the Standards to refer to anyone who will take on a more intensive positive behavior support role that requires knowledge of all three implementation tiers and will be engaging in coaching, mentoring or other training roles in positive behavior support. Examples include behavior specialists, clinicians, educators, psychol-

ogists, supervisors or managers, staff who provide services, and family members or caregivers. Professionals implementing only tier 1 or who do not provide tier 3 intensive supports are practitioners since they do not need to know some of the more intensive positive behavior support knowledge.

Positive Behavior Support Practitioners: Refers to anyone involved in implementing positive behavior support but who may not have specialized expertise. Examples include family members, caregivers, guardians, and friends, general and special education teachers, early childhood professionals, managers and supervisors, direct support staff, personal care attendants, counselors and mental health professionals, human resource staff, and community members.

Positive Behavioral Interventions and Supports: A technical assistance and training center funded through the Office of Special Education Programs (OSEP) that provides supports to states, districts, and schools interested in implementing positive behavior support. Refers to a model of positive behavior support that is organized based on data, systems, and practices with three tiers of intervention that increase in intensity.

Positive Support Practices: The term refers to practices that are: a) person-centered, family-centered, student-centered, and community-centered, b) evidence-based with research studies that show how effective an approach is and who benefits from the practice, c) sensitive and respectful to the unique culture of each person involved, d) adapted and improved over time using data to guide use, and e) often implemented with other practices within complex everyday settings.

Precorrection: An antecedent intervention that is used to prevent challenging behavior that involves prompting a child or adult to use positive social and communication behaviors to avoid the occurrence of challenging behavior.

Premack Principle: A theory that behaviors that occur at a higher rate can be used to reinforce behaviors that occur at lower rate. An intervention using the Premack Principle might include working with a child or adult to schedule a highly preferred activity immediately following a less preferred activity (putting the dishes away, doing homework, taking a shower). The idea is not to use this type of intervention in a manner that is coercive (withholding preferred activities) or that decreases access to activities and events that are important to a person. Many people manage their own behavior using the Premack Principle.

Quality of Life: This is a common term used to describe the standard of health and wellbeing as it is experienced by a person. Quality of life can be broken down into domains that are considered assessed as part of quality of life: emotional wellness, social interactions, work and employment, financial status, living environment, physical health, intellectual stimulation, and spiritual growth.

Record Reviews: Refers to a part of the functional behavioral assessment that involves reading psychological reports, individual education or service plans, incident reports and other forms of data. The record review helps teams to better understand a person's history.

Reinforcer: Refers to something that increases the likelihood that a response will occur. Reinforcers can be positive or negative.

Replacement Behavior: A socially-desirable behavior that serves the same function as the challenging behavior identified in the functional behavior assessment. For example, a person might use a picture card to hand to a supervisor at work indicating a need for a break. Presenting the picture card to the supervisor is a replacement behavior the person can use instead of walking off the work site without telling anyone.

Restorative Practices: A practice commonly used in schools and juvenile justice to create a sense of community and provide pathways for a person to repair harm done to someone. The process involves bringing people together to discuss conflict, to achieve a common understanding, and to resolve challenges allowing people to move forward.

Scatter Plot: An example of a tool used in Functional Behavioral Assessment or FBA to record observations about when challenging behaviors are more or less likely to occur.

Self-Determination: Taking charge of one's own life and playing an active role in important decision-making processes. Characteristics that have been used to describe self-determination include self-evaluation, personal responsibility, choice, preference, autonomy, self-regulation, psychological empowerment, and self-realization

Self-Regulation Skills: The ability to recognize and manage your reactions to feeling and the events taking place around you. Being able to self-regulate means you can manage your own behavior even when you experience strong emotions like frustration, anxiety, anger, being embarrassed or upset.

Setting Events: Social, internal or physiological, and physical events, people and experiences that precedes challenging behavior and changes a person's response to reinforcers and punishers in an everyday routines or settings. Setting events can increase the likelihood that an antecedent event will trigger challenging behavior.

Sustainability: Sustainability refers to the durability and consistent implementation of a plan over time. The efforts taken to keep doing what works in order to obtain the positive outcomes of an effective intervention or entire positive behavior support plan.

Systemic Injustices: Policies, procedures, structures, and systems that disadvantage marginalized groups. Systemic injustice is pervasive in the US and is embedded within all major federal, state, and local organizations and institutions in the US.

Systems of Care: A system of care is a coordinated network of community-based services and supports designed to meet the challenges of children and youth with serious mental health needs and their families. These partnerships of families, youth, public organizations and private service providers address challenging behavior by addressing the mental health services and support needs and building on the strengths of a child, young person, or adult. These systems are also developed around the principles of being child-centered, family-driven, strength-based, and culturally competent.

Systems, Data, and Practices: Terms used in PBIS to describe how to make real and important changes in organizations that do not rely on training as one approach. Systems support people within the organization to put positive behavior support strategies in place. Data are used to guide progress and make changes when problems arise. Practices are used to improve social and emotional skills for all people within a setting.

Team Initiated Problem Solving (TIPS): Training for teams working on positive behavior support that addresses how to use data to problem solve in meetings. Involves six critical steps that break down the problem-solving process in order to guide teams in addressing barriers related to using positive behavior support. The TIPS model can be used at all three implementation tiers of positive behavior support.

Three-Tiered Model of Positive Behavior Support: A framework for implementing universal strategies for all people in a home, work, or other setting and by providing interventions that increase in intensity based on the unique needs of each person. This framework is applied to positive behavior support and other practices that improve quality of life.

Tier 1: Universal strategies for practicing and learning social and emotional skills that everyone can benefit from learning including people receiving support, educators, family members, staff, supervisors, human resource professionals, leaders, and community members. Tier 1 also includes recognizing and celebrating positive social interactions, responding to challenges in a consistent manner, and using data to assess progress over time.

Tier 2: Monitoring for changes in quality of life or challenges that might be occurring in social interactions. Includes a plan for intervening as

early as possible to prevent challenging behavior from becoming a crisis. Examples of Tier 2 include simple function-based strategies and group interventions to provide more opportunities to practice skills and receive positive feedback.

Tier 3: A smaller number of people benefit from individual, and intensive interventions. When a Tier 3 plan is needed, a team of people form to support the person. The first step is to create a vision for what the person's ideal life and dreams are and an assessment process is used to understand why a challenge is occurring. The positive behavior support plan results in a set of goals and action steps for changing communication patterns, making changes in a setting to prevent challenges, and improving quality of life. Other positive support practices are used at Tier 3 such as mindfulness, cognitive behavior therapy, trauma informed strategies.

Token Economy: A strategy used to prompt people to deliver positive recognition to others using a pieces of paper or other symbols to count how many times a person has received reinforcement. Three elements of token economies include targeting behaviors that will be reinforced, using a point system or token paired with positive social feedback, and a system for to exchange tokens for items, activities, and/or events. It is important to note that people never deprived of the things that they consider desired and important in their lives and tokens are not taken away due to interfering behavior.

Trauma-Focused Cognitive Behavior Therapy: Traumatic life experiences such as child or domestic abuse, natural disasters, or other negative life events can have a lasting impact on a person's health and emotional wellbeing. Trauma-Informed Cognitive Behavior Therapy is an evidence-based practice that addresses this issue. Trauma-Focused Cognitive Behavior Therapy is a positive support that teaches children and adults skills to recognize negative or unhealthy thoughts associated with past experiences and to engage in stress management and coping strategies when these thoughts occur. This approach can also include teaching new skills for parents and caregivers of children involved in therapy. A family therapy approach is used to help recognize family dynamics, teach new parenting skills, support stress management for both child and family members, and work on improving communication skills.

Traumatic Brain Injury: When damage occurs to the brain due to injuries and accidents. Traumatic brain injury occurs for many reasons with examples including falls, sports injury, child abuse, car accidents, or being struck by an object. When traumatic brain injury is severe, people may have symptoms after the injury that are psychological or physical. Some examples include headaches, sleep problems, seizures, mood changes, memory and attention issues.

Visual Schedule: A tool that is used to help a person plan for events coming up and to better understand the events that are occurring through the day. Visual schedule can include simple pictures or symbols, words, or calendars depending on the best approach for each person.

Wellness Recovery Action Plan (WRAP): A process used by mental health organizations to empower a person to address their own wellness and recovery. The goal is to decrease internal distress and prevent or minimize troubling feelings and behaviors. This planning process increases quality of life and helps people achieve desired dreams for the future.

Workers Compensation: A type of business insurance that provides benefits to employees who have had work-related injuries or illness caused by working in their jobs. This type of insurance pays for medical costs, and lost wages.

Wraparound Planning: Parents of children and adults with mental health needs and challenging behavior are often expected to communicate with a number of different service systems. Each of these services require parents to complete forms, attend meetings, and respond to requests related to services. Juvenile justice, children and family services, special education, mental health, and

developmental disabilities are all examples of these different services. The wraparound plan is mean to help youth and their parents by improving service coordination. Wraparound planning is a team-based approach that is child-and family-driven. Team members include natural supports (friends, family members, and people who know the child or young person well). Individuals from formal supports might include a parole officer, counselor, psychiatrist, or special education teacher. The goal of wraparound is to assess the child and family strengths in order to build a plan of support that will improve quality of life.

Note: Permission for some of the glossary terms was given by the Maryland Developmental Disabilities Administration for use in these standards.