IMPLEMENTATION OF PBS: SYSTEMS, DATA, AND PRACTICES

Bob Putnam, Ph.D., LABA, BCBA-D
Shannon Barry, Ph.D.
Erin McDermott
How do we bring evidence based practices to scale within organizations serving adults with intellectual and developmental disabilities (IDD) to impact meaningful outcomes with data-based decision making?

PBIS/MTSS!
• Multi-tiered Systems of Support (MTSS) is functionally equivalent to Positive Behavioral Interventions and Supports (PBIS/PBS)
MTSS/PBIS is a framework for enhancing adoption & implementation of a continuum of evidence-based interventions to achieve quality of life & behaviorally important outcomes for all individuals.
http://ddslearning.com/dds-pbs-initiative
How can we utilize evidence-based practices systematically?

• How can we improve...
  • Effectiveness
  • Efficiency
  • Quality
  ...to improve outcomes for individuals.
• What are the meaningful outcomes?
  – Reduction in severe problem behavior
  – Improvements in
    • Happiness
    • Wellness
    • Self-advocacy and self-determination
    • Vocational and meaningful activities
Supporting Quality of Life and Prosocial Skills

Emphasize: 4 Integrated Elements

Supporting Staff Behavior

Supporting Individual Behavior

Supporting Decision Making
SYSTEMS

- Representative teams
- Active administrator/leader
- Data-based decision making
  - Treatment integrity
  - Individual outcomes
  - Action plan steps completion
- Screening
- Coaching capacity
- Training capacity
PRACTICES

• Evidence-based
• Outcome linked
• Cultural/contextual adjustments
• Integrated with all other practices
• Doable
DATA

- Clear definitions
- Efficient procedures
- Easy input/output
- Readable displays
- Regular review

Supporting Decision Making
• MTSS/PBIS Implementation: Reducing severe problem behavior and improving quality of life

• Ensuring the introduction and accurate implementation of evidenced based practices through ongoing team based data based decision making
Implementation Levels

- Individual
- Home/Day Services
- Cohort
- Division
- Agency
Primary Prevention:
System-wide Wide Systems for All Individuals, Staff, & Settings

Secondary Prevention:
Specialized Standardized Systems for Individuals with At-Risk Behavior

Tertiary Prevention:
Specialized Individualized Systems for Individuals with High-Risk Behavior

CONTINUUM OF SYSTEM-WIDE POSITIVE BEHAVIOR SUPPORT
Universal (Tier 1) Supports

• Universal, system-wide expectations
• Universal, system-wide practices
  – Teaching
  – Acknowledgement
  – Correction
• Ongoing data collection procedures
• Screening
• Planned environmental design
• Treatment integrity check

ALL
Tier 1 (Universal) Team

- Staff manager
- Clinical staff
- Direct care
- Other relevant staff
- Individual(s)
- Family member(s)
• Common **purpose** and approach to discipline
• Clear set of **positive expectations & behaviors**
• Procedures for **teaching** expected behavior
• Continuum of procedures for **encouraging** expected behavior
• Continuum of procedures for **discouraging** inappropriate behavior
• Procedures for on-going **monitoring & evaluation**
## Selecting Behavior Expectations

<table>
<thead>
<tr>
<th>Behavior</th>
<th>TOTAL</th>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
<th>GROUP 5</th>
<th>GROUP 6</th>
<th>GROUP 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Injury</td>
<td>110</td>
<td>20</td>
<td>6</td>
<td>1</td>
<td>79</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Aggressions</td>
<td>55</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>13</td>
<td>16</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Yelling/Scream</td>
<td>21</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Destruction</td>
<td>22</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Loud Vocals</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Elopement</td>
<td>8</td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Leaving the Room</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Teasing</td>
<td>25</td>
<td>1</td>
<td>12</td>
<td></td>
<td>8</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Inappropriate Speech</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Inappropriate Talk</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate Verbals</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Repetitive Speech</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Cursing</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threats</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Instigating Others</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Disruptive Behaviors</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oppositional Behavior</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dropping to Floor</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Inappropriate Touch</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Inappropriate Sexual Behavior</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Invading Personal Space</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Crying</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Grunting / Grinding teeth &amp; growling</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dumping Food</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vomit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
## Tier 1 Expectations

<table>
<thead>
<tr>
<th>Respect Others</th>
<th>Respect Yourself</th>
<th>Respect for Property</th>
<th>Respect while in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your hands to yourself</td>
<td>Ask to take a break</td>
<td>Use supplies and appliances functionally</td>
<td>Use your seatbelt</td>
</tr>
<tr>
<td>Be positive with others</td>
<td>Take a break when needed</td>
<td>Put tasks away when finished</td>
<td>Respect social boundaries</td>
</tr>
<tr>
<td>Ask to borrow items</td>
<td>Have a clean working area</td>
<td></td>
<td>Follow instructions</td>
</tr>
<tr>
<td>Have an appropriate voice volume</td>
<td>Wash hands after using the bathroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Tier 1 Teaching Practices:
- Schedules
- Modeling
- Story-based teaching
- Naturalistic teaching
- Discrete trials
- Prompting

### Example Lesson Plan 1: Dining room

**Topic:** Program-wide expectations & expectations for the Dining room

#### Objectives:
With 90% accuracy, individuals will identify each of the Program-wide behavioral expectations for the dining room when these expectations are read or role-played in situations.

#### Materials:
- Written situations
- Written copy of Program-wide behavioral expectations for the dining room
- Index cards

#### Preparation:
- Write a series of situations (some examples provided)
- Write Program-wide expectations and corresponding behavioral expectations on index cards (obtain these from the behavior grid specific for the Dining room)

#### Procedure:
- Individuals read and act out situations from the list of situations. Individuals raise an index card showing the Program-wide behavioral expectations for the dining room that corresponds to each situation read or role-played. Allow individuals time to share personal experiences that correspond to the Program-wide behavioral expectations.
- **Direct Instruction:** The staff initially explains to the individuals what they would like them to do.
- **Modeling:** The staff models the behavioral expectation or assigns an individual to do it.
- **Role-Play:** Individuals role-play the given situations.

#### Assessment:
- Individuals learn and retain Program-wide behavioral expectations to 90% accuracy and are able to provide examples of their own.

#### Follow-up:
- Instruct individuals to draw a picture of a situation, explain it to the individuals in the dining room, and identify which Program-wide behavioral expectation applies to it.
- Staff can reinforce specific expectations on the day (or day after) the lesson plan is implemented – this can be done in the dining room by the staff.
Failure (punishment)

Success (reinforcement)

5 : 1

Tier 1: Reinforcement
Tier 1 Data-based Decision Making

What systems, practices, and routines do we have in place universally, that will reach all of our individuals?

Is what we have in place effective for most of our individuals?

Are there trends or patterns across all our individuals’ behavior?

Where and when are challenging behaviors most often occurring? What are the most common behaviors?

Overall, are individuals’ behavior improving, staying the same, or getting worse? Have they acquired skills?

Are interventions, systems, and practices implemented with fidelity?
Targeted (Tier 2) Supports

- At risk
- Targeted teaching and acknowledgement
- Increased monitoring and supervision
- Supplemental interventions, and skill building/challenging behavior reduction strategies
- More frequent assessment and data analysis
Intensive (Tier 3) Supports

- High risk
- Individualized strategies, interventions, and practices
- Intensive teaching, acknowledgement, and correction procedures
- Frequent monitoring and data analysis, and treatment integrity
Tier 3 System

- **Purpose:** To provide a venue for teams to systematically analyze behavioral data, make decisions based on those data, and monitor individuals’ progress
- **Goal:** To prevent problem behaviors by using data based decision making.
- **Objective:** To find the simplest solution that will make the biggest change in the behavior problem
- **Guiding Questions:**
  - Are there trends across the individuals’ behavior?
  - Are the individuals making progress with the interventions and supports in place?
  - What should be done to address the problem behaviors that are not improving?
Criteria for Placement in Tier 3

• The individual has required 2 or more physical holds within a 24-hour period or over a 30 day period to insure their safety or that of others or
• The individual has engaged in behaviors that are dangerous to themselves or others on a regular basis, not necessarily requiring physical holds.
• The individual has had long standing behavior problems which has not been responsive to current interventions.
• Low frequency and high intensity behaviors
• The most frequently recorded behavior problems are aggression, self-injury, elopement, and property destruction.
Tier 3 Team System Meetings

- Each person is discussed during the meeting for no more than 2 or 3 minutes.

- Graphs of the daily frequency of no more than 3 of their most challenging behaviors over the past 60 days are reviewed.

- Determine current trends by using trend line and/or mean frequency per day of behavior
  - Decreasing trend/Behavior improving (+)
  - About the same/No change in behavior (0)
  - Increasing trend/Behavior not improving (-)

- Decisions are made as to what should be done to address the problem behaviors that are not improving
  - Develop an action plan
Tier 3 Team

- Clinical staff
- Residential staff
- Administrator
- Behavioral expertise
- Operational expertise
Tier 3 Practices: BSP

• Prevention Strategies
  – Antecedent interventions
  – Teaching procedures
  – Environmental design
  – Communication style

• Consequence Strategies
  – Positive acknowledgement & reinforcement procedures
Tier 3 Data-based Decision Making

What do we have in place for our most intensive population? And are the systems and practices implemented with fidelity?

Is what we have in place effective for those with high risk behavior?

Are there are trends or patterns across those individuals’ behavior?

Overall, are individuals’ behavior improving, staying the same, or getting worse? Have they acquired skills?

Are interventions implemented with fidelity?
Supporting Quality of Life and Prosocial Skills

- Supporting Staff Behavior
- Supporting Individual Behavior

Emphasize: 4 Integrated Elements

Supporting Outcomes
- Systems
- Data
- Practices

Supporting Decision Making
• Part 1 - Foundational and Supporting Information

• Part 2 - Self-Assessment and Action Planning

Systemic Implementation Elements

- Funding
- Visibility & Dissemination
- Political Support
- Policy & Systems Alignment
- Personnel Readiness

LEADERSHIP TEAM

- Professional Development
- Coaching & Technical Assistance
- Evaluation & Performance Feedback
- Content Expertise

Local Implementation Demonstrations
“Groups of individuals whose collective behaviors are directed toward a common goal and maintained by a common outcome” (Skinner, 1953). Furthermore, effective organizations have four defining features (Gilbert, 1978; Horner, 2003; Sugai, 2014):
• **Common Vision/Values** - A mission, purpose, or goal that is embraced by the majority of members of the organization, reflects shared needs, and serves as the basis for decision-making and action planning.

• **Common Language** - The terminology, phrases, and concepts that describe the organization’s vision, actions, and operations so that communications are understood, informative, efficient, effective, and relevant to members of the organization.
• **Common Experience** - A set of actions, routines, procedures, or operations that are practiced and experienced by all members of the organization and include data feedback systems or loops to assess the quality of implementation and link activities to outcomes.

• **Quality Leadership** - Personnel, policies, structures, and processes that are organized and distributed to achieve and sustain the organization’s vision, language, and experience.
1) Readiness and commitment agreements precede any implementation activities and include:

- Leadership approval
- Participant commitment to implement ("buy-in") (e.g., >80% agreement)
- Initiative and program integration
- Collection of local data for decision-making
- Leadership teaming and coaching
2) The organization moves forward and backward through a series of phases
Phases of Implementation

**Exploration/Adoption**

- What is the **need or problem**?
- What **data** are available to describe the need or problem?
- Does the organization agree to the desired **outcome**?
- How high of a **priority** is the need or problem?
- Are **funding** streams identified to support implementation?
- What **evidence-based practices or systems** are available to address the need or problem?
- Does the organization **leader** agree to endorse, support, and participate in the implementation?
- Are **personnel** available to support implementation?
- Do members of the organization **agree** to the nature of the need or problem, desired outcome, relative priority for change, selection of possible solutions, allocation of resources, and participation in the implementation of the solution?
Installation

- Is a leadership team or structure in place to guide and coordinate implementation of professional development and the practices and systems?
- Is competent and experienced professional development (training, coaching) available?
- Does the organization have a plan and schedule for continuous and quality professional development?
- Is a data system in place to provide continuous monitoring of implementation fidelity and progress toward desired outcomes?
- Are material resources in place to support implementation?
- Has the leadership team developed a 1-3 year action plan for implementation and data management?
Phases of Implementation

Initial Implementation

- Do size and/or place of initial implementation ensure successful implementation?
- Are data systems in place to monitor implementation fidelity?
- Are data systems in place to monitor consumer benefit and satisfaction?
- Is the leadership team following an implementation action plan?
- Is the organization leader actively involved and supportive of the implementation?
- Is quality of technical assistance high (e.g., high levels of engagement, performance feedback, coaching, problem solving)?
Full Implementation (Elaboration)

- Has **fidelity of implementation** being **demonstrated by a majority** of the organization’s members (>80%) and across most settings?
- Are a majority of **Individuals receiving services benefiting** from the implementation?
- Does the **leadership team** provide continuous implementation support and guidance?
- Are fidelity and individual outcome data **reviewed at least monthly**?
- Has the implementation been identified as an **institutionalized component** of the organization’s daily operation?
Sustainability, Scaling, and Continuous Regeneration

• Has the **organization documented** its implementation practices, products, and procedures to serve as a demonstration for other similar organizations?

• Has the organization increased its **implementation capacity** to reduce dependence on external TA resources?

• Has **leadership across similar organizations** established implementation capacity (i.e., leadership, professional development, coaching, evaluation, policy)?

• Does the organization review implementation fidelity and consumer outcome data at least monthly to **monitor progress** and to coordinate implementation training “boosters” and improvement sessions.

• Does the organization have the capacity to consider and respond to **new or renewed needs** and/or problems?

• Does the organization address **personnel turnover** by selecting individuals with skills, experience, commitment to PBIS and providing on-going and embedded training/coaching (Goodman, 2013).
Number of Programs Involved in Some Phase of SWPBIS Roll-Out (Agency-wide)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td>12</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
</tbody>
</table>
SYSTEMS

• Representative teams
• Active administrator/leader
• Data-based decision making
  o Treatment integrity
  o Individual outcomes
  o Action plan steps completion
• Screening
• Coaching capacity
• Training capacity
Representative Teams

• Key stakeholders
• Varying expertise and knowledge of programs and individuals
  – Operational and clinical
• Families
• Individuals
• Access to resources
• Sends message of importance
• Knowledge towards implementation
• Accountability in decision making
• Awareness of individuals’ progress
Coaching: Organization-Wide

• Serve as PBIS Experts and technical assistance providers to leadership and staff
• Create and facilitate professional development and coaching opportunities on features of PBIS
• Provide ongoing consultation to program/school-based coaches through attendance and facilitation of meetings, review of documents, email and phone correspondence, observations, resource sharing, and data evaluation.
• Serve as liaisons from individual sites to overall organization. Facilitate and participate in organization-wide meetings related to PBIS.
• Trains and assists team members in collecting, entering, and analyzing data (implementation, fidelity, outcome) and process for making data-based decisions in teams.
Coaching: Program Level

- Attend trainings and organizational meetings
- Create plans and select programs to implement
- Monitor implementation and outcome data
- Serve as center-based expert and contact related to PBIS
- Facilitates Tier meetings and follow up
- Communicates with center/program leadership about progress and resources
- Collaborates with program staff to develop plans, policies, and procedures
- Provides updates, supports, and training to program staff
Organization coaches and leaders provide monthly professional development and training sessions to program/school coaches and other representatives on topics related to implementation and sustainability of PBIS.

**Purpose of PBIS Training:** Teach coaches and other representatives about principles of PBIS; Provide a forum to collaborate, brainstorm, and problem solve with colleagues about implementation; Share data and make data-based decisions.

**Topics include:** Data-based decision making, Universal systems, Intensive systems, Teaching and acknowledgment, Behavior support plans, Assessment and Evaluation, Specific case presentations, Problem solving and evaluation of implementation barriers.

Participants in expected to utilize information and decisions with program staff, families, and individuals, and implement decisions into daily practices.

Online modules and in-vivo training, in-person feedback, collaborative relationship building, policy development.
Thank you!

bputnam@mayinstitute.org
sbarry@mayinstitute.org
emcdermott@mayinstitute.org