**PBS**

**Leadership Team**

**A Guide for Agencies Implementing**

**Positive Behavior Supports**

**Department of Developmental Services**

**October 2013**

**Revised August 2014**



**PBS Definition**

A systematic, person centered approach to understanding reasons for behavior and applying evidence based practices for prevention, proactive intervention, teaching and responding to behavior, with the goal of achieving meaningful social outcomes, increasing learning, and enhancing quality of life across the life span.\*

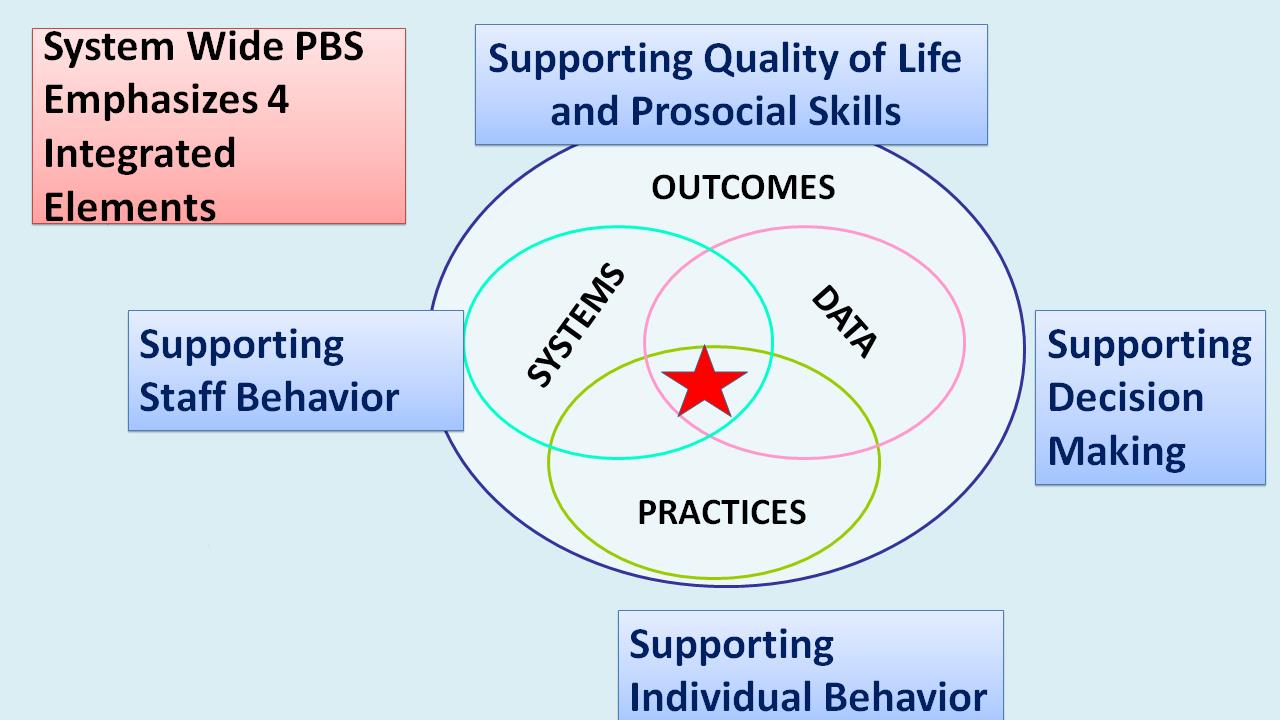
\*Definition developed by sub-committee of the Commissioner’s Advisory Board on PBS.

**PBS DDS LEADERSHIP TEAM**

**I. OVERVIEW**

The Department of Developmental Services is dedicated to enhancing the quality of life for all individuals we serve. PBS provides a framework for realizing our mission by incorporating our values and organizing our practices into a cohesive system that is person-centered and empirically validated. PBS is not a specific “model” but a framework of effective practices, interventions, and system change strategies that have empirical support and individually have been demonstrated to be effective.

PBS consists of four key elements. These elements are integrated and interdependent so that no one element can singularly accomplish the goal of providing demonstrably effective outcomes for individuals. PBS provides ***outcomes*** that support prosocial skills and enhance the quality of life for all individuals. To support these outcomes, PBS employs evidenced based ***practices*** that are practical and implemented proactively so that problems are less likely to occur or significantly disrupt an individual’s life. Staff are equipped with knowledge and understanding of an individual’s values, motives, and actions and trained in effective responses to communication needs. PBS practices are a part of a ***system.*** PBS relies on team work to address the range of needs individuals may present as well as a team process to oversee all aspects of PBS work. PBS relies on ***data*** to communicate the effectiveness of practices and systems so that problems can be identified and remedied in a timely way. Objective, measureable data guide decision making at every level of support.



Common terms used in PBS work are presented in **Appendix[[1]](#footnote-1)**

**II. PBS LEADERSHIP TEAM**

As an important first step in PBS implementation, each agency is required to establish and support an agency-based PBS Leadership Team. The PBS Leadership Team is responsible for identifying the agency’s unique needs to be addressed by PBS practices and is charged with the oversight of PBS implementation at all agency levels. The Leadership Team uses objective, measureable data to make decisions on all aspects of PBS implementation.

The following tasks outline the minimum responsibilities of a PBS Leadership Team. Tasks that are required to be a part of an agency’s PBS system are indicated as such. Tasks that are not required are indicated as recommended.

**PBS Leadership Team Membership**

The Leadership Team, at a minimum, should consist of the following members:

**a)** individual(s) in an executive leadership position who has the authority to make change;

**b)** senior level, qualified clinician(s) with at least a master’s degree in a relevant discipline such as Psychology, Applied Behavioral Analysis, or Special Education; b) substantial clinical background in Developmental Disabilities; c) competencies in behavior theory and practice in conjunction with experience; d) sound clinical judgment; e) and a commitment to continuous learning about PBS;

**c)** stakeholder(s) (based on agency practice)

**d)** other personnel from within the agency that represent different functional units such as direct support staff, IT, Human Rights Coordinators, Division Directors, Clinicians, etc.

DDS recognizes that there may be circumstances in which it is difficult to recruit and retain a stakeholder’s participation in the Leadership Team process. In this event, it is expected that all possible, effective accommodations permitting a stakeholder to participate in person or remotely should be explored. If participation is still not possible, then ongoing efforts to recruit a stakeholder should be documented in the agency’s Action Plan.

The membership of an agency PBS Leadership Team may change as the agency’s needs and PBS plans change. It may be necessary to increase membership to include new disciplines as the agency’s population changes. Also, some agency’s find it helpful to rotate staff through a series of Leadership Team meetings to increase the diversity of input and to provide an opportunity for interested staff to experience the leadership process. When Leadership Team membership changes, an individual in executive position, a qualified clinician, and a stakeholder are still required.

**Leadership Team Meetings**

The PBS Leadership Team is required to meet regularly (monthly meetings are recommended), and to maintain a record of its activities: planning, policy agreements, and decisions. Standing agenda items include:

* Review of data on key indicators and other relevant data to determine the effectiveness of PBS implementation. Graphic presentation of data is recommended.
* Review and discussion of PBS goals set in the agency Action Plan. Discussion should be based on objective data and the review addresses quality of implementation, that is, “*Are Universal Preventive Interventions reliably being implemented*?” **and** are they effective, efficient, and acceptable.
* Revision, as needed of agency Action Plan.

Minutes from Leadership Team meetings should be disseminated within a reasonable timeframe. Leadership Teams often identify an individual, other than the individual leading the meeting, to take notes and to write meeting minutes. The task is sometimes assigned to one team member or rotated among a number of team members. Meeting minutes should be distributed to stakeholders, agency leadership, and others who are invested in and benefit from team decisions and discussions, and whose feedback would be informative to the functioning of the PBS Leadership team. In addition, minutes must be archived and accessible to relevant individuals.

See **Appendix[[2]](#footnote-2)** for example of meeting minute format.

**III. PBS ACTION PLAN**

Each agency Leadership Team is required to develop a Positive Behavior Support Action Plan. The Action Plan includes PBS activities that will occur in all settings of the agency in which DDS individuals are supported. The Action Plan provides a blueprint for PBS implementation. By developing the Action Plan, each agency can be assured that PBS implementation is consistent with DDS expectations as well as increase the effectiveness of PBS activities for individuals supported.

A PBS Action Plan is intended to be a living document. It will require updating and revision as PBS is implemented and the agency changes over time. The Action Plan should be referenced and reviewed at each Leadership Team meeting and revised as needed.

All DDS required tasks are represented in the Action Plan. Tasks may be approached individually. However, most agencies find it advantageous to begin tasks simultaneously where possible.

The Action Plan includes the following topics:

I. Agency issues to be addressed

2. Agency key indicators and data used to evaluate key indicators

3. Leadership Team membership and operating plan

4. PBS Readiness Assessment

5. PBS “Champion(s)”

6. Qualified clinicians

7. Description and Configuration of PBS tiers to be implemented

8. Universal Supports

9. Targeted Supports

10. Intensive Supports

11. PBS training provided

12. Agency-wide PBS implementation plan

13. Agency plan for PBS QA

14. Agency Crisis Prevention Response and Restraint system

15. Other issues of concern to be addressed

See **Appendix[[3]](#footnote-3)** for an example of a PBS Action Plan template.

**PBS Readiness and Key Indicators**

As a preliminary step in developing a PBS Action Plan, the Leadership Team will complete a number of activities to determine agency readiness to implement PBS. The first step in this process is to review the agency mission statement which includes the agency’s core values for supporting individuals with intellectual and developmental disabilities. The Leadership Team will then consider current practices and outcomes to determine what existing areas require revised effort to fulfill the agency’s mission. To determine which areas are in need of further development analysis of data such as incident reports, survey outcomes, satisfaction surveys, etc. provides important information for the Leadership Team to consider.

Following data review, the Leadership Team is required to select a set of behaviors, key indicators, that are measurable, distinctive, and mutually exclusive that will reflect progress toward the agency’s mission. The Leadership Team also will identify the procedures to be used to enter, summarize, retrieve, and display the data as well as who is responsible for these tasks. Data for key indicators will be presented, reviewed, and used at each Leadership Team meeting to make decisions regarding the quality of PBS implementation and services provided.

To guide the Leadership Team in completing PBS preparation tasks, an example of a PBS Readiness Checklist is provided in **Appendix[[4]](#footnote-4)**. Other versions can be found at [www.pbis.org](http://www.pbis.org).

**PBS Champion**

The PBS Leadership Team is required to determine how to fulfill the “PBS Champion” role. The Leadership Team may identify one or more staff to assume the duties of “PBS Champion(s).” In large agencies, there may be more than one staff needed to function as PBS Champion. The PBS Champion is a staff member who has developed an interest and expertise in PBS and who knows the agency well. The PBS Champion will be involved in all aspects of PBS implementation within the agency. In addition to providing content expertise in PBS practices and implementation, the PBS Champion will guide and encourage teams at all support levels as they implement PBS. The PBS Champion attends as many PBS team meetings as needed and facilitates communication among teams, members, and other areas of the agency. The PBS champion is a current employee of the agency. This is not a new staff person, but rather a new function of existing personnel.

**Qualified Clinician**

Each Leadership Team is required to include a qualified senior clinician as a member. The senior clinician is the clinical expert and consults with the other members of the team about evidenced based practices and the use of data to better understand how to change both behavior and agency culture. To be a qualified clinician an individual must have: a) at least a master’s degree in a relevant discipline such as Psychology, Applied Behavioral Analysis, or Special Education; b) substantial clinical background in Developmental Disabilities; c) competencies in behavior theory, practice in conjunction with experience; d) sound clinical judgment; e) and a commitment to continuous learning about PBS. The qualified clinician may be either an employee or contracted worker for the agency.

If an agency is employing a contracted qualified clinician, it is expected that the contracted, qualified clinician will participate in the Leadership Team, completion of the FBA, development of the P-BSP, training of P-BSP plan, data analysis, and plan revisions. It is important that the qualified clinician does not develop the P-BSP plan and then divest responsibility for its implementation to non-qualified individuals. DDS will permit currently employed individuals who have extensive experience but who do not meet the “qualified clinician” criteria to write an intensive positive behavior support plan under the direct supervision of a qualified agency employee or contracted clinician.

If an agency is currently employing non-qualified staff to fulfill the role of a qualified clinician, when the competent, but non-credentialed staff leaves the agency, the agency must recruit and hire, as an agency or contracted employee, staff who meet the criteria of a qualified clinician. In this case, the plan for hiring and recruiting qualified clinician(s) must be detailed in the agency PBS Action Plan. Each agency will determine the number of qualified clinicians and the number of hours needed to meet agency needs.

**Establish Universal, Targeted, and Intensive Support Teams**

The PBS Leadership Team is required to determine the number of teams needed within the agency to provide support at the Universal, Targeted, and Intensive levels. The number of teams at each support level will depend on the number of individuals needing support as well as the resources available within the agency. Depending on the number of individuals needing support at each level and the personnel available for team participation, an agency may decide to combine the Universal and Targeted teams or the Targeted and Intensive teams. In some cases, it may be necessary to combine Universal, Targeted, and Intensive supports into one team. When teams are combined, it is recommended that separate meetings occur to accomplish the tasks of each support tier. Minutes from each team meeting are forwarded to the Leadership Team for review.

The number of teams needed and the membership composition of the teams may change over time. Resources devoted to initial PBS implementation may not be sufficient or may not be necessary at later stages of implementation. The PBS Leadership Team should constantly review the needs of each PBS team and provide support as needed.

The Leadership Team will select the supports that are to be developed, trained, implemented, monitored, and evaluated at the Universal Support level. Universal Supports are in place for all individuals at all times. In addition to Universal Supports selected by the Leadership Team, a Universal Team may select additional Universal Supports that may be implemented in site-specific locations. The additional Universal Supports must be approved by the Leadership Team.

**Evidenced based practices:** The Leadership Team supports and guides teams in their selection of evidence based practices. Evidenced-Based Practices are strategies based on procedures, assessments and interventions that are validated through peer-reviewed research. Priority is always given to implementation of evidenced-based practices for any PBS intervention at any level of support.

Practices that are not evidenced-based may be used under certain circumstances. For example, studies that have supporting data but do not demonstrate experimentally that a functional relationship exists are “promising practices” for which adoption and use should proceed with caution.

When no evidence is available for an intervention or practice, conservative use of the practice should be applied to avoid unforeseen negative side effects, extreme costs, and inefficient use of resources and time. At a minimum, new or innovative practices should be pilot-tested, measured frequently for the extent to which desired and undesired effects are experienced, and evaluated for their costs and benefits. Equally important, innovative practices must be based on

sound theory. Regardless of the evidence available for a practice, consideration for adoption should be based on a documented need.

**PBS Training**

The PBS Leadership Team is required to assess training needs for all agency staff. The Universal, Targeted, and Intensive Teams also may request additional training from the Leadership Team. The Leadership Team then develops a plan to address these training needs through internal or external sources. An agency may develop PBS trainings, implement DDS PBS trainings available at <http://ddslearning.com/dds-pbs-initiative/> or purchase PBS training for use in the agency.

**PBS Implementation Plan**

The PBS Action Plan is required to outline plans for implementing PBS throughout the agency. Unless an agency is very small, it is not expected that PBS will begin in all areas of an agency simultaneously. Most often, a small demonstration project is planned to introduce PBS to the agency. The site of the demonstration project typically is an area of the agency that is most enthusiastic about PBS, has an expertise in PBS, and/or has a proven track record of implementing change successfully. Once the smaller demonstration project is implemented and any encountered difficulties are remediated, then roll-out to other agency areas begins. The Action Plan contains dates for all important activities as well as identifies persons responsible. Action Plans are reviewed and revised as needed by the Leadership Team.

**Plan for PBS QA**

PBS is committed to decision-making based on objective criteria. The Leadership Team will determine the frequency of quality review at all levels of support as well as review of the overall effect of PBS at an agency level. The Leadership Team will outline in the Action Plan the interval at which review will occur, methods for conducting review, and data required for review.

**Crisis Prevention Response and Restraint System**

Each agency is required to select from a list of DDS approved crisis prevention response and restraint system providers. The Leadership Team will assure that an ongoing relationship with the provider is maintained so that revisions to standard holds can be developed by the crisis prevention provider as needed by the agency. The Leadership Team also will assure that only staff certified to train such interventions provide all trainings in these techniques.

**Staff Recognition**

Although not required, formal recognition of the role staff play in the successful implementation of PBS is a recommended function. Staff teach important skills, create a pleasant and healthy environment, and manage routines and systems that make PBS effective and directly affect an individual’s quality of life. To acknowledge this important work, the Leadership Team may develop a system for recognizing staff whose work at the Universal, Targeted, and Intensive

Levels is exceptional and deserving of notice. Objective criteria for recognition at each support level is recommended as well as how staff will be recognized for their work.

**Leadership Appendix A**

**Common PBS Terms**

Competing Pathway: In a PBS plan, the “Competing Pathway(s)” show how challenging behavior(s) lead to maintaining consequences and how functional alternatives will take the place of challenging behavior.

**Evidenced-Based Practice:** Strategiesbased on procedures, assessments and interventions that are validated through peer-reviewed research.

**Life Span**: A person’s period of growth, from birth to death, understanding that a person’s needs, wants, expectations, abilities and relationships change over time.

**Meaningful Social Outcomes:** People are as fully involved in their communities as they desire and is meaningful to them.  Involvement increases their range of friends and activities in any and all realms of daily living, work, civic engagement and leisure.

**Organization:** Collection of individuals who engage in behaviors that reflect a common purpose or goal, language, and experience.

**Practice:** Intervention, curriculum, procedure, etc., that has demonstrated efficacy in achieving defined outcomes within a system.

**Person-Centered:** Empowering individuals to plan a desirable future and to make decisions that chart the course needed to achieve personal goals, with the encouragement and support of guardians, families and the other people they trust.

**Policy:** Institutionalized descriptions of outcomes, procedural guidelines, rules, etc., that define the accurate and accountable.

**Preventive Interventions:** Implementing proactive strategies that willdecrease the likelihood that a person will engage in challenging behaviors while they are learning more socially-appropriate skills.

**Qualified Clinician:** Professional working in an ethical manner in an area of competence based with a minimum of a Master’s degree in Applied Behavioral Analysis, Special Education, Psychology or a related discipline.

**Quality of Life:** The ability of people to participate in those activities, services and relationships that help them to feel good, happy and fulfilled and contribute to a safe and healthy lifestyle.

**System:** The organizational structures and procedures for establishing outcome measures (e.g., academic achievement, social competence), resource allocation (e.g., funding, staff training, and distribution of staff time), and resource coordination (e.g., staff meeting schedules, assignment of responsibility and authority, reporting board).

**Systematic:** The values and practices of PBS reach all levels and activities of an organization. These are used to achieve the maximum potential quality of life for all people within all settings.

**Teaching:**  Teaching adaptive, functional skills plays a central role in all PBS plans. Emphasis is placed on teaching or strengthening adaptive, functional behavior rather than diminishing problem behavior.

**Treatment integrity:** PBS has an ongoing concern that all interventions are implemented as planned. Continuous effort is made in the assessment of treatment integrity in a PBS program.

**Value-based clinical practice:** PBS interventions are selected on the basis of their fit for the individual’s preferences, consistency with prevailing cultural norms, and with an emphasis on avoiding any that include coercive elements.

**Leadership Appendix B**

**PBS Leadership Team Meeting Minutes**

**Date:**

**Members Present:**

**Note taker: Next Meeting:**

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| --- | --- | --- |
| 1. **Topic for Discussion:** | | |
| **Key Decisions Made:** | | |
| **Action Steps** | **Person Responsible** | **Completion Date** |
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| **Agenda Items for Next Meeting:** | | |

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| **2. Topic for Discussion:** | | |
| **Key Decisions Made:** | | |
| **Action Steps** | **Person Responsible** | **Completion Date** |
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| **Agenda Items for Next Meeting:** | | |

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| **3. Topic for Discussion**: | | |
| **Key Decisions Made:** | | |
| **Action Steps** | **Person Responsible** | **Completion Date** |
| **Agenda Items for Next Meeting:** |  |  |

**Leadership Apendix C**



**Leadership Appendix D**

**Suggested Agency Action Plan Template**

**Agency Name**

**PBS Action Plan**

**Date of Plan**

**Plan Revision/Review dates:**

1. Leadership Appendix A [↑](#footnote-ref-1)
2. Leadership Appendix B [↑](#footnote-ref-2)
3. Leadership Appendix D [↑](#footnote-ref-3)
4. Leadership Appendix C [↑](#footnote-ref-4)