**PBS**

**Universal Supports**

**A Guide for Agencies Implementing**

**Positive Behavior Supports**

**Department of Developmental Services**

**October 2013**

**Revised August 2014**



**DDS PBS UNIVERSAL SUPPORTS**

**Universal Preventive Interventions Goal: Healthy & Responsive Environments**

**I. PURPOSE**

Universal Supports provide positive, preventative, proactive, and responsive environments for all individuals.

**II. INTRODUCTION**

Universal Supports are the foundation of PBS work. If Universal Supports are implemented well, the need for more intensive interventions will be reduced. Great care should be taken in selecting, training, implementing, and evaluating Universal Supports. Interventions selected will, over time, become a part of the agency culture.

Universal Supports are practices that are **always** in-place supporting every individual. Universal Supports are intended to enhance the quality of life by ensuring that all activities, plans, and routines reflect the preferences, needs, and goals of individuals who live and work in a setting. Universal Supports ensure that sensible expectations are developed in all settings, socially appropriate behavior is reliably encouraged, individuals are given choices and have ample opportunity to engage in preferred activities, and that staff are caring and skilled in their work. When an individual needs additional support, possibly at the Targeted or Intensive level, Universal Supports are maintained.

Universal Supports provide physical environments that are pleasant to be in; they are attractive and would not be seen by any person as an unsafe or undesirable place to live, work or recreate. If the environment stands out from others near-by, it is in a positive way.

Universal Supports provide social environments thatare positive and responsive to the people supported in them. All staff working and interacting with an individual recognize and support an individual’s preferences for communication, socialization, and relationships.[[1]](#footnote-1)

Universal Supports are guided by **key principles**:

**Prevention:** Considerable effort is dedicated to ensuring individuals are provided with positive, preventative, proactive, and responsive environments in which they are less likely to engage in problematic behavior due to lack of access to preferred activities, boredom, frustration, or an unrecognized health problem.

**Teaching:**  Teaching adaptive, functional skills plays a central role in all PBS work. The focus of PBS is on teaching or strengthening adaptive, functional behavior rather than diminishing challenging/problem behavior.

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

**Evidence-based clinical practices**: Strategiesbased on procedures, assessments and interventions that are validated through peer-reviewed research. Extensive research has identified practices with evidence of success with similar populations. PBS embraces available evidence-based practices that do not have coercive elements.

**Data-based decision making**: Objective data based on important behaviors, practices, and outcomes will be reviewed and used for decision making with the goal of improving outcomes over time.

**Team-supported process:** PBS is a team-based system where contributions from all members (individual, involved family, direct, support staff, etc.) are valued and welcomed.

**Willingness to change physical or social environments**: Environmental redesign can be a key component of Universal Supports. Environments should be safe (e.g. free of physical obstacles, provide clear visual paths, and adequate lighting, etc.) and appealing (e.g. clean, attractive, etc.)

**On-going monitoring of individuals:** Regular and frequent screenings identifying individuals who may need additional supports possibly at the Targeted or Intensive Support level is a critical component of the Universal Support level.

**Person-centered emphasis**: Universal Supports include persistent emphasis on involving the person in the planning process and focusing on the individual’s goals rather than identifying goals in the context of resources that are available.

**Staff as key resource**: Engaging staff in PBS work requires a commitment to including, training, monitoring, and problem solving with staff in an open, respectful way.

**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.

**III. UNIVERSAL SUPPORT TEAM**

Universal Supports emphasize prevention, teaching adaptive responses, and the reinforcement of desired behaviors to allow a healthy lifestyle and healthy living and work environments. In order to create and maintain optimal living and working environments, PBS relies on a team-based approach where contributions are sought and valued from many disciplines and a diverse membership.

**Universal Supports Team Membership**

The Leadership Team is required to determine the number of teams needed within the agency at the Universal Supports level. The number of teams will depend on the number of individuals supported by the agency as well as the resources available within the agency. Depending on the number of individuals supported and the personnel available for team participation, an agency may decide to combine the Universal and Targeted 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.

Membership on the Universal Supports Team is determined by the agency Leadership Team and is determined by the needs of individuals supported. Each Team member should be a good listener, able to communicate clearly with persons supported, eager to learn more about people with whom they are working, able to teach others new skills, and reliably encourage socially appropriate behavior. If the agency supports individuals with substantial medical needs, then medical staff membership will be emphasized on the Universal Supports Team. Similarly, if behavioral needs of individuals predominate, then the Universal Supports Team should have a higher representation of behavioral clinicians. In addition to clinical disciplines, it is important that an administrator with decision making authority is a regular member of the Universal Supports Team.

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.

**Responsibilities of Universal Supports Team**

The Universal Supports Team are required to meet regularly (monthly is recommended or more often as needed). The responsibilities of the Universal Supports Team, at minimum, include:

* Review data on Universal Supports treatment integrity. A visual (graphic) presentation is highly recommended.
* Review other relevant data to determine the effectiveness of the primary prevention work. A visual (graphic) presentation is highly recommended.
* Other Universal Supports Team duties may address processes, supports, procedures, and rules that are identified by the Leadership Team as important to improve functioning.
* Assess individuals for additional support needs.

**IV. UNIVERSAL SUPPORTS ASSESSMENT PROCESS**

The Leadership Team is required to select a treatment integrity instrument appropriate to the setting and population. The Quality of Universal Implementation Checklist (QUIC) can be used for this purpose. See **Appendix [[2]](#footnote-2)**. If the QUIC is utilized, it can be modified to reflect the Universal Supports selected for the agency as well as Universal Supports implemented in a specific setting. Other treatment integrity tools are available at [www.pbis.org](http://www.pbis.org).

The Universal Supports Team will designate person(s) responsible for conducting assessment of the quality of implementation for Universal interventions. The frequency of quality assessments also is determined by the Universal Supports Team. Data for treatment integrity will be presented, reviewed, and used at each Universal Supports Team meeting to make decisions regarding the quality of PBS implementation and services provided. A visual (graphic) presentation is highly recommended.

In conjunction with the Leadership Team, the Universal Supports Team will determine an acceptable standard for treatment integrity measures and actions needed when assessments reveal below standard performance.

**V. Referral for Additional Support**

Most individuals will do well and achieve an enhanced quality of life with Universal Supports. However, the Universal Supports Team is required to assess individuals at regular and frequent intervals for their need for additional supports. It is important that this assessment occur proactively in an individual’s life. Rather than responding when problems occur, problem anticipation and preparation will minimize the impact on an individual’s life. If an individual will experience a major change in living, working, family or social relationships, or a medical event in the near future, then the Universal Supports Team should acknowledge the potential for a disruption in the individual’s life and plan for needed supports. The Universal Supports Team and the agency Leadership Team will determine how frequently and by what method, individuals will be assessed for their need for increased support. When increased supports are indicated, the Universal Supports Team may refer to the Targeted or Intensive Supports Team as appropriate.

**VI. UNIVERSAL SUPPORTS**

The agency Leadership Team assesses home and work settings for issues that may impede the quality of life for individuals living and working in these settings. The Leadership Team then selects supports to be developed, trained, implemented, monitored, and evaluated at the Universal Supports level. Universal Supports are in place for all individuals at all times. In addition to Universal Supports selected by the Leadership Team, a Universal Supports Team may select additional Universal Supports to be implemented in site-specific locations. The additional Universal Supports must be approved by the Leadership Team.

Examples of Universal Supports Interventions are provided in **Appendix[[3]](#footnote-3)**.Interventions presented

are intended to be a sample of the many possible interventions for use at the Universal Supports level. Interventions listed have two parts each on a separate page. The first page contains an

explanation of the intervention and a guide for its development and implementation. The second page

contains an example of an implementation plan for staff use. **Appendix[[4]](#footnote-4)** contains a template for writing

revised or unique interventions for use at the Universal Supports level.

**Appendix UAi**

**Quality of Universal Implementation Checklist (QUIC)**

**Instructions for Completing**

**The QUIC is designed to provide a brief snapshot of interactions occurring in a setting. The Universal Supports Team will determine who completes a QUIC and how often, as well as follow-up with completed QUICs.**

**To complete the QUIC:**

1. Choose a time for your observation where you will have the full amount of time available. Turn off cell phone or other distracting devices you may carry.

2. Plan to spend 10 -15 minutes completing the QUIC.

3. Try to be as natural as possible while observing. Do not stand with a clipboard, pencil, stop watch, etc.

4. Record the name(s) of staff observed at the top of the page.

5. Indicate the location such as home or day program. Also indicate the setting within the home or day program where observation occurred.

6. Write the date of the observation. Be sure to include year.

7. Indicate the time the observation started and time it ended.

8. In the score column:

* Place a check mark if the skill was demonstrated by staff observed for the duration of the observation or at every possible opportunity.
* Place an X if the skill was not demonstrated by staff observed throughout the observation or at every opportunity. If an X were placed, be sure to specify in the comments column what opportunity was missed or what behavior staff exhibited that was inconsistent with interaction skill observed.
* Place a N/A if there was no opportunity to observe skill.

9. On the lines at the bottom of the sheet write comment on overall observation. Try to find some aspect of staff behavior to commend.

10. Sign your name as Observer.

11. Pass completed form to staff designated by the Universal Supports Team.

**Quality of Universal Implementation Checklist (QUIC)**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: Start \_\_\_\_\_\_\_\_\_Stop\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Interaction Skills** | **Score** | **Comments** |
| 1. Staff use appropriate volume, tone, eye contact, and body language |  |  |
| 2. Staff provide positive interactions, greetings, small talk, and social praise |  |  |
| 3. Staff interact frequently with individuals (every 15min at minimum) |  |  |
| 4. Staff interact using communication system appropriate for individual |  |  |
| 5. Amount of support is adequate |  |  |
| 6. The area is clean and free of obstacles; a desirable place to be |  |  |
| 7.Staff give specific reinforcement that is consistent with program guidelines |  |  |
| 8. There is a clear functional routine occurring |  |  |
| 9. Individuals know what to do in setting or are instructed by staff |  |  |
| 10. Individuals receive assistance within reasonable amount of time |  |  |
| 11. Materials for routine are accessible and in good repair |  |  |
| 12. Opportunities to makes choices given |  |  |
| 13. Data recorded as required |  |  |
| **Total checks:** |  |  |

**Scoring Key:** = Skill demonstrated all opportunities for entire observation

**X =** Skill not demonstrated throughout the observation.

**N/A** = No opportunity to demonstrate the skill.

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**Reviewer Signature Observer Signature**

**Appendix UBi**

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention:** **Behavioral awareness**

Assure that each individual is familiar with what behaviors are expected according to setting. Acceptable behaviors for each setting must be defined in an observable, measurable terms.

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Define each expectation operationally | Voice volume is at a conversation level |
| 2. | Individualize expectations according to setting. | Identify setting expectations and specify times, conditions, exceptions etc. as needed. |
| 3. | Teach acceptable behaviors & review often | House meeting item: review acceptable behavior list. |
| 4. | Post acceptable behavior list in easily accessible location | Post acceptable behavior list on bulletin board in kitchen |

**To prepare for implementing intervention:**

1. Team defines acceptable behaviors for setting in observable, measureable terms. Confine expectations to positive behaviors rather than negative behaviors to be avoided.

2. Identify individual variations or exceptions to expectations e.g. voice volume might be acceptably loud during a sporting event.

3. Decide how expectations are communicated to individuals and team members.

4. Decide what format the expectations should take based on needs of population: pictures, signs, etc. More than one representation may be needed if there is a diverse population.

**To implement intervention:**

1. Decide how and where expectations will be communicated; e.g. on bulletin board in kitchen.

2. Decide if there should be a reinforcement procedure for all individuals to encourage participation.

3. Determine who will write intervention and date for completion.

4. Determine who will train staff in intervention and data collection and date for completion.

**To evaluate intervention:**

1. Determine how data will be collected on intervention.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support:** Behavioral Awareness

**Setting:** Home

**Date(s) reviewed/revised:**

**Behavioral awareness:** It is important for individuals to know what behavior is expected in each setting. When we are clear on acceptable behavior, we can teach individuals in a consistent, effective way that will help them learn. This intervention will be implemented in the home setting by all staff during all waking hours

**The following acceptable behaviors have been defined for our home setting:**

1. Voices are kept at a conversation level.

2. Common areas are clean: dishes taken to sink, personal items removed from bathroom.

3. Personal space is respected by sitting and standing at arm’s length from others.

**Prevention:**

1. At each house meeting review the list of acceptable behaviors. Use the poster to identify each acceptable behavior. Give an example of someone demonstrating the behavior that week and encourage discussion of importance of following the agreement for acceptable behavior.

2. Casually remind individuals at key times of the expectation: e.g. to take dishes to sink after dinner.

**Teaching plan:**

1. Always be a role model for the acceptable behavior.

2. Review behavioral expectations at House meetings. Talk about examples of acceptable behavior demonstrated that week.

3. Each time you meet an individual, make eye contact, use individual’s name, smile, and state a specific behavior that was done well.

**How to encourage behavior:**

1.Provide feedback in positive manner: state some positive aspect of behavior that day and phrase correction as a reminder or question.

2. Provide correction privately. Ask individual to step aside with you if others are present.

3. Praise individual for correcting behavior.

4. Do not correct further, if there is not an individual plan. Document behavior and refer to supervisor.

**Reinforcement:**

1. Each time you meet an individual, make eye contact, use individual’s name, smile, and state a specific behavior that was done well.

**Data collection:**

1. Document in House meeting minutes what behavioral expectations were reviewed and examples that were discussed.

**PBS UNIVERSAL Support**

**PBS Universal Support Planning Sheet**

**Intervention:** **Daily choice making**

Opportunities to make decisions within the context of daily life, is very rewarding for all individuals and encourages independent action. Choice making also facilitates learning, accommodates diverse learning styles, develops task completion, and helps decrease challenging behaviors.

**Key details about delivery of intervention and an example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Choice is offered in daily activities where possible | Snack are offered according to individual choice |
| 2. | For non-preferred tasks,  choice of time or other non-preferred task is offered. | Individual asked if shower will be taken before or after evening snack. |

**To prepare for implementing intervention:**

1. Identify opportunities for individuals to make choices throughout the day.

2. Determine when choices are not possible or when partial choice-making is an option.

3. Identify individual variations or exceptions.

4. Decide how different types of choice-making situations will be shared with staff.

**To implement intervention:**

1. Decide where list of suggested choice making situations will be placed in setting, e.g. in Communication or Log Book.

2. Decide if there should be a reinforcement procedure for all individuals to encourage participation.

3. Determine who will write intervention and date for completion.

4. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention:**

1. Determine how data on choice making will be collected.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support:** Choice Making

**Setting:** Day Habilitation Program

**Date(s) reviewed/revised:**

**Choice making:** Making choices is a very rewarding experience for all individuals. Opportunities to make decisions, encourages independent thinking and self-reliance. Choice making also facilitates learning, accommodates diverse learning styles, develops task completion, and helps decrease challenging behaviors. We want to look for opportunities for individuals to make choices throughout their day.

**The following choice-making opportunities have been defined for our program:**

1. Select from presented options what to eat and drink at morning and afternoon break.

2. Where to sit in lunch room.

3. Free-time activities.

4. Select from presented options what to work on or study during structured activity.

5. Where to sit to wait for transportation home.

**The following represent situations where an individual cannot make a personal choice:**

1. To evacuate premises during emergency of emergency drill.

2. To take medications outside window allowed.

3. To express feelings in manner not respectful of behavioral expectations.

4. Where to store personal belongings.

**How to support choice-making behavior:**

1. Do not influence individual’s choice. Be patient. It takes a while for choices to be made.

2. Do not suggest or imply that a good choice was not made.

3. If the individual cannot make a choice after a reasonable amount of time, tell individual you will let him/her think for a minute and then come back. Complete choice-making activity with others. Then return.

4. If individual still cannot make choice, ask what would help in making the choice.

5. If individual still cannot make choice, ask individual to pick one item for now and have the other later.

**Reinforcement:**

1. Praise individual each time choice is made. Make eye contact, use individual’s name, smile, and state specific behavior that was done well.

**Data collection:**

1. Data will be collected by observation using the QUIC.

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention:** **Individualized schedules**

Building a routine is an important stabilizing practice in all of our lives. Routines help to orient us, create a flow to the day and a predictability that is comforting. By structuring the day and routines, an individual can learn what events occur in what order and function more independently.

**Key details about delivery of intervention and an example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | With staff support, individual determines order of daily tasks. | Individual prefers shower in the evening when there is more time. |
| 2. | Daily routines are incorporated into a personalized schedule | Individual assists in producing a hard copy of the schedule |
| 3. | Schedules are written in format most understandable to individual | A schedule consisting of line drawings of each task is made available for individual |
| 4. | Time frame of schedule is determined by the individual | Individual determines that a weekly schedule is most helpful |
| 5. | Location of schedule is determined | Individual and staff determine that posting the schedule on the bedroom closet door is the most accessible plan with copies kept in the office. |

**To prepare for implementing intervention:**

1. Individual and advocate meet to review and plan the individual’s day.

2. In a format that is understandable to the individual (picture, word, symbol, etc.) the main events of the day are listed in order.

3. Within events listed, each task is also structured in order of sequence it will be accomplished. Again routine will be laid out in format understandable to individual.

4. Once tasks are sequenced, daily routine is developed, building a weekly schedule can occur.

**To implement intervention:**

1. Individual and advocate will determine how to communicate daily schedule and sequence of each task.

2. Individual and advocate will talk about how the individual would like to be prompted to each event or task.

3. Decide what data will be collected that indicates intervention is implemented accurately.

4. Schedule and tasks are written and communicated by advocate or other designated staff.

5. Determine who will write intervention and date for completion.

6. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention:**

1. Determine what data are collected on implementation.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support:** Individualized Schedule

**Setting:** Home

**Date(s) reviewed/revised:**

**Individualized schedules:** Building a routine is an important stabilizing practice in all of our lives. Routines help to orient us, create a flow to the day and a predictability that is comforting. By structuring the day and routines, an individual can learn what events occur in what order and function more independently.

**Developing daily schedule:**

1. Find a quiet time to meet with individual to talk about a daily routine.

2. Ask individual about the order of events in the day and what his/her preference is, e.g. showering at night or in the morning.

3. List the major events of the day in the order that the individual prefers.

4. Ask individual about best method for prompting.

5. Develop this list of events in a format most useful for the individual, e.g. pictures, signs, or words, and include a prompting procedure.

**Develop sequence of events for major tasks:**

1. Meet again with individual to discuss sequence of steps for each task.

1. List steps from first to last for tasks that are problematic or requested for development by the individual. It generally is not possible to develop the sequence of tasks for all events in a person’s day.
2. Ask individual about best method for prompting.
3. Develop the list of steps in a format most useful for the individual (e.g. pictures, signs, or words, and include prompting procedures.)

**Develop weekly schedule:**

1. Implement the daily schedule and sequence of steps for two weeks, make revisions if needed.

2. Once the schedule and sequence of steps is running smoothly, meet again with the individual to discuss and plan for a weekly schedule.

3. Develop the weekly schedule in a format that is useful for the individual, e.g. pictures, signs, words.

**Reinforcement:**

1. Praise individual throughout scheduled task. Make eye contact, use individual’s name, smile, and state specific behavior that was done well.

**Data collection:**

1. Data are recorded on checklists for each task.

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention: Close physical proximity**

Spending time with an individual is necessary in order to know an individual, understand an individual’s needs, and to begin to build a trusting relationship.

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Talk with individual as much as individual requests | Staff ask individual about the day over evening dinner |
| 2. | End conversation in way that leads to future conversation | End conversation with thank you and offer to talk more later |
| 3. | Increase physical interaction | Begin conversation with handshake or fist bump |
| 4. | Identify opportunities to talk with individual | Identify evening snack as time when individual most interested in talking |
| 5. | Provide pleasant social cues | Smile, use individuals name when talking |
| 6. | Maintain friendly, non-threatening posture | Talk with individual at eye level |

**To prepare for implementing intervention:**

1. Identify where and when it is natural, and feasible to spend time with one or more individual in a relaxed setting.

2. Identify individual preferences for physical proximity, activity, and conversation topic if verbal.

3. Create guide to these individual preferences and differences for staff to follow.

**To implement intervention:**

1. Determine who will write intervention and date for completion.

2. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention:**

1. Determine what data are collected for intervention.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support:** Close Physical Proximity

**Setting:** Home

**Date(s) reviewed/revised:**

**Close physical proximity:** Spending time with an individual is necessary in order to know an individual, understand an individual’s needs, and to begin to build a trusting relationship. By spending time together, individuals will learn to trust that our support is sincere, reliable, and consistent. With trust, individuals will be more relaxed, learn more efficiently, and be less inclined to problem behavior.

**To establish close physical proximity:**

1. Socialize and talk with individual as much as possible without interfering with treatment goals.

2. The goal is to increase the number of positive interactions we have with individual.

3. Unless what you are about to say or do has a high probability of making things better, don't say it and don't do it.

4. Learn what topics and activities individuals enjoy. A brief conversation on a preferred topic can enhance a person’s day.

5. Know an individual’s tolerance and preference for physical closeness. Respect individual boundaries.

6. Know what topics and activities an individual does not enjoy. Avoid casual conversations related to these topics.

7. End interactions in a way that leaves the door open: "Thanks for talking. See You Soon".

8. Increase appropriate physical interactions for individual who tolerates them. It is OK to accompany every greeting and every parting with handshake.

9. Learn to identify opportunities to have frequent positive interactions with individual.

10. Increase social interactions with individual that involves, smiling, laughing, and talking.

11. When interacting with individual, do so at eye level. Do not stand over an individual. Smile, use individual’s name, and make eye contact.

**Data collection:**

1. Data will be collected by observation using the QUIC.

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention: Praise often**

The delivery of verbal praise, non-vocal gesture, or a tangible item or other form of showing acknowledgement and approval is designed to increase the frequency of appropriate responses or behaviors.

**“Find the good and praise it,” Alex Haley**

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Identify individual preferences for acknowledgement | An individual likes high fives |
| 2. | Identify non-preferences for acknowledgement | An individual does not like physical contact |
| 3. | Specify the minimum frequency acknowledgement should be given | An individual responds well when praised every 15 minutes |

**To prepare for implementing intervention:**

1. For each individual identify what type of staff response will be accepted and welcomed, e.g. a high five, fist bump, pat on the back, etc.

2. For each individual identify what, if any, staff responses would be unwelcomed, e.g. an individual does like to be touched, etc.

3. For each individual, specify the minimum frequency that positive responses should be given.

**To implement intervention:**.

1. Determine who will write intervention and date for completion.

2. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention:**

1. Determine how data will be collected on intervention.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support:** Praise Often

**Setting:** Day Habilitation Program

**Date(s) reviewed/revised:**

**Praise often:** The delivery of verbal praise, non-vocal gesture, or a tangible item or other form of showing acknowledgement and approval is designed to increase the frequency of appropriate responses or behaviors.

**“Find the good and praise it,” Alex Haley**

**To implement:**

1. Respond immediately when an individual meets a behavioral expectation, accomplishes a difficult or new skill, or participates in ongoing routines.

2. Know each individual’s preferences for praise. Some individuals like a high five and others prefer another mean of communication.

3. Also know what individuals do not like. Some individuals do not like being touched so a pat on the back or high five would not be effective.

4. Look for opportunities to immediately reinforce a specific behavior while that behavior is occurring.

5. Reinforce behaviors incompatible with potential problem behaviors.

6. Reinforce small behavioral approximations towards a desired behavior.

7. When delivering praise, make eye contact, smile, say the individual’s name, and then provide praise about specific behavior that was done well.

8. All individuals who can hear sounds can respond to verbal praise. Individuals who are non- verbal can detect the tone of voice used and know that it is a positive response they are receiving.

9. Praise statements should be linked to values and are explicit, where an individual knows what was done well. *For Example*: Good job Juan! Way to show respect for your work place by throwing away your trash! *Non-example*: Good job, Juan! Way to go!

**Data collection:**

1. Data will be collected by observation using the QUIC

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention:** **Access to preferred activities**

Knowing what individuals like to do and providing access to preferred activities frequently and readily encourages active engagement, relaxation, and opportunities for healthy interactions with others.

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Know leisure preferences of individuals | Conduct leisure preference inventory for each individual |
| 2. | Preferred leisure activities are readily and easily available | Leisure activities are stored in closet in living room |
| 3. | Leisure activities are in good repair and usable | Staff inventory leisure activities and replace as needed |
| 4. | Staff participate in leisure activities with individual(s) | Staff participate in activity with individual as needed/requested |
| 5. | Provide opportunity to make choices during leisure time | Offer more than one leisure activity |
| 6. | Introduce new leisure activities | Offer novel leisure activities on frequent basis |

**To prepare to implement intervention:**

1. A staff is designated to complete a Leisure Preference Inventory with each individual.

2. Purchase frequently identified leisure materials.

3. Store leisure materials in an accessible location.

4. Develop daily schedule for setting identifying time when leisure preferences can be exercised.

**To implement intervention:**

1. Determine who will write intervention and date for completion.

2. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention**

1. Determine how data will be collected on intervention.

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support Intervention:** Access to preferred activities

**Setting:** Day Habilitation Program

**Date(s) reviewed/revised:**

**Access to preferred activities:** Knowing what individuals like to do and providing access to preferred activities frequently and readily encourages active engagement, relaxation, and opportunities for healthy interactions with others.

**To implement intervention:**

1. When there is leisure time, approach individual and provide friendly greeting.

2. Ask individual using individual’s preferred communication mode, what activity he/she would like to do.

3. If individual does not have or express a preference for leisure activity, then offer 2-3 activities.

4. Help the individual to set up leisure activity as needed.

5. Ask the individual if he/she would like you to participate in activity.

6. If the individual does not want you to participate, ask individual if he/she would like you remain in the area.

**Data collection:**

1. Data will be collected by observation using the QUIC.

**PBS UNIVERSAL SUPPORT**

**PBS Universal Support Planning Sheet**

**Intervention:** **Redirection**

Behaviors that are mildly interfering in a setting can be responded to with simple redirection to a more appropriate response. When redirection is done quickly and calmly, the behavior does not escalate to more resistant levels where intervention needs to be more intense.

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. | Identify minor, interfering behaviors for the setting | Repetitive vocalizing at low volume |
| 2. | Identify how each behavior can best be redirected for individual | Individuals rocking behavior is ignored. When individual asks for coffee, is redirected to task |
| 3. | Redirection must be done quickly to be effective | As soon as a loud conversation starts, individuals are redirected to behavioral expectation chart |
| 4. | Redirection must be done unemotionally | Staff do not respond to content of inappropriate comment, rather introduce new topic of conversation |

**To prepare to implement intervention:**

1. Identify behaviors that are not appropriate to setting but not dangerous to others.

2. Identify behaviors that can be ignored and behaviors that require redirection.

**To implement intervention:**

1. Determine who will write intervention and date for completion.

2. Determine who will train staff on intervention and data collection and date for completion.

**To evaluate intervention**

1. Determine how data will be collected on intervention..

2. Determine if adjustments to intervention or additional training is needed.

**EXAMPLE OF IMPLEMENTATION PLAN FOR STAFF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name:**

**Universal Support Intervention:** Redirection

**Setting:** Home

**Date(s) reviewed/revised:**

**Redirection:** Behaviors that are mildly interfering in a setting can be responded to with simple redirection to a more appropriate response. When redirection is done quickly and calmly, the behavior does not escalate to more resistant levels where intervention needs to be more intense.

**How to redirect behavior:**

1. Redirection is effective for minor interfering behavior. Refer to specific behavioral protocol or intensive behavioral support plan for behavior that can be dangerous to individual or others.

2. Ignore inconsequential behaviors whenever possible. Some examples are making noises that are not interfering or bothering others, interrupting, etc. If ignored, these behaviors may go away for lack of attention.

3. When redirection is needed, it must be done at the first signs of unacceptable behavior. If the behavior is allowed to continue, it may become beyond the individuals’ ability to stop or it may be intrinsically reinforcing so that the individual does not want to stop.

4. Redirection can be accomplished by many techniques.

* Draw the individual’s attention to behavioral expectation display upon the first sign on unacceptable behavior.
* Inappropriate conversation can be redirected by not responding to the inappropriate topic and introducing new more appropriate topic.
* For individuals who are non-verbal, redirection can be accomplished by redirecting the individual’s attention to another activity or task.

1. If you must intervene beyond a gesture, remain calm and composed and directly state the behavioral expectation. Attending to inappropriate behaviors must be done unemotionally, directly, and instructionally.

**Data collection:**

1. Data will be collected by observation using the QUIC.

**Appendix UCi**

**Universal Intervention Template**

**PBS UNIVERSAL SUPPORT**

**Intervention:**

**Key details about implementation and example:**

|  |  |  |
| --- | --- | --- |
|  | **Key Detail** | **Example** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**To prepare for implementing intervention:**

**To implement intervention:**

**To evaluate:**

1. Definitions of key terms used in PBS can be found in Leadership Appendix A in the Leadership document. [↑](#footnote-ref-1)
2. Universal Appendix UAi [↑](#footnote-ref-2)
3. Universal Appendix UBi [↑](#footnote-ref-3)
4. Universal Appendix UCi [↑](#footnote-ref-4)