ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

The Association for
Positive Behavior Support (APBS)

Positive Behavior Support
Standards of Practice: Individual
Level

Iteration 1
Approved by The APBS Board of
Directors: March, 2007

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www.apbs.org

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APBS Standards of Practice: Individual Level
Iteration 2

Background and Process

In 2005, the Association for Positive Behavior Support (APBS) board made the decision to develop standards of practice for positive behavior support (PBS). The board recognized the need for standards of practice given the widespread use of PBS, the multiple disciplines that utilize PBS procedures, and the various theoretical perspectives that professionals bring to their respective PBS practices. Drs. Jacki Anderson, Fredda Brown, and Brenda Scheuermann were assigned as co-chairs of a new committee to organize and coordinate the process of developing and drafting the standards of practice document.

As part of this process, a request to participate in various aspects of the development process was sent to the APBS membership. Numerous responses were received with a few individuals agreeing to invest substantial time in the committee's activities. The committee identified and reviewed published recommendations for PBS practice, reviewed standards from state-level PBS training programs (e.g. Kansas and Florida), and developed an initial draft of standards of practice for PBS. The consensus that emerged after many lengthy discussions was that this first standards of practice document should focus exclusively on individual-level PBS practices. The committee collected feedback and continued to refine the document over a two year time frame.

A draft of the standards of practice document was presented in an open session at the 2006 APBS conference. Recommendations from participants in that session were incorporated and further refined to ensure consistency in wording and format. Each generation of the standards of practice document was reviewed by the APBS board in tandem with the working committee. This document became titled the Standards of Practice -Individual Level - Iteration I. The APBS board approved the final version at their meeting at the Boston APBS conference in March 2007.

As stated in the introductory paragraph of Standards of Practice -Individual Level - Iteration I, this document is but a first step in articulating standards of practice that reflect the comprehensive scope and the unique aspects of PBS.

Even though Standards of Practice -Individual Level - Iteration I is a work in progress, the goal is to disseminate the standards as they currently exist and to periodically disseminate each iteration as it is created. This document was developed through a collaborative effort of many individuals who have committed themselves to research and development of PBS over many years. To date, no validation data exist, however the face validity of the document appears strong. APBS is confident that the Standards of Practice -Individual Level - Iteration I will be of value and support in a variety of professional and personal activities, including but not limited to:

- Encouraging dialogue about PBS within the field
- Encouraging dialogue about PBS with professionals of different philosophical orientations
- Development of ABA and PBS course competencies in higher education
- Development of ABA and PBS course competencies for professional development
- Guidelines (for professionals and families) for evaluating the quality of the assessment and program development process provided for any given individual
- Guidelines (for professionals and families) for evaluating the quality of the supports provided for any given individual
- Guidelines (for professionals and families) for evaluating the quality of the outcome and associated processes of positive behavior support

- Guidelines (for professionals and families) for evaluating the competence of PBS experts/consultants
- Guidelines for selection of university or in-service training programs
- Guidelines for individuals considering careers as advocates or consultants in the area of PBS
- Guidelines for schools, districts, or agencies for developing job descriptions for special education teachers, PBS intervention specialists or behavior specialists
- Guidelines for grant evaluators to assess quality of proposed training/intervention programs for individual-level supports
- Guidelines for policy makers relevant to the provision of behavior support in schools, homes and communities

APBS Standards of Practice Committee:

- Jacki Anderson, co-chair
- Fredda Brown, co-chair
- Brenda Scheuermann, co-chair
- Candy Baker
- Randy DePry
- Charles Dukes
- Jennifer McFarland
- Meme Hieneman
- Steve Kroeger
- Sharon Lohrman
- Christopher Oliva
- Chris Reeve
- Carol Schall

In addition, the following APBS members provided feedback and comments that helped guide the development of the Standards of Practice - Individual Level - Iteration I:

- Linda Bambara
- Ted Carr
- Rob Horner

APBS Board Members at time of approval of APBS Standards of Practice - Individual Level - Iteration I:

- Glen Dunlap, President
- Jennifer Zarcone, Vice-President
- Cindy Anderson, Treasurer
- Rachel Freeman, Secretary
- Tim Knoster, Executive Director
- Jacki Anderson
- Linda Bambara
- Fredda Brown
- Randall DePry
- Lucille Eber
- Don Kincaid
- Tim Lewis
- Bobbie Vaughn

Association for Positive Behavior Support (APBS)
Positive Behavior Support Standards of Practice: Individual Level
Iteration I
February, 2007

This document is a collaborative effort of the membership and the Board of the Association for Positive Behavior Supports (APBS). It is a "work in progress" with the intent of identifying those concepts and methods essential to the implementation of positive behavior supports (PBS) on the individual level; that is, with individuals who engage in problem behavior. This document includes many items that reflect the foundations of Applied Behavior Analysis (ABA), although it is certainly not comprehensive in this regard. We feel inclusion of these items is important, as ABA is an integral part of PBS. But it also includes additional concepts and methods that will help us further define the uniqueness of PBS. We expect this document to evolve, and for us to continue to better identify and share the essence of PBS. Areas for further development and articulation in future iterations of this document include (but are not limited to): person-centered decision-making, quality of life outcomes, the commitment to constructive and socially acceptable strategies, and incorporation of concepts and methods derived from a variety of sciences and disciplines (e.g., organizational management, ecological psychology, biomedical science). Please consider these thoughts as you review Iteration I of the APBS Standards of Practice: Individual Level.

I. Foundations of PBS

A. Practitioners of PBS have an historical perspective on the evolution of PBS and its relationship to applied behavior analysis (ABA) and movements in the disability field

1. History of applied behavior analysis and the relationship to PBS
2. Similarities and unique features of PBS and ABA
3. Movements in the field of serving persons with disabilities that influenced the emergence of PBS practices
    a. Deinstitutionalization
    b. Normalization and social role valorization
    c. Community participation
    d. Supported employment
    e. Least restrictive environment and inclusive schooling
    f. Self-determination

B. Practitioners applying PBS with individuals adhere to a number of basic assumptions about behavior

1. Problem behavior serves a function
2. Positive strategies are effective in addressing the most challenging behavior
3. When positive behavior intervention strategies fail, additional functional assessment strategies are required to develop more effective PBS strategies
4. Features of the environmental context affect behavior
5. Reduction of problem behavior is an important, but not the sole, outcome of successful intervention; effective PBS results in improvements in quality of life, acquisition of valued skills, and access to valued activities

C. Practitioners applying PBS with individuals include at least 11 key elements in the development of PBS supports

1. Collaborative team-based decision-making
2. Person-centered decision-making
3. Self-determination
4. Functional assessment of behavior and functionally-derived interventions
5. Identification of outcomes that enhance quality of life and are valued by the individual, their families and the community
6. Strategies that are acceptable in inclusive community settings
7. Strategies that teach useful and valued skills
8. Strategies that are evidence-based, and socially and empirically valid to achieve desired outcomes that are at least as effective and efficient as the problem behavior
9. Techniques that do not cause pain or humiliation or deprive the individual of basic needs
10. Constructive and respectful multi-component intervention plans that emphasize antecedent interventions, instruction in prosocial behaviors, and environmental modification
11. On-going measurement of impact

D. Practitioners applying PBS with individuals commit themselves to ongoing and rigorous professional development

1. Pursue continuing education and inservice training as well as consulting peer reviewed journals and current publications to stay abreast of emerging research, trends and national models of support
2. Attend national, regional, state and local conferences
3. Seek out collaboration, support and/or assistance when faced with challenges outside of one's expertise
4. Seek out collaboration, support and/or assistance when intended outcomes are not achieved in a timely
5. Seek out knowledge from a variety of empirically-based fields relevant to the people whom they serve. These fields include education, behavioral and social sciences, and the biomedical sciences

E. Practitioners of PBS understand the legal and regulatory requirements related to assessment and intervention regarding challenging behavior and behavior change strategies.

1. Requirements of the Individuals with Disabilities Education Act (IDEA) with respect to PBS
2. The purpose of human rights and other oversight committees regarding behavior change
3. Works within state/school/agency regulations and requirements

II. Collaboration and Team Building

A. *Practitioners of PBS understand the importance of and use strategies to work collaboratively with other professionals, individuals with disabilities, and their families*

1. Understands and respects the importance of collaboration in providing effective PBS services
2. Uses skills needed for successful collaboration, including the ability to:
   a. Communicate clearly
   b. Establish rapport
   c. Be flexible and open
   d. Support the viewpoints of others
   e. Learn from others
   f. Incorporate new ideas within personal framework
   g. Manage conflict

B. *Practitioners of PBS understand the importance of and use strategies to support development and effectiveness of collaborative teams*

1. Includes the critical members of a PBS team for the individual considering the age, setting, and types of abilities and disabilities of the individual
2. Evaluates team composition considering the needs of the individual and assists the team in recruiting additional team members to address needed areas of expertise
3. Uses essential team skills, including:
   a. Facilitation
   b. Coaching
   c. Mediation
   d. Consensus building
   e. Meeting management
   f. Team roles and responsibilities
4. Uses strategies and processes to demonstrate sensitivity to and respect for all team members, and diverse opinions and perspectives
5. Facilitates the inclusion of and respect for the values and priorities of families and all team members
6. Supports and participates in advocacy necessary to access supports to carry out team decisions

III. Basic Principles of Behavior

A. *Practitioners of PBS utilize behavioral assessment and support methods that are based on operant learning*

1. The antecedent-behavior-consequence model as the basis for all voluntary behavior
2. Operational definitions of behavior
3. Stimulus control, including discriminative stimuli and S-deltas
4. The influence of setting events (or establishing operations), on behavior
5. Antecedent influences on behavior
6. Precursor behaviors
7. Consequences to increase or decrease behavior

B. Practitioners of PBS understand and use antecedent manipulations to influence behavior, such as:

1. Curricular modifications
2. Instructional modifications
3. Behavioral precursors as signals
4. Modification of routines
5. Opportunities for choice/control throughout the day
6. Clear expectations
7. Pre-correction
8. Errorless learning

C. Practitioners of PBS understand and use consequence manipulations to increase behavior

1. Primary reinforcers, and conditions under which primary reinforcers are used
2. Types of secondary reinforcers and their use
3. Approaches to identify effective reinforcers, including:
   a. Functional assessment data
   b. Observation
   c. Reinforcer surveys
   d. Reinforcer sampling
4. Premack principle
5. Positive reinforcement
6. Negative reinforcement
7. Ratio, interval, and natural schedules of reinforcement
8. Pairing of reinforcers

D. Practitioners of PBS understand consequence manipulations to decrease behavior

1. The use of punishment, including characteristics, ethical use of punishment, and potential side effects of punishment procedures. *(Any use of punishment, including strategies that are found within integrated natural settings, must be within the parameters of the 11 key elements Identified above in IC, with particular attention to IC9 "techniques that do not cause pain or humiliation or deprive the individual of basic needs;"*
2. Differential reinforcement, including:
   a. Differential reinforcement of alternative behavior
   b. Differential reinforcement of incompatible behavior
   c. Differential reinforcement of zero rates of behavior
   d. Differential reinforcement of lower rates of behavior
3. Extinction, including:
   a. Characteristics of extinction interventions
   b. How to use extinction
   c. Using extinction in combination with interventions to develop replacement behaviors
4. Response cost, including:
   a. Cautions associated with use of response cost
   b. Using response cost with interventions to develop replacement behaviors
5. Timeout, including:

   a. Types of timeout applications
   b. How to implement
   c. Cautions associated with use of timeout
   d. Using timeout with interventions to develop replacement behaviors

E. Practitioners of PBS understand and use methods for facilitating generalization and maintenance of skills

 1. Forms of generalization, including:
   a. Stimulus generalization
   b. Response generalization
   c. Generalization across subjects
 2. Maintenance of behaviors across time

IV. Data-Based Decision-Making

A. Practitioners of PBS understand that data-based decision-making is a fundamental element of PBS, and that behavioral assessment and support planning begins with defining behavior.

 1. Using operational definitions to describe target behaviors
 2. Writing behavioral objectives that include:
   a. Conditions under which the behavior should occur
   b. Operational definition of behavior
   c. Criteria for achieving the objective

B. Practitioners of PBS understand that data-based decision making is a fundamental element of PBS, and that measuring behavior is a critical component of behavioral assessment and support

 1. Using data systems that are appropriate for target behaviors, including:
   a. Frequency
   b. Duration
   c. Latency
   d. Interval recording
   e. Time sampling
   f. Permanent product recording
 2. Developing data collection plans that include:
   a. The measurement system to be used
   b. Schedule for measuring behavior during relevant times and contexts, including baseline data
   c. Manageable strategies for sampling behavior for measurement purposes
   d. How, when, and if the inter-observer agreement checks will be conducted
   e. How and when procedural integrity checks will be conducted
   f. Data collection recording forms
   g. How raw data will be converted to a standardized format (e.g. rate, percent)
   h. Use of criterion to determine when to make changes in the instructional phase

C. **Practitioners of PBS use graphic displays of data to support decision making during the assessment, program development, and evaluation stages of behavior support.**

1. Converting raw data in standardized format
2. Following graphing conventions, including:
    a. Clearly labeled axes
    b. Increment scales that allow for meaningful and accurate
3. Representation of the data
    a. Phase change lines
    b. Clearly labeled phase change descriptions
    c. Criterion lines

D. **Practitioners of PBS use data-based strategies to monitor progress**

1. Using graphed data to identify trends and intervention effects
2. Evaluating data regularly and frequently
3. Sharing data with team members for team-based, person-centered, decision-making
4. Using data to make decisions regarding program revisions to maintain or improve behavioral progress, including decisions relating to maintaining, modifying, or terminating interventions
5. Using data to determine if additional collaborations, support and/or assistance is needed to achieve intended outcomes

V. Comprehensive Person Centered and Functional Behavior Assessments

A. **Practitioners understand the importance of multi-element assessments including**:

1. Person-centered planning
2. Quality of life
3. Environmental/ecology
4. Setting events
5. Antecedents and consequences
6. Social skills/communication/social networks
7. Curricular/instructional needs (e.g., learning style)
8. Health/biophysical

B. **Comprehensive assessments result in information about the focus individual in at least the following areas:**

1. Lifestyle
2. Preferences and interests
3. Communication/social abilities & needs
4. Ecology
5. Health and safety
6. Problem routines

7.   Variables promoting and reinforcing problem behavior:
    a.   Preferences/reinforcers
    b.   Antecedents
    c.   Setting events
    d.   Potential replacement behavior
8.   Function(s) of behavior
9.   Potential replacement behaviors

C.   Practitioners who apply PBS conduct person-centered assessments that provide a picture of the life of the individual including:

1.   Indicators of quality of life comparable to same age individuals without disabilities (e.g., self-determination, inclusion, friends, fun, variety, access to belongings)
2.   The strengths and gifts of the individual
3.   The variety and roles of persons with whom they interact (e.g., family, friends, neighbors, support providers) and the nature, frequency and duration of such interactions
4.   The environments & activities in which they spend time including the level of acceptance and meaningful participation, problematic and successful routines, preferred settings/activities, the rate of reinforcement and/or corrective feedback, and the age appropriateness of settings, activities & materials
5.   The level of independence and support needs of the individual including workplace, curricular & instructional modifications, augmentative communication and other assistive technology supports, and assistance with personal management and hygiene
6.   The health and medical/biophysical needs of the individual
7.   The dreams & goals of the individual & their circle of support
8.   Barriers to achieving the dreams & goals.
9.   The influence of the above information on problem behavior

D.   PBS practitioners conduct functional behavioral assessments that result in:

1.   Operationally defined problem behavior
2.   The context in which problem behavior occurs most often
3.   Identification of setting events that promote the potential for problem behavior
4.   Identification of antecedents that set the occasion for problem behavior
5.   Identification of consequences maintaining problem behavior
6.   A thorough description of the antecedent-behavior-consequence (A-B-C) relationship
7.   An interpretation of the function(s) of behavior
8.   Identification of potential replacement behavior

E.   PBS practitioners conduct indirect and direct assessment strategies

1.   Indirect assessments include file reviews, structured interviews (e.g., person centered planning), checklists, and rating scales (e.g., Motivation Assessment scale)

2. Direct assessments include such strategies as scatterplots, anecdotal recording, A-B-C data, and time/activity analyses
3. Summarize data in graphic and narrative formats

F. PBS practitioners work collaboratively with the team to develop hypotheses that are supported by assessment data

1. All assessment information is synthesized and analyzed to determine the possible influence of the following on the occurrence or non-occurrence of problem behavior:
   a. setting events (or establishing operations)
   b. antecedents/triggers
   c. consequences for both desired and challenging behaviors
   d. ecological variables
   e. lifestyle issues
   f. medical/biophysical problems
2. Hypotheses statements are developed that address:
   a. setting events
   b. antecedents
   c. consequences for both desired and challenging behaviors
   d. function(s) problem behavior serves for the individual

G. PBS practitioners utilize functional analysis of behavior as necessary on the basis of an understanding of:

1. The differences between functional assessment and functional analysis
2. The advantages & disadvantages of functional analysis
3. The conditions under which each approach may be conducted

VI. Development and Implementation of Comprehensive, multi-element behavior support plans

A. PBS practitioners apply the following considerations/foundations across all elements of a PBS plan

1. Behavior support plans are developed in collaboration with the individual and his or her team
2. Behavior support plans are driven by the results of person centered and functional behavior assessments
3. Behavior support plans facilitate the individual's preferred lifestyle
4. Behavior support plans are designed for contextual fit, specifically in relation to:
   a. The values and goals of the team
   b. The current and desired routines within the various settings in which the individual participates
   c. The skills and buy-in of those who will be implementing the plan
   d. Administrative support
5. Behavior support plans include strategies for evaluating each component plan of the plan

B. Behavior support plans include interventions to improve/support Quality of Life in at least the following areas:

1. Achieving the individual's dreams
2. The individual's health and physiological needs
3. Promote all aspects of self determination
4. Improvement in individual's active, successful participation in inclusive school, work, home and community settings
5. Promotion of social interactions, relationships, and enhanced social networks
6. Increased fun and success in the individual's life
7. Improved leisure, relaxation, and recreational activities for the individual throughout the day

C. PBS practitioners develop behavior support plans that include antecedent interventions to prevent the need for problem behavior using the following strategies:

1. Alter or eliminate setting events to preclude the need for problem behavior
2. Modify specific antecedent triggers/circumstances based on the FBA
3. Identify and address behaviors using precursors (i.e. individual's signal that a problem behavior is likely to occur)
4. Make the individual's environment/routines predictable (e.g., personal schedule in format the individual can understand)
5. Build opportunities for choice/control throughout the day that are age-appropriate and contextually appropriate
6. Create clear expectations
7. Modify curriculum/job demands so the individual can successfully complete tasks

D. PBS plans address effective instructional intervention strategies that may include the following:

1. Match instructional strategies to the individual's learning style
2. Provide instruction in the context in which the problem behaviors occur and the use of alternative skills, including instruction in skills such as:
   a. Communication skills
   b. Social skills
   c. Self-management/monitoring skills
   d. Other adaptive behaviors as indicated by the FBA and continued evaluation of progress data (e.g., relaxation techniques)
3. Teach replacement behavior(s) based on competing behavior analysis
4. Select and teach replacement behaviors that can be as or more effective than the problem behavior
5. Utilize instructional methods of addressing a problem behavior proactively (including pre-instruction; modeling; rehearsal; social stories; incidental teaching; use of peer buddies; meeting sensory needs; direct instruction; verbal, physical, and/or visual prompting)

E. PBS practitioners employ consequence intervention strategies that consider the following:

1. Reinforcement strategies are function based and rely on naturally occurring

reinforcers as much as possible
2. Use the least intrusive behavior reduction strategy (e.g., error correction, extinction, differential reinforcement)
3. Emergency intervention strategies are used only where safety of the individual or others must be assured
4. Plans for avoiding power struggles and provocation
5. Plan for potential natural consequences. Consider when these should happen and when there should be attempts to avoid them. Although some natural consequences are helpful to the individual (e.g., losing money, missing a bus), others can be detrimental and provide no meaningful experience (e.g., being hit by a car, admission to psychiatric unit)

F. PBS practitioners develop plans for successful implementation of positive behavior support plans that include:

1. Action plans for implementation of all components of the intervention including:
   a. Activities, dates and documentation describing who is responsible for completing each task
   b. Materials, training and support needed for those doing intervention
   c. How data will be collected and analyzed to address both impact and fidelity of intervention
   d. Timelines for meetings, data analysis and targeted outcomes
   e. Training, supports and time needed for plan implementation
   f. Criteria for team meetings for immediate modification of PBS plan
   g. Plans for review of contextual fit, function based interventions, and lifestyle enhancements
2. Strategies to address systems change needed for implementation of PBS plans that may include:
   a. Modifying policies/regulations
   b. Support and training for personnel & families
   c. Accessing needed resources (financial & personnel)
   d. Increasing flexibility in routines, & staffing schedules
   e. Recruiting additional individuals to be team members (e.g. bus driver, peers, neighbors, extended family
   f. Interagency collaboration

G. PBS practitioners evaluate plan implementation and use data to make needed modifications

1. Implement plan, evaluate and monitor progress according to timelines
2. Collect data identified for each component of PBS plan
3. Analyze data on regular basis to determine needed adjustments
4. Evaluate progress on Person Centered Plans (e.g. quality of life, social networks, personal preferences, upcoming transitions)
5. Modify each element of the PBS plan as indicated by evaluation data

Standards Committee Chairs: Jacki Anderson, Fredda Brown, Brenda Scheurmann