*V*irginia
Positive Behavior Supports Network

Positive Behavior Support
Standards of Practice

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I. Background and Process

The Virginia Positive Behavior Supports Network formed an Executive Steering Committee in early 2015 with the mission "to promote and uphold the standards and best practice principles of Positive Behavior Supports throughout Virginia in accordance with the mission of the APBS." The vision of the network is "to promote the fidelity of Positive Behavior Support practice and to enhance the quality of life for persons and communities in the Commonwealth of Virginia." The standards and principles of this group are predicated on a person-centered, collaborative team process that utilizes research-based, data-driven strategies to develop comprehensive positive behavior support plans. It was essential, therefore, to generate a document of best practices that all providers of PBS in Virginia may use to guide their work in a uniform manner. As such, this document and the Virginia Positive Behavior Supports Network's Code of Ethics form the foundation for all practice of PBS in the Commonwealth of Virginia.

This document was based heavily upon the Positive Behavior Support Standards of Practice: Individual Level, Iteration I disseminated by *The Association for Positive Behavior Support (APBS)*. This document was developed through the collaborative effort of many individuals who have committed themselves to the practice and expansion of PBS in Virginia for several years. The committee is confident that the Standards of Practice will be of value and support for a variety of reasons, including but not limited to:

- Encouraging dialogue about PBS within the Commonwealth of Virginia
- Encouraging dialogue about PBS with professionals of different disciplines and philosophical orientations
- Guidelines (for professionals, individuals, and supporters/families) for evaluating the quality of the assessment and program development process provided
- Guidelines (for professionals, individuals, and supporters/families) for evaluating the quality of the supports provided
- Guidelines (for professionals, individuals, and supporters/families) for evaluating the quality of the outcomes and associated processes of positive behavior support, and
- Guidelines (for professionals, individuals, and supporters/families) for evaluating the competence of PBS Facilitators

Virginia Positive Behavior Supports Network Standards of Practice Committee:

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- Angela Stevens
- Barbara Wilber
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II. Foundations of PBS

A. Endorsed PBS Facilitators have a historical perspective on the evolution of PBS and its relationship to applied behavior analysis (ABA) and person-centered 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 with full integration

      d. Supported employment

      e. Least restrictive environment and inclusive schooling

      f. Self-determination and the dignity of risk

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

   1. All behavior serves a function

   2. Behavioral function is determined through systematic assessment

   3. Positive strategies are effective in addressing the most challenging behavior

   4. When positive behavior intervention strategies fail, additional functional assessment strategies are required to develop more effective PBS strategies

   5. Features of the environmental context affect behavior

   6. Reduction of behavior of concern 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 behavior of concern behavior

9. Techniques that do not cause pain, 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 intended outcomes

D. Practitioners applying PBS strategies commit themselves to ongoing and relevant professional development:

1. Pursue continuing education and in-service 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 or present at national, regional, state and local conferences

3. Seek out collaboration, support and/or assistance when faced with challenges outside of one's area of expertise

4. Seek out collaboration, support and/or assistance when intended outcomes are not achieved in a timely manner

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. Endorsed PBS Facilitators understand and work within the legal and regulatory requirements related to assessment and intervention regarding challenging behavior and behavior change strategies addressed in:

1. Virginia PBS Network Ethics and Standards of Practice

2. The Individuals with Disabilities Education Act (IDEA)

3. Human Rights and other oversight committees

4. State, School and Agency regulations and requirements

III. Collaboration and Team Building

A. Endorsed PBS Facilitators understand the importance of working collaboratively with other professionals, people with disabilities, and their families and use strategies to facilitate the participation of diverse teams by:

1. Facilitating inclusion and participation of all participants in providing effective PBS services

2. Using skills needed for successful collaboration, including but not limited to:

    a. Communicating clearly

    b. Establishing rapport with participants

    c. Being flexible and open

    d. Respecting the viewpoints of others

    e. Learning from others and from the PBS process

    f. Incorporating new ideas within personal framework

    g. Managing conflict

B. Endorsed PBS Facilitators understand the importance of support development in the effectiveness of collaborative teams and uses strategies to facilitate the development of supportive structures by:

1. Including critical members of a PBS team for the person receiving services considering the age, setting, and types of abilities and disabilities of the individual

2. Evaluating team composition considering the needs of the person, including assisting the team in recruiting additional team members to address specific areas of need or expertise

3. Using essential team skills, including:

    a. Facilitation

    b. Coaching

    c. Mediation

    d. Consensus building

    e. Meeting coordination

    f. Determining team roles and responsibilities

4. Using strategies to demonstrate sensitivity to and respect for all team members, their diverse perspectives, and their varied experiences

5. Facilitating the inclusion of and respect for the values and priorities of families and other team members, with the ability to cultivate an atmosphere of unified support for the person who is receiving services

6. Supporting and facilitating advocacy necessary to access supports to carry out team decisions

IV. Basic Principles of Behavior

A. Endorsed PBS Facilitators use behavioral assessment and support methods that are based on operant learning principles, including:

1. The antecedent-behavior-consequence model as the basis for voluntary behavior

2. Operational definitions of behavior

3. Stimulus control, including discriminative stimuli

4. The influence of setting events and motivating operations on behavior

5. Antecedent influences on behavior

6. Precursor behaviors

7. Interventions to increase or decrease behavior

B. Endorsed PBS Facilitators understand and use antecedent manipulations to influence behavior, such as:

1. Curricular modifications in school settings

2. Instructional modifications

3. Behavioral precursors as signals

4. Modification of routines and/or environmental stimuli

5. Opportunities for choice/control

6. Clear expectations that are understood by the person receiving services

7. Pre-teaching

8. Errorless learning techniques

C. Endorsed PBS Facilitators understand and use consequence manipulations to increase alternative 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. Natural consequences

9. Pairing of reinforcers

D. Endorsed PBS Facilitators understand the following consequence manipulations to decrease behavior

1. Punishment, including:

   a. Characteristics and potential side effects of punishment procedures.

   b. Use of any strategies, including those found within integrated natural settings, are at all times within the parameters of the 11 key elements Identified above in section II. C., with particular attention to item number 9, "techniques that do not cause pain or humiliation or deprive the individual of basic needs"

   c. Use of punishment is restricted to circumstances and behaviors of concern that clearly endanger the health and safety of the individual OR have been shown to be a repeated and significant barrier to continued community living

   d. It must be clearly documented that other, less restrictive and non-punitive measures have been used and have failed

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. xtinction

   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 in coordination with other techniques to develop replacement behaviors

    c. Ethical considerations to recommending response cost.

5. If using timeout is documented as being unavoidable and with someone of the appropriate age, the PBS Practitioner will ensure that it includes:

    a. Types of timeout applications and limits of use

    b. How to implement safely and appropriately, with time recommendations

    c. Cautions associated with use of timeout

    d. Using timeout in coordination with other techniques to develop replacement behaviors

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

1. Forms of generalization, including stimulus generalization and response generalization

2. Maintenance of behaviors across time

V. Data-based Decision-making

A. Endorsed PBS Facilitators 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. Endorsed PBS Facilitators 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 are agreed upon by the team, which 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. Data collection recording forms

   e. How raw data will be converted to a standardized format (e.g. rate, percent)

   f. If necessary, use of criterion to determine when to make changes in the plan's procedures

C. Endorsed PBS Facilitators 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 representation of data

   c. Use of phase-change lines, if implementing a multiple baseline or other multi-phase intervention

D. Endorsed PBS Facilitators use data-based strategies to monitor progress and share with the person for whom the plan is written and the team

1. Using graphed data to identify trends and intervention effects

2. Evaluating data regularly and frequently, as determined by the team

3. Reviewing data with team members for team-based, person-centered decision-making and making changes, when appropriate

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

VI. Comprehensive Person Centered and Functional Behavior Assessments

A. Endorsed PBS Facilitators understand the importance of multi-elements of assessments including:

1. Person-centered plans

2. Quality of life

3. Environment

4. Setting events & motivational operation

5. Antecedents and consequences

6. Social skills/communication/relationships/social networks

7. Curricular/instructional needs

8. Bio-psycho-social-spiritual issues

B. Comprehensive assessments result in information about the person being supported in at least the following areas:

1. Lifestyle

2. Environmental and personal preferences

3. Interests

4. Communication, social abilities & needs

5. Health and safety

6. Routines

7. Predictability of schedule

8. Variables promoting and reinforcing behavior of concern:

   a. Maintaining reinforcers

   b. Antecedents

   c. Setting events

9. Function(s) of behavior

10. Potential replacement behaviors

C. Endorsed PBS Facilitators conduct person-centered assessments that provide a picture of the life of the individual including:

1. Indicators of quality of life

2. The strengths and gifts of the individual

3. Important people

4. The variety and roles of persons with whom they interact and the nature, frequency and duration of such interactions

5. 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

6. The level of independence and support needs of the person, including workplace, curricular & instructional modifications, augmentative communication and other assistive technology supports, and assistance with personal management and activities of daily living

7. The health and bio-psycho-social-spiritual needs of the individual

8. The dreams and goals as expressed by the person and their circle of support

9. Barriers to achieving the dreams and goals.

10. The influence of the above information on behavior of concern

D. Endorsed PBS Facilitators conduct functional behavioral assessments that result in:

1. Operationally defined behavior(s) of concerns

2. Identification of the context in which behavior of concern occurs most often

3. Identification of setting events that promote the potential for behavior of concern

4. Identification of antecedents that set the occasion for behavior of concern

5. Identification of consequences maintaining behavior of concern

6. A thorough description of the antecedent-behavior-consequence (A-B-C) dynamic

7. A hypothesis statement based upon the function(s) of behavior

8. Identification of potential replacement behavior that addresses the hypothesis.

E. Endorsed PBS Facilitators conduct indirect and direct assessments:

1. Indirect assessments include file reviews, structured interviews, person-centered planning and interviewing, checklists, and rating scales.

2. Direct assessments that may include scatterplots, anecdotal recording, ABC data, time/activity analyses, and environmental assessments.

3. Data is summarized in graphic and narrative formats

F. Endorsed PBS Facilitators 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 behavior of concern:

    a. setting events (or establishing operations)

    b. antecedents/triggers

    c. consequences for both desired behavior and behavior of concern

    d. ecological variables

    e. lifestyle issues

    f. Bio-psycho-social-spiritual issues

2. Hypotheses statements are developed that address:

    a. setting events

    b. antecedents

    c. behavior of concern

    d. consequences for behavior of concern

    e. function(s) behavior of concern serves for the individual

VII. Development and Implementation of Comprehensive, Multi-element Behavior Support Plans

A. Endorsed PBS Facilitators apply the following foundational beliefs across all elements of a PBS plan:

1. Behavior support plans are developed in full collaboration with the person for whom the plan is being developed and his/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 person's strengths

   b. The person's expressed values and goals

   c. The team's expressed values and goals

   d. Desired and effective routines within the various settings in which the person lives and participates

   e. Endorsement and skills of those who will be implementing the plan

   f. Endorsement and facilitation of those providing administrative support

5. Behavior support plans include strategies for evaluating each component of the plan and timelines for review

B. PBS plans include support procedures that address and improve Quality of Life in at least the following areas:

1. Achieving the person's dreams and wishes.

2. Promotion and support of the person's mental, physical, and emotional well-being.

3. Promotion of all aspects of self- determination and supported decision-making.

4. Improvement in a person's active, successful participation in inclusive home, school, work, home and community settings, including leisure, relaxation, and recreational activities.

5. Promotion of integrated social interactions, personal relationships, and enhanced social networks

6. Promotion of increased personal satisfaction, self-actualization, and overall success in the person's life

C. In collaboration with the team, Endorsed PBS Facilitators develop behavior support plans that include antecedent support procedures that decrease the likelihood for the need for problem behavior using the following strategies:

1. Alter or eliminate setting events to minimize the likelihood or need for problem behavior.

2. Modify specific antecedent triggers/circumstances based on the FBA.

3. Identify and address behaviors by identifying precursors (i.e. individual's signal that a problem behavior is likely to occur).

4. Ensure highest level possible of consistency and predictability within the person's environment/routines predictable.

5. Foster opportunities for informed choice and reasonable control across all activities and settings.

6. Develop and maintain clear and reasonable expectations across all activities and settings.

7. Modify task expectations to meet the person's current skill level based on accurate and timely assessment.

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

1. Provide instruction in the context in which the behavior of concern occurs.

2. Match instructional strategies and use of resources to the person's assessed learning style.

3. Teach the use of basic skills supportive of successful learning, including:

   a. Communication skills

   b. Social and interpersonal skills

   c. Self-monitoring and self-regulatory skills

   d. Coping and relaxation techniques

   e. Teach equally-effective replacement behavior(s) based on current behavioral assessment and hypothesis

   f. Proactive use of sound teaching strategies, including but not limited to: pre-instruction, modeling, rehearsal, social stories, incidental teaching, peer partnerships, sensory regulation, direct instruction, and titrated prompting based on assessed learning style.

E. Endorsed PBS Facilitators employ consequence/outcome support strategies that incorporate the following:

1. Reinforcement strategies based on assessed function.

2. Reinforcement strategies relaying on reasonable reinforcers that avoid power struggles and support understanding, agreement, and learning from the person. Identified reinforcers will not include contingent access to people or things that have been identified as important to the person, such as family members, typical meals, friends, or other things essential to a person's quality of life.

3. Least intrusive behavioral reduction strategies, including differential reinforcement, error correction, and extinction.

4. Individualized crisis and emergency support strategies are used only when there is a risk to the safety of the individuals or others.

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. Endorsed PBS Facilitators evaluate plan implementation and develop amendments via:

1. Implementation and evaluation of behavior support plans according to pre-established timelines

2. Regular collection and analysis of data identified for each plan component to evaluate effectiveness and determine needed adjustments.

3. Evaluation of progress of the goals identified in the Person-centered Plan and assessment for continued effective integration with the behavior support plan.

4. Modification of each element of the plan as indicated by evaluation data.

G. Endorsed PBS Facilitators facilitate effective implementation of PBS Plans via:

1. Action plans for implementation of all components of the support procedures, including:

a. Expectations related to activities, tasks, documentation, days, times, and responsible parties.

b. Materials, training and follow-up for those providing the behavioral support.

c. Systematic method of data collection and analysis addressing impact and fidelity to prescribed behavior support plan.

d. Identified criteria for modification of the behavior support plan.

e. Reasonable timelines for completion of all components of plan implementation (i.e., meetings, training, preliminary plan implementation, data analysis, plan amendments, final plan implementation, and expected outcomes)

    f. Review of contextual fit, function-based support procedures, and lifestyle enhancements

2. Strategies to address systems change needed for implementation of PBS plans that may include:

    a. Modifying policies/regulations

    b. Recruitment, support, and training for regular staff as well as adjunct personnel (such as drivers, neighbors, extended families, etc.)

    c. Accessing needed resources (financial and personnel)

    d. Increasing flexibility in programmatic routines, staffing schedules, and staff assignments.

    e. Initiating, supporting, and facilitating interagency collaboration.