APBS

ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT **Newsletter**

President's Message

Heather Peshak George

We hope that you had an opportunity to attend the 2017 APBS Conference in Denver. If you did not have a chance to attend a session, please refer to the Members' Section on our website (**www.apbs.org**) for recorded sessions, handouts and photos of the fantastic event. Please mark your calendar for the 15th International Conference on Positive Behavior Support in San Diego, CA on March 28-31, 2018!

I am pleased to announce the results of our recent election for the APBS Board of Directors (2017-2020). There were several outstanding candidates competing for five available seats and one dedicated family seat. Please welcome the following new Board members: Don Kincaid, Barry McCurdy, Timothy Moore, Sara McDaniel, Shanna Hirsch and Melisa Ruiz. Congratulations! Thank you to all APBS members who cast their vote in 2016!

By the time you receive this newsletter, I will have concluded my third and final year as your President. I want to highlight some of the activities that have occurred on the APBS Board since 2014: (1) expanded website capabilities to membership and network use, (2) engaged in long-range fiscal planning for sustainability, (3) increased webinar offerings and attendance, (4) increased membership by over 65%, (5) added an additional 12 networks worldwide (5 international, 5 geographical/regional, 2 domestic/thematic), (6) restructured our operating committees (Training and Education, Network Development, and Dissemination), (7) revised network

guidelines, (8) established several policies and procedures to maintain the efficiency and transparency of the organization such as the virtual community policy for networks and conflict of interest policy in the website contract award process, (9) increased Board membership from 15 to 17 elected members, (10) partnered with local parent agencies near host conference sites, (11) established family workshops at the conference, (12) expanded the infrastructure of our organization to include contracts in the areas of family involvement and Intellectual and Developmental Disabilities (IDD), (13) almost doubled the annual conference attendance rates, and (14) established funding opportunities for networks to apply for support in hosting their local conference.

In no way can I take credit for all of these productive activities. But I do admit that I am proud of these results and am pleased at the work that has been accomplished over the past three years. These accomplishments are the result of our dedicated Board of Directors and volunteers. I cannot thank you enough for the opportunity to serve you and to lead APBS in a direction that continues to impact individuals, family members, researchers and practitioners alike. As we enter 2017, the world as we know it seems to be an unfamiliar place with a perceived change in social behavior norms. This is the time more than ever for us to collectively come together to support one another, reach out to those in need and truly apply the principles of Positive Behavior Support. No one is exempt from benefitting from Positive Behavior

Support and the hybrid and multi-disciplinary nature of APBS allows us accessibility to remote areas worldwide. If you are not actively involved in APBS, I encourage you to join us in expanding and impacting the lives of individuals and the systems in which they interact. I look forward to continuing to work with you on this important work as a fellow APBS member.

Positive Behavior Support at Home and in the Community

Meme Hieneman, Tim Moore, & Nicolette Christians

Positive behavior support emerged as an alternative to reactive, punitive and often arbitrary methods commonly used to manage problem behavior of people with significant disabilities (Carr et al., 2002; Dunlap, Sailor, Horner, & Sugai, 2009; Horner et al., 1990). It combined person-centered values with the principles of applied behavior analysis to produce a more proactive, individualized, and collaborative approach to intervention.

Over time, positive behavior support approaches became well-documented with a broader range of populations (e.g., students with or at risk for emotional and behavioral disorders, typically-developing children in early childhood settings). It was then recognized that positive behavior support could be used universally to prevent the escalation of behavioral difficulties and improve systems as a whole, notably demonstrated in school-wide PBIS (Sugai & Horner, 2009). The purpose of this article is to describe how positive behavior support continues to be applied in home and community settings (HCPBS) and update readers on ways in which they can get involved.

Key Features of Positive Behavior Support

Regardless of the context (i.e., environment, population) in which positive behavior support is applied, there are a few common features that have been consistently identified, and which HCPBS practitioners continue to emphasize (Brown, Anderson, & De Pry, 2015; Kincaid et al., 2016). These include:

Team Involvement: Engaging stakeholders in goal setting, assessment, planning, implementation, and monitoring of outcomes. Stakeholders may include people with behavioral support needs, family members, educators or employers, and other service providers (among others).

Assessment of Patterns: Identifying circumstances that contribute to positive and problematic behavior, as well as functions behavior may serve, in order to individualize intervention.

Comprehensive Behavior Plans: Combining proactive and preventive strategies, teaching of replacement behaviors and desired skills, management of reinforcement and other contingencies, and other supports into an integrated plan.

Lifestyle/Systems Change: Focusing not only on improving discrete skills and reducing difficult behavior, but also enhancing quality of life for focus people, their caregivers, and throughout the systems that are supporting them.

Data-Based Decision Making: Using objective and reliable information (rather than just impressions or assumptions) to determine whether interventions are being used and producing the desired impact.

These features may be applied at individual, group, and systems-levels in family and organizational circumstances, as well as schools. Attending to these features is important because they allow us to expand applications of HCPBS with greater creativity and integrity, allowing us to work together more effectively across settings to improve the quality of lives of the people we support.

HCPBS Efforts within APBS and Beyond

APBS is making significant strides to expand its focus to include home and community applications, and in some ways, return to our roots. Within APBS, there are two ad-hoc workgroups attending to these issues—the Dissemination Committee Family Workgroup and I/DD workgroup. With the support of two dedicated consultants—Christine Goulbourne (Family) and Erin Watts (I/DD), these groups are reviewing the APBS website, advocating for relevant sessions at our conference, and identifying and developing resources. As an example, the "Families" Page of the APBS website has undergone significant improvement and Saturday workshops at the conference are now dedicated to both of these topics. Additional volunteers for these groups are welcomed.

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In addition, there are a number of APBS Networks that either focus on home and community or are expanding their attention beyond schools. Examples include Florida, Kansas, Nevada, Minnesota, West Virginia, BILD-APBS, Hong Kong, and Virginia. Finally, we do have a network specifically dedicated to HCPBS that has in excess of 100 members. Our activities include interfacing with APBS related to the website, conference, and other issues; hosting three webinars and a meeting at the APBS conference each year; identifying, collecting, and sharing relevant resources via our new website; and engaging in outreach and networking efforts. For more information on HCPBS, please friend us on Facebook: **https://www.facebook.com/HCPBS**.

What We Can Do to Support HCPBS

Positive behavior support offers incredible promise not only within schools, but for young children, people living with disabilities or faced with mental health issues across the lifespan, families and other caregivers, and the systems supporting people who need behavioral support. To make positive behavior support accessible to all who need it, we need to 1) embrace consistent principles, speak the same language, and develop resources that are practical and generalizable and 2) collaborate across settings, organizations, and disciplines. We can truly build HCPBS communities if we all work together and embrace that vision.

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Common Tier 3 Myths

Rose Iovannone and Don Kincaid

For educators, designing and implementing a systemic framework of school-wide positive behavior support (SWPBS) often focuses on Tier 1 with some expansion to Tier 2. Tier 3 limits the focus on specific practices or strategies (e.g., counseling, behavior intervention plans) in place of a system that aligns with the data-driven decision-making process described in Tier 1 (Scott, Alter, Rosenberg, & Borgmeier, 2010). In working with school districts across the country to develop Tier 3 systems of support, educators have made several statements related to Tier 3 that are not based on empirical support and, thus, become myths; i.e., widely held but false beliefs or ideas. This article describes the most common myths related to Tier 3 as stated by educators and our response.

Myth 1. *Compliance is all we need to be concerned about.* This statement comes primarily from special educators and refers to completing the Functional Behavior Assessment and Behavior Intervention Plan (FBA/BIP) forms completely and accurately as opposed to developing feasible BIPs that can be implemented and collecting progress monitoring data that informs teams of the effectiveness of the plan. Unfortunately, for many districts, the FBA/BIP is a step that must be completed prior to moving a student to a more restrictive placement, not as an opportunity to develop a plan that will improve the student's behavior.

Myth 2. *We cannot do Tier 3 until we have Tiers 1 and 2 implemented with fidelity.* This assertion appears to be based on the multi-tiered concept that having Tiers 1 and 2 implemented with fidelity will reduce the numbers of students needing Tier 3. We strongly agree that districts should work toward having a multi-tiered system of support established in schools. However, there is no research thus far that supports waiting or delaying the implementation of a Tier 3 system until the lower tiers are implemented. Further, there is no established research citing Tier 3 supports are implemented more effectively when the lower tiers are in place. If districts and schools wait until the lower tiers are in place, Tier 3 most likely will never be addressed. All schools have students requiring individualized behavioral supports and for students with disabilities, supports are mandated by the *Individuals with Disabilities Education Act* (2004). Districts and

schools can and should address implementation of multiple tiers simultaneously.

Myth 3. *Special education is a Tier 3 intervention.* Although students with disabilities are required to have an individualized education plan, receiving special education services is not a Tier 3 system intervention. Declaring special education is a Tier 3 intervention implies that to receive individualized supports, a student must be identified as having a disability. Multi-tiered behavioral support is a system for all students including students with IEPs.

Myth 4. *General education students are not eligible to get functional behavior assessments or behavior intervention plans.* Using functional behavior assessments (FBA) to develop individualized behavior intervention plans (BIP) was introduced in the 1997 Individuals with Disabilities Act. However, practices that work for students with disabilities are also effectively used with general education students who have intensive behavioral needs. Intervention plans based on functional behavior assessments have a wealth of evidential support and in recent years, have been expanded for use with students in general education (Iovannone et al., 2010; Scott et al., 2004). The use of FBA/BIPs can effectively address problem behaviors of students in general education.

Myth 5. *All we need for Tier 3 is a list of strategies to use.* Educators often ask for strategies that work with specific behaviors (e.g., noncompliance, aggression, etc.). Unfortunately, developing a list of strategies to use for behaviors without thinking functionally about the behaviors has not been shown to be effective (Carter & Horner, 2009). Meeting the needs of students with serious problem behaviors requires a problem-solving process of understanding the relation of the behavior with environmental contexts. While behavior intervention plans do not need to be complex or lengthy, merely having a list of strategies to use for a behavior will most likely not be effective.

Myth 6. *Everyone needs to learn how to do FBAs and BIPs.* The FBA and BIP are core practices used to develop supports for students with intense problem behaviors. The FBA/BIP process uses applied behavior analysis principles and educators who facilitate FBA/BIPs need advanced skills beyond completing a form. Educators with knowledge of applied behavior analysis may be ideal for facilitating teams through an FBA/BIP. Individuals who know the student well (e.g., teachers, instructional assistants) will need to know how to think functionally about the student's problem behavior and actively participate in the FBA/BIP process (McIntosh et al., 2008).

Myth 7. *Only behavior analysts can do FBAs and BIPs.* Although FBA/BIPs are based on behavior analysis, the skills required to conduct them effectively are not only held by behavior analysts. Other educational professionals such as school psychologists, social workers, special education support providers have been successful facilitator of FBA/BIPs (Scott et al., 2005).

In conclusion, it has been shown that practices based upon a systemic approach to support implementation are effective. If we continue to delay implementation of a Tier 3 system framework due to belief in myths, we will fail our students who have the most pressing behavioral support needs.

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