

2023



**PRACTICE
GUIDELINES**

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Association of Positive Behavior Support Practice Guidelines

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Association for Positive Behavior Support Practice Guidelines Foreword

The Association for Positive Behavior Support (APBS)

The Association for Positive Behavior Support is an international organization that leads practitioners, researchers, individuals, and families in learning about and sharing resources for the implementation of positive behavior support (PBS).

Mission Statement

The mission of APBS is to enhance the quality of life of people, across the life-span, by promoting evidence-based and effective positive behavior support to realize socially valid and equitable outcomes for people, families, schools, agencies, and communities.

Vision Statement

Members of APBS across the world will interact with the Association as their primary reliable resource on positive behavior support and view their engagement as personally and professionally beneficial.

Equity Statement

APBS is committed to equity, human rights, and social justice for historically marginalized and oppressed communities, families, practitioners, and students. Our work informs individuals, institutions, and organizations through systems development and strategies to disrupt interpersonal and structural forms of inequity, discrimination, and racism in order to promote equitable and meaningful outcomes for all.

APBS Standards History

In March, 2007 the APBS Board of Directors officially adopted the *Positive Behavior Support Standards of Practice: Individual Level*. Work on the standards was started in 2005 and involved active board, committee, and APBS member participation throughout the writing, review and adoption process. Brown, Anderson, and De Pry (2015) write, “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” (p. xv). Even with official adoption in 2007, the board anticipated updates to the standards in the ensuing years noting, “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” (APBS, 2007, p. 3).

This version updates the previous standards and envisions the next iteration as APBS Practice Guidelines that can be applied across contexts and continuums. Being added from the initial document, these updated guidelines include a focus on healthy systems and communities and a focus on diversity, equity, and cultural humility. As demonstrated by recent APBS statements (e.g., gun violence, anti-violence, racial injustice; see Appendices for text of these statements) and public health foci in other groups, positive behavior support now includes large-scale, public facing preventative systems and strategies that make communities

healthier and positively impacts all individuals within each community.

2023 Practice Guidelines Process

To enhance quality of life, continuity of support, and equitable and inclusive systems and practices for all (see APBS Mission Statement), the ad hoc APBS Standards Committee developed the 2023 APBS Practice Guidelines through an interactive process. First, the committee developed the purpose and proposed timeline. Next, committee membership was expanded to include representation of all groups. Third, the committee engaged in deep reflection regarding other ethics and practice standards (e.g., CEC, NASP, ABAI, ABA). Fourth, the committee entered a brainstorm phase. Then, the brainstorming moved to drafting. For the next four months the committee worked collaboratively to edit and improve the draft. The draft was then sent to the full board and APBS committees for review. Next, a draft went to APBS members for a final set of edits before approval. Finally on March 7, 2023, the APBS Board approved the Practice Guidelines.

2023 APBS Practice Guidelines Introduction

These practice guidelines serve as “guideposts,” reflecting the values of what APBS believes is critical to the practice of positive behavior support. We hope this document will be of assistance to you and we look forward to continued work across APBS with our implementation partners. These practice guidelines are intended to apply across the breadth and depth of the field of positive behavior support. In an attempt to streamline language while at the same time valuing the range of disciplines within positive behavior support, the committee identified the following terms to represent the breadth of application within this field: Collaborator groups: this term includes, but is not limited to, individuals, families, community members, agencies, and school personnel.

APBS Practice Guidelines

1. Strengths- and Prevention- Based Approaches

Strengths-based approaches are built, based not on reducing individual's deficits and reacting, but on proactive, preventative systems building on the strengths, values, and needs of the individual, their supporters, and their communities.

Positive behavior support practices

- 1.1. Include preventative, proactive practices, assessments, and supports that are valued by collaborator groups, are person- and community-centered, and utilize strengths-based thinking for the purpose of improving quality of life.
- 1.2. Prioritize individuals receiving supports in conversation (e.g., meetings), assessment, and plans to ensure a comprehensive network of support.
- 1.3. Respect the perspective of multiple collaborators (e.g., families, educators, support persons, caregivers) regarding needs, preferences, strengths, and goals.
- 1.4. Reject reactive and deficit-focused explanations for behavior which ascribe the challenges faced by individuals or groups to internal deficiencies, disability, gender, race, socio-economic status or culture.
- 1.5. Establish shared leadership between all collaborators, ensuring prioritization of the individual's perspective and respecting all voices at the table.
- 1.6. Utilize assessment practices to understand needs from collaborator groups that ensure assessment processes consider social norms and family values, and include the person in the process.
 - 1.6.1 Acknowledge that practices that reflect an individual's perspective could be at odds with the family's (or other collaborators') perspectives. Co-create assessments (e.g. with individuals and other partners within systems) when possible.
- 1.7. Include tools that promote self-determination (e.g., wrap-around, person-centered planning, group action planning for planning and intervention).
- 1.8. Focus on needs that are consistent with the goals and values of individuals and collaborator groups.
- 1.9. Customize supports based on preferences and behavioral function, resulting in improved quality of life and personal satisfaction.
- 1.10. Center preferences, interests, strengths, and priorities of those who are receiving supports.
- 1.11. Reflect respect for dignity and overall well-being.
- 1.12. Are situated within systems.
- 1.13. Include contextually and culturally relevant pro-social and functional competencies.
- 1.14. Assess and identify interventions that address function, setting events, antecedents, alternate and replacement behaviors, cultural and contextual fit, relationship needs, resources, and barriers to fidelity of implementation.

2. Science, Data, and Evidence-based Practice

Science and evidence-based practices include implementation in a data-based manner using culturally relevant and representative assessment and intervention to drive and monitor practices and make decisions for improvement.

Positive behavior support implementers

- 2.1 Match assessments and evidence-based interventions to the strengths and needs of those receiving supports and the context.
- 2.2 Engage in data-based decision making in planning and intervention implementation.
- 2.3 Center data-based decision making to include progress monitoring to guide adaptations and changes to intervention plans.
- 2.4 Implement evidence-based practices with fidelity (i.e., treatment integrity) within systems.
- 2.5 Engage in comprehensive assessment involving the input of all partners to include representation from all collaborator group members.
- 2.6 Use data (including social validity data) to assess effectiveness and satisfaction that the practice produces meaningful change.
- 2.7 Include scientifically derived practices, individual evidence (known to work for the individual), and evidence from other fields and disciplines consistent with the idea of professional humility.
- 2.8 Utilize high-leverage practices, which support or develop foundational skills and competencies.
- 2.9 Implement interventions that result in increases in an individual's success and personal satisfaction, and the enhancement of positive social interactions across work, academic, recreational, home, and community settings.
- 2.10 Understand, identify, and address factors that contribute to problem behaviors (functional approach), and identify and use proactive rather than reactive strategies that enhance functional competencies and system capacities.
- 2.11 Understand the history of the positive behavior support field and continuously work to improve and update practices and plans as new understandings arise related to evidenced based practices.

3. Social Justice and Equity

Social justice and equity practices, plans, assessments, and systems are just, equitable, culturally responsive, and promote quality of life across the lifespan.

Positive behavior support practices

- 3.1 Reject the use of aversive consequences or other procedures that produce pain, physical harm, embarrassment/humiliation, shame, and intense physical and emotional distress which harms the quality of life.
 - 3.1.1. Reject the use of seclusion and restraint (including chemical restraint) as a form of intervention which harms quality of life.
- 3.2 Include collaborators as advocates who use their voice and power to support interventions and plans that promote quality of life and equitable treatment, including dignity of risk and supported decision making.
- 3.3 Reflect a commitment to identifying and removing inequities, power imbalances, biases, and barriers in systems, practices, policies, and settings.
- 3.4 Implement culturally responsive and socially just practices and eliminate the use of any historically problematic practices from the positive behavior support field.
- 3.5 Include clear goals for addressing social justice and equity when developing strategic plans or other systemwide plans.
- 3.6 Use various forms of communication to promote a more inclusive and accessible environment such as translations, captioning, and alternative text.
- 3.7 Reflect a commitment to working to accomplish diversity of voice, thought, and representation.
- 3.8 Extend diversity work to ensure inclusive, safe teams, communities, and groups where everyone feels safe and belongs.
- 3.9 Disrupt systems, structures, policies, and practices that are oppressive or center the dominant majority (supremacy).
- 3.10 Use data to understand and address inequity related to the disproportionate use of disciplinary practices toward Black, Indigenous, and People of Color (BIPOC).

4. Healthy and Preventative Systems and Communities

Healthy and preventative systems and communities improve the wellness of whole communities and individuals within those communities through a PBS systems-based approach.

Positive behavior support practices

- 4.1 Develop strong community engaged partnerships to drive universal prevention through combining knowledge and resources.
- 4.2 Reflect a commitment to implementing proactive and preventative strategies.
- 4.3 Include universal plans and interventions that support communities and the larger society given public health promotion and prevention.
- 4.4 May be used to prevent and address issues that impact individual's lives including but not limited to areas such as mental health, violence prevention, substance use, and suicide prevention.
- 4.5 Recognize the influence of systemic variables on individual outcomes and work to make environments more supportive.

5. Collaboration

Collaboration is deliberate partnership, working together to reach goals and promote positive outcomes.

Positive behavior support implementers

- 5.1 Leverage partners that communicate and collaborate in a way that is accessible, clear, honest, transparent, and assumes best intentions.
- 5.2 Include service coordination/interagency collaboration and include all partners with equal representation and voice.
- 5.3 Identify barriers and remove access and participation barriers.
- 5.4 Communicate and collaborate within and across effective systems with collaborator groups.
- 5.5 Use shared leadership and responsive and accessible communication strategies (e.g., language translation, meeting times, closed captioning).
- 5.6 Communicate with
 - 5.6.1 Maintaining confidentiality
 - 5.6.2 Person-preferred language use
 - 5.6.3 Accessible communication strategies and tools
- 5.7 Emphasize shared assessments, goal planning, and decision-making centering the individual as a partner.
- 5.8 Involve leaders in systems change efforts whenever possible.
- 5.9 Include allyship, coordination, or partnership.
- 5.10 Prioritize the voice and agency of individuals in communications.
- 5.11 Ensure that all partners have a common understanding and are supported for decision making and involvement.

6. Cultural and Professional Humility

Cultural and professional humility emphasizes openness to learning from others while participating in self-reflection and on-going personal and professional learning.

Positive behavior support implementers (practitioners, users)

- 6.1 Develop interventions or supports that are consistent with the stated values of the individual, family, and/or community.
 - 6.1.1. Seek to understand the individual's and collaboration group's culture, partners, and systems.
 - 6.1.2. Center and respond to culture and diversity in a sustainable way.
- 6.2 Respond with care and compassion, particularly around culture and diversity, with an equitable, represented voice for all collaborators.
- 6.3 Identify problematic practices and systems and eliminate the implementation of those that are harmful, inequitable, or biased.
- 6.4 Are open to the numerous and varied perspectives across different fields and sciences particularly related to culture and diversity.
- 6.5 Understand the history of the positive behavior support field and continuously work to improve and update practices and plans as new understandings arise particularly related to reducing bias, intolerance, and harm specific to culture and diversity.
- 6.6 Are open to feedback and constructive criticism, respect/recognize the contribution of others and other professions, understand their own limitations, and seek recommendations from others to address limitations in knowledge or skills.
- 6.7 Are aware that certain words and phrases in varying contexts can cause harm and work to avoid using these terms. If a word or phrase used is harmful, the speaker attempts to repair the harm.

Glossary

For the purpose of clarity and consistency, the following terms presented in this document are further defined or clarified below:

Agency: A factor in planning and practice that ensures all individuals can fulfill their potential by providing required power and resources.

Caregiver: A caregiver is any person who is responsible for the care and wellbeing of a child or student. This could be a parent, foster parent, guardian, grandparent for example.

Confidentiality: The practice of ensuring information about students and families is kept private and only shared with those involved with planning and practice.

Culture: Following the Oxford dictionary, we use the following: “the customs, arts, social institutions, and achievements of a particular nation, people or other social group”

Cultural Humility: An intentional and ongoing practice of self-evaluation and awareness that helps individuals their own beliefs, backgrounds, biases, and the culture of others.

Culturally Responsive: Practices or assessments that respond to or incorporate student, caregiver, and community identities and experiences

Evidence Based: Indicates practices and assessments should be aligned with peer-reviewed research supporting the validity of the practice or assessment.

Function: A characteristic of the behavior that serves to keep that behavior in place such as the environment, or consequence that follows the behavior

High-leverage practices: Those that occur frequently and consistently, are evidence-based, and when implemented with fidelity improve outcomes.

Implementer: An individual who puts a plan, practice, or system into action

Quality of Life: Following the Oxford dictionary we use the following: “the standard of health, comfort, and happiness experienced by an individual or group.”

Social Validity: A practice variable that focuses on the perceptions of the individuals implementing the intervention, those receiving the intervention, and those in community with these two.

Appendices

For background information, we have provided direct website links to copies of recent APBS Position Statements. Each of the following statements have been endorsed by the APBS Board of Directors:

[APBS Commitment to Equity](#) – May 10, 2022

[APBS Anti-Violence Statement](#) – April 6, 2021

[APBS Statement on the United States Capitol Insurrection](#) – January 12, 2021

[APBS Statement on Racial Injustice](#) – January 12, 2020

The APBS Board of Directors have also endorsed the following:

The Coalition of National Researchers' [Violence Prevention Plan](#) – May 27, 2022

The Interdisciplinary Group on Preventing School and Community Violence's [Call to Action to Prevent Gun Violence](#) – February 28, 2018