



# Missouri Interagency Positive Behavior Support Team (MO-IPBS) Part 1

## What is the Mission of MO-IPBS?

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The mission of the MO IPBS team is to foster collaboration across state services to ensure the delivery of evidence-based, outcome-focused, and person-centered services and supports that improve quality of life for individuals across the lifespan, and to leverage limited state funds

by sharing resources for training in positive behavior support, person-centered, and wraparound planning. This document summarizes information shared by the MO IPBS team and by individuals throughout Missouri who are interested in fostering interagency collaboration.



## What is PBS?

Positive behavior support refers to a set of systems, tools, and processes for organizing the social, educational, bio-medical, physical, and logistical supports needed to help individuals across the lifespan achieve a higher quality of life while reducing problem behaviors that may prevent positive outcomes for these individuals.

## Multi-tiered Prevention of Problem Behavior In Community Settings

An important goal of positive behavior support is to engage in proactive planning and supports in order to prevent problem behaviors.

One of the initial leaders of positive behavior, Ted Carr, once said "Ironically, the best time to intervene is when problem behavior is not occurring." When tackling problem behaviors, education and human services might often be characterized as trying to "shut the barn door after the horse is out."

Typical attempts to address behavioral issues that might arise with children, or with adults with intellectual and developmental disabilities (IDD) include:

- 1) developing individual behavior plans (and hoping they are followed);
- 2) delivering one time training in-services (and hoping it is practiced); and
- 3) offering time-limited expert consultations (and hoping to build capacity).

## Multi-tiered Prevention of Problem Behavior In Community Settings, Cont. from Page 1

These approaches have only demonstrated sporadic outcomes at the individual level. A more effective approach is to consider a broader view of behavior prevention.

To prevent serious problem behavior, schools and other organizations are implementing a multi-tiered prevention model that was

borrowed from a public health model for disease prevention.

In the three-tiered public health model, Universal or primary prevention targets an entire organization or community.

Interventions at the primary prevention level promote healthy lifestyles, as well as social and emotional learning.

## Primary Prevention

In schools, primary prevention interventions include universal strategies for teaching social expectations and enhancing emotional wellness for all children.

Adults provide students with opportunities to practice social skills frequently and deliver positive reinforcement to children as they are observed engaging in positive social skills throughout all school settings. In addition, adults work together to increase consistency in everyone's responses to the occurrence of problem behaviors.

Mental health organizations focus on promoting healthy communities where children and their families can access services and supports that help to create positive, healthy, and stable environments.

Interagency collaboration with schools and other services enhances service coordination for children, and for adults with disabilities. Support systems are implemented to assist families as they establish every day routines and activities that decrease the likelihood that children will engage in problem behavior at home.

When organizations supporting individuals with disabilities implement primary prevention, teams focus on interventions that will build a positive and person-centered climate for everyone. Staff members and consumers identify important social skills that are practiced and reinforced at home, work, and in the community.

Multiple opportunities are available for consumers to engage in choice making throughout the day, engage in self-determination at home and work, and engage in meaningful community and work-related activities.

Children who have been placed in more restrictive settings may benefit from the same types of primary, secondary, and tertiary prevention strategies. Organizations providing more intensive services or court-order sanctions are now beginning to implement this three-tiered model and report evaluation outcomes.

### Integrating Mental Health Prevention Models and School-wide Positive Behavior Support

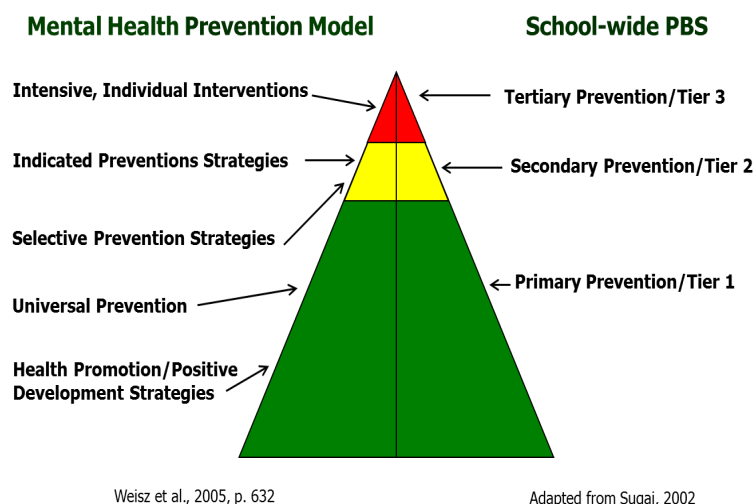


Figure 1. Model for Preventing Problem Behavior in the Community

*"It's a whole shift in paradigm of fighting fires to building capacity within the organizations--whether it is a contracted service provider or residential or day treatment program....I see our role as...helping people build capacity..." (Missouri participant)*

## Secondary Prevention

At the secondary prevention level, school teams are engaged in progress monitoring that allows for early identification of students who may not be responding to universal primary prevention efforts.

These students may need more social skills instruction, higher levels of reinforcement for engaging in positive social interactions, and more structured opportunities to practice new skills.

In schools, mental health professionals are often collaboratively involved with educators in secondary prevention strategies addressing both social and emotional interventions.

Mental health center professionals are interested in secondary interventions that successfully reduce the possibility that children may be diagnosed for symptoms of a disorder. Early mental health interventions may prevent the development of psychiatric illness.

Within the field of disabilities, case managers or family members neutralize or eliminate minor problem behaviors before they have a chance to escalate by using data for early identification of problem behaviors, creating structured transition plans for individuals

moving to a new work or school setting, and identifying physical, social, or environmental events that may set the stage for problem behavior to occur.

In alternative organizations, groups of youth benefit from similar targeted group interventions although these children are often receiving more intensive individualized supports as well.

Group interventions and less intensive interventions are used as part of the overall network of support for children and youth.



## Tertiary Prevention

Effective tertiary prevention includes interventions across home, school, work, and other community settings.

At the tertiary prevention level, schools, mental health, Intellectual and Developmental Disabilities (IDD) professionals, and other alternative organizations often meet together with individuals and their families as part of an interdisciplinary team to support a child or young person in need of home, school, work, and community planning.

School, mental health, IDD, and other organizational problem-solving teams focus on building behavioral expertise within their organizations for children receiving individualized interdisciplinary supports.

The challenge at the tertiary level is to coordinate intensive supports in a way that decreases the complexity and stress experienced by individuals receiving services and their parents and caregivers.

Positive behavior support, wraparound, and person-centered planning can provide one way to begin building a common language and common set of training and support materials across the home, school, work, and community supports that an individual receives.

An important practice that should be included within positive behavior support is referred to as either wraparound planning or person-centered planning.



## Wraparound and Person-centered Planning

**Person-centered Planning** is an action planning process, directed by the individual and his/her family to address lifestyle preferences.

The plan is designed based on the individual's strengths, capacities, preferences, needs and desired outcomes. The individual is directly involved in leading the planning process, often with support from family members, friends, and community advocates.

The individual participating in the PCP identifies who will attend

the meetings and works with a team to create goals for improving his quality of life.

Careful attention is paid to creating a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally-defined outcomes in the most inclusive community setting (this definition is based in part on the Centers for Medicare and Medicaid: <http://www.cu.edu/partnership/cdservices/resources/PCP-CMSdefinition04-04.pdf>).

**Wraparound Planning** refers to a philosophy of

care that includes a clearly defined planning process that is used to build constructive relationships and support networks for children and youth and their families.

Wraparound planning is community based, culturally relevant, individualized to student strengths, preferences, and needs, and meant to be family centered.

Wraparound plans address multiple life domains across home, school, and community. Domains include living environment, basic needs, safety, and social, emotional,

educational, spiritual, and cultural values (definition based on Lucille Eber, 2011).

Person-centered planning is more commonly used within the developmental disability field while wraparound planning is often associated with mental health and service coordination efforts for youth with emotional and behavioral disabilities. Both practices focus on improving quality of life across important life domains, improving communication across agencies, and empowering individuals and their families to become active leaders in designing *effective services*.

When done well, wraparound or person-centered planning can decrease the need for more intensive positive behavior support planning processes. Therefore, these strategies are considered a foundation for preventing problem behavior in children and in adults with disabilities.



## Creating a Common Language Using Data, Systems, and Practices

Figure 2 describes a systems-change model that the National Technical Assistance Center on Positive Behavioral Interventions and Supports ([www.pbis.org](http://www.pbis.org)) has used to describe key features of school-wide positive behavior support. Districts and schools use data, systems and practices to move beyond the “one shot workshop” or training session that is often used by organizations as a way to solve complicated problems. The TA Center recommends that schools and other organizations prevent problem behavior by using data to inform practices and by creating a planning team and a consensus-based problem solving system across all stakeholders within an organization.

Easy and efficient strategies for collecting data help teams identify the most effective evidence-based practices for individuals they serve. These practices emphasize key elements of positive behavior support including teaching and reinforcing social skills, responding consistently to problem behavior, and identifying consensus-based strategies that involve all

individuals within an organization . The systems described in Figure 2 are used to provide coaching and mentoring to individuals as they learn positive behavior support and practice using wraparound and person-centered approaches to solve social problems.

Building data, systems, and practices within PBS helps create a way in which to establish sustainable evidence-based practices that become part of the culture within schools and human services or organizations.

The next section of this document describes positive behavior support efforts occurring in Missouri.

*“In the midst of all the turmoil in Joplin, what didn’t change was PBS; and in some respects it sustained what they were already doing.” “I think PBS is one of those initiatives that even in tough times, tough political times, you know, we can stay the course with it.”*

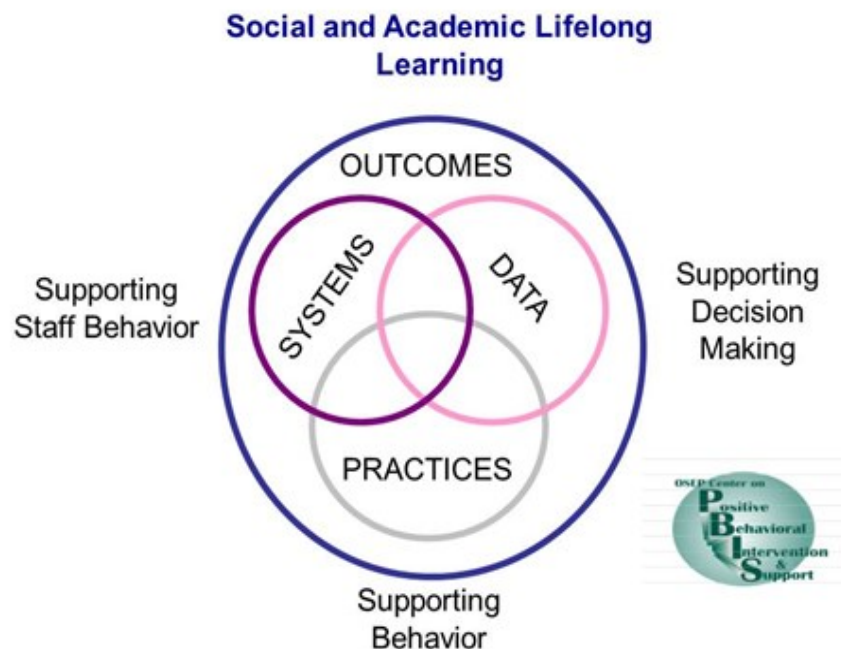


Figure 2. National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS.ORG).

## Missouri School-wide Positive Behavior Support (MO SWPBS)

*“I think that there is a strong correlation between the schools that have implemented with fidelity and academic gains over time...”*

*-Missouri Study Participant*

Missouri has been implementing School-wide Positive Behavior Support (SWPBS) at a statewide level since 2001 through the department of Elementary and Secondary Education with earlier school demonstrations occurring in the late 1990s.

Over 800 Missouri schools are now implementing positive behavior support. The first column in Figure 3 (page 7) describes the system for MO SWPBS. Regional Consultants working within the Regional Professional Development Centers (see Figure 5) provide support to school buildings

interested in implementing positive behavior support.

At a statewide level, buildings are recognized for their achievement (please visit <http://pbismissouri.org/about/exemplar-schools> for more information about the MO SWPBS schools).

A number of different process and outcome data are collected by schools to evaluate their progress. One tool that is used in the evaluation process is the School-wide Evaluation Tool (SET).

The SET is a research tool for collecting fidelity of implementation data. Fidelity of implementation means that the key features that are part of positive behavior support are actively evaluated to make sure they are being used within the school. Research tells us that fidelity of implementation data helps confirm whether an intervention is actually being implemented.

Office data referrals (ODR) are considered another source of information. The number of times a student engages in problem behavior requiring the attention of building leadership is often documented using ODR forms. Part of the positive behavior support process involves organizing visual pictures that show who, what, when, why, and how often problems are occurring in a school using ODR.

The “big five” referred to in Figure 3 describes the kinds of graphs school teams use for problem solving including average referrals per day per month, problem behaviors by location, by time, by problem behavior, and by student.

The schools in Missouri started the implementation process by receiving technical assistance implementing primary prevention interventions. Over time, when school buildings are ready to move forward, they receive training to implement secondary and tertiary prevention.



*“We’ve changed the culture of the building...I mean, it used to be the wild, wild west....it was terrible. But we changed all that. PBS did it because it made us look at our behavior.”*

*-Missouri Study Participant*



## Missouri Division of Developmental Disabilities (MO DDD) Tiered Supports Model

Like MO SWPBS, MO DDD positive behavior support efforts are organized around data, systems, and practices. MO DDD Tiered Supports include:

- 1) universal proactive, preventative, positive teaching strategies for staff and families to use;
- 2) specialized interventions for common problem situations;
- 3) intensive individualized behavior supports that are facilitated, developed, and implemented by licensed professionals in collaboration with the

individual and the interdisciplinary team.

The model for positive behavior support reflected in Figures 1 and 2 has been adopted by the Behavior Resource Team members within the MO DDD. Regional Behavior Resource Team members are taking the lead role in providing technical assistance for this implementation effort.

As you can see in Figure 3, the unit of analysis in education is the school and/or district. In the field of disabilities, the unit of analysis is an agency or

family (referred to in the second column of Figure 3).

Recognition awards are currently in development so that the more than 26 organizations have similar ways in which to receive recognition for their efforts (see Figure 4 for counties where organizations are implementing positive behavior support).

The data collected by organizations implementing PBS include the Agency Systems and Supports Evaluation Tool (ASSET). This tool was developed based on the way in which the School-wide Evaluation

Tool (SET), described on page 6, is organized. Incident reports, a document similar to office referrals, are collected when serious events are documented in writing by professionals working with children and adults with disabilities. The MO DDD identified the “big seven,” a series of graphs similar to the school teams “big five” reports using office referral data.

Organizations implementing PBS in the developmental disability field are focusing first on primary and secondary prevention as first steps for moving forward with systems change efforts.

The MO IPBS team is working on ways in which to make access to training easier for those interested in providing tertiary prevention with families and organizations. Missouri state policy requires that anyone providing behavioral support to individuals with disabilities must be a Board Certified Behavior Analyst (BCBA).

Please visit [www. http://www.bacb.com/](http://www.bacb.com/) for more information about this certification process.

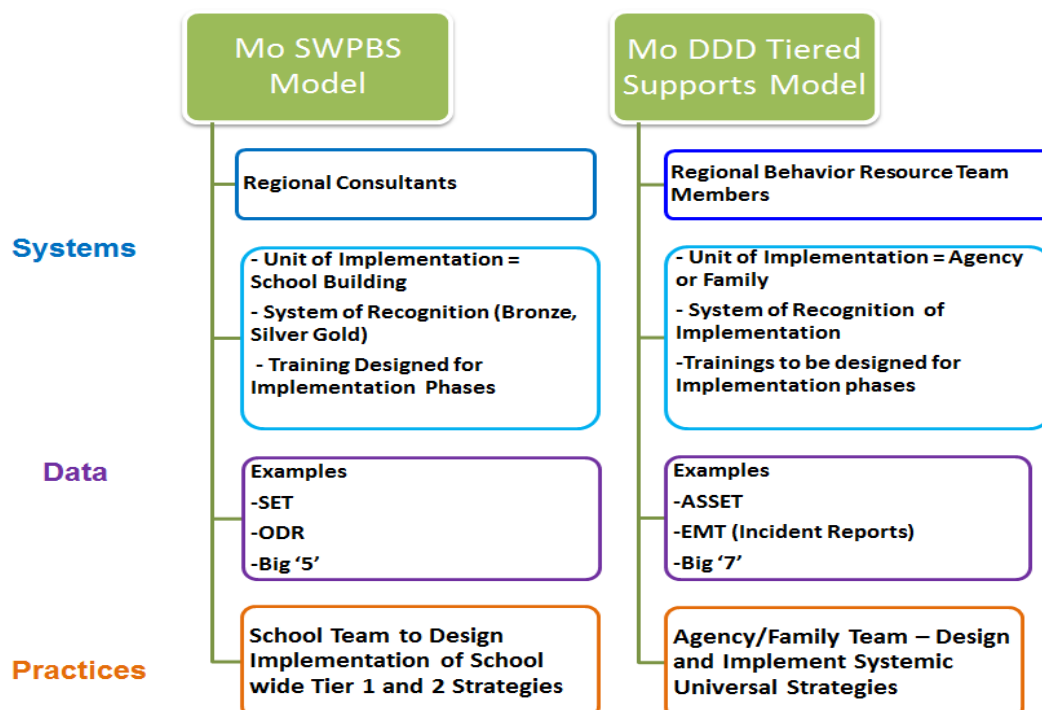


Figure 3. Systems, data, and practices in Missouri positive behavior support systems.

## Missouri Division of Developmental Disabilities, Cont. from Page 7

Both education and IDD professionals have begun creating a common language across positive behavior support, wraparound, and person-centered planning by describing similarities in data, systems, and practices.

The MO IPBS team has been working collaboratively at the statewide policy level to create this common language for preventing problem behavior.

Figure 4 shows some of the first steps across education and organizations to align important data, systems, and practices. These first steps will continue to expand over time as the MO IPBS team continues to learn more about local, regional, and statewide efforts for preventing problem behavior.

In the last year, the MO IPBS team has coordinated across departments to ensure that education and human service professionals have a chance to communicate and interact with each other around positive behavior support.

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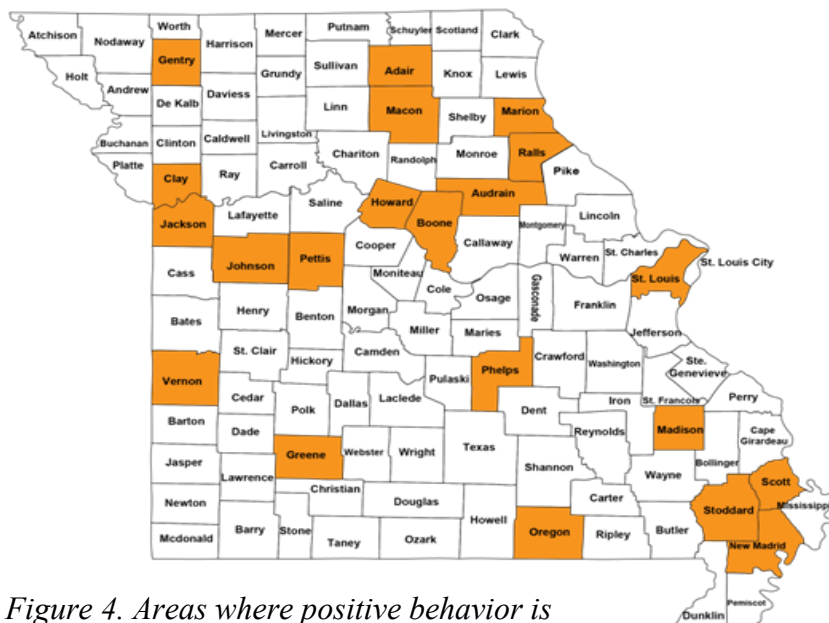
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### Missouri Providers Participating in Tiered Supports



*Figure 4. Areas where positive behavior is implemented with support from Behavior Resource Team Members.*

