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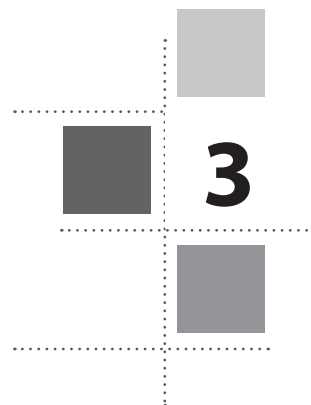
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Effective Teaming for Positive Behavior Support



Linda M. Bambara and Catherine Kunsch

Emmanuel

Emmanuel, a 6-year-old first grader, recently moved from New York City to a small suburban town in Pennsylvania. When he arrived at his new school, none of his previous school records arrived with him. However, his mother reported that he received special education services for a speech and language delay and provided the school with a copy of his individualized education program (IEP) from kindergarten. Currently, he is enrolled in a regular first-grade classroom and receives speech and language therapy 1 day per week and additional reading instruction through a title I program at his new school.

When Emmanuel arrived at his new school in late October, his teacher noticed immediately that he had difficulty following the classroom routine and that his reading skills were lower than expected of a first grader. By mid-December, his teacher referred Emmanuel to the school's instructional support team for his inability to follow classroom directions, inability to work independently, and high rates of disruptive behaviors (i.e., lying under his desk or table during independent seat work). On at least several occasions, redirection to sit at his desk resulted in screaming outbursts ("No! I

hate you. I hate this school"). At the first instructional support team meeting, Emmanuel's teacher expressed lots of frustration. She expressed that although Emmanuel is somewhat behind academically, he is more than capable of doing the work she assigns. She stated that he was simply refusing to work and was too disruptive for a regular first-grade classroom. Emmanuel's classroom teacher wants him to be reevaluated for an emotional behavior disorder and removed from her classroom as soon as possible. Other teachers on the instructional support team quickly sided with Emmanuel's teacher. They supported her decision to have Emmanuel reevaluated for placement in a self-contained classroom or school.

Lynn

Lynn is a 38-year-old woman diagnosed with autism and intellectual disabilities. She lives in a private home with two other women with developmental disabilities, where she receives 24-hour

staff support for assistance with daily living. With the aid of a job coach, Lynn works part time at a local pharmacy stocking shelves.

Recently, Lynn has been engaging in physically aggressive behavior toward her roommates and support staff who work in her home. Prior to recent bouts of hitting, pushing, and kicking, Lynn has not engaged in any in any challenging behaviors in about 10 years. Her support staff, some of whom have worked with her for 6 years or more, are very surprised by her behaviors. When interviewed by their supervisor, they reported that Lynn's behaviors occur "out of the blue" and acts of aggression can persist almost all day long. They say on some days it's impossible to redirect Lynn to something she likes, so they let her sit alone in the living room, avoiding interaction with her; but even then, she will leap up and attack whomever is in her path. Lynn's support staff have heard that autism can evolve into serious mental health issues later in adult life. They recommend short-term hospitalization and a psychiatric evaluation for possible bipolar disorder. Regardless, they believe that Lynn needs immediate medication to stop her aggression.

It is hard to imagine that at one time, in challenging situations like those described in Emmanuel and Lynn's cases, behavior interventions were developed with little team involvement. Not too far in the distant past, behavior support plans were primarily expert driven as opposed to team driven, wherein a behavioral consultant or psychologist ("the expert") was called in to assess the situation (typically by taking data on just the frequency of problem behaviors) and then prescribe an intervention plan that teachers, support staff, and/or family members were expected to follow. Not surprisingly, this approach often resulted in ineffectual outcomes; not necessarily because the intervention plan was poor or that the expert lacked critical know-how but because the plan failed to take into consideration the expertise, knowledge, skills, values, beliefs, and resources of the very people who were required to implement the plan.

Positive behavior support (PBS) proponents have long recognized that the success of any behavior support plan (BSP) is chiefly

dependent on the workings of a collaborative team to design and implement interventions (Snell, Voorhees, & Chen, 2005). A PBS team consists of the focus person (if possible) and relevant people in the focus person's life who are most likely to carry out or be affected by the plan (e.g., family members, teachers, support staff), as well as selected professionals who can inform team decision making and/or support team actions (e.g., behavior support specialist, psychologist, special educator, related services personnel, administrator), as needed. Collaborative teams differ from multidisciplinary teams commonly found in education and human service fields, in that in multidisciplinary teams, team members often set different goals based on their unique disciplines and work independently from one another to address a student's needs. For example, Emmanuel's classroom teacher, speech therapist, and Title I reading teacher independently work on goals and objectives that are included in Emmanuel's IEP, while other team members work on different goals and objectives. By contrast, a *collaborative team* is defined as people working together to achieve *common goals through joint action and shared decision making* (Fleming & Monda-Amaya, 2001; Snell & Janney, 2005).

At least five essential characteristics contribute to the makeup of a successful collaborative team (Bambara, Nonnemacher, & Koger, 2005): 1) shared vision and goals, 2) parity or a sense of equity across team members, 3) shared participation and decision making, 4) positive team relationships, and 5) shared accountability. When translated into practice, a PBS collaborative team does the following:

- Is committed to applying person-centered values and PBS standards of practice to establish agreed-on goals and direct team actions and activities
- Uses agreed-on processes that respect the diversity of opinions and each team member's contribution to the team regardless of their role or expertise

- Engages in shared problem solving and consensus building among team members across all phases of the PBS process (i.e., prioritizing and defining problem behavior, conducting a functional assessment, developing hypotheses, designing a BSP, and monitoring and evaluating implementation)
- Employs strategies to foster positive interpersonal relationships among team members such as open communication, listening to understand each other's perspectives, blameless conflict resolution, and support for learning new concepts and skills
- Holds all team members accountable for agreed-on responsibilities and shares both successes and failures as a team, while also working jointly to find solutions to problems

Ultimately, successful collaborative teams produce positive outcomes and engage in processes that are satisfactory to *all* team members, especially the focus individual and his or her family.

CHAPTER PURPOSE AND OVERVIEW

Like designing an effective BSP, successful teaming is a process, not a single event that requires careful attention to the strategies that enhance its success (Fleming & Monda-Amaya, 2001). The purpose of this chapter is to make these strategies explicit so that school personnel, other professionals, support staff, and families can work together to design effective behavior supports for individuals who engage in challenging behaviors. We begin by first discussing why teaming is important and then some challenges to the teaming process. Understanding challenges to teaming will help to elucidate the necessity for teaming strategies. Next, we outline essential components for structuring successful teaming within the PBS process.

Why Teaming Is Important

Teaming serves two central purposes (Bambara et al., 2005). The first, which is focused on the individual, is to enhance the integrity and effectiveness of a BSP and ensure that the

team is responsive to the individual's needs. The second purpose, which is team centered, is to provide ongoing support to team members as they engage in the PBS planning process and carry out behavior supports.

Enhance Integrity and Effectiveness

Teaming can enhance the effectiveness of a support plan in several important ways. First, teaming brings together different ideas and perspectives from various team members that can lead to a comprehensive understanding of the individual, reasons for problem behaviors, and effective strategies that be applied across multiple settings, such as in school, home, and community. As noted by Dunlap and colleagues (Dunlap, Newton, Fox, Benito, & Vaughn, 2001), no one person holds all the answers to understanding an individual's problem behaviors nor can one person succeed with creating effective supports in all relevant settings. Therefore, a team approach is necessary for all parties, including professionals, family members, and the individual, to exchange vital information for assessment and intervention. Second, teaming fosters consensus building as well as shared responsibility and accountability among team members. Effective behavior support can only happen when all team members are invested in the process, come to a common agreement, and are committed to carrying out behavior supports in cohesive way.

Third, teaming guides team members to select relevant and "doable" interventions and supports that can be realistically carried out in typical classroom, home, or community settings. A support plan is only as effective as its *contextual fit* with resources of a setting and the values, skills, and culture of the team members responsible for implementing the plan (Albin, Lucyshyn, Horner, & Flannery, 1996). Although interventions must be technically adequate (e.g., address the function of behavior), it is a misnomer to assume that interventions applied in all settings and by relevant people must be exactly the same. For example, if Lynn begins to

exhibit challenging behaviors in her workplace, it makes little sense to apply the same exact interventions as in the home because work and home are vastly different settings; what is doable at home may not be doable or even appropriate at work. Further, the functions of Lynn's problem behaviors, as well as the antecedents and maintaining consequences, may differ to some degree in these two settings. To ensure that BSPs are feasible and sustainable, teams will need to consider the demands, resources, routines, and expectations of a setting, as well as the skills, preferences, and values of the people who will be affected by the plan, including the focus individual. Consistency is measured not by all team members implementing the same strategies in exactly the same way but with adherence to the integrity of support plans as designed to address the individual's needs across various settings and circumstances.

Provide Ongoing Supports to Team Members Teaming is not just about the focus individual; it is also about team members and, as such, involves a social process of support for team members. Team members bring different and often conflicting views about the reasons for problem behaviors and what constitutes effective behavior management practices. Thus a central goal of teaming is to help individual team members let go of long-standing beliefs and assumptions and, as a team, adopt a like mind-set that is consistent with PBS values and strategies. Quite often this involves shifting perspectives from seeing problem behaviors as being caused by factors that cannot be controlled to seeing problem behaviors as being caused by factors that *can be changed* by the team, and from viewing effective behavior interventions as those consisting of only reactive strategies (e.g., punishment) to viewing these interventions as encompassing a proactive or preventive approach.

The process of changing these perspectives is greatly influenced by team members experiencing success as a result of their efforts (Gersten & Dimino, 2001). Thus

another important purpose of teaming is to help team members build the critical skills and confidence needed to implement interventions and provide the supports needed for team members to try new practices and persist during times of frustration and difficulty. This goal can be accomplished through direct coaching, shared problem solving, and establishing a sense of camaraderie among team members (Janz, Colquitt, & Noe, 1997).

Challenges to Teaming

The following vignettes depict a variety of challenges that often arise in teams:

I've tried everything—animal stickers when he's good and warnings that he'll miss recess if he doesn't get his work done. Nothing works! He's ADHD and EBD and needs help.

(Mrs. Rios, first-grade teacher)

Even if we can find the time, is it fair to devote so much time and energy to this one kid? Emmanuel will be better served in classroom where teachers are trained to address his needs.

(Ms. Jackson, lead instructional support teacher)

I can't believe Lynn would hit me after all I've done for her.

(Cyndi, long-term direct support staff)

I've worked with others like Lynn. She's bipolar and needs medication.

(Rick, new direct support staff)

These vignettes illustrate that perhaps the most challenging aspect of teaming is that not all team members will come together sharing the same perspectives about how to address problem behaviors and best support the individual. The result is varying degrees of team conflict, which is inherent in all teams but problematic when individual team members cannot let go of challenging beliefs that impede the PBS process. Certainly, establishing an organizational culture that is respectful of individual differences and is proactive in its approach to addressing problem behaviors can lay the foundation for

team members to share common values and processes for providing behavior support. For example, schoolwide positive behavior support (SWPBS) at the primary prevention level can create schoolwide expectations for teaming, problem solving, data-based decision making, and preventive interventions, laying a solid foundation for school personnel to be receptive to individualized interventions, should they be needed by students (Freeman et al., 2006; Horner, Sugai, & Anderson, 2010). Further, organizations committed to PBS can create time for teams to meet, provide training, and dedicate resources (e.g., extra personnel, materials) to support team activities. Nevertheless, the very nature of intensive problem behaviors is that they are *challenging*, even when supportive organizational systems are in place. Numerous studies have documented that problem behaviors can contribute to high levels of teacher, staff, and parent stress (e.g., Baker, Blacher, Crnic, & Edelbrock, 2002; Klassen, 2010; Mitchell & Hastings, 2001), which in turn can erode team members' feelings of self-efficacy (i.e., beliefs that they can make a difference) and impair their judgment about the individual's behavior and effective practices (Chang, 2009; Hastings & Brown, 2002).

In a series of studies, Bambara and colleagues (Bambara, Goh, Kern, & Caskie, 2012; Bambara, Lohrmann, Nonnemacher, Goh, & Kern, in press; Bambara, Nonnemacher, & Kern, 2009) assessed the perspectives of school-based personnel and families regarding perceived barriers and supports to implementing and sustaining individualized PBS in school settings. Not surprising, the most challenging and pervasive barriers had to do with team members' beliefs, feelings, or attitudes. Perhaps due a lack of experience with designing PBS plans or the stress associated with challenging behaviors, team members often struggle with accepting and following PBS practices because of competing beliefs and emotions, such as those illustrated in the previous vignettes. Some of the most common challenges, derived from the findings of Bambara and colleagues, are summarized

in Table 3.1, along with potential solutions that will be discussed in the following section on team structure. These challenges are also consistent with our experiences leading teams in nonschool settings (e.g., adult residential, family home) for children and adults.

Time Many teams struggle with beliefs related to time. Team members may perceive PBS as being too time consuming or labor intensive, adding burdensome responsibilities to their already busy routines. This perception may in part reflect realistic, practical concerns about how individual team members will be able to find the time to plan or adjust their routines to implement interventions. Perceptions that PBS is too time consuming may also reflect a "quick-fix" expectation for behavior change and a lack of understanding that developing effective interventions requires a systematic process that takes time. Sometimes, concerns about time, such as expressed by Mrs. Jackson in Emmanuel's case, are tied to beliefs of efficacy, such as, "It's not worth investing the time with a particular individual because nothing will work!"

Attribution of Problem Behavior A core challenge to the PBS process well documented by researchers (e.g., Lambrechts, Petry, & Maes, 2008; Westling, 2010; Wilson, Gardner, Burton, & Leung, 2006) is the misattribution of problem behavior. PBS requires that team members acquire a functional understanding of problem behavior so that they can make critical changes to teach new and alternative behaviors and prevent problem behaviors from occurring. Unfortunately, when faced with difficult behaviors, many team members tend to attribute the "cause" of problem behaviors to factors beyond their control, creating a perception that they are powerless to make a difference. This includes external attributions, such as a poor home situation, bad parenting, or a history of ineffective disciplinary practices, and as well as attributions internal to the individual. Internal attributions, such as "He's doing

Table 3.1. Teaming challenges and solutions

Challenging beliefs and emotions	Solutions
<p>Time</p> <ul style="list-style-type: none"> • Process takes too much time. • Process is time consuming. • Effective interventions are quick acting. 	<ul style="list-style-type: none"> • Infuse positive behavior support (PBS) planning into regularly scheduled team meetings. • Make use of alternative means for communication (e.g., e-mail, conference calls, virtual meetings, Skype). • Divide responsibilities among team members. • Break tasks down. • Ensure a contextual fit for both assessment and intervention.
<p>(Mis)attribution of problem behavior</p> <ul style="list-style-type: none"> • Problem behavior is caused by external factors beyond the team's control (e.g., homelife, parenting, past history). • Problem behavior is inherent to the individual's disability (e.g., autism, bipolar disorder). • Problem behavior is deliberate (i.e., done purposefully to aggravate). • Problem behavior occurs for "no reason" or out of the blue. 	<ul style="list-style-type: none"> • Use a visually explicit process for functional assessment so all team members can see data. • Use data to guide interpretations. • Come to consensus on hypotheses for problem behaviors.
<p>Behavior management/efficacy</p> <ul style="list-style-type: none"> • Bad behavior should be punished (and punishment is effective). • Individual is better served elsewhere (exclusion). • Proactive strategies are "unfair" to others or "too soft" on the individual. • Nothing works! 	<ul style="list-style-type: none"> • Secure team members' commitment to try PBS strategies. • Make the PBS process explicit every step of the way; revisit frequently to facilitate an understanding. • Use data to evaluate success. • Celebrate all success; big and little.
<p>Uncompromising beliefs</p> <ul style="list-style-type: none"> • There are conflicting views on best intervention or solutions to problems. 	<ul style="list-style-type: none"> • Use group problem-solving and consensus-building strategies throughout the PBS process. • Ensure that interventions are assessment based and linked to hypotheses of problem behavior. • Stay student focused. • Modify interventions to fit different activities/settings.
<p>Self-efficacy/personalization</p> <ul style="list-style-type: none"> • Person has a lack of confidence. • Person is afraid to change or try new things. • Person is afraid of being judged for failure. • Person takes problem behavior personally and is feeling hurt. 	<ul style="list-style-type: none"> • Model new strategies and provide coaching. • Reassure team members and praise efforts. • Encourage open and blameless conversation. • Team as a whole (not individual team members) assumes success and failure of the team.

it on purpose" or "She has bipolar disorder," suggest that problem behavior is caused by the individual's disability or personality. Although not tied to a specific cause, statements like "she did it for no reason" or "problem behavior occurred out of the blue" also imply that the reasons for problem behaviors are not within the team member's control and certainly not well understood.

Behavior Management/Efficacy Stemming from traditionally held views on behavior management and a lack of understanding of how PBS could work, team members may struggle with viewing preventive

interventions as potentially effective strategies. Instead, when faced with intense behavioral challenges, team members may cling to traditionally held beliefs that difficult behaviors must be met with strong consequences, that the individual may be better served in another setting or program where personnel are specifically trained to address behavioral challenges, and that nonpunitive interventions are equivalent to "spoiling," "giving in," or "being soft" on the individual. Some team members may perceive individualized supports as being unfair to the individual's peers (e.g., classmates, housemates) who do not receive the same accommodations: "Is it fair

to the other students to give Emmanuel extra rewards for following directions when he should be doing what is expected?" Unfortunately, as teachers, support staff, or families attempt to apply behavior management practices that may have been successful with others but are not individualized to the person's needs, they may quickly conclude that "Nothing works" when their efforts fail. Suffice it to say, many team members enter into the PBS process feeling frustrated and highly skeptical that preventive strategies could work.

Uncompromising Beliefs About Right and Wrong Similar to strongly held beliefs about behavior management, some team members will stubbornly advocate for what they think is best and fail to consider other intervention options. Typically, competing or problematic beliefs about what is right or wrong are tied to the team member's experiences and not the focus individual's needs, demands of the setting, or needs of other team members. Open discussion about different ideas or sharing potential solutions to problems is healthy; uncompromising beliefs that do not consider the needs of the individual or the goals of the team can prevent the team from moving forward.

Self-Efficacy/Personalization of Problem Behaviors Challenging situations evoke a range of emotions. Perhaps due to the intensity of problem behavior, previous unsuccessful efforts, or unfamiliarity with positive interventions, some team members may express uncertainty or lack of confidence that they can be personally effective, even when strategies have worked for others. Some may be reluctant to try new approaches, fearful of making a mistake, or fearful of being judged by others for their mistakes or lack of success. Closely related to negative feelings of self-efficacy, some team members may take instances of problem behavior "personally." That is, rather than viewing problem behavior objectively (i.e., asking what might be the trigger or possible function), they respond to problem behavior

as a personal insult. As reflected in Cyndi's statement, "I can't believe she would hit me after all I've done for her," team members may feel hurt and sometimes angry because they believe their efforts or positive relationships alone should have made a difference in preventing problem behavior; unfortunately, this is not often the case. Although good relationships are important and can positively influence intervention effectiveness (e.g., McLaughlin & Carr, 2005), incidents of challenging behavior may have nothing to do with shared experiences or the degree of "likingness" between two people. Rather, these incidents have everything to do with independent events that are problematic to the individual. Similar to misattributions of problem behaviors, hurt feelings can blind team members from seeing real contributions to the problem.

In summary, team members' beliefs and feelings can greatly affect the extent to which they are receptive to new approaches, willing to try new strategies, and persist during challenging situations. Certainly, not all team members will display all the challenging beliefs and emotions previously described; however they are common enough that all teams will encounter one or more of these belief challenges during the course of the team. The key to successful teaming is to help team members become aware of these challenging beliefs and feelings while guiding them to understand and feel confident with implementing PBS practices. The process for making this happen occurs within the structure and strategies of collaborative teaming described next.

ESTABLISHING A STRUCTURE FOR SUCCESSFUL TEAMING

Just as PBS is a process that continually revisits and revises steps and stages, building a collaborative team is also a process. Although we will discuss the structure in a somewhat linear fashion, successful team building does not necessarily occur in a locked sequence. In each PBS phase, there

are two categories of actions the team needs to accomplish. First, the team will need to complete the *student or individual-centered* activities, which lead to the development and implementation of the PBS plan. Second, the team should engage in *team-centered* activities, which focus on supporting the team members, encouraging collaboration, and when needed, shifting team members' perspectives from "can't do" to "can do" thinking. Table 3.2 outlines each phase, both individual *and* team-centered activities that need to occur, and guiding questions to promote collaboration as the team engages in the individual-centered activities. Detailed information and descriptions of the individual-centered PBS activities are found elsewhere in this book. This chapter focuses on building collaboration through team-centered activities.

Phase 1: Creating Team Structure and Purpose

The first collaborative phase of the PBS process has two main purposes. First, a team needs to be initiated or created and, second, the newly formed team will need to prioritize the behaviors of focus. The individual-centered team actions in this phase include identifying team membership, prioritizing the behaviors of concern, defining the behaviors, and agreeing on the student or individual's outcomes. As shown in Table 3.2, there are several collaborative questions that team leaders may ask of team members to help accomplish the individual-centered tasks in a joint manner. In addition to guiding collaboration on individual-centered activities, team leaders need to be concerned with a number of team-centered activities during this first phase, which will lay the foundation for effective collaboration and team decision making throughout the remaining phases of the PBS process.

Determining Team Membership and Roles The first step in building an effective

team may seem obvious, but determining who should serve on the team is an important first step. The team should be constructed around the individual's needs, but members may also serve on other teams for the individual such as their IEP or instructional support team. When determining team membership, consider three questions to guide selection (Thousand & Villa, 2000).

First, who has the necessary expertise and skills to help the team make the best decisions for the individual (e.g., knowledge of the PBS process, knowledge of the individual, knowledge of the setting or context)? Consider the strengths that each person may bring to the team. For example, Lynn's program supervisor has an excellent background in PBS, but does she know Lynn as well as the staff who work in her home? Both the direct care staff and the program supervisor would make equally important contributions to the team and should be considered. In addition to considering who may know the individual the best, consider individuals who will have the authority to assist in the implementation of the plan or provide resources to the team, such as administrators. Being sure to also include someone with PBS experience (besides the team leader or PBS expert) may serve as a solution to some of the teaming challenges likely to occur in the process. Including team members who have had positive experiences with implementing PBS can be useful in establishing a "can do" climate and may aid in securing team members' commitment to PBS. Further, having team members with PBS experience may be helpful, as they can serve as a resource and model for other team members new to PBS.

The second question to consider in determining membership is who will be affected by the team's decisions? Family members, teachers, direct support staff, and the focus individual will most likely emerge when considering this question. Including team members who will likely implement the plan or have a stake in the decision-making process promotes respect for those who will

Table 3.2. Team actions in the positive behavior support (PBS) process

Collaborative phase 1: Creating the team structure and purpose			
PBS steps	Team actions (individual/student centered)	Questions for collaboration	Team actions (team centered)
Initiate the PBS team.	<ul style="list-style-type: none"> Identify team membership. 	<ul style="list-style-type: none"> Who will be included on the PBS team? What strengths does each person bring to the team? What will each team member's responsibilities be? What is the team's purpose? What are our ground rules for our team meetings? How often will we meet? Where will we meet? How will we communicate between the meetings? 	<ul style="list-style-type: none"> Agree on the team purpose and goals. Set ground rules for collaboration. Establish meeting times and opportunities for communication between meetings. Establish a structured meeting agenda. Solicit team concerns to determine what behaviors should be prioritized for change.
Prioritize and define the behavior.	<ul style="list-style-type: none"> Prioritize behaviors for change. Define behaviors. Agree on individual outcomes. 	<ul style="list-style-type: none"> What challenging behaviors are we going to address? Which challenging behaviors, when modified, will result in the most significant changes in focus individual's quality of life? Can we count/measure the behavior as defined? What are the individual's and his or her family's vision for the future? What do we want to happen as a result of our intervention? 	
Collaborative phase 2: Assessment and planning			
PBS steps	Team actions (individual/student centered)	Questions for collaboration	Team actions (team centered)
Conduct a functional assessment.	<ul style="list-style-type: none"> Decide what information should be gathered. Determine how and who will gather the information. Decide who will summarize the information for the team. 	<ul style="list-style-type: none"> Who is the individual? What are his or her strengths and preferences? What is the individual's history? In what activities is problem behavior most likely to occur? What might be the triggers for problem behavior? What function does problem behavior serve? What might the individual be communicating? Are there gaps in our understanding? 	<ul style="list-style-type: none"> Use a collaborative problem-solving process. Enhance the team's capacity for understanding. Reframe challenging beliefs and diffuse team conflict. Create an atmosphere of openness and honesty. Ensure that there is a contextual fit. Divide the responsibilities.
Develop a hypothesis.	<ul style="list-style-type: none"> Analyze and interpret the gathered information. Agree on hypothesis statement(s). 	<ul style="list-style-type: none"> What patterns have emerged from the data? Can we all agree with this initial hypothesis? Do we still have gaps in our understanding? What additional information needs to be collected? 	

(continued)

Table 3.2. (continued)

Collaborative phase 1: Creating the team structure and purpose

PBS steps	Team actions (individual/student centered)	Questions for collaboration	Team actions (team centered)
Develop the support plan.	<ul style="list-style-type: none"> • Develop a mutually agreed-on PBS plan. • Develop action steps for implementing the PBS plan. 	<ul style="list-style-type: none"> • What events can we change to prevent problem behavior and make desired behaviors more likely? • What alternative skills should we teach to replace problem behaviors or produce desirable outcomes? • Are there lifestyle changes that can be made that would prevent the need for the focus person to engage in problem behavior and improve quality of life for the individual? • Does our support plan address our hypotheses and desired outcomes? • Are our interventions doable in targeted settings? 	

Collaborative phase 3: Implementing the PBS plan

PBS steps	Team actions (individual/student centered)	Questions for collaboration	Team actions (team centered)
Implement, monitor, and evaluate the support plan.	<ul style="list-style-type: none"> • Decide on important outcomes. • Determine how to measure progress and outcomes. • Evaluate whether the plan is working. • Make changes to the plan, as necessary. 	<ul style="list-style-type: none"> • What information do we need to collect? • What's our plan for collecting data (who, how, tools)? • What help do we need in order to carry out the plan? • Are the interventions being implemented properly? • Are we seeing progress? Are the changes meaningful to the person and other team members? • How can we change the plan to improve outcomes? 	<ul style="list-style-type: none"> • Support the team. • Celebrate often and problem-solve when needed. • Focus on treatment integrity. • Reflect on the team process. • Evaluate satisfaction with outcomes.

be affected—a good contextual fit when creating a PBS plan.

The final question to aid in determining team membership is asking who wants to participate or who has a vested interest in participating. Perhaps one of the student's teachers has the interest and wants to learn how to conduct a functional behavior assessment (FBA) but lacks the skills. This teacher's motivation and interest may more than make up for her lack of skills, making her an excellent and highly motivated team member.

After answering these three questions, teams may be faced with a long list of possible team members that may pose a real

logistical challenge for active participation (e.g., scheduling a meeting everyone can attend). One suggestion for addressing this issue is to create a core team and an extended team (Snell & Janney, 2005). The core team, or the "working group," is a small group of people who are most involved with the individual (which always includes parents or family), meets regularly, and coordinates the PBS process. The extended team does not meet regularly, but extended team members may be called in as needed for their specific skills or expertise. Creating two subgroups for the overall team may address the time challenges often faced by teams. Creating a core group

eliminates the need to accommodate everyone's schedules for meetings and also helps divide responsibilities so team members will not feel overwhelmed or burdened.

Emmanuel

Emmanuel's PBS team consisted of a core group and an extended team, so everyone who was needed or wanted to be involved could be included but each member would not have to attend every meeting. Emmanuel's core group consisted of his mom and dad, his general education teacher, the behavior specialist (a PBS expert), the reading specialist, and the school counselor (who is the PBS team leader). The extended team included Emmanuel's grandmother (who lives with him), the school psychologist (a PBS expert), the school principal, the speech pathologist, and the special education supervisor.

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Lynn

Lynn's PBS team is also composed of a core (or working) group and an extended group to facilitate meeting schedules of the members. Lynn's core group includes Lynn, the direct care staff members from her home, Lynn's sister, the program supervisor (a PBS team leader and PBS expert), the site supervisor, and a behavior specialist (a PBS expert). The extended team includes the clinical director, Lynn's job coach, a staff psychiatrist, Lynn's primary care physician, and a coworker at Lynn's job who asked if she could help in any way.

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Once a team is established, it is time to delegate each team member's responsibilities. Not only does this help team members understand their roles and responsibilities; it will also help identify any missing areas of expertise, and additional team members can be added. There are three major roles on a PBS team: 1) team leader or facilitator, 2) a PBS expert, and 3) a general team member. The team leader, who will coordinate all team activities, must be organized, goal and action oriented, and a skilled communicator and

facilitator. The team leader must be respectful of all team members and the process. In addition to following the team agenda and focusing on outcomes, the team leader will need to encourage, coach, and communicate with all team members. The team leader will need to assess the team's challenging beliefs and feelings as they arise and work toward solutions to keep the team on track. When team members feel overburdened by the process or have disagreements with one another regarding the best course of action, the team leader not only recognizes these challenges but also addresses them through reexamining meeting schedules or assignments, for example, or engaging the team in a problem-solving process rather than arguing differing viewpoints, thus keeping the team focused on the individual. Indeed, the team leader position is important to the team's success. Another critical role is that of the PBS expert. The PBS expert will be called on to ensure the team is adhering to a PBS framework and values, provide or organize training to team members as necessary, serve as a PBS resource to the team, and also serve as a general team member. It is possible that the team facilitator will also be the PBS expert or one of the experts, but this is not always the case. In Lynn's example, the program supervisor is the PBS team leader and a PBS expert. However, the behavior specialist is also a member of the team and one of the PBS experts who has specialized knowledge in many PBS areas. Also, one of Lynn's extended team members is the clinical director, who also has generalized PBS expertise and experience to share when needed.

The remaining role of "general team member" is a shared role for all team members. That is, as a general team member, all members assume responsibility for actively participating in team discussions and carrying out specific team activities or responsibilities assigned by the team. Because specific responsibilities may change throughout the PBS process, it is important to define team roles and determine who does what at the beginning of each phase or step of the PBS process.

Agreeing on Team Purpose and Goals During this first collaborative phase, the central individual-centered activity is for the team to prioritize behaviors for change and to agree on individual outcomes (i.e., what the team hopes to achieve for the individual). However, in order to prioritize behaviors for change and agree on individual outcomes, the team must first agree on its purpose—that is, the team must commit to using PBS practices to create change for the individual.

Clearly stated purpose or goal statements such as, “Our goal is to understand what Lynn may be communicating through her problem behavior and develop an intervention that best addresses her needs,” will keep the team working together toward a joint purpose. Not infrequently, when members initially come together, they may all have different goals and agendas in mind that may pull a team in different directions and make it nearly impossible to achieve any outcome for the individual. Often, team members may not even be aware they share different visions or goals for the team. In the following example, all team members are in agreement that Emmanuel is experiencing difficulties in school; they all know this as they join together. However, what they do not realize is that some members are hoping he can be moved to another setting or placement, while others are committed to keeping him in his general education classroom. One can only imagine how difficult it will be to move forward if these beliefs are not revealed, addressed, and discussed right away. By explicitly discussing the team purpose and establishing goals early on in the PBS process, team members can come to an agreement and move in one direction as a team. Goal statements should be brief, easily understood, agreed on by all members, and consistent with PBS values.

Emmanuel

Initially, when Emmanuel’s PBS team came together, team members had different agendas. Some of the team members believed the team

was coming together to have him assessed and removed from the general education classroom. Other team members wanted to explore options to keep him in his first-grade classroom. With the help of the school counselor (PBS team leader) and the behavior specialist (PBS expert), the team agreed to use the PBS process and set a goal of understanding Emmanuel’s problem behaviors and where they come from and to generate a plan that would be acceptable to his classroom teacher, his family, and the rest of the team. All the team members ultimately agreed that the overall goal is to help Emmanuel have a positive educational experience and that the first step in reaching this goal would be to focus on why he was misbehaving.

Establishing Ground Rules for Collaboration In addition to agreeing to a team purpose and goals, the PBS team should consider setting rules for how they will collaborate with one another. Establishing ground rules early in the PBS process can help teams articulate how they will operate, stay focused on the PBS process, and interact with fellow team members in respectful ways. In other words, establishing ground rules is a proactive strategy for minimizing team conflict and enhancing team accountability. One way to start the conversation is to ask “trigger questions” (Snell & Janney, 2005), such as the following: 1) “Given our goals, what will it take for us to get our work done?” 2) “What are our responsibilities as team members?” 3) “What PBS assumptions are central to accomplishing our work?” 4) “What processes will we follow?” 5) “How should we behave to ensure our interactions are respectful of one another?” and 6) “What are rules for communicating with one another even though we disagree?”

Once ground rules are established, the team can review them periodically, to keep the team working together: “Remember, we all agreed to use the data to help us make decisions about our success. What is the graph telling us?” Or, “Wait a minute, we agreed to listen to one another’s ideas without interruption. After we hear from

everyone, let's see how the suggested strategies fit our hypotheses for problem behavior.”

Setting a Schedule and Structure for Meetings The next set of team actions includes setting meeting times, creating a structure for the actual meetings, and developing a process for communications in between meeting times. Finding a time to meet may be the most challenging step in the process of initiating a PBS team, but successful completion of this step may help reduce the time challenges a team will face. First, determine how often the team will meet. There is no hard and fast rule for how often a team should meet. The frequency should be determined by the team's purpose, goals, and experience level. The core team may need to meet on a frequent basis if there are many goals, if the behavior intensity is great, or if many of the team members are inexperienced and need more frequent coaching, modeling, and support. Frequent meetings may assist in providing an opportunity to work on solutions to team challenges. Finding a mutual time to meet is never an easy task, but this is an opportunity to think creatively. Whenever possible, the team should try to use an existing meeting time that most members already have “blocked out” in their schedules. For example, are there grade-level meetings, instructional support team meetings, or other previously established meeting times that can be utilized for the PBS team meeting? Utilizing times slots that are normally used for a meeting may improve attendance and help reduce any stress regarding establishing a new schedule. Next, decide on where the team should meet and for how long. If possible, teams should meet in a convenient location with minimal distraction. Meetings of 1 hour or less may be ideal if the team is meeting frequently. Also, the team should attempt to accommodate members with different schedules. For example, how can you include an overnight staff member when all meetings occur during the day? Can the staff member call in to a meeting or attend via Internet video call software (e.g., Skype)? Creating an inclusive team

atmosphere requires addressing these issues in this initial phase. Next, a meeting format and a plan for communication should be developed. A 1-hour meeting can quickly become derailed by chatting or complaints. Creating a meeting framework with time allotments (e.g., agenda review—5 minutes, updates on assignments—10 minutes, data review—10 minutes, group discussion—15 minutes) will help keep the team focused and productive. Also, the team should decide how and how often updates will be shared in between meetings (e.g., weekly e-mail updates each Friday afternoon or Monday morning). To enhance communication in between actual meetings, the team leader can designate one person to share updates and information to all team members regularly. Expectations for updates and reports from team members in between meeting dates should be clearly defined and discussed. For example, a staff member implementing an intervention may want to share progress or ask other team members questions but is not sure if it is okay to send multiple e-mails to the team. Discussing this ahead of time and encouraging this level of communication early in the PBS process may aid collaboration during subsequent phases. In addition, team members should be asked what method of communication they prefer for updates. While e-mail is typical and convenient for many, if a parent has only sporadic access to a computer or a printer, e-mailed updates may have a negative impact on the collaborative process. Some staff members may not have access to e-mail during the day and would prefer to send or receive text messages. Communication preferences should be discussed early in the PBS process and revisited as needed.

SOLICITING TEAM CONCERNS REGARDING BEHAVIORS THAT SHOULD BE PRIORITIZED FOR CHANGE

Emmanuel

Emmanuel's team quickly agreed that Emmanuel's disruptive behaviors and refusals to work

independently were high priorities for change. However, when the school counselor asked Emmanuel's teacher (Mrs. Rio), "What do you need? What behaviors are most important to you?," she blurted out: "I just need him to be engaged the first 20 minutes of class. I need him to work quietly and independently like the rest of the class so that I can get my class off to a good start. If I could just have 20 minutes without interruption, I feel like I could get my day started in the right direction and I'd be in a better position to address his needs." Although the team's priorities did not change as a result of Mrs. Rio's comments, the team did agree that a focus on Emmanuel's morning routine was also critical. The team decided that they would work quickly with Emmanuel's teacher to find a solution to the problem. For example, perhaps Emmanuel could engage in preferred activity during the first 20 minutes of class time.

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Because individuals with pervasive behavior challenges often present more than one behavior of concern, teams will need to prioritize which behaviors are important to change first, which can be addressed at a later time, and which are relatively unimportant to address. Decisions for prioritization should first and foremost center on the individual's needs. Certainly, problem behaviors that are harmful to the individual or threaten the safety of others and/or interfere with the individual's learning, participation in inclusive activities, and social relationships are high priority for change. However, prioritization based on individual needs will also need to be balanced with team member concerns. How do problem behaviors affect the daily functioning of families, teachers, and support staff who are committed to the support of the individual? Listening to team members' concerns about how problem behaviors interfere with their routines and ability to provide support can help teams decide relatively quickly which problem behaviors or what situations cause team members the greatest stress or frustration. Prioritizing team activities to address both the individual's and team member's needs can help team members

feel supported, knowing that the team will work to address their concerns as well. Supported team members are less likely to resist and more likely to generate solutions to problems.

Phase 2: Assessment and Planning

The second phase encompasses the core of PBS activities. During this phase, team members center their work on completing individual-focused activities as they conduct the functional behavioral assessment, develop hypotheses based on the assessment data, and develop an intervention plan that addresses the individual's needs. Like the other three PBS phases, the role of the team is to engage in shared decision making throughout each of the core individual-centered activities of this phase. Table 3.2 provides some guiding questions that can facilitate shared decision making for each of the core tasks. Teams will work the hardest during the assessment and planning phase; therefore team-centered activities are needed to keep the team motivated and directed. The team activities during this second phase focus largely on improving the team's understanding of the PBS process, providing a supportive atmosphere for collaboration, and problem solving as they take on these responsibilities.

Use Collaborative Problem Solving Collaborative problem-solving strategies can be utilized by the team when important decisions need to be made or when there is a conflict or disagreement regarding how to address a situation. During this phase, there are numerous important decisions to be made that could be cast as problems to be solved, such as, "How will we collect data given our busy schedules? What types of interventions are needed and how can we implement them?" Although collaborative problem solving is presented in this assessment and planning phase, a problem-solving framework can be used during any phase of the PBS process. Numerous team problem-solving strategies

exist (Welch, Brownell, & Sheridan, 1999). One framework described by Snell and Janney (2005) can be implemented across a variety of team activities:

- *Step 1—Identify the problem:* What is the single most important issue that needs to be resolved now? (For example, What assessment should we use? The data look bad—what do we do now?)
- *Step 2—Brainstorm potential solutions to the problem:* The team generates as many possible solutions as they can without criticism or evaluative remarks. The PBS team leader will need to ensure everyone is open and nonjudgmental to the ideas shared.
- *Step 3—Evaluate the solutions:* The team narrows down the list created in the previous step to a shorter list of possible solutions (e.g., collect more data, change the data collection procedure, try another intervention). At this point, the team leader may guide the team to consider contextual fit and integrity with PBS processes as the team narrows down solutions. (See other team activities in this phase.)
- *Step 4—Choose a solution:* Together, the team decides on the best solutions.
- *Step 5—Develop an action plan:* A written action plan is created by the team that details who is responsible and when will it be completed.

Enhancing the Team’s Capacity for Understanding and Reframing Challenging Beliefs During the assessment and planning phase, many challenges can surface regarding the beliefs associated with the attribution of problem behaviors and behavior management practices, even when team members initially agree to use PBS practices during the first phase. Therefore, helping team members shift their thinking and keeping them “bought in” to the PBS process becomes critical. Enhancing the team’s capacity for understanding not just the “how” but also the “why” of assessment and planning becomes the central focus of the team leader and the PBS experts on the team.

Lynn

During the first collaborative phase, some of Lynn’s team members shared a belief that she was experiencing bipolar depression, which was the cause of her problem behaviors. During the FBA, the data revealed that Lynn only exhibited the behaviors on Tuesdays and Thursdays. When it came time to develop hypotheses, several team members felt the behavior was a function of Lynn’s possible bipolar disorder. The team leader listened to their ideas but brought out the data summaries and the patterns of behavior Lynn exhibited during the assessment. Everyone agreed the data were sufficient and appeared to be accurate. The team leader then posed a question to the team: “Is it possible for bipolar disorder to cause a predictable data pattern?” She then urged the team to brainstorm and think of what was different on Tuesdays and Thursdays (including issues related to medication) that may trigger Lynn’s challenging behaviors. What else might be going on here?

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One strategy for enhancing the team’s understanding is to make the PBS assessment and planning processes explicit (Bambara et al., in press). For example, following the model of the initial line of inquiry (Lohrmann-O’Rourke, Knoster, & Llewellyn, 1999), the team could make wall charts of the setting events, antecedents, and consequences to help the team focus on environmental determinants of the problem behaviors and help reinforce this framework for understanding for team members who are new to PBS or have shifted their thinking. Also, the team should share, visually display, and review the assessment data when developing hypotheses. For example, after collecting several days of antecedent-behavior-consequence (ABC) data, the team member in charge of summarizing data has a stack of ABC cards to summarize. Rather than summarizing the data in words, the team member could visually display these data in a bar graph. Even the least experienced team member could clearly review the data and see what could be possible triggers and nontriggers to problem behavior. The

use of data is one of the most effective transformative tools for changing beliefs (e.g., Lohrmann, Martin, & Patil, 2012).

Another idea is for the team to use the competing pathways model (O'Neill et al., 1997) to generate interventions. This way, the entire team can see how selected interventions link back to their stated hypotheses for problem behavior. Once a team adopts an explicit process and uses it regularly to guide the understanding of problem behaviors and plan for effective interventions, the same processes can be used to *reframe challenging beliefs as they emerge*. For example, the team facilitator may notice a drift in discussions of data or observations as the team works to formulate a hypothesis. Team members may begin to say things like, “She just knows it drives me crazy!” or “His mother refuses to consider medication for his ADHD,” rather than focus on the environmental explanations for behavior. Perhaps the team leader needs to ask the members, “What are your beliefs about the reasons for challenging behavior?” in order to assess if team members are still sticking with “old” ways of thinking about challenging behaviors rather than keeping “new” PBS assumptions in mind. This may help bring team members’ apprehension to the surface where it can be discussed. When this begins to happen, it is important for the entire team to reframe challenging beliefs within the PBS context. This entails going back to visual displays of data or the team’s intervention plan to rethink and challenge faulty assumptions (e.g., “In what ways will this suggested intervention address Emmanuel’s need to escape a difficult task? Let’s go back to our model to figure this out.”). At times, the team may need to be reminded about the goal they developed together, as a team, in the first phase.

Create an Atmosphere of Openness and Honesty In order for team members to feel comfortable to discuss their beliefs about challenging behavior or their struggles with adopting the PBS process, team leaders

should strive to maintain an *open and honest atmosphere*. Despite being asked to share their concerns, members will not be able to honestly communicate if they feel they will be judged, dismissed, or put down by fellow team members. Team facilitators will need to display exemplary manners and communication skills to create an atmosphere where differing opinions can be shared and discussed. Team leaders should make sure the team is following the ground rules they set when establishing the team structure. Also, the team leader serves as a model in responding and encouraging team member communication. If another team member responds in a noncollaborative manner (e.g., “That will never work!”), it is the team leader’s role to shape this discussion (e.g., “I’m not sure we understand why you are opposed to this idea. Help us understand why you feel so strongly about this.”). The team leader must help show value in everyone’s contributions, refrain from blaming others for failure, and encourage team members to listen to each other.

Lynn

In the first meeting, Lynn’s team established a time limit for each individual team member to speak during the discussion portion of their meetings. However, over time, the site supervisor tended to take twice as much time as the others, often leaving one direct care staff member, Margo, without any time to contribute. Over time, Margo felt her role was not valued and she was reluctant to contribute or to complete her tasks on time. She often had interesting insights and stories to share, as she spent the most time with Lynn compared to the other team members, but now she was hesitant to do so. After a meeting, the team leader asked Margo about why she was so quiet in the meetings now. Margo mentioned her frustration with the other team member dominating the time. The team leader admitted she did not realize this was happening and resolved to get the team back on track. At the next meeting, the team leader reminded everyone of the ground rules, admitted drifting from the rules, and asked for a volunteer to watch the time during the meeting. When

Margo's turn came, she was able to discuss how she felt betrayed by Lynn, even though she now knew she should not take it personally. She also shared information about the times of day when she noticed Lynn not exhibiting any problem behaviors, which was helpful to the team as they developed hypotheses.

Ensure Contextual Fit All the student or individual-focused activities in this phase lead to the development of a BSP. Central to this mission is making certain that each proposed intervention or support developed by the team is assessment based and linked to hypotheses for problem behavior. Thus when considering interventions, teams must come to consensus on the critical questions outlined in Table 3.3 to ensure a fit between the interventions and the assessment information gathered. Teams might ask, for example, "Given our hypotheses for problem behavior, what antecedent events can we change to prevent problem behavior from occurring? What alternative skills can we teach to replace problem behaviors? Will our interventions lead to desired outcomes for the individual?" At the same time, teams must also be concerned with *contextual fit*. A good plan has to have "good fit" with the goals, values, and skills of the team, as well as "good fit" with the typical activities and routines of the individual and plan implementers—at school and at home. No matter how

many plans the team has developed in the past or how successful they have been, each plan will be unique and different because of differences associated with each individual of focus, team membership, and settings in which support plans will be implemented. A support plan with good contextual fit is more likely to have good outcomes, lead to long-term change, and be satisfactory to the individual and the team. Table 3.3 lists some questions teams might ask to evaluate interventions' contextual fit. Answers to these questions can verify the appropriateness of the proposed intervention or lead to modifications or considerations of alternative interventions or supports. In some cases, discussions may lead to additional training or supports for team members.

Divide Responsibilities Each phase consists of a myriad of tasks related to the team actions. In this phase, the team will be faced with tasks such as collecting assessment data, conducting interviews, summarizing data, and reviewing records, just to name a few. Each time the team meets or creates an action item or plan, it is important to clearly assign the task to a team member and that the team member understands his or her responsibility and when the task needs to be completed. Thinking back to phase 1 and creating a meeting structure, each meeting may end with creating a "to-do" list or "action plan" and assignments for each item. For the team to work collaboratively,

Table 3.3. Questions to evaluate a good contextual fit

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- Is the plan doable?
 - Is it time efficient?
 - Do team members feel they have the skills to carry out the plan?
 - Do team members feel confident in carrying out the plan?
 - Do team members believe that the plan will result in desired outcomes?
 - Are additional resources or supports needed?
 - Does the plan address team member priorities and concerns?
 - Are the proposed interventions satisfactory to all team members?
 - Do the proposed interventions fit routines and settings?
 - Are the proposed interventions age appropriate and respectful of the individual?
-

the work will need to be divided so that everyone feels as though he or she is contributing but not unfairly burdened by his or her responsibilities to the team. By engaging in the previously mentioned team-centered activities such as creating an open and honest atmosphere and collaborative problem solving, responsibilities can be assigned and communicated in a fair manner that takes advantages of each team members' strengths and skills.

Phase 3: Implementing the Positive Behavior Support Plan

During this last phase of the PBS process, the team will implement, monitor, and evaluate the support plan. In this phase, the individual-focused team activities center on implementing interventions, collecting data, and reviewing the data to ensure the plan is indeed working as the team intended. Refer to Table 3.2 for questions to assist the team in their completion of the individual-focused activities. At this time, perhaps more than ever, the team will need to be supported and directed toward team-focused activities as the team begins the very important task of implementing the support plan.

Support the Team The team has created a support plan based on assessment data, which matches the hypotheses, and have identified empirically supported interventions with a good contextual fit. Now what do we do? The attention now shifts back to the team and the importance of the team members. What supports does the *team* need to carry out this plan? What do individual team members need to be successful? How can we build the team's confidence? How can we provide extra support to those implementing interventions or responsible for data collection? What are our fears and concerns about beginning the plan? Supporting the team during implementation helps ensure continuous contextual fit.

One way of supporting the team is to determine the best way to implement the

plan. For example, should the team implement several interventions or just focus on prevention strategies first? Asking the team members what makes sense is a way of supporting the team so the process does not overwhelm them. The plan can be implemented all at once, in stages, or in small steps. Another way to support the team is to simply praise and encourage team members who are new or fearful about the process. Providing training and support on specific topics or areas in which the team lacks confidence is yet another means of supporting the team. Training can take the form of formal group training or less formal, more hands-on mentoring and modeling. For example, one of Lynn's direct care staff will be collecting observational data for the first time and is scared she will "screw it all up." Another team member with more experience has volunteered to observe alongside the other team member for the first few days and provide some onsite training and feedback. Team members can also support one another by checking in with each other during the week via phone calls, e-mails, or text messages. Finally, if a team member is particularly stressed after working through some stressful experiences or a crisis with the focus individual, provide a break by having another team member implement the intervention for a brief period of time.

Focus on Treatment Integrity As the interventions begin, the team will need to focus on maintaining a high degree of treatment integrity. An intervention with a high degree of treatment integrity is one that is being implemented exactly as planned. Without treatment integrity, we cannot be certain if the intervention is not working because it is a poor match for the behavior or if the intervention is being implemented incorrectly. Before the interventions even begin, there are several things the team can do to promote treatment integrity. First, they can work on translating the support plan into simple checklists or graphic organizers. User-friendly materials for staff will

help everyone understand their role and the procedures. For example, Emmanuel’s team created a one-sheet checklist containing the steps of the interventions they decided to put in place in his classroom (see Figure 3.1). The checklist was designed to be used as self-monitoring checklist for the teacher as well as an observation checklist another team member can complete to assess the fidelity of the implementation. Checklists such as these can be easily created and used by the team to ask questions about what is going well and what is not working and why.

Another way of promoting treatment integrity is to translate the plan into a user-friendly format that can be easily and quickly reviewed. Lynn’s team created a one-sheet description of each intervention (antecedent, alternative skills, and responses to problem behavior) that shows the hypotheses, the intervention components and purpose, and who is responsible. The interventions were then reviewed with team members and staff, and copies were placed in easily accessible locations. Rather than reviewing a long, detailed support plan, teams can quickly review the

Checklist for Strategies for Emmanuel’s Support Plan	
Teacher:	Date:
Increased use of Praise	
Yes / No	1. Teacher uses praise statements for any positive behavior with a focus on in-seat behavior.
Yes / No	2. Teacher makes 4 positive statements for every 1 correction.
Classroom Aide Involvement	
Yes / No	1. Aide is positioned near Emmanuel in classroom.
Yes / No	2. Aide praises Emmanuel when appropriate and/or ignores minor misbehavior.
Rules for Classroom and Other Settings	
Yes / No	1. Teacher reviews expectations.
Yes / No	2. Teacher provides a pre-correction (reminder), and/or provides praise to students following rules at least once during observation.
Self-monitoring of Independent Seat Work	
Yes / No	1. A self-monitoring sheet is on Emmanuel’s desk.
Yes / No	2. A cueing device (timer, clock) is utilized to cue intervals for self-monitoring.
Yes / No	3. Emmanuel records his behavior at the end of the interval.
Yes / No	4. Teacher praises Emmanuel for intervals of in-seat behavior.
Yes / No	5. At the end of the specified time, Emmanuel receives feedback for his performance.
Yes / No	6. Teacher is checking and recording accuracy of Emmanuel’s ratings.
Consequence Strategies	
Yes / No	1. Teacher ignores minor misbehavior.
Yes / No	2. Teacher redirects Emmanuel to an alternative task or behavior rather than removal of the work.
TOTAL Number of Steps Completed (Tally total number of YES’s): _____	
TOTAL Number of Steps (Tally total number of YES’s plus NO’s): _____	
Percentage of Plan in place: (# of YES’s / Total # of Steps * 100) = _____	

Figure 3.1. Checklist for strategies for Emmanuel’s support plan.

“need to know” information in simple, clear steps. Lynn’s summary BSP for antecedent interventions is shown in Figure 3.2.

Despite their best preventive efforts, the team may become concerned because an intervention does not appear to have the desired effect, it was effective but now seems to not work for the individual, or is just progressing too slowly. Although it may

be tempting to stop the intervention, declare it unsuccessful, and implement something different, the team needs to resist this temptation and first determine if the intervention is actually being implemented the way it was designed to be implemented or if there has been some change or drift in the procedure. If there is a problem with treatment integrity, the team will need to not only determine

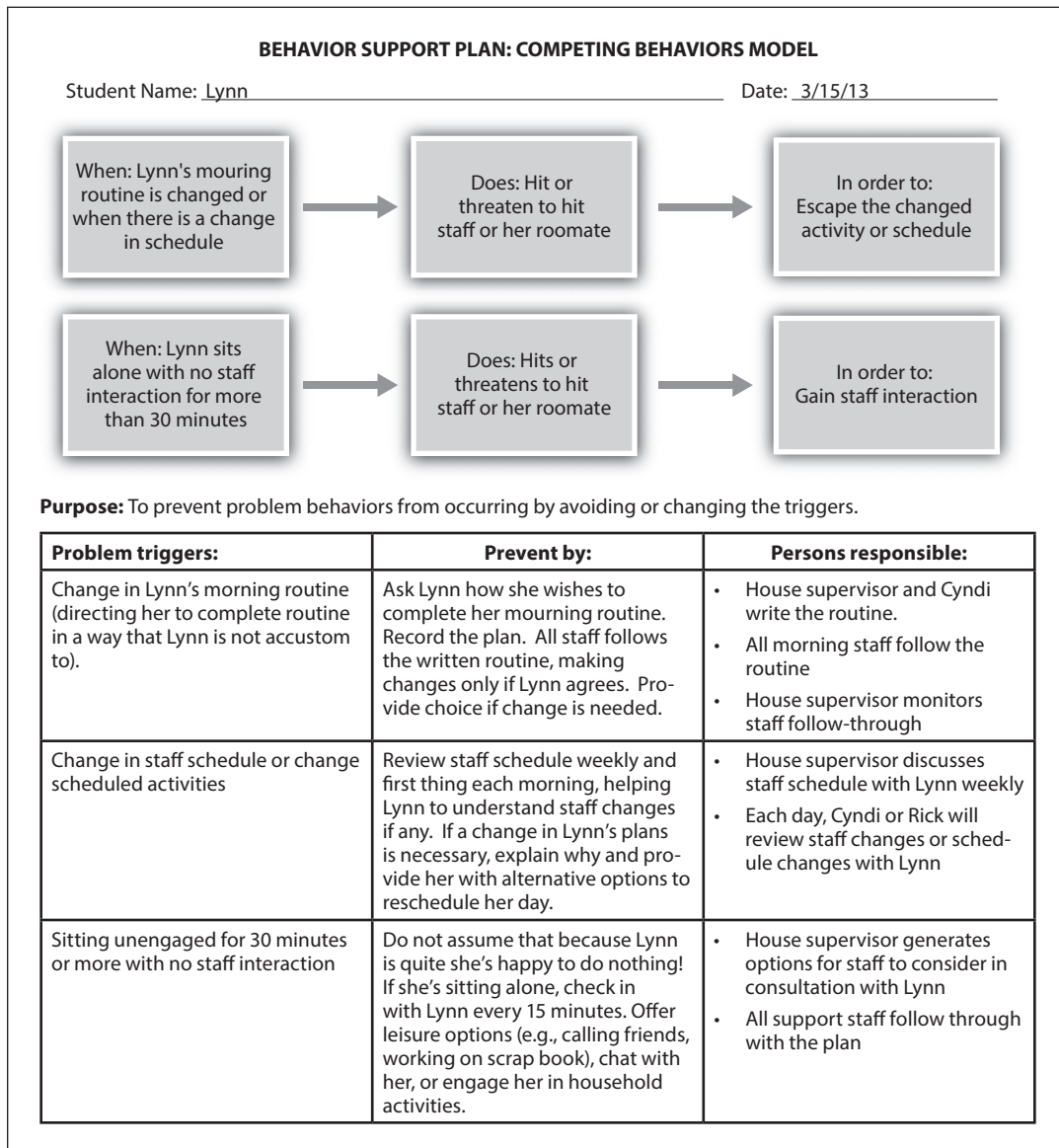


Figure 3.2. Summary behavior support plan (BSP).

what went wrong (e.g., intervention did not adequately address the hypothesis for behavior) but also ask *why* it went wrong (e.g., the team member was not sure what to do, the team member did not understand when to do the intervention, it was unclear to the team who was responsible for the intervention). The *why* of treatment integrity shifts the focus to the team. For example, Emmanuel's team included several reading interventions in his plan. When the team came together to review his reading probe data, reading grades, and other related data, they were surprised to see very little improvement. The data were increasing, but not as quickly as they hoped. One team member expressed dismay and wanted to add even more reading interventions and boost the intensity. After further discussion, the team realized Emmanuel had missed approximately half of the scheduled sessions with the specialist that month because of assemblies, statewide tests, a field trip, and teacher absences due to illness. Also, when the sessions were missed, the teacher did not realize she should let the specialist know. The reading specialist did not realize Emmanuel's teacher would be able to excuse him for makeup sessions, either. The interventions may not have been working as intended because they were being delivered less frequently than planned. The team found creative ways to ensure that there was time for the reading interventions when other school events interfered with the schedule and also ensure good communication between the teacher and specialist when there are absences and missed sessions. A team member was assigned to monitor missed sessions and schedule makeup sessions.

Review the Data to Celebrate and Problem Solve When Needed An important team function during this phase is regularly reviewing the data. The team leader must ensure the data are being reviewed frequently and ask, "Is sufficient progress being made?" If yes, the team should celebrate. Just like an effective teacher who praises each

step in the learning process, not just the final product or outcome, a team should find reasons to celebrate its progress along the way. Although this concept is being introduced in this latter phase, celebrations can take place in any step or phase and can be as simple as sharing a checklist of completed tasks by the team, a thank you note or e-mail to a team member, or sharing cookies at the meeting to celebrate some documented changes in behavior or implementation of the plan. The PBS process is a journey, and praise and recognition should not be withheld until the very end. Rather, team leaders and members should look for opportunities to praise and encourage one another throughout the journey. Routine data review provides the team with a ready-made opportunity to see success. Seeing success in the data can motivate team members and transform beliefs about the effectiveness of the PBS process.

Lynn

Margo, a direct care staff member on Lynn's team, was feeling discouraged. Lynn's plan had been in place for 3 weeks and she was still seeing Lynn engage in some challenging behaviors. She came to the team meeting feeling discouraged and tired. But when the team leader displayed Lynn's data, there was a clear downward trend in the frequency of Lynn's challenging behavior. In addition, the behaviors were shorter in duration. Margo was surprised by the data and even more surprised when the team leader thanked and praised her and several other staff for contributing to the change. Margo left the meeting feeling much better about things. Afterward, she thought about the past week or two and realized Lynn did calm down more quickly than she had before. Maybe she was hoping for a "quick fix," but at least the data were moving in the right direction!

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In addition to celebration throughout the journey, problem solving also occurs at any point in the process. As in any journey, there will be bumps along the way. If the data show less progress than expected,

the team needs to come together, troubleshoot, and if necessary, revise the plan. For example, a team member discovers that data collection has been happening only sporadically for the last 2 weeks, and when data are collected, they may be unreliable. An impromptu meeting is called to deal with this issue, and the necessary training and changes in responsibility are made through collaborative problem-solving steps. Rather than wait for 2 more weeks and cast blame, the team can work together to fix the issue and move forward. If an intervention is not working and treatment integrity is not an issue, maybe the plan should be changed and a different intervention implemented or devised. Teams should anticipate experiencing problems somewhere along the way and be prepared to work through them. Even a successful problem-solving episode can be grounds for a celebration.

Evaluate Satisfaction with Outcomes and Reflect on Team Process By regularly reviewing the individual's data and the team's accomplishments, the team is continually evaluating its progress toward the goals. But what about the team's progress in working as a team? Of equal importance is taking time to reflect on whether or not team members feel as though they are successful in working together as a team. One way of assessing this is to create a checklist of the important team activities to evaluate team functioning. An example (Figure 3.3) is provided and can be used during any phases to assess team "health."

CONCLUSION

PBS is an outcome of effective teaming. How the team functions has a direct impact on the planning and delivery of supports and successful outcomes for individuals. Active monitoring of the team process and engaging in team-based activities can lead to improvement in team functioning. Effective teaming not only successfully addresses the individual's concerns but also has a successful impact on the team member's understanding and

capacity to provide supports for the individual. In this chapter, we provide a number of team-based activities to engage in and monitor as a means of improving team functioning. These activities and strategies provide a starting point for team members to begin to understand and focus on the importance of teaming.

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TEAM PROCESS CHECKLIST

Rate each item (Yes/No/Needs Improvement). List barriers and solutions to any issues in each area.

Rating	Evaluation area	Barriers	Solutions
Y/N/NI	We have defined goals, roles, ground rules, and meeting times.		
Y/N/NI	Meetings have an agenda and there is enough time to share ideas and concerns.		
Y/N/NI	The team uses collaborative problem solving to work through issues.		
Y/N/NI	Team members can openly and honestly share information; communication is respectful.		
Y/N/NI	Responsibilities are fairly divided among the team.		
Y/N/NI	The team works to ensure a good contextual fit.		
Y/N/NI	The team consistently uses a positive behavior support (PBS) framework to reframe challenges.		
Y/N/NI	The team supports each other while implementing the plan.		
Y/N/NI	The team is focused on treatment integrity.		
Y/N/NI	The team uses data to celebrate success and problem-solves issues.		
Y/N/NI	The team reflects on "team health" and strives to make changes when needed.		

Figure 3.3. Team process checklist.

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