Positive Behavior Supports

Universal Tier of Supports

Guidance for Providers Implementing Positive Behavior Supports

Massachusetts Department of Developmental Services
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This document was developed as guidance to assist the DDS community to implement Positive Behavior Supports and it is not a substitute for a thorough understanding of applicable law, regulation, and DDS policy.

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Table of Contents

DDS Positive Behavior Support Policy

It is the policy of the Department Developmental Services (DDS) "to establish procedures and the highest practicable professional standards for the treatment of persons with intellectual and developmental disability, and to assure the dignity, health, safety, of its clients. System-wide PBS is a widely accepted and utilized framework for both systems change and individual treatment which supports individuals to grow and reach their maximum potential. Id. Positive Behavior Supports (PBS) emerged from three major sources:

    (a) Applied behavior analysis
    (b) The normalization/inclusion movement; and
    (c) Person-centered values

Journal of Positive Behavior Interventions, Positive Behavior Support: Evolution of an Applied Science, (Carr, Edward, Dunlap, Glen, Horner, Robert, et al.) Vol. 4, No. 1 (2002).

PBS provides a means for selecting, organizing, and implementing evidenced-based practices in the treatment of individuals. It focuses on clearly defined outcomes, data-based decision making and problem-solving processes that support fidelity and durability. PBS emphasizes the use of positive behavior approaches and recognizes that behavior is often an individual's response or reaction to the environment and the need to communicate his or preference and wants to others. Therefore, PBS focuses on environmental modifications, antecedent strategies, teaching desired and replacement strategies as well as reinforcement for teaching these desired and functional replacement behaviors. The strategies used to modify the behavior of individuals should involve PBS which promotes the dignity and respect of individuals and should not be unduly restrictive or intrusive. It is both law and policy to use only procedures which have been determined to be the least restrictive or least intrusive alternatives.
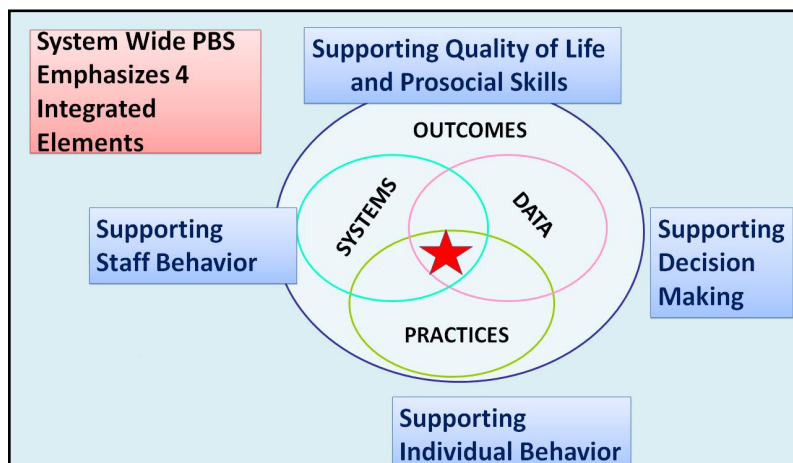
115 CMR 15.14(1)

Positive Behavior Support

Positive behavior support is a systematic, person-centered approach to understanding the reasons for behavior and applying evidence-based practices for prevention, proactive intervention, teaching and responding to behavior, with the goal of achieving meaningful social outcomes, increasing learning, and enhancing quality of life across the life span. PBS is a three-tiered system that includes Universal Supports, Targeted Supports, and Intensive Supports, as defined in 115 CMR 5.14(5). [1]

I. INTRODUCTION

PBS consists of four key integrated elements: outcomes, systems, data, and practices. These elements are integrated and interdependent so that no one element can singularly accomplish the goal of providing demonstrably effective outcomes for individuals. Each provider should determine their meaningful, measurable **outcomes** that support pro-social skills and enhance the quality of life for all individuals served. To support these outcomes, PBS employs three activities: systems to help support staff behavior in implementing evidenced- based practices with ongoing data-based decision-making measuring fidelity and individual outcomes. The most important component of system-wide Positive Behavior Support is the systems component. Systems are used to build capacity in each organization to implement PBS practices with fidelity, regular data-based decision-making by a team to problem solve the effectiveness and efficiency of the evidenced-based practices to improve the quality of life of individuals served. Evidenced-based **practices** are those that can be found in the research literature. They should be practical and implemented proactively so that problems are less likely to occur or significantly disrupt an individual's life. Staff should be trained with knowledge and understanding of an individual's values, motives, and actions and trained in effective responses to communication needs**.** PBS relies on **data** to communicate the effectiveness of practices and systems so that problems can be identified and remedied in a timely way. Objective, measurable data guide decision-making at every level of support.[2]

There are three Tiers of Positive Behavior Support: Universal Tier of Support referred to as Tier I, Targeted Tier of Supports referred to as Tier 2, and Intensive Tier of Supports referred to as Tier 3. Information on the Universal, Targeted, and Intensive Tiers of Support will be found at ddslearning.com in the future. At

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[1] Definition developed by sub-committee of the Commissioner's Advisory Board on PBS and adopted at 115 CMR 5.02.

each Tier, the goal is for the individual to achieve meaningful outcomes and improved quality of life. The PBS triangle below represents the typical distribution of the Tiers and may not be representative of any particular provider.
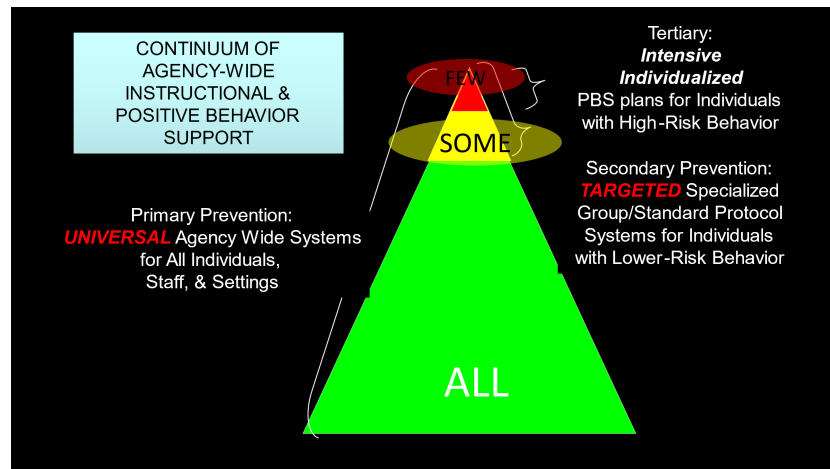
Providers must implement the Universal Tier of Support across all their programs. The Universal Tier of Support provides the structure, foundation, and scaffolding for the Targeted and Intensive Tiers of Supports; Universal Supports must always be in place for all individuals; essential components of the Universal Tier of Supports are the use of Teams, practices, consistent policies, approaches, and data to inform decision-making.

II.   UNIVERSAL TIER OF SUPPORTS: Proactive, Primary Preventative Strategies

Purpose

Universal Supports provide positive, proactive, responsive environments for all individuals across a variety of settings 5.14(5)(a). Tier 1 Universal Tier of Supports, are systems that serve as the foundation upon which all other tiers are built. Universal Supports are intended to enhance the quality of life. With the Universal Tier of Supports in place, providers can identify which individuals require additional support more efficiently and effectively. When Universal Supports are implemented effectively, the need for more individualized interventions at the Targeted Tier of Supports and the Intensive Tier of Supports will likely be reduced

Definition of Universal Supports

Universal Supports are tied to each provider's mission statement and are generalized interventions. Universal Tier of Supports are systems, data, and practices that impact everyone across all settings. They are foundational and establish the system for delivering frequent, regular, proactive support which is

designed to prevent unwanted behaviors. Universal Supports emphasizes teaching prosocial skills and expectation and acknowledging appropriate behavior. Typically, they include the rules, routines, choices, preferences, and behavioral expectations for the individuals who are supported. Universal Supports provide pleasant physical environments. Universal Supports apply to the setting, meaning the entire group of individuals in a specific setting (whole setting interventions). Universal Supports are readily available and require a low level of staff effort. Core principles guiding Universal Supports are:

- Effectively teaching appropriate behavior to all individuals
- Intervening early before problem behaviors develop
- Using data to make decisions
- Monitoring progress
- Using evidenced based validated interventions

Who Should Receive Universal Tier of Supports?

The Universal Tier of Supports offers system-wide supports to all individuals, including both the individuals supported and the staff and across the entire setting. In the PBS triangle, Universal Tier of Supports constitute primary prevention.

III.   UNIVERSAL SUPPORTS TEAM

Universal Supports Team Membership

The PBS Leadership Team is required to determine the number and composition of the Universal Supports Team(s) and to document membership in the provider's PBS Action Plan. The PBS Leadership Team is responsible for ensuring that there is a provider-wide commitment to Positive Behavior Supports. Every provider must have at least one Universal Supports Team. The number of Universal Supports Teams will be determined based on the number of individuals supported across the various provider programs including the resources and staffing available within the provider. Depending on the number of individuals served, the provider may consolidate or combine the Universal and Targeted Supports Team. It is also possible that the Universal, Targeted and Intensive Supports Teams are combined into one team based on the needs of the provider, the number of individuals served and their respective locations. Given the critical importance of direct care staff at the Universal Support level, the value of being in close proximity to the individuals served, the provider should carefully consider before combining teams. When it is necessary to combine teams, it is recommended that separate meetings are held with separate notes taken and shared with the PBS Leadership Team for review and consideration.

The Universal Supports Team relies on a team-based approach where contributions are sought and valued from a diversity of perspectives and disciplines. Each Universal Supports Team member should be able to communicate clearly with the individuals who are being supported; be a good listener, eager to learn, and

able to teach new skills. Team members should be able to reliably and frequently encourage socially appropriate behavior and praise the individuals who are being supported. Each Universal Supports Team must include an individual with decision-making authority at the program level, individual to coordinate the Team, who may be the individual with decision-making authority, individual/family member representation/participation, direct care staff and supervisor(s). In the case of residential providers, direct care staff should be representative of the various shifts worked. The membership and composition of the Universal Supports Team may also change over time as the individuals' needs change.   For example, if the provider supports individuals with substantial medical needs, then the PBS Leadership Team will identify personnel with the appropriate medical skills and knowledge to join the Universal Supports Team. The PBS Leadership Team should ensure that the Universal Supports Team has access to the PBS Qualified Clinician, as needed. The provider PBS Leadership Team is responsible for addressing the make-up of the Universal Supports Team.

Responsibilities of the Universal Supports Team

The Universal Supports Team is required to meet regularly, monthly is recommended and more frequently, as needed.   Providers may consider using the regular staff meeting to discuss Universal Support interventions and data. The responsibilities of the Universal Supports Team include, but are not limited to the following:

- Meeting regularly to define the systems, practices, processes, procedures, and rules that are identified by the PBS Leadership Team as important to improve functioning and quality of life for the individuals supported; meetings should include an agenda, minutes that can be shared, defined roles, and implementation activities and data tracking. Scheduled meetings should provide consistency around planning and data tracking.
- On-Going Data-Based Monitoring, Evaluation, and Dissemination.
    - Reviewing data on treatment fidelity and to determine effectiveness of the primary prevention interventions being used.
    - Developing/ establishing procedures for selecting, training, and coaching new personnel; the key to success of PBS is consistency of staff behavior and interventions. New staff need to be taught about the provider's mission, provider expectations for staff and individuals, acknowledging individual's appropriate behavior, providing feedback to correct for potential problem areas of both staff and individuals, and asking for help when needed.

IV.   ASSESSMENTS

Assessments at the Universal Tier of Supports are about how the system of Universal Supports is working. The PBS Leadership Team is required to select a treatment fidelity instrument that is appropriate to the setting and the population. The **Quality of Universal Implementation Checklist (QUIC)** can be used for this purpose and can be found in Appendix A. If the QUIC is utilized, it can be modified to reflect the Universal Supports selected for that provider and setting as well as the Universal Supports implemented in a specific setting. Other fidelity tools are available at

www.Pbis.org. One such tool is the **Tiered Fidelity Inventory (TFI)** which can be modified to support the DDS provider settings. It has separate surveys for each Tier of PBS.

The Universal Supports Team in consultation with the PBS Leadership Team designates a person responsible for conducting the quality of implementation measures. The Universal Supports Team determines the frequency of the quality assessment and shares the outcome with the Universal Supports Team members as well as the PBS Leadership Team.

Data-Based Decisions

Decision making relies on the accurate collection of data. Data will inform the Universal Supports Team and will facilitate individuals' movement from the Universal Tier of Support and from tier to tier. All individuals should receive Universal Supports. When the individual experiences difficulties at the Universal Tier of Support because they are not responding well, the Universal Supports Team must consider whether either the Targeted or Intensive Tier of Supports will help the individual. Conversely, if an individual responds well to Targeted Tier of Supports or Intensive Tier of Supports, then that Tier's Team must determine if that tier of support is no longer required.

It is helpful for the provider to establish guidelines and a referral mechanism when an individual is not responding well at the Universal Tier of Supports and use data to inform the decision to make a referral for additional support.

V.   UNIVERSAL INTERVENTIONS - Guiding Principles

The core principles guiding Universal Tier of Supports practices across all settings include the following:

- Prevention
- Teaching behavioral expectations
- Building a positive culture
- Acknowledging that Universal Supports are foundational to PBS
- Team-supported Process
- Staff as Key Resource
- Evidenced-based interventions
- Data-based Decision-Making
- Person-centered emphasis
- Willingness to modify/change environment

The Universal Supports Team defines how to arrange the environment to support positive behavior. The team also determines how to establish and communicate clear behavioral expectations for the individuals and staff. The Universal Supports Team needs to identify how and what methods will be used to teach these expectations. Consistency of expectations is a critical component of success at the Universal Tier of Supports. The Universal Supports Team determines how to offer praise and positive reinforcement for meeting the behavioral expectations. It has

clear policies and procedures to promote consistent Universal Supports. It is culturally sensitive and responsive to the values espoused by the provider's mission statement.

UNIVERSAL INTERVENTION EXAMPLES[3]

- Daily Choice Making: Opportunities are provided to make choices within the context of the particular environment.
- Behavioral Awareness (behavioral expectations are taught):   Ensure that individuals are familiar with behavioral expectations and acceptable behaviors.
- Scheduling: Provide schedules that provide consistency and predictability by providing structure and order.
- Praise: Delivery of verbal praise, gestures or tangible items or other forms that show approval

Referral for Additional Support

It is necessary for Universal Supports to be fully functional and effective. All individuals served will benefit from an enhanced quality of life. Even with Universal interventions in place, some individuals will show signs of difficulty in complying with the behavioral expectations. The Universal Supports Team is required to assess individuals at regular and frequent intervals using data to determine whether a referral for assessment for the Targeted or Intensive Tiers of Support is needed. For example, if an individual has experienced a major life change in living environment, work or family life, a change in medical or social relationship conditions, the Universal Supports Team needs to plan for the potential disruption in the individual's life and the potential need for additional supports. The identification of the impact of the disruption triggers an assessment for either the Targeted or Intensive Tier of Support.

Universal Tier of Supports data can be used to generate reports helpful to the provider if aggregated at the appropriate planning level and used for decision-making. Data should be reviewed at least monthly, and a visual (graphic) presentation is highly recommended. It is expected that providers currently collect most, or all of the data identified below. As part of the PBS effort, all providers will be asked to begin to collect data on the fidelity of their PBS Interventions, i.e., *"Are preventative Universal Interventions reliably being implemented?"* and some or all of the following informational indicators as part of their Universal Preventive work:

- Number of reportable incidents per type of incident,
- Total number of incidents per month,
- Number of incidents per day of the week,
- Time of day of incidents,
- Number of and which individuals are involved in the incidents,
- Number of events,
- Number of events by location.

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[3] Additional examples of Universal Interventions and templates can be found in the Appendices.

PBS Teams also may track time the individuals supported by their program unit spend in community settings, hours per week individuals worked, or months individuals are free of injury as examples of potential data.

Appendix A - Quality of Universal Implementation Checklist (QUIC)

Quality of Universal Implementation Checklist (QUIC)

Staff: _____   Location: _____

Setting: _____   Date: _____

Time: Start _____Stop_____

Interaction Skills	Score	Comments
1. Staff use appropriate volume, tone, eye contact, and body language		
2. Staff provide positive interactions, greetings, small talk, and social praise		
3. Staff interact frequently with individuals (every 15min at minimum)		
4. Staff interact using communication system appropriate for individual		
5. Amount of support is adequate		
6. The area is clean and free of obstacles; a desirable place to be		
7. Staff give specific reinforcement that is consistent with program guidelines		
8. There is a clear functional routine occurring		
9. Individuals know what to do in setting or are instructed by staff		
10. Individuals receive assistance within reasonable amount of time		
11. Materials for routine are accessible and in good repair		
12. Opportunities to makes choices given		
13. Data recorded as required		
Total checks:		

SCORING KEY

✓ - Skill demonstrated all opportunities for entire observation

X - Skill not demonstrated throughout the observation

N/A - No opportunity to demonstrate the skill.

_____
Reviewer Signature   **Observer Signature**

Appendix B - Additional Examples of Universal Supports

1. Schedule
    a. A Provider's PBS Leadership Team recommends posted schedules in all homes.   A staff in each home is assigned to check to be sure they are posted. Staff are instructed when checks should occur and to whom a report is given.   Differential follow-up would occur depending on results of scheduled posting checks.

    b. In one home supper is moved ½ hour earlier to accommodate several preferred leisure activities occurring in the evening. A number of staff have their schedules changed to accommodate the earlier time.

2. Change in Physical Environment
    a. The physical environment is changed in a day habilitation program from two big spaces into five smaller spaces, in order to better accommodate individuals supported there.

    b. Individuals prefer a quiet home setting. Staff organize activities and schedules to promote a quiet routine.

3. Example that **IS NOT** Appropriate for Universal Team

    A Universal Support Team is asked to address the following:

    An individual is interested in finding a "significant other" for an intimate relationship because that is a "Universal" for most people. The Universal Supports Team recognizes that such a request should be supported, but that what is before them is not a "Universal" request because this is an individual support and does not apply to all individuals. The Universal Supports Team sends the request back to the individual's ISP Team with a recommendation for group work at the local clinic; they also share the request with the Provider "PBS Leadership Team" and that group recognizes it as a very important domain for the Agency to be better prepared to support individuals desire for intimate relationships which may lead to a sex education program at the Universal Tier of Supports for all individuals.

Appendix C - Additional Universal Interventions That Can Be Used by Direct Support Workers

I.   Structural Interventions
- Schedules
- Defining Expectations, Rules, and Roles
- Reminders about Expectations, Rules, and Roles
- Routines
- Predictability
- Teaching about Limits

II.   Environmental Interventions
- Change responsibilities
- Change housing or day environment
- Change features of environment that are irritating such as lighting, noise etc.
- Listen to and respect preferences
- Provide distractions

III.   Group Interventions
- Developing hobbies and help others to develop hobbies
- Lifestyle changes
- Listen to and respect preferences of others

Appendix D – PBS Universal Interventions

PBS UNIVERSAL INTERVENTIONS

Intervention:

Key details about implementation and example:

	Key Detail	Example
1.		
2.		
3.		
4.		

To prepare for implementing intervention:

To implement intervention:

To evaluate:

Appendix E – Sample PBS Universal Intervention Tracker

PBS Universal Interventions:

Setting: (identify setting where intervention will be implemented)

(Name intervention): provide brief rationale for intervention. Specify setting where intervention will be implemented. Who will implement? State conditions, if they exist, where the specific acceptable behavior may not be expected.

Prevention: list specific staff behaviors that may prevent unacceptable behaviors from occurring.

1.

2.

3.

How to correct behavior: describe who would give corrective feedback, where, when and how?

1.

2.

3

Reinforcement: describe how individuals will receive acknowledgement for engaging in acceptable behavior?

1.

2.

3.

Data collection: describe what data would be collected to enable evaluation of the implementation of the intervention, who would collect the data, when, where, and who would tabulate data.

1.

2.

3.

Date implemented: Date(s) revised: