# ASSESSMENT OF OIS TRAINING, SYSTEMS, AND CURRICULUM

REPORT PREPARED BY DAWN BAILEY, PHD, BCBA-D

OREGON INSTITUTE OF TECHNOLOGY

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# INTRODUCTION

## WHAT IS OIS?

From ASI,

> "OIS … embraces the principles of PBIS, which was developed and researched at the University of Oregon and other institutions of higher learning. PBIS emphasizes fully assessing a behavior to identify the function(s) the behavior serves for the individual, and then developing supports, which will eventually render the behavior inefficient, ineffective, and irrelevant. These supports include making changes to the environment, which will reduce stress and uncertainty for the individual; teaching the individual more efficient and effective skills; and changing the way staff respond to the individual and the challenging behavior. PBIS focuses on a proactive (preventative) approach, reinforcing desired behaviors, without the use of punishment, intimidation, or any aversive intervention.
>
> The OIS curriculum is revised when necessary to reflect Evidenced Based Practices within the field of I/DD, integrating new research related to human behavior and support. The current OIS curriculum represents the most advanced integration of the principles of PBIS, Person-Centered Practices, Self-Determination, and community participation to date. The core principles in the OIS curriculum continue to emphasize proactive and preventative measures, which enhance an individual's life; adherence to sound and proven Positive Behavioral Theory and practices; and as a last resort, the use of safe and effective safety interventions involving Physical Skills Techniques, which may include Protective Physical Interventions (PPIs) while maintaining the individual's dignity."

## ASI

Alternative Services or Oregon, Inc (ASI) manages and implements OIS for Office of Developmental Disability Services. The OIS team is led by Scott Sleeman, who has worked in the I/DD field for more than 30 years and has been an OIS-Steering Committee member since 1996 and an OIS Instructor since 1995. Sheril Karstens is the current Data Coordinator. Ms. Karsten's role is significantly greater than managing data, as she is also the main point of contact for OIS Instructors and candidates. Two other ASI Behavior Professionals who also assist with OIS curriculum development, training and management are Carol Searle and Brian Tsutsumi.

## PURPOSE OF THIS REPORT

ODDS has requested the evaluation to include assessment and recommendations for:

1. Improving documentation of people who are trained in OIS
2. Expansion of training to family members, foster providers and other designated persons
3. Improving cultural sensitivity and agility of the curriculum
4. Recruiting trainers from diverse backgrounds
5. Streamlining the process to become an instructor or write PBSP that include safeguarding procedures
6. The efficiency and effectiveness of different levels of certification
7. Alignment of curriculum with PBIS

This report will be structured as follows. First, qualitative and quantitative data from the assessment will be presented for each of the questions above. Throughout this first section, comparisons to other similar programs are presented whenever appropriate. Finally, specific recommendations for improvement will be described. Note that this report will use the phrase "safeguarding procedures" instead of PPI in order to remain consistent with OARs. Additionally, the acronym OIS will be used to refer to the current standards and practices as employed by ASI and not the designation in the OARs.

## SOURCES OF INFORMATION SPECIFIC TO OIS

Interviews with more than 30 people selected from the following stakeholder groups were conducted:

- Parents
- ODDS staff
- ASI staff
- Current and Former Instructors
- Agency directors/Administrators
- Behavior Professionals- Non-Instructional
- Current and Former Steering Committee Members

Four forms of survey were sent out to collect data from (number of respondents shown in parentheses):

- Those trained in OIS (142)
- Instructors (88)
- Candidates (9)
- Behavior Professionals- Non-Instructional (15)

Six trainings were observed:

- One Crisis
- One Oversight
- One Independent Instructor G/IF
- Three Agency Instructors G/IF

File Reviews were conducted for 18 randomly selected Instructors to include:

- Complaints
- Time frame for application to completion
- Participant Satisfaction surveys
- Training records and evaluations

## SUMMARY OF INFORMATION GATHERED

### APPLICATION PROCESS

#### MINIMUM COMPONENTS

The flowcharts below highlight the application and training requirements for each of the two general categories of OIS Instructor and for behavioral professionals who want to write plans that include safeguarding procedures. The OIS Trainer's manual suggests that the entire process may take between 62 and 70 hours and up to six months to complete. The process for Independent trainers (i.e., non-Agency-based trainers) is significantly longer. It was explained that since Independent Instructors have less oversight than Agency Instructors, the additional

requirements are necessary. However, there is no evidence that Agency Instructors receive any more oversight with regard to OIS procedures than Independent Instructors. Independent Instructor candidates must complete a minimum of 144 hours, assuming they pass every component on the first attempt.

Nineteen instructor candidates who started the process last summer were sent a survey earlier this month. Of the nine who responded, four had not finished their training in the last six months. When asked about barriers to their completion of the training requirements, the candidates identified availability of Master or Mentor trainers in their area, time, and cost (travel, time lost from work) as the reasons that they had not yet completed their training. It should be noted that everyone who responded to the survey indicated that their applications were reviewed and approved in a reasonable period of time (days to weeks).

Non-instructional certificants are those who do not want to be OIS trainers but instead are Behavior Professionals who want to author behavior support plans that include safeguarding procedures. These Behavior Professionals must have at least a G level training to apply, then be approved by the project manager, Mr. Sleeman, and the Steering Committee, and finally must attend the four-day initial training. These Behavior Professionals must pass the physical competencies at 90%, even though they will not be training these competencies. It was reported that some Behavior Professionals have not been able to pass the physical competencies therefore effectively removing them from the list of Behavior Professionals who can serve individuals with more severe challenging behavior. Interviews with Behavior Professionals who previously held this credential and with Behavioral Professionals who have chosen not to pursue this type of credential suggest that the four-day time commitment and the demonstration of physical competencies were the primary reasons for their decisions to no longer serve individuals with behaviors that might require planned use of safeguarding procedures.

General Process for Agency Trainers

General Process for Independent Trainers

General Process for Non-Instructional Behavior Professionals

## MAINTENANCE CRITERIA FOR INSTRUCTORS AND BEHAVIOR PROFESSIONALS

In order to maintain instructor certification, Agency and Independent Instructors must conduct at least two trainings a year, attend a one-day annual recertification event in April that includes four hours of lecture-based continuing education as well as a physical skills competency check. Additionally, OIS instructors must successfully complete a co-training every two years with a Master or Mentor trainer.

Behavior Professionals have to attend and participate in the annual re-certification each April and demonstrate 90% on the physical skills competency in October of each year with a Master or Mentor who assisted in the April training.

## DIVERSITY IN RECRUITMENT

ASI does not recruit participants for the OIS program at the Instructor or Behavior Professional level. It was explained that Agencies select qualified staff to send for training and that Behavior Professionals who want to expand their work repertoires will self-select to apply to become an Independent OIS instructor or Behavior Professional certified to write programs with safeguarding procedures. As a result, there are no mechanisms in place to ensure diversity among OIS certified Instructors or Behavior Professionals.

A survey of current or recently decertified (by choice, attrition, or other) OIS Instructors, Non-Instructors and Candidates was sent to 230 individuals. 50% responded to the survey, but not everyone responded to this series of questions on ethnicity or preferred pronouns. Of the 106 individuals that responded, 87% of those who selected an ethnicity were White, < 1% Black, 5% American Indian, 6% selected Hispanic or Latinx, < 1 % chose "Other."

Data from the 2019 published census (retrieved from https://www.census.gov/quickfacts/OR) show that the racial or ethnic make-up of Oregon is 75% White, 13% Hispanic or Latinx, 2% Black, and 1.8% American Indian. The survey responses suggest that there is a larger proportion of White OIS Instructors and Behavior Professionals than in the overall population of Oregon.

OIS Instructors, Non-Instructors and Candidates were given the opportunity to respond to a question about their preferred pronoun use. All respondents who answered this question chose binary (she/her or he/him) options, which suggests a lack of diversity with regard to gender identity. When interviewed, members of the Steering Committee noted that the make-up of the Steering Committee also reflects that of the entire Instructor pool.

## SUMMARY

As the flowcharts above show, supported by the statements from the current OIS project manager and Trainer's Manual, it can take six or more months to become a certified OIS instructor. The process involves many steps and many people. All OIS Instructors apply to be an instructor on their own or at the behest of the agencies for whom they work. OIS does not announce, advertise, or otherwise recruit participants, nor do they track or attempt to ensure that the Instructors are diverse, or from all parts of the state.

# TRACKING SYSTEMS

## FOR DESIGNATED PERSONS

OIS instructors are required to have participants sign in and out of training and upload the sign in sheets (and an instructor evaluation) to ASI within 30 days of the training being completed. Sheril Karstens, the data manager at ASI prints the sign-in sheets and instructor evaluations and files them in the Instructor's file at the ASI office in Tigard. Participants who complete an OIS training should receive a certificate at the end of the training, which they keep or give to their employer for verification. ASI does not maintain an electronic database to track who has been trained, the date of their training, or the type of training received. In the event that an agency or individual participant cannot find their certificate to verify training, ASI would have to do a paper records search to find proof

that the individual had completed training. This would require the participant to know the name of the Instructor and date of training. While this is possible, it is time consuming and inefficient.

The OIS Trainer's Manual recommends that trainers track the designated persons that they have trained, however interviews with Independent instructors suggest that that does not always happen. Agency instructors report giving their training logs to their Agency's Training or HR Departments, who then track recertification dates and qualifications for their own staff. Additionally, each designated person trained in an OIS training signs a form agreeing to adhere to OIS standards and principles, however it was reported that "no one keeps those forms", and they are not saved by ASI.

The OIS Trainer's manual provides for mechanisms for Instructors to "decertify" people, however this is really only likely for Agency Trainers since Independent instructors may not have frequent or consistent access to or information about the designated persons who attend their trainings (e.g., foster providers, PSWs, etc.). From the manual,

> "De-certification of a workshop participant can occur at any time depending on the OIS Instructor's evaluation of the participant's continued performance and attitude regarding the supported individual's rights, Reasonable Response, behavior support, and use of least intrusive intervention."

After a workshop has ended, designated persons may be de-certified for "a felony conviction, substantiated abuse relevant to the principles of OIS, unwillingness to adhere to team decisions and the Positive Behavior Support Plan, a convincing disregard for the material presented, or failing a State required background check," (OIS Trainer's Manual, 2020). In most cases, an Independent Instructor may not have access to this information and a designated person may "keep" their certificate despite any of these conditions being met.

## FOR TRAINERS

Since the beginning of 2020, Sheril Karstens has been sending annual "Audit" letters, providing instructors with details on how many trainings they have conducted and when/whether their bi-annual co-training is due. 100% of current instructors interviewed lauded the improvement in tracking and managing of systems since Ms. Karstens took over as the OIS Data Manager. While the data are available, the types of trainings (e.g., G, IF) conducted, duration of training, and other details are not tracked electronically.

## COMPLAINTS

OIS does have a complaint process for participants, other Instructors, etc. to file a complaint regarding a current Instructor. The complaint is submitted in writing to the Project Manager (Mr. Sleeman) and the Steering Committee, the Instructor is notified of the complaint and may be asked to stop holding workshops until the complaint is resolved. The Project Manager then completes an investigation and submits findings to the Steering Committee which makes a final determination regarding the complaint and the Instructor's status as an OIS Instructor. In the event that a decision to decertify an Instructor is made, the Instructor can appeal the decision.

Few complaints against Instructors are made according to Ms. Karstens and Mr. Sleeman.

Instructors have appealed Steering Committee decisions regarding decertification for reasons other than complaints. Two former Instructors who were interviewed cited inflexibility in this process, however most other certifications of this type have strict standards as well. Both interviewees who cited appealing a decision to

decertify and losing the appeal reported that health problems were the root cause of their inability to meet standards. Most appeals have revolved around meeting annual training requirements or missing the April recertification meeting. One alternative crisis management curriculum that will be discussed later allows certified trainers who do not meet training requirements to participate in a short continuing education workshop to maintain their status. This same program tracks “hours in training” as opposed to the number of trainings completed, which allows for additional flexibility. Finally, this program counts “co-training” the same as individual training, which OIS does not. The process is outlined fairly clearly, and in the absence of multiple complaints to review for unfair or inconsistent responses, no conclusions can be drawn about this process.

## SUMMARY

Current systems within OIS provide electronic means (i.e., a database) for tracking Instructor candidates and Instructors to ensure that they are meeting compliance standards. However, there is no similar database for participants in OIS workshops. Complaints against instructors occur very seldom, Instructor appeals of OIS or Steering Committee decisions tend to be related to meeting annual recertification criteria.

## TRAINING OF INSTRUCTORS

OIS Instructors are trained in several ways. The flow chart on page five provides a snapshot of this process. First, they attend a four-day training that covers the history and development of OIS, philosophies from positive behavior support, person centered planning, self-determination, the OIS training materials, and intensive practice of physical management. I was not able to attend this training and cannot verify the content, however interviews with people who have completed training in the past two years suggest that this is an accurate description. The format of this training is mostly lecture-based; however, according to Mr. Sleeman, trainees are required to teach for five minutes and to demonstrate at least 90% proficiency on the physical competencies. At the end of the training the Project Manager, Mr. Sleeman, provides written feedback to participants to help them prepare and make the most of their observations, co-trainings and solo training. At this time a Behavior Professional has completed their requirements, but Instructor candidates have several additional training and oversight requirements.

Once an Instructor candidate has completed the four-day training and an observation of a Master or Mentor trainer, they can schedule co-trainings with a Master or Mentor trainer. Across two co-trainings an Instructor candidate is expected to train the entire curriculum. Essentially, an Instructor candidate and their co-trainer decide which modules the candidate will teach in the first co-training and the Master/Mentor observes and scores the instructor candidate's performance on a rating sheet. At the end of the co-training the Master/Mentor reviews the scores with the candidate and gives feedback. Feedback from the Master/Mentor trainer and a review of the rating form(s) can be considered additional forms of training for Instructor candidates. If the candidate’s performance is satisfactory, the candidate can then schedule a second co-training where any modules or skills not trained previously would be completed and observed by a different Master or Mentor trainer. Rating forms and feedback follow the second co-training as well. An instructor candidate must receive a score of at least 85% on the teaching modules and 90% when teaching physical management in order to qualify to conduct a Solo Training.

Upon successful completion of these two co-trainings an instructor candidate submits their Master/Mentor rating sheets to the project manager and the candidate’s package is reviewed at the next Steering Committee meeting. Finally, a qualified reviewer will observe a Solo Training and again score the candidates performance using an evaluation checklist for teaching modules and physical skills. Recall that independent trainers must do an

additional two co-trainings after their Solo training. Redacted copies of parts of two checklists can be found in Appendix A at the end of this document (full documents available upon request). Appendix B includes a table that summarizes a sample of instructor candidate scores on these forms and participant evaluations (a 1-5 scale on five questions that covered preparedness, ability to teach and answer questions, encourage participation, and help the participant understand the material) after a candidate has been approved to be an OIS Instructor. Note that all but one trainer in this sample data set performed at the 85% level in their first two co-trainings and no additional co-trainings were required. Note also that regardless of initial scores during co-trainings or the solo training all Instructors receive consistently high ratings from participants. Ms. Karstens and Mr. Sleeman reported that participant ratings of Instructors seldom provide useful data or indicate a problem.

Each April, Instructors and Behavior Professionals are given new slides with changes to the curriculum or rules. Interviews with instructors and behavior professionals indicate that ASI also uses this training as an opportunity to give feedback regarding instructor errors and mistakes over the past year. Finally, Instructors and Behavior Professionals are tested on their physical skills. These trainings occur regionally, and in March, Instructors and Behavior Professionals can choose the training location they want to attend. Instructors who do not attend the April training and who have not reached out to the Steering Committee to request accommodations are sent decertification letters in May.

## MENTORS AND MASTERS

Instructors are eligible to be **Mentors** when they have been an OIS Instructor for at least two years and have completed all required workshops and activities with positive participant evaluations. Instructors are eligible to be **Master Instructors** if they have been an OIS Instructor for at least six years, have conducted workshops for at least three program areas (e.g., adult residential, employment, crisis, etc.), have been a Mentor Instructor for at least four years, and who have at least a bachelor's degree in a related field with experience providing services to individuals with intellectual/developmental disabilities OR six years of experience conducting FBAs and writing PBSPs. Mentor or Master status is conferred by the Steering Committee.

In addition to their duties and responsibilities as Instructors, Mentor and Master Instructors provide service to OIS by allowing observations and by conducting co-trainings to Instructor candidates and assisting with April re-certification trainings. Master or Mentor Instructors who have demonstrated sufficient proficiency in OIS can serve as Solo reviewers for Instructor Candidates. Most Master Instructors have this status, only eight Mentor Instructors can perform this task.

Master/Mentor Instructors play a crucial role in the current Instructor Candidacy process as all candidates must observe and co-train at least twice with a Master or Mentor Instructors. There are 37 Mentor Instructors and 16 Master Instructors currently. Mr. Sleeman reports that ASI receives approximately 60 applicants a year. Each applicant must come into contact with three different Master or Mentor Instructors (not including Mr. Sleeman himself, who is a Master Instructor). Only 22 of these Master or Mentor Instructors are currently certified to provide oversight for Solo Reviews. Table 1 below summarizes the relative distribution of Master/Mentor Instructors across the five Regions. This shows that Instructor Candidates in the eastern side of the state have many fewer opportunities to observe, co-train and schedule a Solo Review without travel.

**Table 1**

Shows distribution of Master/Mentor Instructors according to the data available as of 3/26/21 on ASI's website. Note that there are three ASI staff who can travel to all Regions.

| | 1 | East. Pendleton | 3 | Cascade/ Redmond | 5 |
|---|---|---|---|---|---|
| **Master/Mentor** | 12 | 1 | 20 | 3 | 8 |
| **Solo Reviewers** | 9 | 0 | 7 | 1 | 3 |

Survey recipients who responded to questions about whether and why they chose to pursue being a Master or Mentor Instructor mentioned time as the primary reason they chose not to add this credential to their professional path, others mentioned not wanting the "responsibility" of someone's career in their hands (i.e., they didn't want to be the cause of someone's failure). Those that did choose this path reported that they liked to teach and help others succeed. Several were unclear about what was involved, and whether they could be paid more (they can: Instructor $90 per participant up to $1080, Mentor $106.25 per participant up to $1275, and Master $116.50 per participant up to $1400). Like with the Steering Committee (see below), there seems to be a great deal of misinformation or lack of information about who Master and Mentor Instructors are and what their role is within OIS and/or ASI.

## FEEDBACK FROM INTERVIEWS

Instructor responses in personal interviews varied. Some said it took a very long time to go through the Instructor Candidacy process due to the requirements to observe, co-train, and Solo train. They reported that finding three workshops conducted by Master or Mentor trainers in their geographic region could be difficult. Barriers to this include agency rules (pre and during COVID) that do not allow observations, waiting for a response from the Master or Mentor to schedule a co-training, and loss of income or time from other work duties (this was more prevalent for Independent Instructors). The OIS Trainer's Manual and Candidate Passport require that the observation, Co-trainings and Solo training should occur within a six-month time frame, however some Instructors interviewed said they had to ask for extensions due to an inability to schedule Co-trainings or their Solo training.

A review of the date ranges for Instructor Candidates from application to Solo Review between 2017 and early 2020 showed that only 11% of the Instructor Candidates whose files were audited took longer than six months to complete the process. The average time from first co-training to Solo Review (the activities reported to be most difficult to schedule) was nine weeks (range 6-12 weeks). The current policies involve Instructor Candidates copying Ms. Karstens on all correspondence with Master/Mentor trainers. She reports that this allows her to make sure the timelines are appropriate and that interactions in both directions are appropriate.

## FEEDBACK FROM SURVEY

Instructors who were currently certified as of August of 2020 and Instructor Candidates who had started the process by the summer of 2020 were asked about the training that they received and the helpfulness of the Mentor/Master in their training. Results are shown in Table 2 below. Data from 26 Instructors who completed their training between 2017 and 2020 are included in this table as reliability and validity of responses is likely to diminish as time passes. Data for all respondents are available upon request. Appendix C includes a list of "narrative" answers from those who responded to the survey.

The two most frequently occurring themes related to the method of training for Instructor Candidates center around the difficulty in scheduling observations, Co-trainings, and Solo trainings and variability or perceived subjectivity in Master/Mentor training and rating behaviors. The current procedures put into place by Sheril Karstens seem likely to address the first concern, although there will probably always be outliers. The second concern has some validity to it, as across six observations (described in curriculum section below) I saw variability in content provided (slides or activities skipped, personal opinions inserted, etc.) in all workshops observed. There was no evidence that inter-observer reliability or inter-rater reliability is conducted with Master or Mentor Instructors in their scoring of Instructor candidates however, in the November Steering Committee meeting Mr. Sleeman introduced adding this to training and requirement for Solo Reviewers.

**Table 2**

Percentage of respondents' agreement with statements related to initial training for Instructors.

| | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| **There was sufficient opportunity to practice and role play "teaching" skills** | 20% | 55% | 5% | 20% | 0 |
| **There was sufficient opportunity to ask questions** | 35% | 35% | 10% | 20% | 0 |
| **There was sufficient opportunity to practice physical skills** | 45% | 50% | 5% | 0 | 0 |
| **The Co-Trainer provided me with sufficient direction regarding expectations** | 30% | 60% | 10% | 0 | 0 |
| **The Co-Trainer provided me with helpful feedback** | 30% | 60% | 5% | 5% | 0 |
| **I felt comfortable asking the Co-Trainer questions** | 40% | 55% | 5% | 0 | 0 |
| **Scheduling the Co-Trainings was quick and easy** | 15% | 30% | 35% | 10% | 10% |

## SUMMARY

Most respondents agree that the training provided to them was sufficient for them to assume the roles that they selected (Instructor or Behavior Professional). Complaints about the process are unlikely to stop, as multiple variables play a role in the time frame within which a candidate will complete their training. These variables include a candidate's own dedication to the process (e.g., willingness to travel, observe or co-train on inconvenient dates) and geographic region as it relates to the availability of Master/Mentor Instructors who can train the types of programs they are interested in training (limited in southern and eastern regions). Complaints about the fairness and helpfulness of Master/Mentors in the solo review may be addressed by the addition of the inter-rater agreement that Mr. Sleeman introduced at the November Steering Committee meeting. However, this is a new initiative and the quality of observer training and the degree of reliability between raters is not yet known.

## STEERING COMMITTEE

### PURPOSE

According to the OIS Trainer's Manual, the roles of the Steering Committee are multi-faceted. The Steering Committee is responsible for:

- "Responding to special issues generated by policy makers within DHS (ODDS) and State or local government
- Responding to special issues generated by O.I.S. professionals
- Supporting O.I.S. professionals with workshops and workshop participants
- Reviewing unique support issues
- Reviewing requests for modifications to O.I.S. intervention techniques
- Reviewing Protective Services Investigations (as requested)
- Reviewing, approving, and decertifying O.I.S. Instructor Candidates and Instructors
- Reviewing and approving Instructor resources
- Reviewing the curriculum, policies, and practices of the Oregon Intervention System" (OIS Trainer's Manual, 2020)

Despite this being clearly stated on the ASI website and in the Instructor's Manual, several people interviewed and who responded to the Instructor's survey stated that they were not sure what the purpose of the Steering Committee was. Most people responded that they believed the Steering Committee's primary purpose is oversight of Instructors and curriculum and to approve modifications to physical management techniques, which are both listed above. Less than 15% of respondents stated that the purpose of the committee was to provide support for Instructors or Behavior Professionals. This is of concern, especially when considered with the number of respondents who reported actually avoiding the Steering Committee, trying to avoid the Steering Committee, or dreading required interactions with the Steering Committee. See Appendix D (specifically comments from 10, 15, 19, 20, 32, 38) for statements from Instructor and Non-Instructors. Other responses of concern were those who felt that the Steering Committee's role with Behavior Professionals and Instructors is adversarial (stated as "us vs. them") or cliquish (see Appendix D comments 1, 3, 8, 17, 20, 28). It should be noted that for as many critical comments of the Steering Committee there were an almost equivalent number of positive comments.

I attended the November Steering Committee meeting, which happened to be the first meeting for several new steering committee members. There was no evidence of an orientation to the committee being provided for the new members, however all members introduced themselves and identified the subgroup or community that they represented. In general, the meeting followed the proposed agenda, although they declined to discuss DOJ involvement in this meeting. When asked about the DOJ agenda item Mr. Sleeman reported that it was about unbundling of services. Approximately half of the agenda was taken up by discussing various Instructor or candidate statuses and accommodations or modifications for existing Instructors. Additional topics of conversation included supervision of participants (e.g., a DSP) during remote physical skills workshops, Instructor candidate safety concerns for practicing physical skills and rules regarding parent workshops and reviews of modifications to safeguarding interventions. When reviewing a proposed modification to a safeguarding procedure the Behavior Professional, who happened to be an ASI/OIS employee, modeled for the Steering Committee what the modification would look like and discussed how the modified procedure would be safer.

My observations suggest that the Steering Committee's role may be unnecessary in its current format as alternative curricula and physical management options (presented in the Recommendation section below) would

make the Steering Committee redundant. However, reviews of other Steering Committee minutes suggest that the agenda for the meeting I attended might have involved less policy or discussion of instructors for whom there are concerns than is typical, unfortunately leaving me with the impression that the committee provides limited value or service to Instructors or Behavior Professionals.

The table below summarizes data obtained from the 56 Instructors and Behavior Professionals who responded to the survey and reported having a direct interaction with the Steering Committee (regarding a PBSP, accommodation for workshop or annual training requirements, etc.), regardless of the year in which they were originally trained. The majority (70-74%) of respondents reported favorable impressions and responses from the Steering Committee. This suggests that 20-30% of Instructors and Behavior Professionals are not comfortable interacting with the Steering Committee or have had negative interactions (as described above and in Appendix D).

**Table 3**

Percentage of respondents' agreement with statements regarding the Steering Committee.

| | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| **I felt comfortable bringing questions or concerns to the Steering Committee** | 42% | 32% | 5% | 13% | 8% |
| **Steering Committee members were professional and courteous in their interactions with me** | 39% | 34% | 11% | 16% | 0% |
| **The direction given by the Steering Committee was helpful and practical** | 39% | 32% | 11% | 13% | 5% |
| **The time frame within which my question or concern was addressed was reasonable** | 40% | 40% | 3% | 13% | 5% |

## RECRUITMENT AND TRAINING

Steering committee members who were interviewed stated that they wanted to be on the Steering Committee to better advocate for their organizations or regions. More than half of those interviewed reported that they were recruited or asked to apply to be on the Steering Committee. This may be part of the reason why some Instructors and Behavior Professionals report feeling that the Steering Committee is made up of people close to the Project Manager, even if the Steering Committee as a whole made the recommendation or request for a specific person to apply.

Most Steering Committee members who were interviewed reported that they were not trained for the roles that they might be asked to fulfill as part of the Steering Committee, and that training for Steering Committee members would enhance their participation in OIS, to which they are all highly committed. The following statement by a Steering Committee member nicely sums up the issues raised by Instructors, Behavior Professionals and Steering Committee Members,

> "I think that we could do a better job of informing instructors around the state what the SC does, what the project manager does, and giving reminders that anyone is able to apply to join the SC at any time. There are currently vacant positions, but I am not sure how many instructors know that. I think the OIS project could focus more on who the SC members are and the value they add to the project to encourage new members to join. I think it would also help change the image the SC has had for many years for being intense and intimidating. If we showed the people behind the project,

it may encourage instructors to reach out for help and to want to become more involved. I know my opinion of the SC has changed since becoming a member. I also want to acknowledge that I know the Project [Manager] and SC feels like they have already done these things, but I think the instructors have so much going on, that they benefit from reminders during annual recertification."

## SUMMARY

The people on the Steering Committee (SC) and about 75% of respondents feel that the SC plays a vital role in the current model. It does appear that the role is more than 50% administrative (e.g., granting approvals for candidates, granting approvals for requests for smaller or larger classes, etc.) or directive (e.g., modification to rules for who can train in which program) and less supportive to Instructors and Behavior Professionals. Whether this is because, as some comments mention, they are afraid to interact with the SC, find it aversive to interact with the SC or do not even know that this is a role that the SC plays is unclear. Additionally, Behavior Professionals who do not author plans with safeguarding techniques do not access the SC which suggests that the support provided is largely limited to physical skills and not the PBSP process as a whole.

# CURRICULUM

## LEVELS OF CERTIFICATION

There are seven levels of certification for OIS instructors. These include Agency and Independent Instructors, Master and Mentor Instructors, Non-Instructional, Crisis, and Parent. The training and criteria for the first five levels are discussed on pages 5, 7 and 8. All participants in OIS workshops, except parents, receive training at the "G" or General level. Staff who support individuals who have safeguarding interventions written into their Positive Behavior Support Plan (PBSP) will receive individualized training on only the specific procedures written into the individual's plan. This level of training is noted as IF (individual focused) and is only appropriate or "good" for a single individual's PBSP. If a staff person stops working with a specific individual or moves agencies or homes, their G level certificate remains active, but they are no longer allowed to use any IF procedures unless retrained. The rationale for this is that by training staff to use only specific intervention and only for specific individuals, they will be less likely to abuse these interventions. While this is reasonable, by training only certain procedures for certain individuals, staff may not have the necessary tools to safely manage a dangerous behavior in an emergency. Additionally, this may require an agency to contract with an Instructor to provide specific IF trainings throughout the year if the Behavior Professional that an individual has chosen is not also an OIS Instructor. This in particular is concerning with regard to an individual's perceived choice. Their foster provider or residential provider may steer them in the direction of a Behavior Professional who is also an OIS Instructor to streamline their own processes.

### CRISIS

A Crisis instructor must be approved by the Steering Committee. Crisis Instructors are expected to demonstrate the ability and expertise to conduct an OIS workshop and adopt materials for crisis providers. Only instructors who are certified as a Crisis level instructor may conduct Crisis level workshops. There are two crisis programs, SACU and Albertina-Kerr. The extent to which a specialized certification level is necessary is not clear, however, because these are already self-contained programs. Instructors within those programs already have experience with the staff and population. This suggests that the Crisis level is redundant. Two Crisis trainers were interviewed, and a Crisis level two-day training and oversight training were observed. The Crisis trainers were well prepared and

tailored examples to fit the physical environment and staff who were present in the training, however the overall content of the training was no different than as all of the other two-day trainings observed.

## PARENT

There are currently only four certified Parent Instructors. In order to be a Parent Instructor, you must request an application from the OIS project, be approved by the Steering Committee, complete, and pass two co-trainings with an OIS Parent Instructor. In the 19/20 OIS year (May 2019-April 2020), four Parent workshops were held for a total of 16 participants. All four were given by two Instructors; that is, only two of the four Parent Instructors conducted workshops. A total number for the 20/21 year is not yet available, however as in last year, workshops were completed by two of the four instructors, with the majority being conducted by a single Instructor in the Cascades/Redmond area.

An interview with one of the Parent Instructors was conducted, however I was unable to observe a Parent workshop because the workshop that fit into my schedule was cancelled due to some parents not being able to attend. During the interview the Parent Instructor reported that the curriculum was recently updated for the first time in many years (estimated about six years since last update). We reviewed the slides, and the Instructor gave examples of how they use the information to support parents. The Parent curriculum includes more PBS-related content than the main OIS Curriculum.

The Parent Instructor hypothesized that there are fewer Parent Instructors and Parent workshops because the Project Manager has not been supportive of the credential and curriculum, because Parent Instructors are required to get more continuing education, because parents have difficulty freeing themselves of caretaking responsibilities for two days, and because it is difficult to get paid for the time (parents cannot afford it, having sufficient parents to participate to make it worth the time is hard, etc.). The Parent Instructor was willing to consider alternatives such as allowing the Behavior Professional supporting the family to conduct the training if they were also an Instructor.

## PROGRAM AREAS

A program area according to the OIS Trainer's Manual is the setting in which staff who are trained conduct the majority of their work. The seven program areas are adult residential, kid residential, employment, community living supports, foster care, and crisis provider. In order for an OIS Instructor to train staff who work in a specific program area they must conduct co-trainings with individuals from those program areas present at the workshop. For example, in order to be able to train foster care providers an Instructor candidate must have foster care providers in their co-trainings. The extent to which this is feasible, especially for scheduling and the timeliness of completion of the instructor candidacy program was recently discussed at the January 2021 Steering Committee meeting. The minutes suggest that Steering Committee members are not in full agreement about the extent to which this is necessary as residential and foster care providers have similar job responsibilities and duties.

The extent to which seven program areas are necessary is not clear. Since most OIS instructors have been doing this for many years it is likely that they could tailor their examples to any setting. Additionally, other states and large programs do not require separate levels of training or credential to teach positive behavior supports since the principles do not change in application across settings or individuals.

### OVERSIGHT

The oversight curriculum is a one-day workshop for supervisors who are already OIS trained. The content of this training includes how to teach skills, monitoring data collection, understanding the evolution of a positive behavior support plan, the difference between planned and emergency safeguarding interventions, and incident reporting. Oversight staff are given a refresher on physical skills and opportunities to learn how to detect correct and incorrect implementation of those skills with other staff. While this curriculum does not fully address or match the principles and procedures of PBIS, it does provide strategies for supervisory staff to support implementation of Positive Behavior Support Plans (PBSP). In many ways, the Oversight curriculum is a closer match to PBIS values and principles than the main OIS curriculum.

### SUMMARY

Overall, in the current model, the varying levels of program (i.e., location of service) and curriculum are redundant and add additional work or limit access to trainings for populations (e.g., parents) and certain geographic regions (the eastern side of the state, along the coast) where there are fewer trainers. This system is cumbersome and since the actual curriculum does not change (with the exception of Parent and Oversight), streamlining these requirements is likely to speed up the Instructor candidacy process and increase access to trainings across the state. Regarding the Parent curriculum and process, since it is unlikely that someone would conduct Parent trainings if they were not already providing services to families, the additional training and continuing education requirements also seem unnecessary and result in further limitations to parents being able to access training if they desire it.

## ALIGNMENT WITH PBS PROCEDURES, VALUES, SCIENCE

### POSITIVE BEHAVIOR SUPPORT AND COMMON TRAINING PRACTICES

Positive Behavior Support refers to a set of evidence-based systems, tools, and processes for increasing quality of life and reducing challenging behaviors by enhancing a person's environment and teaching new skills. While Positive Behavior Support includes an understanding that biology plays a role in human behavior, the emphasis in understanding behavior is on the person's environment and learning history. PBS training programs across the country focus on teaching direct support professionals (DSPs) and others who work with individuals with intellectual or developmental disabilities about the philosophy and practices of PBS emphasizing strategies and procedures that staff can do on a daily basis to teach new skills, create enriching environments, and monitor the effects of their practices. None of the curricula reviewed emphasize the role of the brain in understanding behavior or require staff to learn or be exposed to neurological terms and phrases.

Because the Guide to Professional Behavior Services describe OIS as, "Oregon's system of training and implementing the principles of Positive Behavior Intervention and Support (PBIS) and Interventions to staff that support adults and children with Intellectual/Developmental Disabilities (I/DD) that may display challenging behaviors" this section will focus only on the extent to which the curriculum teaches PBIS and not on the extent to which the training information presented is accurate with regard to neurological processes.

Specifically, this section will focus on comparing the current OIS curriculum with a comprehensive curriculum published by AAIDD and includes both DSP and Supervisor or Behavior Professional modules, quizzes, competency checks, and slides to be shown via PowerPoint and a scripted narrative for the trainer (Reid, Parsons, & Rotholz,

2015). This curriculum is designed to be conducted live with a trainer due to the nature of the competency checks; however, providers and programs in other states have reported conducting this training virtually once supervisors or behavior professionals have completed the training. That is, a subset of supervisors or Behavior Professionals participate in the entire live training, and DSPs and other support staff then participate virtually or by watching a recording because the supervisors and behavior professionals can conduct the competency checks as the learner progresses through the curriculum.

When comparing the materials and relative time distribution of content between the OIS materials in Table 4 and the AAIDD program in Table 5, it is clear that a significantly greater amount of time is spent on Positive Behavior Support procedures in the AAIDD training. Additionally, when comparing the specific language or examples presented in the OIS curriculum, the information is not "quite" consistent with material presented from the other published curricula. A good example of this is "Setting Events." OIS defines a setting event as "a collection of prior events or conditions, internal or external to the individual, that influence the behavior presented by the individual." Examples of setting events are given as level of supervision, a staff member's clothing, the physical environment, routines, diet restrictions and being told "no", among others. However, Reid, Parsons, and Rotholz (2015) define setting events as "experiences that a person has that, at a later time, change how a certain antecedent or consequence affects the person's behavior differently than it usually does." Examples of setting events given in the AAIDD curriculum include a recent "home visit", a change in medication that reduces an individual's appetite, an argument with a roommate or friend, oversleeping and missing breakfast. The OIS curriculum appears to conflate environment, antecedents and setting events while the AAIDD curriculum defines and gives examples of each as separate variables of interest. As these three variables are often addressed specifically in PBSP it is important for both Behavior Professionals and DSPs to have a clear understanding of the role each plays in the prevention or occurrence of challenging behavior.

**Table 4**

Depicts the relative distribution of content presented in the OIS training materials.

| OIS Module | # Slides | # Quizzes or Competencies | Suggested Time Spent |
|---|---|---|---|
| **Relationships and Communication** | 24 | 0 | 45-60 min |
| **Understanding Behavior Through Trauma** | 17 | 0 | 60 min |
| **What Determines Our Behavior** | 20 | 0 | 30-40 min |
| **Modifying Behavior** | 12 | 0 | 30-40 min |
| **PBS/Quality of Life** | 7 | 0 | 30-40 min |
| **Mental Health Introduction** | 13 | 0 | 30 min |
| **MH Choice Module** | varies | 0 | 30-40 min |
| **Stress and Emotional Control** | 20 | 0 | 90 min |
| **Emergency Crisis Management** | 27 | 0 | 60 min |

**Table 5**

Presents the relative breakdown of content covered in the AAIDD endorsed PBS training curriculum by Reid, Parsons, and Rotholz (2015).

| AAIDD PBS Training Curriculum for DSPs | # Slides | # Quizzes or Competence Assessments | Suggested Time Spent |
|---|---|---|---|
| **Dignity and Behavior Support** | 3 | 1 quiz | 30 minutes |
| **Defining Behavior** | 1 | 1 skills check | 50 minutes |
| **Positive Reinforcement and Punishment** | 6 | 1 role play | 70 minutes |
| **Negative Reinforcement** | 4 | 1 skills check | 45 minutes |
| **Identification of Antecedents, Behavior and Consequences** | 4 | 1 quiz | 45 minutes |
| **Setting Events** | 3 | 1 skills check | 50 minutes |
| **Meaningful and Integrated Day Supports** | 3 | 1 skills check | 55 minutes |
| **Teaching Functional Skills** | 3 | 1 skills check | 60 minutes |
| **Role of the Environment** | 4 | 1 skills check | 35 minutes |
| **The Role of Choice** | 4 | 3 role plays | 75 minutes |
| **Interactions** | 6 | - | 60 minutes |
| **Prompting** | 6 | - | 70 minutes |
| **Error Correction (for teaching new skills)** | 4 | 1 role play | 85 minutes |
| **Naturalistic Teaching** | 4 | 1 role play | 60 minutes |
| **Program Implementation (following PBSPs)** | 3 | 1 skills check | 45 minutes |
| **Problem Solving** | 2 | - | 30 minutes |
| **Functional Assessment** | 3 | 1 skills check | 60 minutes |
| **Data Collection** | 4 | 1 skills check | 60 minutes |

**Table 6**

Additional Modules for Supervisors (or Behavior Professionals, the closest analogy to current curriculum would be the Oversight Module) from the Reid, Parsons, and Rotholz (2015) curriculum.

| AAIDD PBS Training Curriculum for DSPs | # Slides/Pgs | Suggested Time Spent |
|---|---|---|
| **Data Analysis** | 7 | 55 minutes |
| **Scatterplots** | 4 | 25 minutes |
| **Feedback (delivered to staff)** | 3 | 50 minutes |
| **Performance Checklists (for staff implementation)** | 4 | 40 minutes |
| **Staff Observation** | 2 | 35 minutes |
| **Training Staff** | 2 | 45 minutes |
| **Performance Analysis** | 4 | 105 minutes |

Relias is web-based training platform for human-service agencies. They have developed a 4.5 hour condensed PBS training based on the Reid, Parsons, and Rotholz (2015) curriculum. This is a paid service but may be a good alternative to the longer 2.5-day training that is encompassed within the AAIDD curriculum. See https://aaidd.academy.reliaslearning.com/search.aspx?keyword=pbs for more details.

## "FREE" COMPARISONS

The PBS Academy of the United Kingdom (a resource referenced on the APBS website) has two documents that guide development of a quality training program at three levels of implementation (Foundational/DSP, Immediate/Behavior Specialist and Advanced/Behavior Professional or Organization level) and a list of minimum content areas to be trained to PBS providers. While these documents do not contain content in the same manner as the Reid, Parsons, and Rotholz (2015) curriculum described above, the content is clearly aligned with PBS values and guiding principles and could be used to develop an Oregon-specific training if "off the shelf" materials were not deemed appropriate. The table below summarizes the minimum standards and criteria to be trained to professionals. Note that this content is provided via a Creative Commons license for commercial and non-commercial use (retrieved from http://pbsacademy.org.uk/wp-content/uploads/2017/10/PBS-Standards-for-services-Oct-2017.pdf).

**Table 7**

Minimum PBS standards and content from PBS Academy resources

| Domain | Number of Standards | # of Criteria |
|---|---|---|
| **The experience of the person, including children and young people, and those involved in their lives** | 7 | 42 |
| **Assessment is functional, contextual and skills-based** | 6 | 38 |
| **Intervention: Developing and Implementing a Behavior Support Plan** | 5 | 32 |
| **Facilities, resources and workforce** | 4 | 31 |
| **Keeping all people safe: least restrictive practice and maximizing quality of life** | 5 | 28 |

The State of Florida allows providers of behavior services to train direct support staff, and specialized behavior assistant staff according to a set of standards. Providers can choose a pre-packaged curriculum as described by Reid, Parsons, and Rotholz (2015) or they can develop their own and submit to the state's Agency for Persons with Disabilities Senior Behavior Analyst for review. Requirements are that staff must receive 20 hours of training conducted by a credentialed or licensed provider by Florida standards. The table below summarizes the minimum content requirements, the "tool" used by the APD professional to can be found in Appendix E at the end of this document.

**Table 8**

Summary of staff training standards for staff working in homes for individuals with challenging behaviors

| Basic Component | Number of Standards/Criteria |
|---|---|
| **Requires a minimum number of hours of contact** | 20 hours |
| **Sets a minimum criterion for performance-based competency to become a certified DSP (100% recommended)- role play, feedback or instructional videos must be included** | 5 |
| **Provides for annual recertification of providers** | 6 |
| **Includes description of behavior analysis (could be substitute with values of PBS)** | 1 |
| **Includes description of roles of DSP, Behavior Professional, local review etc.** | 3 |
| **Explains criteria and methods for incident reporting** | 1 |
| **Defines behavior and related principles, ABC, functional assessment** | 8 |
| **Addresses basic teaching procedures (prompting, shaping, chaining)** | 4 |
| **Pro-active and reactive strategies** | 7 |
| **Data collection, graphing, reviewing graphs** | 6 |
| **Training of others** | 1 |

## FEEDBACK ON EACH MODULE

For each module, Instructors were asked to rate the extent to which they agree that the information presented was practical and useful for DSPs. The table below summarizes responses for each module. Note that while some Instructor comments (in Appendices F-M) are critical of how the content is presented, ratings suggest that they think the topic itself is important. This will be important to consider when evaluating the recommendations described at the end of this document.

In the sections below, the extent to which the module matches philosophy and PBS practice is noted, as well as reference to the appropriate Appendix with constructive Instructor comments on the content of the module.

**Table 9**

Percentage agreement on the extent to which Instructors believe that the information in the module is practical and useful for support staff

| | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| **Relationships and Communication** | 64% | 25% | 8% | 3% | 0% |
| **Understanding Behavior Through Trauma** | 60% | 33% | 7% | 0% | 0% |
| **What Determines Our Behavior** | 61% | 27% | 11% | 1% | 0% |
| **Modifying Behavior** | 43% | 36% | 17% | 4% | 0% |
| **PBS/Quality of Life** | 43% | 34% | 15% | 8% | 0% |
| **Mental Health Introduction** | 37% | 30% | 19% | 14% | 0% |
| **Stress and Emotional Control** | 58% | 35% | 7% | 0% | 0% |
| **Emergency Crisis Management** | 63% | 29% | 4% | 4% | 0% |

## RELATIONSHIPS AND COMMUNICATION

This module would most closely match with the AAIDD PBS training modules on Dignity and Interactions. However, the content focuses more on why it is important to develop a rapport than in how to develop a relationship with the individuals a staff person supports. There are six slides/segments with "how strategies" compared with 15 that discuss what a relationship is and why individuals with I/DD need relationships for quality of life. Additionally, there are quite a few videos in this segment that seem to be added more for enjoyment or engagement than utility. For example, one video goes into great length about how to have good conversations, however this does not help staff who primarily work with individuals who do not communicate vocally. A second video is a "mock" power struggle between a father and his two-year-old child; this video does nothing to enhance the curriculum and could be offensive to some as if the Instructor were comparing an individual being provided services to a toddler. Comments on this module are shown in Appendix F.

## UNDERSTANDING BEHAVIOR THROUGH TRAUMA

One commendable focus of the OIS curriculum is the inclusion of a module on the role that trauma may play in an individual's behavior. However, the focus on brain and neurological processes is not necessary for direct support staff to understand trauma. The vocabulary used is too complex for many people who have a high school diploma and even some who have taken college classes. Comments from Instructors and Behavior Professionals support this as shown in Appendix G. PBS is already a trauma-informed practice, and as such, this hour might be better dedicated to another facet of PBS that is not covered in the current OIS curriculum, such as data collection or teaching skills.

Because implementation of positive behavior supports IS trauma-informed, this module could be shortened and simplified to include definitions and types of trauma, health impacts of trauma (e.g., chronic health problems), what "trauma" might look like to a staff person, and how PBS can help to mitigate the impact of trauma. Virginia Commonwealth University Partnership for People with Disabilities conducted a training in 2018 that addressed these factors without use of any technical language. Slides from this presentation can be viewed here https://hcpbs.org/wp-content/uploads/2018/04/trauma-informed-pbs.pdf.

## WHAT DETERMINES OUR BEHAVIOR

In a traditional PBS training, this module would address functional assessment processes and the role that support staff play in assisting a Behavior Professional to conduct a functional assessment. The Association of Positive Behavior Supports (APBS) upholds the antecedent-behavior-consequence model as the basis of all voluntary behavior, the PBS Academy (in the UK) standards for providers include seven criteria for assessing function spanning environment, antecedents, and consequences. Instead, this module introduces the concept of a "Preset" which is not present in any other PBS materials or trainings, discusses biological and psychological causes of behavior and setting events, without ever introducing the concept of consequences or the role that consequences play in maintaining behavior. Refer back to the paragraph on the bottom of page 15 for problems with how setting events are discussed. Comments about this module can be found in Appendix H.

## MODIFYING BEHAVIOR

This section briefly addresses causes of behavior, although not the ones typically identified or trained in PBS curricula and interventions. Causes identified in the OIS curriculum include difficulties with communication, getting

or avoiding something, lack of relationships, trauma and biopsychology. The AAIDD PBS curriculum introduces two primary causes of behavior: what the person wants or gets and what the person stops or gets away from. Training materials on The Association for Positive Behavior Support (APBS) webpage identify four possible functions: attention, sensory, escape or avoidance, and access to items.

In this current OIS training, after introducing the OIS causes of behavior, there is only one slide on teaching skills and two on using reinforcement. There are more slides (3) on why not to use punishment than there are on the positive aspects of PBS. This section does not match PBS values or curricula in content or breadth of material covered. Recall that more than half (10/18) of the lessons and activities in the Reid, Parsons, and Rotholz (2015) curriculum address PBS methods of modifying behavior. See Appendix I for comments from Instructors.

## PBS/QUALITY OF LIFE

This module closely aligns with PBS values by introducing the extent to which a meaningful life is encompassed of having friendships, access to the community and preferred things to do. It is very short (about 30 minutes, 7 slides) and does not provide staff with recommendations or strategies for ensuring the individuals they serve actually have access to the things that create a meaningful life. Comments on this module can be found in Appendix J.

## MENTAL HEALTH

This module and the "optional" module (Instructors can choose which one to present but presenting at least one is required) that comes after it do not align with PBS curriculum or content. While it might be useful for a support staff to understand that individuals who have intellectual and developmental disabilities might also have a mental health diagnosis, the information is largely descriptive (e.g., prevalence or symptoms) and does not provide staff with day-to-day strategies for supporting someone with a dual diagnosis. As with the trauma module, a good PBSP based on PBS principles will include this information as it relates to a specific individual and therefore this time could be better spent on other areas of PBS philosophy or intervention. Based on record reviews, Instructors choose to present the Autism, Anxiety and Dementia modules the most often. This information could be made available to providers via a pre-recorded or otherwise already available virtual platform for continuing education when appropriate. Comments on this module can be found in Appendix K.

## STRESS AND EMOTIONAL CONTROL

This module discusses how staff emotions can lead to abuse and neglect, defines types of abuse and neglect, and biopsychological factors involves in staff stress. This module aligns with PBS in that proper implementation of PBS creates a positive environment and reduces the likelihood of abuse, however the material presented does not match any of the PBS curricula or training guides that have been discussed thus far. Some of this information is covered in other mandatory trainings for staff and providers.

The biopsychological factors information is fairly technical and potentially too "academic" to be useful to staff and provides minimal recommendations on what staff should actually do when they experience stress or strong emotions at work. Instructor comments on this module can be found in Appendix L.

## EMERGENCY CRISIS MANAGEMENT

This module includes information for staff on what constitutes a "reasonable response" to an individual's challenging behavior, including when to use and NOT use safeguarding procedures. This module does not include specific information that can be tied to PBS standards. Instead, this section of the training serves as an introduction to teaching physical skills and includes information on personal space, staff self-control, and rules and regulations regarding the use of safeguarding procedures.

This module also introduces the idea that support staff will need to regulate their own emotions during a behavioral crisis. Different trainers approach the subsection on Emotional Regulation slightly differently. All required participants to complete an Emotional Regulation Strategy worksheet, some asked participants to voluntarily share strategies that worked and some just visually checked that it had been completed while allowing the participants to keep it or put it away. Instructor comments on this module can be found in Appendix M.

## WORKSHOP PARTICIPANT EVALUATIONS OF THE OIS CURRICULUM

Results of the survey for participants (e.g., support staff, house managers, etc.) of OIS workshops are divided into two groups. The first group of respondents (Severe Beh. in Table) includes twenty-one people who self-report working with individuals who display severe challenging behavior. When asked to rate the extent to which techniques and procedures trained were useful in PREVENTING challenging behavior, only 38% reported that the procedures were very to extremely useful, while 63% responded that the training was moderately useful to not at all useful. The second group of respondents (Mild to Mod. Beh. in Table) includes 117 individuals who report working with individuals who exhibit mild to moderate challenging behaviors. When asked to rate the extent to which techniques and procedures trained were useful in PREVENTING challenging behavior, 57% reported that the procedures were very to extremely useful, while 43% responded that the training was moderately useful to not at all useful. This contrasts with the results above and suggests that the curriculum may need to be modified for certain settings or individuals.

**Table 10**

Respondent's ratings of utility of OIS for preventing behavior based on the types of behaviors that they encounter

| | | Severe Beh. | Mild to Mod. Beh. |
|---|---|---|---|
| 1 | Extremely useful | 9.52% | 27.35% |
| 2 | Very useful | 28.57% | 29.91% |
| 3 | Moderately useful | 33.33% | 20.51% |
| 4 | Slightly useful | 19.05% | 17.09% |
| 5 | Not at all useful | 9.52% | 5.13% |

When these same groups were asked to rate the extent to which techniques and procedures trained were useful in RESPONDING challenging behavior, only 29% of the Severe behavior group reported that the procedures were very to extremely effective, while 71% responded that the training was moderately effective to not at all effective. The second group of respondents (Mild to Mod. Beh.) rated the effectiveness of procedures in responding to challenging behavior as generally more effective than the first group, with more than 60% reporting that the strategies and procedure are very or extremely effective.

**Table 11**

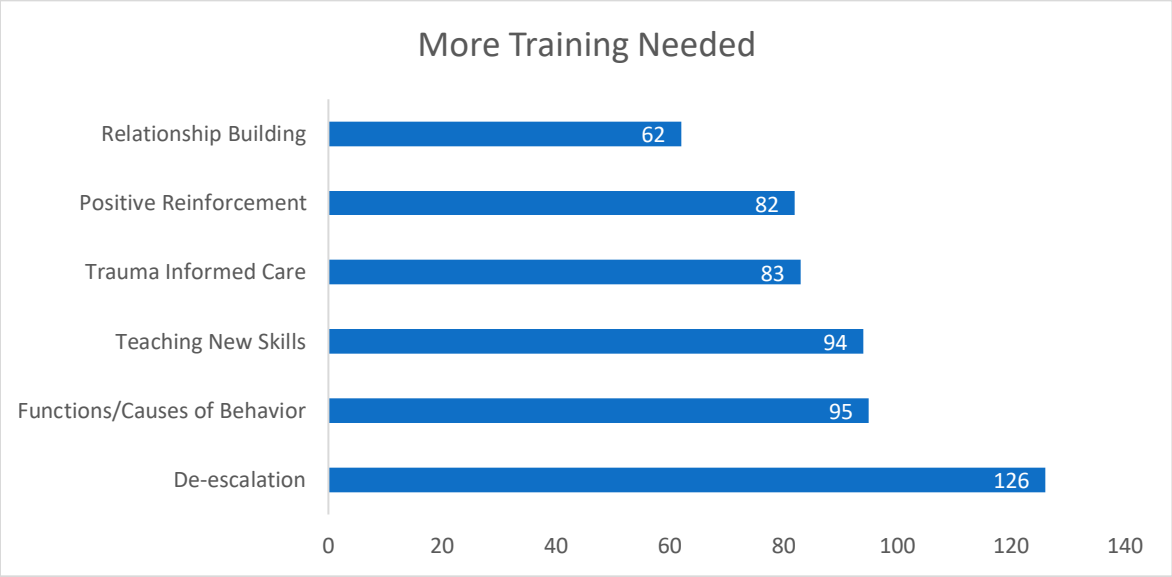
Respondents' ratings of effectiveness of OIS procedures in responding to challenging behavior based on respondent's self-report regarding the types of clients they serve.

| | | Severe Beh. | Mild to Mod. Beh. |
|---|---|---|---|
| 1 | Extremely effective | 19.05% | 26.72% |
| 2 | Very effective | 9.52% | 33.62% |
| 3 | Moderately effective | 47.62% | 22.41% |
| 4 | Slightly effective | 14.29% | 10.34% |
| 5 | Not effective at all | 9.52% | 6.9% |

Finally, participants, Behavior Professionals, and Instructors were asked to choose from a list of topics (some covered and some currently not covered in the OIS curriculum) the ones that they would like to receive more training on. The results are summarized below, however the overwhelming majority of respondents indicated that they would like more training on de-escalation strategies, functional assessment and how to teach skills to individuals they serve. This information should be considered when evaluating the content of future OIS trainings or alternative curriculum options. Note that respondents could choose more than one answer, so the total responses are greater than the total number of survey respondents.

**Figure 1.**

Depicts the total number of times a topic was endorsed by survey respondents.




## SUMMARY

Only two modules from the current curriculum address PBIS values and procedures. There are commercially available options that would fulfill this role much more clearly and that incorporate evidence-based training

practices (see below). The majority of content is based in neuropsychology or biology. Participants (DSPs, home managers, vocational/job coaches, behavior professionals who do not author PBSB with safeguarding interventions) who work with individuals who exhibit challenging behavior rate the curriculum as generally unhelpful or ineffective. Appendices N and O include comments about the OIS curriculum and process separate from specific modules. Of interest are the comments in Appendix O about adding more practice opportunities, realistic scenarios, inclusion of more role-plays, all of which are components of evidence-based training (below).

## SAFEGUARDING (PPI) PROCEDURES

As a direct support staff and Behavior Professional (BCaBA and BCBA) working in the field of intellectual and developmental disabilities since 1998, I have been certified to use four different crisis management interventions including CPI (NVCP), TACT, TEACH and Safety Care. I have been a Safety Care Trainer for the general and advanced skills curricula since 2016. I am not a medical professional or physical therapist; therefore, my comments are based solely on my experiences with several other curricula and discussions with leaders and developers from several other curricula.

There are procedures which I believe pose a safety risk for the individual being served due to potential to impair access to airways or breathing. These include all “belt shirt” procedures and the bite release. Additionally, all six “belt shirt” procedures present concerns for a person’s dignity, and Instructors are trained to caution staff specifically with regard to the iliac crest procedure and a person’s possible history with sexual trauma.

Staff implementing these physical skills report generally positive, but variable results as shown in Table 12 below. Personal interviews with current and former instructors suggest that mild staff injuries occur at least monthly and more severe injuries have resulted in staff missing work or requiring a change to their duties. Interviewees did not have “hard data”, these were only their recollections from working within their own agencies. Other physical crisis management curricula consist of many fewer procedures, but that can be used in a variety of situations. Mastering and then training to mastery more than fifty skills would be difficult for anyone.

**Table 12**

Ratings of effectiveness and safety for OIS safeguarding procedures by all surveyed

Note that because not all staff or providers use all procedures the number of respondents per question varies

| | Strongly Agree | Somewhat Agree | Neither | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Evasion, deflection, and escape procedures are effective | 55% | 32% | 7% | 3% | 3% |
| Evasion, deflection, and escape procedures are safe for ME | 58% | 27% | 7% | 5% | 3% |
| Evasion, deflection, and escape procedures are safe for the individual I am supporting | 67% | 21% | 5% | 3% | 3% |
| Belt/Shirt procedures are effective | 51% | 31% | 8% | 6% | 4% |
| Belt/Shirt procedures are safe for ME | 48% | 30% | 10% | 8% | 3% |
| Belt/Shirt procedures are safe for the individual I am supporting | 47% | 33% | 11% | 6% | 3% |
| Limb control procedures are effective | 45% | 29% | 15% | 7% | 4% |
| Limb control procedures are safe for ME | 45% | 26% | 16% | 9% | 3% |
| Limb control procedures are safe for the individual I am supporting | 48% | 28% | 11% | 9% | 3% |
| One-person protective physical intervention procedures are effective | 46% | 27% | 14% | 8% | 5% |
| One-person protective physical intervention procedures are safe for ME | 41% | 24% | 18% | 10% | 6% |
| One-person protective physical intervention procedures are safe for the individual I am supporting | 43% | 30% | 14% | 9% | 4% |
| Two+ person protective physical intervention procedures are effective | 52% | 32% | 11% | 2% | 3% |
| Two+ person protective physical intervention procedures are safe for staff | 45% | 33% | 15% | 3% | 4% |
| Two+ person protective physical intervention procedures are safe for the individual I am supporting | 45% | 31% | 14% | 7% | 3% |

In the recommendation selection below, I share details about how to ensure a greater degree of confidence in the safety of these procedures and also present alternative, nationally recognized programs. Note separated responses by survey recipients can be found in Appendix P (Participants in workshops) and Appendix Q (Instructors). Note that Participant ratings are generally skewed more negatively (i.e., a higher percentage of disagreement) than Instructors.

## REQUIREMENTS IN OTHER STATES FOR CRISIS MANAGEMENT TRAINING

A review of other states' mechanisms for ensuring that individuals who experience safeguarding interventions are treated safely and humanely suggest that one of two primary procedures are followed. Some states, like Florida, have a pre-approved list of crisis intervention curricula for providers to choose from. In Florida, there is also a mechanism for submitting an unapproved curriculum to the state for review. There are fourteen criteria on type of training and presentation, content of material, and relevance to the I/DD population. The most relevant form for

this process can be found in Appendix R. Washington, similar to Florida, allows providers to choose which crisis management curriculum they want to use but also outlines the basic requirements for the curriculum. Washington's guidelines would likely require a combination of trainings to meet all of the requirements as they include: principles of positive behavior support, including respect and dignity; communication techniques to assist a client to calm down and resolve problems in a constructive manner; techniques to prevent or avoid escalation of behavior prior to physical contact; techniques staff may use to manage their emotional reactions; techniques for staff to use in response to the client's feelings of fear or anger; evaluation of the safety of the physical environment at the time of the intervention; use of the least restrictive physical interventions depending upon the situation; clear presentation and identification of prohibited and permitted physical intervention techniques; discussion of the need to release a client from physical restraint as soon as possible; instruction on how to support physical interventions as an observer and recognize signs of distress by the client and fatigue by the staff; Discussion of the importance of complete and accurate documentation; and caution that physical intervention techniques must not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. Note that in Washington, an appropriate medical or health professional and the facility or service provider certified trainer must approve all modifications.

Other states, like Georgia, Kansas, Nebraska, New Jersey, Minnesota, and Missouri simply require that the programs or providers can document that they train staff in a crisis management/physical management procedure or that the crisis or emergency curriculum for physical management is nationally recognized and have recertification requirements.

## TRAINING PRACTICES

### COVID RESPONSE

As the annual recertification occurs in April, which was near the beginning of the state-mandated "stay home, save lives" campaign, the Steering Committee extended the requirement for two trainings for five Instructors who were not able to complete the required number before April 30, 2020. Additionally, the Steering Committee determined that every designated person whose training would lapse in the spring of 2020 would be granted an extension. Accommodations for G-level recertifications to be completed virtually were made, although Instructors were not given instructions or suggestions on how to manage participant attendance or engagement. A final "quiz" was created to help Instructors verify continued participation throughout a workshop, however discussions at several Steering Committee meeting suggest that Instructors were not confident in level of participation in their workshops or the physical skills webinars (see below).

Once it became apparent that the COVID restrictions were not going to be lifted, virtual demonstrations of approximately two hours in length were held several times a month in some months so that designated persons whose certifications were beginning to lapse after the original extension, could maintain their OIS status. These demonstrations were conducted via webinar and each of the safeguarding procedures was modeled. To date, more than 20 remote webinars of physical skills have been conducted with more than 2000 attendees. Challenges to having a supervisor monitor in person were discussed at the November meeting of the Steering Committee. One Instructor suggested a mechanism for remote supervision of staff who participated in the physical skills webinars, however, at the next Steering Committee meeting, the minutes reflect that the results of the remote monitoring were varied and that this practice would not be endorsed.

It is clear that the Steering Committee ultimately determined that many aspects of trainings could be determined by the Agency or Instructor hosting the training with some guidance on person-to-person interactions from ASI. For example, Instructors were told to pair or "cohort" participants for physical training to decrease the likelihood that all participants would not have to be quarantined if someone became sick. In some agencies, staff who worked in the same home were able to be trained together and, in some cases, (according to survey responses) staff were recertified early to create stable cohorts within a home or setting. For some agencies, trainings occurred with smaller class sizes, some conducted the lecture portion virtually and had staff watch the physical procedure webinars, and in others, trainings continued with almost no change in procedure. I observed six trainings while COVID restrictions were still in place and saw a great deal of variability across agencies and Instructors. Some agencies halved the number of participants attending, some closed their trainings to outsiders (co-trainings, observations). In some trainings, masks were required for the duration of the training. In others, both participants and trainers removed or wore their masks incorrectly (e.g., under their nose) for all or long portions of the training.

Some interview and survey respondents were concerned about ASI's response to COVID, as is evidence by the comment below (note some sections redacted – shown by ellipse – to protect the identity of the respondent). I observed one of the physical procedure webinars and found that it was shorter than the allotted time and it was difficult to see "all" of each procedure due to the camera angle.

> "During the early stages of COVID I made some specific suggestions with how to handle the upcoming pandemic. I … offered to help. I was summarily told no. Subsequently, OIS SC [Steering Committee] directives were often in direct conflict with both known medical safe practice, putting our population and instructors at serious risk, and even contradicting the governor's direct orders. In one day, we received 3 updates about how to handle OIS classes, seemingly due to the OIC SC being unaware of clearly known standards that were not taken into account. I made one simple suggestion that would have alleviated all of the mess with PPI training. This was dismissed out of hand. I suggested that a professional videographer make a video of the PPI maneuvers with a good voice over and detailed instruction, then make this available to the OIS instructors to teach during their online class and allow questions. The PPI webinars were a mess and not very good - I watched one. A never-ending chain of confusing and constantly changing instructions about registration and tracking were issued. Again, some of these issues could have been easily solved, but the solutions that came out of the committee were ill-conceived and often counter-productive, only to change a week or two later. The OIS SC is an unguided mess that cannot recognize when it is out of its depth and exhibits a dismissive attitude when offered help. I am considering whether or not to re-certify because of the abject failure of the SC to guide properly."

## PEDAGOGY FOR WORKSHOPS

Within the human-services realm, there are quite a few opinions about staff training, however the evidence for most "lecture-based" or "classroom" teaching formats is limited. If the purpose of the training is to improve performance on skills that lead to meaningful changes for the individuals we serve, the format of training should be evidence-based with regard to staff performance. We have learned that "… programs that rely heavily on verbal-skill training approaches typically prove ineffective in creating a meaningful impact on the job performance of human service staff" (Parsons, Rollyson, & Reid, 2012). This means that the training may increase a staff member's knowledge "about" something but not "how to do" something.

To address the question of the extent to which the OIS trainings use evidence-based practices, the goal or purpose of the training has to be considered. As mentioned above, the Guide to Professional Behavior Services states that OIS is "a system of training and implementing the principles of Positive Behavior Support and Intervention to

Designated Persons who support adults and children with Intellectual/Developmental Disabilities (I/DD) displaying challenging behaviors." With implementation as a core component of this definition, evidence-based practices for training people to perform skills are used as the basis for evaluation. There are also evidence-based practices for teaching "knowledge" or "verbal skills," which will be discussed at the end of this section since the current curriculum is based on that level of learning.

The slide show has been updated to be more visually appealing, videos and other media are interspersed, and activities are required and/or recommended within each module. These are all "improvements" from previous versions according to everyone interviewed. However, if participants and Behavior Professionals do not leave training with actual skills and strategies that they can use, we have to ask, "why are we requiring this training?"

Evidence-based staff training requires both performance-based and competency-based components, where *performance* means that trainees perform or practice skills in the training context to *competency*. Competent performance occurs with high quality or at a mastery level (Reid, et al., 2003). Additionally, evidence-based training is data-based; trainers collect data on staff performance during training to ensure that competent performance has been obtained. These data may be reviewed over time to evaluate the overall effectiveness of the training materials as well.

Dunlop et al., (2000) describe a comprehensive model of training PBS that was carried out in more than 20 states in late 1990s. The training they describe is based on teaching stakeholders about carrying out PBS in a multi-disciplinary context. The most relevant feature of the training system that they describe though, is the following, "training in positive behavior supports is facilitated by the direct application of the training content to people with disabilities and behavioral challenges…" they do this with a case study format. Using real cases from the participants own communities serves the "performance-based" component described below. Trainers model how to follow the PBS process and then trainees immediately practice going through the same steps using a case study.

The current gold standard for evidence-based training of human service staff involves a six-step process that can be applied individually or in groups. The six steps include 1) describing the target skill, 2) accompanied by a handout or other written instructions, followed by a 3) demonstration of the skill, 4) an opportunity for the trainee to perform the skill with 5) immediate feedback and 6) a repetition of steps three through five until the trainee can perform the skill or task errorlessly for a specified number of opportunities (usually two or three consecutively). In general, this approach is known as Behavior Skills Training and has been used to teach parents, teachers, and direct support professionals to perform teaching and reinforcement strategies, implement behavior reduction plans, and is even used in one of the crisis management intervention systems that will be discussed later (Miles & Wilder, 2009; Nigro-Bruzzi & Sturmey, 2010; Sarokoff & Sturmey, 2004).

An earlier version of the AAIDD endorsed curriculum described in the previous section (Reid, Parsosn, & Rotholz, 2015) was implemented and evaluated across 236 supervisors in South Carolina. Results of the training package were highly positive, with more than 85% of supervisors meeting mastery criteria and 99% of them reporting that they would recommend the training to peers or co-workers (Reid et al., 2003). This package, as shown in Table 5, includes skills check and competencies in almost every single module. Some skills checks require a staff to take data on a behavior and to match their data with the trainer, other involve a staff person correctly identifying setting events given common scenarios, and still others involve trainees identifying environmental variables (e.g., noise, crowding) that might impact an individual's behavior. Role plays involve trainees demonstrating competence at giving choices to individuals who communicate vocally and non-vocally, giving attention when supervising groups of people, and using prompts to teach someone how to perform a simple task. Supervisors in this training also learned how to observe staff behavior and give feedback on the same skills.

It is unclear what ASI believes the ultimate goal of the current OIS training curriculum is; although it does not train people to implement PBIS. Even if the goal is to provide a broad, verbal understanding of several topics relevant to the participant's chosen field, then the training still does not meet current standards for evidence-based teaching, which include identifying learning objectives and methods of assessing learning mastery, and inclusion of strategies to increase or include "active student responding." Specifically, for a group of adult learners, guided notes have been shown to be helpful. In guided notes, a lesson outline is prepared, but key terms are replaced with blank lines. Each learner is given the outline to fill in the lines as the training or activity proceeds. At the end of the lesson, the learners have a completed outline for reference (Austin et al., 2002; Barbetta, & Scaruppa, 1995).

The only part of the OIS workshop in which participants are required to practice and demonstrate skills is the physical skills section, and even in this area where correct performance is crucial for the safety of the staff person and individual in question, true mastery was not required. Requirements for correct performance varied across trainers. Most trainers gave feedback after errors were observed, and some (3/5) required a participant to perform the skill better after feedback was delivered. None of the trainers required "practice" at mastery level, however. That is, once a participant could perform the skill "once", the trainer moved on. There is no standard data collection system for staff performance of skills in the workshops- some Instructors posted a list of skills on the wall and referred to it as they went in order. However, there was no procedure for an Instructor to track progress and mastery for each individual participant, requiring Instructors to rely on their memory if a participant needed extra coaching or instruction. Recall, data on participant performance is a component of evidence-based training practices. These data could serve multiple purposes for program evaluation at the individual staff level and at the larger organizational level.

Across all trainings, participants were not given an opportunity to respond to a challenging behavior in a more complex, role play situation. The slides tell participants to give space, provide only a reasonable response, and to follow procedures correctly, but participants are not given an opportunity to practice this full set of skills in training where it is safe, and they can be given feedback. Therefore, while the physical skills component of training meets some of the criteria for evidence-based training, it does not meet all.

## CULTURAL SENSITIVITY

The current OIS curriculum includes several videos and exercises that suggest a lack of cultural sensitivity on the part of the program authors. White (Caucasian) people are overrepresented in the videos selected, some videos were reported to be offensive with regard to gender and sexual identify (e.g., the Anger Management clip) as reported to me in interviews and noted as well in the open-ended survey responses found in the Appendices at the end of this document. Responses from four questions related to cultural sensitivity of the curriculum from all forms of the survey provided (Instructors, Non-Instructors, Participants, Candidates) are shown below.

Interviews and comments suggest that the majority of concerns with culturally appropriate content come from the videos, which are not present or used in any of the curricula mentioned in the comparison section above.

**Table 13**

**Participant** respondents' level of agreement with four statements related to the cultural sensitivity of the OIS training materials.

Note. The first score (to the left of the slash) represents "overall" data and the second score represents responses from respondents who self-identify as using a non-binary pronoun (they/them or ze/hir) or as American Indian, Asian, Black or Hispanic.

| | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| The most recent OIS training materials were culturally sensitive to me as an attendee | 38%/29% | 28%/31% | 19%/20% | 6%/7% | 8%/13% |
| The most recent OIS training materials were appropriate for clients of different races/ethnicity | 42%/31% | 32%/39% | 18%/18% | 3%/2% | 4%/9% |
| The most recent OIS training materials were appropriate for clients of any sexual orientation or gender identity | 41%/38% | 35%/43% | 17%/17% | 4%/2% | 4%/7% |
| The most recent OIS training materials were appropriate for clients of different religions | 38%/30% | 34%/39% | 20%/18% | 5%/9% | 2%/5% |

**Table 14**

**Instructor** respondents' level of agreement with four statements related to the cultural sensitivity of the OIS training materials.

Note. The first score (to the left of the slash) represents "overall" data and the second score represents responses from respondents who self-identify as using a non-binary pronoun (they/them or ze/hir) or as American Indian, Asian, Black or Hispanic.

| | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| The most recent OIS training materials were culturally sensitive to me as an attendee | 18%/17% | 44%/50% | 32%/17% | 4%/8% | 3%/8% |
| The most recent OIS training materials were appropriate for clients of different races/ethnicity | 22%/25% | 36%/25% | 35%/33% | 5%/8% | 3%/8% |
| The most recent OIS training materials were appropriate for clients of any sexual orientation or gender identity | 23%/33% | 32%/25% | 30%/25% | 13%/8% | 3%/8% |
| The most recent OIS training materials were appropriate for clients of different religions | 24%/33% | 36%/33% | 33%/17% | 4%/8% | 3%/8% |

## SUMMARY

The current OIS curriculum does not meet the standards set forth in multiple publications of PBIS standards. The training methods are not evidence-based. Survey results indicate that the people for whom this training is supposed to be targeted or directed to do not find the curriculum to be universally helpful or effective. There are safety considerations for the safeguarding techniques training by OIS that should be evaluated by a medical professional.

## RECOMMENDATIONS

If the continued direction for ODDS is to support and promote PBIS, then my primary recommendation is to unbundle the current OIS offerings. Develop a new training program or purchase an existing one that is based on PBIS and make it available via in-person and virtual offerings. Second, with regarding to use of crisis prevention, safeguarding or emergency physical management procedures, I recommend that ODDS evaluate the nationally recognized programs (a list of five is provided below, with relevant details) and to allow providers to choose which curriculum best meets the needs of the individuals they serve. I understand that this could be a complex undertaking and will therefore include recommendations that utilize some of the currently existing structure and framework.

### PROCEDURES AND PROCESSES

#### DOCUMENTATION

OIS should absolutely maintain an electronic database of everyone who has been trained in OIS and which procedures they have been trained to use. This database should be accessible by Behavior Professionals, providers and ODDS/DHS employees to help streamline training, abuse investigations, and tracking use of OIS in agencies across the state. This could be a simple as an Excel spreadsheet saved to a shared drive that is only editable by OIS instructors and the Data Manager, or it could be more complex, using File Maker or other web-based platforms.

In addition, Instructor candidates as well as all of the people named above should have current, up-to-date access to the names and contact information for all OIS Instructors, even those from Agencies, as well as Master/Mentor trainers to facilitate their training process and peer support.

Note that the nationally recognize trainings mentioned above maintain databases of trainers and trainees for crisis intervention and physical management.

#### APPLICATION, TRAINING, INSTRUCTOR QUALITY

If the determination is made to continue with an in-state contract to manage and oversee OIS, the recommendation would be to streamline the application and training process so that Independent Instructors have the same requirements as Agency Instructors. Virtually no other training curriculum or crisis management curriculum requires the time commitment that OIS does. If Instructor candidates were given sufficient opportunity to practice during their initial training as opposed to only a single 5-minute teaching exercise, then scheduling and conducting multiple co-trainings would not be necessary.

The curriculum should be rewritten and updated to be consistent with PBIS and to include evidence-based practices for Instructor training as well as participant workshops. If Instructor candidates were trained using performance and competency-based procedures, errors in training and poor-quality trainers would be identified and addressed very early on in the candidacy process, reducing the need for multiple co-trainings after completing the OIS course.

Additionally, if OIS is the state's primary method of training providers in Positive Behavior Support, then all Behavior Professionals should be required to attend a PBS-focused three-or-four-day training, not just those that write programs with safeguarding techniques included.

## SYSTEMS AND QUALITY ASSURANCE

Combine program areas so that instructors who complete all of the training requirements are credentialed to train in any setting in which they currently work or have worked in the last two to three years. This would effectively manage the requirements for Crisis Instructors to have crisis experience and for Parent Instructors to have experience working with families without having to create separate "rules" for these credentials. As parents ultimately do have choice in who their provider is, if the training they receive is insufficient or of poor quality they may choose a new provider, which also reduces the need for extra OIS oversight of those who are completing Parent trainings. Ultimately, as described below parent trainings can be offered online and then supplemented with specialized or individualized treatment for the individual being served, which further negates the need for this "special" credential.

Continue developing policies and procedures for ensuring inter-rater agreement of Master/Mentor Instructors who are overseeing the training of Instructor candidates. Research and clinical practice standards for inter-rater agreement are 20-30% of observations; the Project Manager or other paid OIS employee should strive to conduct reliability observations with Master/Mentor trainers approximately 45 times a year across all Master/Mentor trainers who conduct co-trainings or score Solo Trainings (based on the Mr. Sleeman's estimate of 60 candidates per year). Additionally, secret shoppers could be trained to observe instructors in between their biannual co-training to ensure fidelity to training standards. There are graduate programs across the state who would likely be willing to partner with ODDS or OIS on a project like this (PSU, UO, OIT).

Instead of having procedures whereby instructors have to ask for modifications to training requirements such as how many people can attend a workshop or how many days apart training can be, a clear set of guidelines outlining the conditions under which an Instructor can determine on their own to vary those rules should be put into place. The instructor would be responsible for documenting how the situation qualified for a modification but would not be put in a position where they have to ask, which again contributes to the strain between Steering Committee members and the rest of OIS.

Instructor candidates who complete whatever duration of initial training is determined to be appropriate, and who complete a co-training or solo training (if those requirements continue), should automatically qualify to be credentialed as an Instructor. The Steering Committee should not vote on somebody's ability to take on this role if the person has passed and completed all training requirements. The Steering Committee's role in determining who gets to be an instructor is part of the cultural disconnect between Instructors, Behavior Professionals and the Steering Committee.

Finally, if processes are streamlined as described above, the Steering Committee may be able to spend less of its time on voting to credential Instructors, and instead the combined years of experience of the individuals serving on the Steering Committee could be used to provide clinical behavior support to all behavior professionals in the state. This model of peer review or local review at the regional level is in place in several states such as Missouri, Georgia and Florida.

## ACCESS TO TRAINING

If the modifications and streamlining recommendations made above are put into place there should be more trainers available in all areas of the state to meet local need. ODDS and OIS can work together to create marketing materials to share with the greater community about opportunities within the field, specifically those as a behavior professional or OIS instructor.

If all behavior professionals attend the OIS version of PBIS training, then any Behavior Professional whether they are an OIS instructor or not should be qualified to provide sufficient training to the parents and families they support. The mechanisms for paying for Parent training need to be reviewed at the state level.

Parents, PSWs or foster providers who cannot afford or access the full OIS/PBS training course may benefit from planned virtual instruction. Kansas has developed a series of videos that are appropriate for families and providers (link: http://www.kmhpbs.org/resources/training-materials#intro-to-pbs) entitled Core Awareness Materials Introducing Positive Behavior Support. These videos are about 2.5 hours in total. Another (free) option is an online module developed by Dr. Meme Hieneman, available on the APBS website, which includes embedded quizzes that a learner must take in order to progress to the next section (retrieved from https://www.apbs.org/individual-pbis-tutorial/presentation_html5.html). The format of this training includes narrated slides using three ongoing case examples to demonstrate the principles and strategies of PBS across the lifespan. This particular presentation is only about 30 minutes long.

If the state desires a training program that is more intensive than the two suggested, a video recorded presentation hosted on ODDS' website could also serve as an introduction to PBS for families. Families who are awaiting Behavior Support services would benefit from this model. Families who are accessing Behavioral Support services may be able to use the shorter presentations referenced above because of their access to a Behavior Professional to guide them in their decision-making after the fact. This applies to PSWs and foster providers as well. Foster providers and PSWs who support an individual with a PBSP would have access to in person direct training from a behavior professional. Foster providers and PSWs who support individuals not yet accessing behavior support services might benefit from the longer virtual training option mentioned above.

Alternatively, Behavior Professionals can purchase and use the RUBI Parent Training curriculum, an evidence-based parent training system developed by psychologists and behavior analysts that includes semi-scripted lessons, home-work and data collection (link to purchase https://www.oxfordclinicalpsych.com/view/10.1093/med-psych/9780190627812.001.0001/med-9780190627812). Online training is available for practitioners interested in this curriculum.

## CURRICULUM

### MODIFICATIONS TO CURRICULUM

If a pre-packaged curriculum such as the one published by AAIDD is not an acceptable alternative, then I strongly recommend that the next iteration of the curriculum be constructed using the PBS Academy Improving Quality of Positive Behavior Support: Standards of Training document (retrieved from http://pbsacademy.org.uk/wp-content/uploads/2017/10/PBS-Standards-for-Training-Oct-2017.pdf). The PBS Academy format includes evidence-based training practices such as identification of learning objectives and competency-based instruction. The Association for Positive Behavior Support (APBS) also provides several useful resources, including a white paper on Standards of Practice (retrieved from https://www.apbs.org/files/apbs_standards_of_practice_2013_format.pdf) which would be helpful in developing a new curriculum. Within this document, Tables 5 and 6 should be especially helpful as well.

As noted previously, content on mental health and biological processes might be useful for general training purposes but they do not prepare a direct support professional or other staff supporting individuals with developmental disabilities to teach adaptive skills to promote independence and prevent and respond to challenging behavior to improve quality of life of individuals served. This should absolutely not be the content of

the primary training that support staff and behavior professionals receive. If the in-state contract model continues, the contractor should submit curriculum to PBIS experts within the state for review before conducting training on that material.

## CRISIS/PHYSICAL MANAGEMENT

As the survey responses indicate the current OIS curriculum does not provide staff with sufficient training and information on how to prevent and de-escalate instances of challenging behavior. Each of the five programs listed below devotes a significant portion of their training to prevention and de-escalation. If the state opts to continue with an in-state contract model, strategies to prevent and de-escalate behavior before it becomes a crisis should be added. Information on what happens in the brain or in the body when a person is in crisis does not constitute training on how to prevent and de-escalate a behavioral crisis. At minimum, steps such as determining what's wrong and then using a decision model for identifying a safe and effective verbal strategy should be included in the next curriculum.

Training procedures must be performance- and competency-based. Policies and procedures related to training this type of content should include a minimum number of perfect or 100% correct performances on the part of each participant before they are able to pass. In some cases, it might also be appropriate to also suggest that if an individual participant requires more than two or three attempts to perform the skill at competency that they be scheduled for additional training at a later date.

In the event that the state opts to continue with an in-state contract model, I recommend that a physician and/or physical therapist review the procedures as written and as demonstrated by a Master trainer for safety. Modifications and considerations should be included in the training for individuals who have mobility issues, obesity or other health concerns that might make use of these safeguarding interventions riskier than with other individuals. I strongly discourage the Steering Committee from making these determinations since they are not physicians or physical therapists.

## NATIONALLY RECOGNIZED CRISIS INTERVENTION PROGRAMS TO CONSIDER

Safety Care: https://qbs.com

> Among the most affordable, includes heavy emphasis on de-escalation and teaching functional language as an alternative to challenging behavior, basic curriculum aligns with OARS (Advanced Module can be truncated)

Crisis Prevention Institute (two levels, verbal only and combined verbal/physical): https://www.crisisprevention.com

> Among the most expensive, already used in some school districts in Oregon, has a white paper outlining how principles and procedures align with PBIS (Appendix S); has prevention and de-escalation "only" option, all procedures currently align with OARs

Mandt: https://www.mandtsystem.com

> Previously used in OR, all procedures currently align with OARS

Professional Crisis Management Association: http://www.pcma.com

Designed for high severity behaviors, used in many high intensity residential settings, used with individuals with dual diagnosis

Therapeutic Aggression Control Techniques: https://www.tact2.com

Trauma informed, has adolescent and adult modules

## LIST OF APPENDICES

Appendix A: Redacted copies of co-training and solo evaluation forms

Appendix B: Summary of co-training and solo evaluations compared to instructor feedback scores

Appendix C: Narrative responses from instructors (2020-2021) regarding their experiences as an instructor candidate

Appendix D: Narrative responses from all respondents regarding the steering committee

Appendix E: Screening tool for behavioral training curriculum

Appendix F: Selected narrative responses related to the Relationships module

Appendix G: Selected narrative responses related to the Trauma module

Appendix H: Selected narrative responses related to the What Determines Behavior module

Appendix I: Selected narrative responses related to the Modifying Behavior module

Appendix J: Selected narrative responses related to the Quality of life module

Appendix K: Selected narrative Responses related to the Mental health module

Appendix l: Selected narrative responses related to the Stress module

Appendix M: Selected narrative responses related to the Emergency/crisis module

Appendix N: Selected comments on the "overall" curriculum from Instructors and BP

Appendix O: Comments on what participants would like to see changed in the OIS curriculum or teaching methodology

Appendix P: Participant ratings of OIS Safeguarding procedures

Appendix Q: Instructor ratings of OIS Safeguarding procedures

Appendix R: Florida Emergency Procedure review form

Appendix S: CPI alignment with PBIS

## APPENDIX A

# OIS Instructor Candidate Solo Evaluation

### Introduction

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Workshop Expectations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| OIS Overview | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| OIS Values | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Professional Integrity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Valued/Questionable/Unethical Practices | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Positive Behavioral Supports | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The use of introduction exercises/teaching tools/pertinent examples | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Raw Score: 63/70 Overall percentage: 90%

Comments on Introduction:
[redacted] made everyone feel welcome went over the OIS Values well plus got the students to join in, this covers the professional Integrity as well. Covered PBS well used very good examples to show the concepts.

### Module 1

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Building Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication in Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communicating with Empathy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Power Struggles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Disengaging Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Interrupting Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| De-escalation Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Beliefs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Biases | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The use of module exercises/teaching tools/pertinent examples | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Raw Score: 99/110 Overall percentage: 90

Comments on Module 1:
Started Building Relationship with a great example of it being done wrong for him and then he had to work hard to make it a positive realtionship and how he did it. Great Job. Wonderful job on communicating with Empathy and class did join in some. [redacted] covered Power Struggles well used examples to help people understand examples. Students were quiet but he would call on them and get them to give examples.
Great Job on Module 1 [redacted] ☺

OIS 6/27/19

# OIS Instructor Candidate Solo Evaluation

## Introduction

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Workshop Expectations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| OIS Overview | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| OIS Values | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Professional Integrity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Valued/Questionable/Unethical Practices | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The use of introduction exercises/teaching tools/pertinent examples | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Raw Score: 55 /60** **Overall percentage: 92%**

Comments on Introduction: Good job on introduction to expectations and acknowledging that you are nervous. Good job on asking what does "acting professional mean" interaction got going right away. "Designated Persons" is for OIS, they still are Direct Support Professionals. OIS is used in all service areas so that is the reason for Designated Persons (DSPs, Service Coordinators, PSWs, etc.). When you ask about Professional Integrity, attempt to have participants personalize their answers, for example, "respect" how is that operationalized at the work site.

Good job on getting participants to engage in discussion right off the beginning.

Time: 30 minutes

## Module 1

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Building Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication in Relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communicating with Empathy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Power Struggles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Disengaging Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Interrupting Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| De-escalation Techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Beliefs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Biases | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The use of module exercises/teaching tools/ pertinent examples | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Raw Score: 100 /110** **Overall percentage: 90%**

Comments on Module 1: Again, good job on getting group discussion. I liked when you asked after getting trained and read the "book", when you meet the person are you responding to them from what you read or that you are meeting them for the first time. Nice job. Remember the "noise" may be our biases, which you will discuss late. Be careful when you mention topics, like Executive Functioning and not linking it to the discussion to come as participants may not know what ED is for us. Started to lose them, give time to answer your questions. Remember, you must play along on Biases. Time: 1 hr 40 min + 10 min break.

## APPENDIX B

| Instructor 01 | Co-Training 1 | Co-Training 2 | Solo Training | Workshops Sampled N=6 |
|---|---|---|---|---|
| Overall | 89% | 85% | 86% | 4.88 |
| Range | 80-95% | 84-87% | 83-90% | 3-5 |

| Instructor 02 | Co-Training 1 | Co-Training 2 | Solo Training | Workshops Sampled N=6 |
|---|---|---|---|---|
| Overall | 86% | 88% | 90% | 4.9 |
| Range | 78-87% | 88-90% | 86-92% | 3.5-5 |

| Instructor 03 | Co-Training 1 | Co-Training 2 | Solo Training | Workshops Sampled N=7 |
|---|---|---|---|---|
| Overall | 91% | 85% | 86.5% | 4.9 |
| Range | 86-94% | 79-90% | 82-90% | 3.5-5 |

| Instructor 04 | Co-Training 1 | Co-Training 2 | Solo Training | Workshops Sampled N=8 |
|---|---|---|---|---|
| Overall | 90% | 94% | 96% | 4.9 |
| Range | 87-92% | 88-95% | 84-92% | 3-5 |

| Instructor 05 | Co-Training 1 | Co-Training 2 | Solo Training | Workshops Sampled N=11 |
|---|---|---|---|---|
| Overall | 90% | 89% | 90% | 4.9 |
| Range | 88-90% | 88-90% | 89-93% | 3-5 |

| Instructor 06 | Co-Training 1 | Co-Training 2 | Co-Training 3 | Solo Training | Workshops Sampled N=17 |
|---|---|---|---|---|---|
| Overall | 72% | 90% | 86% | 90% | 4.9 |
| Range | - | 89-92% | 84-87% | 79-97% | 3-5 |

Due to the limited variability in workshop evaluations sampled, only a portion of the data collected are shown above. Data from twelve more trainers are available upon request.

## APPENDIX C

1. Four-Day Instructor Training: During the instructor training workshop I attended, we were not shown how to perform escapes from bear hugs and choking attacks. The reason for this was that at the time the steering committee had made these techniques a requirement for Master/Mentor instructors, but not G/IF Instructors unless they were supporting a person who had these techniques written into a PBSP. The steering committee later reversed this decision, which made it very difficult for me as an instructor to then learn how to perform these techniques when my only resource was the written physical skills manual. I am a visual learner and/or learn-by-doer. When the only way to learn new physical skills is by reading how to perform them in the physical skills manual, it makes it very difficult to learn how to perform skills that I was not formally trained on during my 4-day instructor training. A visual format so that I can actually see how the techniques are performed would be preferable, however at minimum any options beyond just reading about the technique from the physical skills manual would be beneficial to me.
2. Co-Training Process: At the time that I was completing my co-trainings, I found that workshops open to a co-trainer tended to fill up very quickly. I also sometimes would not receive a response from the instructors I was reaching out to, although I am aware that the Steering Committee has since tried to rectify this. During the actual co-trainings themselves, I found that a lot of the feedback I was getting was highly subjective and based on the instructor's own personal preferences. While a certain amount of subjectivity is unavoidable, I feel like a more standardized system could be beneficial.
3. Please take a look at the rating system that OIS instructors in training are rated on. In order to pass we have to basically be such a good instructor, there is very little room for growth. In order to get a 10 we have to present a module the best the master/mentor instructor has ever seen (if I remember correctly) and nine's standard isn't that much lower. I'm sure there are master/mentors who thought a candidate was doing really well and then realized the scores they assigned didn't meet the high standards and went back and changed the scores so the candidate passed.
4. There is a lot of information given in those 4 days. You must be mentally prepared to be focused and attentive in order to gain the information needed.
5. I know annual physical skills recertification [is important] it feels highly stressful and seems still subjective of who you get on recertification times of physical skills review and if the person is helping to support passing of trainers and skill proficiency or if they are trying to prove themselves as new mentors trying to prove how critical they can be ---it seems like the focus of the physical skills review should not be on passing or failing but increasing adherence and catching areas of potential drift so all trainers are on the same page. Also would request OIS considers recording- strictly for trainers visual/video of each skill practice and step by step process so new (and older) trainers have a common standard to reference back to--not to be used for training purposes and can ensure consistency/reduce drift.
6. The Co-Trainers understanding of how to use the scoring for the different modules seem to vary and the score also depended on their own opinions to some parts.
7. I don't feel that the process is long enough. The expectation of knowing the physical skills and the specific verbiage required with the skills is not really reasonable for most new instructors. There is such a vast variation in the experience and knowledge of candidates that the training seems geared to the most knowledgeable.
8. It's a lottery trying to find co-training opportunities. I had to travel from Portland Metro to LaGrande to find a co-training opportunity. Also, the instructions were convoluted. Finally, the master/mentor list was out of date. I called some people and they said they were not providing co-training anymore. This was a mess.

9. One co-training was very helpful and I felt comfortable. The other co-training was a blur. The instructor had a very firm, fast paced, almost intimidating presence. I felt like I was expected to know more than I was prepared for, especially just having a 4 day training and still learning.
10. It was easy to schedule with the trainers I eventually trained with. When I had issues, I kept in communication with OIS. In the 4 day workshop, it felt like an advanced OIS class. At that time I don't feel there were a lot of tools to reference, like the power-points for the curriculum having zero notes (they have since added notes). At that workshop I do feel like Brian did a good job at teaching on what you should be teaching, like he was teaching something fresh.
11. The co-trainers were so different, it felt like they weren't even teaching the same curriculum at times. Drift is real.
12. I felt when getting my last instructor training was very hard during the practices on others from high behavior agencies and was almost hurt during. I have had numerous instructor training from OTAC and other like agencies that didn't need to push it so hard for others to learn.

## APPENDIX D

1. In my experience the Steering Committee does not follow their own values and direction that they expect of their instructors.
2. The steering committee has been helpful on a number of occasions throughout my career. They can be a bit over-bearing but a high standard is necessary in our services. I feel like the OIS project has reduced incidents of abuse, injury, and eliminated dangerous restraints. OIS has been instrumental in changing the culture of our services for the better. We focus on individual people and their quality of life more than ever. The steering committee members are committed to protecting this culture and it has made DD services in Oregon much better.
3. I believe the steering committee to be controlled by one person. I do not believe that it is conducted fairly.
4. They seem helpful -- they are volunteering their time and adding more work to their day to help a larger system
5. Communication via email is not always easy to interrupt intentions. Some email responses in the past, have felt personal and unnecessarily harsh. I have never had concerns with in-person interactions. It has gotten much better with the new data coordinator. I feel that the OIS project used to be very inconsistent in making decisions and exception, however this is improving with the updates to the manual.
6. I have grown to be more comfortable but initially did not feel comfortable. I have been a trainer under 2 contract holders and was first trained by the original contract holder as a DSP. OIS SC seems to go in waves of supporting instructors to punishing instructors and it is on a more supportive wave right now. It was like this with the last contract holder too.
7. The committee is comprised of professionals who volunteer their time (or their provider volunteers their time) to help manage OIS. I feel collectively, their hard work is commendable and appreciate everything they do.
8. Lots of bullying, politics, and implicit approval of inappropriate behavior by leadership.
9. I've had a few occasions when I needed approval for a new variation on OIS techniques, or needed advice on how to more effectively maintain safety when the standard techniques weren't working; and I have always found the Committee to be helpful. They had thoughtful and constructive criticism, they had workable suggestions, they were more than willing to physically test out the body mechanics of each idea before recommending or rejecting it. And I always came away from those meetings with a better plan than the one I'd arrived with.
10. A lot of instructors will tell you that they "don't want to be on the steering committees radar." The steering committee has very little turnover and historically has not had any self advocates - this has been an ongoing issue.
11. I think the whole business model of a contract holder and volunteer steering committee is flawed.
12. The OIS project has become much more strict and organized about requirements and process over the last 5 years. This was important for professionalism and consistency, but it has caused frustration from some who have been in the system for much longer and feel frustrated by the tighter requirements.
13. I believe they are doing a great job. It is a diverse group that has a wealth of knowledge and a wide variety of perspective that determines the course of OIS, and uses best practice to maintain the integrity of the project.
14. Steering Committee has always supported myself and other Trainers as far as assistance, advice, support etc. when ever asked or needed. I have found working with them, for many years, to uphold and demonstrate the highest levels of integrity, confidentiality and Professionalism in their work interactions.
15. It's typically best to not contact the steering committee unless absolutely necessary as they have no understanding of the needs of small agencies and tend to be condescending.

16. I think that they can be really helpful when people reach out to them for problem solving, but I believe not a lot happens on the proactive end of things. I have yet to see any meaningful changes to help the system be more effective. I also think the process of a solo evaluator 'presenting' a candidate for approval as a trainer is silly and amounts to nothing more than pomp and circumstance for the steering committee members. At some point this group will have to connect with the reality of our services as they exist today and with the professionals utilizing their system. Too much emphasis is placed on serfdom dynamic within the system. Also, if we really believe that punishment is not effective, or if it is, it comes with a big price, then why is the system operating that way? We should be proactively providing trainers tools to succeed instead of trying so hard to catch them messing up. I haven't had to deal with this personally, but I think the way this April forum is being run (if looked at closely) provides a pretty good example of what I mean. Seems like OIS is actively looking to decertify people, instead of certifying them and helping them to be good trainers.
17. I had a specific question. Sadly, as usual with OIS, the process became needlessly complicated. They wanted a copy of the PBSP. I only had a TESP. Then I was told I had to present to the committee which was not scheduled. I only had a single, direct question but this couldn't be answered. Why not?
18. The ST [SC] is an asset to the system by providing support and flexibility.
19. I avoid contacting or communicating with the Steering Committee whenever possible. When I do, I spend way too long formatting my email to have it come across as professional as possible and explaining my position. I work for a small agency that only employees a few people. It is difficult for us to meet OIS's requirements regarding class size. However, rather than beg for permission to have a small class, it is easier to waste money and pay extra employees who are not due for training to complete the training again. They are the judge and jury of OIS. The majority of my interaction with the steering committee has been via email. There is usually a tone that instructors are not meeting the expectations of the steering committee. If a few instructors make an error or fill out a form incorrectly, then a mass email is sent to all instructors informing everyone they aren't meeting the bar. They also update and maintain the OIS handbook. Which is generally updated without notice and we are expected to have searched out the changes on our own.
20. While this process is outlined in the manual it doesn't seem to operate in that fashion. While the SC might be comprised of several people, the sense I have about the SC is that it is really only Scott. There is not a lot of transparency. The SC seems to be an elusive idea or notion that is named dropped. The function of it and its full operation are blurry. Anything submitted to them gets sent to either Scott or Sheril and then they relay that information to the SC. I had a in person meeting with some people of the SC but not everyone, it was very dismal and I did not like what happened. I felt that Scott was the only voice and his arrogance overshadowed and overpowered others thought.
21. I sat on the Steering Committee for 15+ years. It is vastly more professional now than it was then. This is a welcome and necessary change from past practice and I trust the SC to do the right thing no matter the issue. I know the SC has a difficult job and does that job with fairness, consistency and professionalism.
22. I feel like sometimes there are things addressed at the Steering Committee meetings, that get put into the minutes, but not always communicated to instructors. And historically the minutes have not been posted in a timely manner - also I feel there should be an archive for people who want to look through more than the last three months.
23. I currently am on the committee so take my answer for what you will, but I will say this, when I wasn't on the committee I had very little need or desire to interact with them. I did have to about some modifications and they were always kind and helpful but other than that I only had to interact with them to ask to be a Mentor and then a Master. Now that I am on the committee, I find the same is true, most trainers don't interact with us and there seems to be little need for them to do so. I think that the committee does a good job of doing what needs to be done without overly micromanaging every trainer, at least as a trainer (non-committee member) that was how I felt.

24. I have had nothing but positive and professional interactions with the steering committee, they have been very knowledgeable and professional
25. I have had to present modified PPIs that other Professionals originally got authorized. Sheril made the process easy and painless
26. The first time I approached the Steering Committee I was extremely nervous. However once I started presenting, seeing their open-mindedness and how approachable and how down to earth they are my nervousness soon turned to comfort in front of them.
27. Scott can be intimidating.
28. As I understand it, the Steering Committee dedicates their time to the OIS Project voluntarily or at the expense of their employer; they are not funded by the OIS Project. I would like to say thank you to the members of the Steering Committee and their employers for their commitment and work. I love learning about the updates to the curriculum and implementing them. I appreciate the work they do to keep us all current.
29. They are a great resource that more people should utilize, people are scared of it and should not be
30. I trained someone in a wheelchair and did not talk to SC about how to modify each physical technique-- had to do it after the fact-- every 2 years his OIS procedures have to be reviewed-- told her she might have to go through training again. I was afraid to ask for help.
31. A lot of times with the SC - it felt like there was an element of "us" and "them"; agency vs SC, SC would not listen to the needs of the agency program
32. I am less afraid of SC after having been, can imagine that it might be intimidating for others
33. I brought questions and was willing to bring them but always felt they were filtered through Scott first and I don't love that. Good when it was the whole committee and terrible when it was Scott.
34. I was on the SC for a few years. Overall I feel the body of the SC was helpful. I highly respect the time and dedication of the SC, there are a lot of people who are truly passionate about it. I just feel an ongoing barrier is the leadership.
35. I don't know that it will do any good the deck is stacked, there is one person the state appointed the rest are put there by Scott and there is no oversight or fair steering. If he doesn't like you, you are done.
36. Sometimes they are not able to cover your specific issue. You might have to wait.
37. it seems that ASI, as the contract holder, makes the ultimate decisions. Presenting to the Steering Committee is always something I've dreaded, the process seems lengthy in prep and intimidating. Truthfully, this is only by word of mouth, I have never presented to the Steering Committee, only looked through the documentation needed to present.

# APPENDIX E

**Behavior Assistant Curriculum Review Tool**

| | |
|---|---|
| **Name of Curriculum:** | |
| **Curriculum Contact:** | |
| **Reviewer:** | |
| **Date(s) of Review:** | |
| **Hours to Review:** | |

Please evaluate the curriculum on the basis of the following criteria.

Enter an "X" under the appropriate rating to the right for each criterion. This will yield an overall score when all items have been completed. **90** is a passing score.

| Rating Scale | |
|---|---|
| **Score:** | **Criterion:** |
| 0 | Not addressed at all |
| 1 | Addressed, but inadequate |
| 2 | Addressed sufficiently |
| 3 | A strength or model practice |
| NA | Not applicable to these materials |
| **Critical Area Minimum Score:** | 2 |
| **Minimum Passing Score:** | 90 |

| | | Criteria: | Reference: | Rating 0 | 1 | 2 | 3 | NA | Reviewer's Comments |
|---|---|---|---|---|---|---|---|---|---|
| 1.0 | | Specifies trainer credentials as BCBA-D, BCBA, BCaBA, FL-CBA or FL-CABA, or person licensed under 490 or 491 with documented supervision in the practice of behavior analysis. | | | | | | | |
| 2.0 | | Provides for the initial certification of direct service providers | | | | | | | |
| **2.1** | * | **Requires a minimum number of direct training hours to be a certified direct service provider (20 hrs minimum required by handbook).** | | | | | | | |
| **2.2** | * | **Sets a minimum criterion for performance-based competency to become a certified direct service provider (100% recommended) - role play, videotaped feedback, or instructional videos demonstrating the skills being taught, must be included.** | | | | | | | |
| 2.3 | | Includes checklists for assessing competency | | | | | | | |
| 2.4 | | Includes a written test with a minimum passing score of at least 80% to be a certified direct service provider | | | | | | | |
| 2.5 | | Describes monitoring system for staff | | | | | | | |
| 2.6 | | Provides a certificate for participants achieving competency, displaying curriculum name, trainer name (or how to obtain it), date of training, date certificate expires. | | | | | | | |
| 3.0 | | Provides for the annual re-certification of direct service providers. | | | | | | | |
| 3.1 | | Includes plan for selection of topics to be covered in the recertification training | | | | | | | |
| 3.2 | | Requires a minimum number of direct training hours to become recertified as a direct service provider (8 hrs minimum required by handbook). | | | | | | | |
| 3.3 | | Sets a minimum criteria for performance-based competency to be re-certified as a direct service provider. | | | | | | | |
| **3.4** | * | **Includes checklists for assessing competency** | | | | | | | |
| 3.5 | | Includes a written test with a minimum passing score of at least 80% to be re-certified as a direct service provider. | | | | | | | |
| 3.6 | | Provides a certificate for participants achieving competency, displaying curriculum name, trainer name (or how to obtain it), date of training, date certificate expires. | | | | | | | |
| 4.0 | | Includes description of behavior analysis as:<br>a. A science based approach<br>b. Relies on data or measurement of bx to make decisions<br>c. Based on principle that bx is for most part controlled, effected by the environment, especially the consequences<br>d. Looks to make meaningful changes for people | | | | | | | |
| 4.1 | | Addresses relationship between behavior assistant and behavior analyst:<br>a. Works under supervision of behavior analyst<br>b. Implements LRC approved plan<br>c. Training on bx plan is prerequisite to providing service<br>d. Bx Assist. is only authorized if there is LRC approved plan | | | | | | | |
| 4.2 | | Explains responsibilities of staff in a behavioral group home vs. that of behavior assistants in other settings, e.g. family home, standard group home | | | | | | | |
| 4.3 | | Describes prohibited and restricted procedures and role of LRC | 65G-4.010 | | | | | | |
| 4.4 | | Explains criteria and methods for incident reporting and reactive strategy reporting. | | | | | | | |
| 5.0 | | Definition of behavior - everything a person does, can be measured and observed by at least one person<br>a. Describe bx factually, non-interpretive, without assumptions<br>b. Describe antecedents in topographical, factual manner<br>c. Describe consequences factually. Addresses arranged, natural and socially mediated consequences<br>d. Specific description of actions, not categories of behavior<br>e. Describe bx as result of consequences. "Consequences" can be reinforcing, as well as punitive | | | | | | | |
| 5.1 | | Describes A-B-C paradigm and data collection | | | | | | | |
| 5.2 | | Explains "functions" of behavior with reference to basic functions of avoid/escape, accessing attention/items/activities, automatic negative/positive | | | | | | | |
| 5.3 | | Describes reinforcer assessments: Observation, interview, reinforcement surveys. | | | | | | | |
| 6.0 | | Defines positive reinforcement, negative reinforcement, and punishment. Adequate detail and examples. | | | | | | | |
| 6.1 | | Describes side effects of punishment and coercion | | | | | | | |
| 6.2 | | Deprivation vs. satiation | | | | | | | |
| 6.3 | | Defines extinction - adequate detail and examples | | | | | | | |
| 7.0 | | General teaching procedures: Prompting - types, levels, least to most assistance, most to least assistance | | | | | | | |
| 7.1 | | General teaching procedures: Shaping | | | | | | | |
| 7.2 | | General teaching procedures: Task analysis, being able to follow steps. | | | | | | | |
| 6.0 | | General teaching procedures: Forward and backward chaining | | | | | | | |
| 7.0 | | Proactive interventions: Antecedent manipulations (set expectations, environmental manipulations) | | | | | | | |
| 7.1 | | Proactive interventions: Reinforcement | | | | | | | |
| 7.2 | | Proactive interventions: Differential reinforcement | | | | | | | |
| 7.3 | | Continuous vs. Intermittent Reinforcement | | | | | | | |
| 7.4 | | Reactive interventions: Response blocking, need for specialized training in emergency procedures. | | | | | | | |
| 7.5 | | Reactive interventions: Stop-redirect-use reinforcement | | | | | | | |
| 7.6 | | Reactive interventions: Planned ignoring, pivoting | | | | | | | |
| 8.0 | | Data: Description of frequency, duration, latency, and ABC data | | | | | | | |
| 8.1 | | Includes sample data sheets | | | | | | | |
| 8.2 | | Provides for practice recording data | | | | | | | |
| 8.3 | | Provides for practice charting data | | | | | | | |
| 8.4 | | Provides for practice with competency checklists | | | | | | | |
| 8.5 | | Includes samples of graphs with practice interpreting | | | | | | | |
| 9.0 | | Describes/discusses incorporating new skills when training others. | | | | | | | |
| | | | **Rating Frequency:** | 0 | 0 | 0 | 0 | 0 | |
| | | | **Overall Score:** | | | 0 | | | **Incomplete** |

*Critical items are denoted with an asterisk before the item number and the item content is bolded. Critical items are those that are absolutely essential (e.g., criteria to implement and discontinue physical intervention) and those that are not in compliance with relevant Florida regulations, statutes or law (e.g., items 2.1). If a critical item does not receive a score of 2 or more, the spreadsheet will highlight the rating area in yellow and the curriculum will need to be modified to address the critical item. For instance, if a curriculum includes "use of holds relying on inducement of pain for behavioral control", those procedures would need to be modified or removed from the curriculum. The curriculum could then be resubmitted for reconsideration, once the requested change(s) have been made.

**Comments, Notes, and Recommendations:**

page 1 of 1

## APPENDIX F

1. "A lot of the material is written trying to highlight negative views toward disabilities and bias. By highlighting this, we hope to open the conversation to a better, broader empathetic response and person-first, disability does not define that person. Over the last several years, the incoming DSP's do not have these negative value sets or bias toward their clients. Our public language is more and more inclusive. I think this module needs to fit into the current standard of highlighting the good with less focus on the stigma. This module sets the tone for the whole next two days. Also, there are way too many videos here."
2. Yes, I would simplify this module to look at one specific concept. I believe the module tends to try to do many things, but does not thoroughly cover any of the subjects attempted.
3. First, we need to do introductions to start off the day and the activity that picks participants and something that they do not do well needs to be removed-- the purpose for teaching is a good one and unfortunately this activity has multiple layers of why not to have people vulnerably write down something they aren't good at and then have other people assume who isn't good at what-- it does help expose peoples biases and it is too high a dose of stress and vulnerability for a group. Good intent and same learning point can be accomplished without the potential injury to the individual participants.
4. Sometimes the beliefs and biases portion really does not seem to strike a chord with the staff.
5. It's very long, and kind of a lot to try and cover in one module. It should probably be broken down.
6. More examples of communicating with empathy in real life situations in relation to prevention and de-escalation. Many of the people we support use different methods of communication and a general review of this would be helpful for DSP's. I get the goal of the class activity in this section but the point should just be more directly stated or have role play scripts. I like the would you rather activity a lot and it makes the point intended well. The belief and bias section is a missed opportunity to talk about implicit and explicit bias and how people may act on those beliefs. The example of research is great.
7. "The class exercise on slide #28 requires the DPS(s) (who participate) to provide an example of something they are not good at and and how it effects them. Another person then introduces them to the class by their ""deficit"" to role play what happens when we do this same thing to the individuals we support. I was wondering if there would be consideration to flip the perspective to a positive example instead of a negative example. It would be nice to hear about something they do well and how it effects them. It can also help set a positive state of mind when they are in training thinking about something they are good at instead of something they are not. We can talk about the negative in reference to ""how does it feel to be introduced by your deficit"" during the discussion portion. It could help promote the DSP to choose to talk about the positive things rather than ""what the problems are"" . It would be cool to be able to pair the ""point"" of the exercise with a positive example of a strength instead of a negative example of a DSP's perceived ""deficit"".
8. In the past, we used to discuss in detail the ways that we might use various aspects of verbal and non-verbal communication, which gave the opportunity to discuss how we might need to adapt it (e.g. normally direct eye contact is a way to be polite and show interest, but for people on the spectrum it might feel overwhelming, and for people who've been traumatized it might feel threatening, so we might use more indirect eye contact with those individuals). I often discuss those points anyway, but it was nice to have them listed on a slide.
9. Make more concise and instructive. Move to Module 3 instruction on biopsychosocial factors: communication ability as preset, communication/interactions as setting events, relationships as social presets, quality of life as preset and as setting event.
10. I would like to see more about relationships building, communication and less about power struggles.
11. I feel like there should be more information in this module, as well as throughout the curriculum, for supporting individuals that don't use words to communicate. This section briefly touches on that topic (i.e. with the effective communication slide) but I would like to see more on this topic. As the instructor, I add

information verbally about communication with non-verbal or mostly non-verbal folks, but I would like to see more of this built into the curriculum.

12. The communications part always assumes that communication is difficult due to disability when in fact it is difficult for people without disabilities as well. Relationships are the foundation of working successfully with individuals.
13. I don't see anyone learning or doing anything different as a result of this module. Yes people need this type of training, and this doesn't cut it.
14. Flow. It flows poorly and is a bit of a monster of a module.
15. Not really... I like the emphasis on communication as the basis for care of those with I/DD. I refer back to module 1 repeatedly as I teach to reinforce the value of communication and relationship building. This module deserves an "A+".
16. The whole module could be made smaller. Its a simply concept that we are trying to explain to staff. Relationships are important and most people in services are lacking quality relationships. This can cause behaviors. I preferred the power struggle section being toward the end with behavior intervention section.
17. There is soooo much more to communication, which is also a major component in relationships, the ability to communicate, express and receive (understand). There needs to be more focus on what communication is and what goes into communication. How can it be used in a proactive way and what are reactive strategies. Power struggles are only the tip of the iceberg. What about non-verbal and verbal communication that leads up to it? If communication can be done correctly then relationships will naturally be built.
18. I would shorten this module. A person's Person Centered Information gives specifics for that person and will have a plan if it's needed. Have more interactions, it's called Communication and Relationships, have a relationship building exercise in that chapter. Have people act out on a piece of paper non-verbal communication.
19. Remove the section titled supported by research - change it to a section about labels and how they are harmful and beneficial.
20. Separate the 2 topics. These are both intense topics and yes, they go hand in hand but getting participants to stay focused is hard. Class introductions are in a really weird and awkward place.
21. Practical Role Play for DSP's to practice engaging with empathy and understanding.
22. I would remove the exercise that consists of negative introductions (slide 28.)While the exercise is valuable it is time consuming and seems to lose the audience.
23. Applies to all areas: OIS is difficult in part because it tries to provide an introductory overview to behavior, psychology, ethics, and practical instruction for daily support provided by DSPs with groups who's KSAOs, interests and sensitivities vary wildly.
24. I feel we need to talk about conflict resolution again. The strategies to disengage from a power struggle are good, but I think it takes away from the teaching skills part of a DSP's job, and leaves them feeling like they can't set boundaries, and they can't say no to someone. I try to explain in my workshops that many people we support struggle with conflict resolution, and it's our job to help train those skills to them. It would be beneficial to address the different conflict resolution strategies in the workshop itself.
25. The transactional model of communication slide is not explained enough and is practically nonsensical.
26. I miss the content by David Pitonyak. I also would like a little on I statements

## APPENDIX G

1. Define acute stress, acute trauma, prolonged trauma, chronic PTSD.
2. Make it more centered towards the layperson.
3. This module is helpful. I may consider different ways of incorporating more concept from Trauma informed practices.
4. "I would mention trauma informed care and what it is-- the only mention of trauma informed care is in the video-- Instead of big T trauma and little t trauma I would update language to : Trauma is divided into three main types: acute, chronic, and complex. Feb 8, 2021- module is pretty good---wonder if we spend more time talking about the structure of the brain and can break it down to what parts of the brain are accessible and not accessible when experiencing a trauma response or in the stress/crisis cycle-- i think there is a lot of opportunity to access the majority of the state and help advance peoples consideration of trauma and it's impact. A lot of this chapter is great...the video is great-- maybe mention the ACEs study- briefly? maybe potential mental health disorders that arise from untreated trauma exposure -- how to help attend to an regulate a person who is experiencing a trauma response (or adding a general section added for applicable skill practice for preventative regulating and grounding skill strategies to reduce crisis escalation proactively before escalation). I would mention fight flight freeze and some individuals will get caught in freeze--and that it is a life saving protective response and for individuals that ""shut down and freeze"" it can be added trauma and guilt associated around ""why didn't they fight or fly"" and being mindful of how immobilization with fear is traumatic for individuals -- there is also talk of fawn response https://www.psychologytoday.com/intl/blog/addiction-and-recovery/202008/understanding-fight-flight-freeze-and-the-fawn-response. Mentioning compassion fatigue and vicarious trauma briefly also seems important when talking about the people we serve and also us as care providers "
5. I don't like the terms big T and little T trauma.
6. The trauma section is effective and participants always seem to connect to this and understand.
7. "We say a disclaimer before we start about how a DSP does not have to participate in the module, can step out of the room, and review a handout on trauma due to the content. I feel that we should have content which does not require such a disclaimer and remove content which promotes anxiety. Essentially, if the DSP cannot handle us saying the word ""trauma"", they may not be emotionally stable enough to be successful in their role as a DSP. Perhaps Slide #'s 35, 36, 37, 38 could be re-evaluated and re-worded at bit with more sensitivity to the audience. Maybe, just simply remove words which could trigger a survivor of domestic, physical, or sexual abuse. Slide #47 - Maybe say, "Please Remember" as "Don't Forget" plants in idea to "forget". I feel the rest of the module and videos are fine."
8. Trauma is so prevalent in our field with relation to the individuals and staff so this needs enhanced. Also ty the communication into the discussion so they can build new neuro pathways and increasing ones thinking skills. Lets add skill building
9. I enjoyed the activity where staff gave examples of behaviors stemming from trauma that was removed from the curriculum (I'm not sure how long ago). I find this section doesn't give much opportunity for participation, or to share specific examples, before diving into the more clinical aspect of traumas impact on the brain. I also think that the statistic for how many people did not report their abuse to authorities should have remained on slide 36. It was moved to a slide later, I think in module 7, but I like to talk about it in this section while we're already on the subject of this study. It could even be on both slides and we could just use it as a reminder when we see it on the later slide.
10. It doesn't seem to flow well. Kind of "choppy." I'm just happy to have a chance to touch on trauma.
11. Many participants are new high school graduates or people that have huge hearts and a willingness to provide excellent care to those we support but get lost easily in complicated terminology, some of the concepts seem like college level curriculum. For example, the information on the brain is fascinating, but it might be hard for some people to grasp. I wish there were a way to simplify some of the information.

12. I probably wouldn't make any changes to this module unless we were going to maybe pull some things from the last two modules and put them in here.
13. The problem with trauma is that while we know it can be a significant contributor to both behavior and well-being, there is little specific instruction on what to do about this. But it is crucial to have an awareness of how even little things can be traumatizing and, using module 1, to learn about how the individual supported views their world. I give this module an "A-".
14. Again it's good information and is helpful. However, it's a simple concept for staff to learn and understand. Lots of bad things have happened to people in services and still happen. These are factors in their behavior.
15. "There needs to be more ways to address trauma. The pyramid is a fantastic visual, which shows the emotional roots to the behavior. But how do you apply some of the concepts to that? How do you work in the 4 S's? The brain images are good but not effective. Only a couple people really care about the deep dive into the different parts, using a visual to show the brain and the pathways but talk about the reasons why and the ways to help rebuild and rewire.
16. I do like the 'two brains' it is a good perspective. I feel there could be more effective ways to cement that idea. One suggestion would be the neurosequential model. "
17. There are a lot of slides that have the overall same subject matter as a previous slide in this section, these could be reduced to a single slide and add in more skills-based slides to instruct on.
18. I enjoy it, but I see participants 'zone out' during the slides of the parts of the brain and their functions.
19. No, this section is up-to-date with current national training practices.
20. This module includes a disclosure, or warning of Trauma and that it could be difficult for participants. Seems okay.
21. I think module two is pretty solid. I have an educational background in mental health, so explaining the structure of the brain comes pretty easily to me.
22. The quotes used in this section are a little cerebral for our average workshop attendee, something more simple than "Trauma destroys the instinct of purpose" would be better, I'm fairly well educated and find that quote to be confusing. The limbic system section explains what each of the structures do, but not how they interact. I would personally remove the extra info on all the parts except for the amygdala and simplify that slide to only what the participants need to know, why do they need to know what the hippocampus does if we are not going to be discussing it at all?
23. This is an important module, but I feel that I start to lose some attendees and have to reel them in especially during the anatomy of the brain
24. Delivery can be difficult depending on the participants

## APPENDIX H

1. "A video to break up this module would be helpful.
2. Also, the support strategies for Setting Events should maybe be listed at the tail end of the module. It's a little disconnected here going from working on their Behavior Chain to then move on to support strategies to then talking back to the Antecedent. A fun antecedent video is a mood enhancer. "
3. Better explanations of what presets are would be helpful
4. Make it more centered towards the layperson.
5. This module may be simplified and shortened.
6. If you say biopsychosocial model encompasses the whole person then consider not having the later model in the mental health section that adds culture and family (module 6 slide 100)--culture and family are a part of the biopsychosocial model ---pick one or the other ? seems like a good basic module -- straightforward and clear
7. I am not a fan of the layout of the graphics in this module. The information is very good.
8. We used to have the behavioral chain/pathway in this section and examples that worked well. I worry that instructors that are not also behavior professionals will struggle with this even if they learned it in the train the trainer. There are hardly any notes. It cues the instructor to personalize the workshop but I feel examples or case studies should be provided for this module. Perhaps there are on the OIS community page? Videos, activities, and examples about executive functioning and emotion regulation should be included.
9. "This module is fantastic and all the slides should stay. I altered the exercise due to Covid Risk Mitigation. Prior, we were to give everybody in class a ball and have one volunteer. The volunteer has to try to hold onto all of the balls as they are given to them. The class participants say an example of a pre-set, setting event, and antecedent when they place the ball. When the balls spill onto the floor, it represents the point of the exercise. Since DSP(s) cough into their elbows (as encouraged by CDC), may cough on the inside of their shirt, constantly touch the outside of their mask during training, and all training floors are dirty, I have altered the exercise on slide #68. I actually start the exercise on slide #51. I use a clear plastic water pitcher and drop a ball into the pitcher as I talk about examples on the slides. When I get to slide #68, my clear pitcher is full. I then put it inside a see through garbage basket which represents all the person-centered support documents we have in place. As the class gives me examples of antecedents, the ball spills over into the waste basket. I point out things like...when we have supports in place that we are following, safety is ensured during the course of their emotional response or ""behavior"". This way my training materials stay sanitary and I am hoping I can continue to run the exercise in this manner."
10. Bring back the behavior pathway - add a vignette with activity for sorting presets, setting events, antecedents, behavior, maintaining reinforcers, desired behaviors, and alternative behaviors with planned reinforcers. Add more discussion of sensory issues as presets and setting events as well as reinforcement.
11. On slide 62 about supervision (routine, close, and constant) I always talk about how these reflect supervision at the Proactive, Reactive and Emergency crisis stages. I use this foreshadow their PBSP training and highlight how they will know where to find supervision requirements in the plan at each stage. I think it would be appropriate to use that language even for people that don't use PBSPs. The language of proactive, reactive, and emergency crisis fit in line with other OIS philosophies and is used throughout the curriculum.
12. Go back to one of the past curriculums for presenting the biopsychosocial ideas as it has been shortened considerably. Get rid of the whiffle ball exercise as it just takes time from the presentation. Better graphics for displaying the components of antecedent, behavior and consequence.
13. I like the diagram of Maslow's Hierarchy and Basic Needs from a couple of curriculums ago, the one where it was shaped more like blocks in a pyramid. I felt like this was a great visual and easier to explain.
14. Better/simpler explanation of what emotional regulation and executive functioning is.
15. I like this module quite a bit, let’s just think about more tools for DSPs.

16. It is pretty simplistic and ignores some very important motivational theory such as self-determination theory, which, in my view, is a more potent motivator. This is pretty much ABA "light". ABA has come under a lot of fire for not only being ineffective in our population, but possibly even abusive. I'd like to see OIS get away from simplistic operant conditioning theory and introduce more current thinking. This is pretty dated and probably not very valid at this point, other than the avoidance of punishment. But the module does have some really good general ideas that caregivers can use. I'd give the module a "B".
17. Not a fan of the new graphics. The older/simpler models for presents>setting events> behavior were fine. A lot of notes and details within the slides were taken from this section. It puts added stress on new instructors to recall all the information from their heads.
18. "Module 3 is awesome. It tells depicts a story really well! All of the information is useful!
19. Preset and setting events both have multiple slides dedicated to them. However antecedent only has 1 slide dedicated to explaining the concept and performing an excise. I believe there should be more information provided here.
20. Slide 58 - good slide but it's not the easiest to talk through. Obviously slide 57 leads right into 58, but the participants don't know and don't care who Dr. Gross is. A common question I get on this slide is who is this Dr. Gross person and why do I care what he says.
21. Yes, more information about lagging executive function skills and how to develop thinking skills through the use of Collaborative Problem Solving(R).
22. General workshop participants do not really get into the five families slide (58) Slide 57 summarizes the actions discussing all action take help with emotional response. While the information is important, and utilized as evidence based, the participants are not into that type of detail.
23. I love how this chapter has changed, and has become a specific module, rather than incorporating the presets into other modules.

## APPENDIX I

1. Let's reference Carol Dweck here and talk about Specific, Focused Reinforcement and Praise. We should also expand on Growth Mindset/Fixed Mindset, and sources of validation.
2. While I recognize this is purely personal preference, I preferred the older graphic depicting a red circle around it and diagonal line through the middle with the word "Punishment" written on it to the current graphic depicting the word "Punish" with flames around it. I find this graphic somewhat more difficult to read, and I think the other graphic sends a clearer message that punishment should never be used.
3. Better descriptions of setting events would help
4. Make it more centered towards the layperson.
5. It is straight forward-- it is behavior 101
6. Modules 3 and 4 should be tied together better as they are all related. When I co-train with candidates it is common for them to explain the alternative behavior incorrectly. The notes should have clear examples, case studies, and videos on alternative behaviors and reinforcement. The planned reinforcement slide is confusing because DSP's are learning they need to honor choice and rights in their core competencies and then OIS is telling them not to give a planned reinforcement following an undesirable behavior. There should be clear examples and a disclaimer that planned reinforcement systems should be set up by the team and/or behavior professional. It puts DSP's in a potentially unsafe situation to not have a lot of context for this information.
7. Slide #80 doesn't seem to work at conveying that punitive practice are prohibited.
8. Would combine with Module 3 behavior pathway discussion and exercises, make concise and instructive
9. Add some examples to demonstrate the concepts.
10. I don't think explaining behavior theory or positive behavior philosophy is helpful for DSPs. They don't need to know, some find it interesting, most don't care. I would rather focus on emotional/verbal de-escalation strategies and techniques.
11. Maybe a short video on reinforcement and punishment.
12. I would say that we really need to rethink this whole module. I think we spend too much time on concepts that DSPs don't care about and not enough time on the reality of their job and tools to do it.
13. Again, I'd give the module a "B'. See notes above.
14. Again, new visuals are more distracting than helpful.
15. I would add more person centered information. What are other strategies to make interventions more person centered and meaningful?
16. Less animations.
17. Yes, include self-determination theory and the development of intrinsic motivation.
18. I feel like there could be more on the different types of reinforcement and punishment. When I was first trained, we talked about positive reinforcement, negative reinforcement, positive punishment and negative punishment. I know it's a concept lost on some people, but I think it drives the point home better that 1.) Negative reinforcement is not positive things away from people (something I still have to explain to employees at times), and 2.) Punishment is more than just corporal punishment.

## APPENDIX J

1. Again, most people are not falling into the "What is behavior" "Then what is challenging behavior?" trap. Everyone is literally defining behavior as an action or series of actions.
2. This module tends to be a soapbox section from what I remember. I do not think this approach is so much helpful for adult learners. When it comes to brainstorming how to improve the quality of life for individuals, I believe you can do so in a more direct manner.
3. The quality of life module is a nice positive segue from the previous information. The activity is reliant on having repeat OIS participants and for a class of mostly new people there should be videos and examples. They won't have the context yet or enough information to discuss increasing quality of life.
4. Talk about quality as the main goal of PBS in the very beginning, and weave it into every discussion throughout the training.
5. Module 5 is actually the Quality of Life module. I think this module is kind of terrible. In theory I believe it's important to talk about the idea of quality of life. But, I think this module puts too much emphasis on the importance of community vs. overall quality of life. I think the information about community could be added to the relationship module (since that's ultimately why community is important). Then maybe this QoL module could emphasize more on the importance of building independent skills and helping individuals feel more in control of their lives. I find staff tend to naturally be more willing to just do things for individuals because it's easier than teaching them the skill to do it on their own. I also find that staff tend to not realize how much they control and dictate the lives of the people they support, so the curriculum could emphasize the importance of supporting the individual to be in control of their lives as much as possible. There could be more information about the importance of supported employment or day program for individuals, and the WHY behind it. (Self-esteem, confidence, empowerment, feeling productive, etc.)
6. No - especially important is the prohibition against punishment. This module gets an 'A" from me.

## APPENDIX K

1. "Subtract a slide about the proven prevalence of co-morbidities and IDD. There are around 4? I flip through these pretty quickly.
2. I'd like to spend more time around the holistic view of what sets up stress for those with comorbidities, including poor sleep, thinking patterns, struggling or absent close relationships and then a focus on how we can holistically support clients. This is specific to the last slide.
3. There are Bio-Psycho-Social, Community, and Cultural factors that can impact stress levels for better or worse. This should be a standard exercise and conversation. "
4. The module sometimes comes across as particularly wordy, I find that I am having to explain a lot of terms to my participants instead of focusing on the actual material I'm presenting. That being said, I feel that it has improved significantly compared to the 2019 Mental Health module.
5. Less statistics and more mental health descriptions pertaining to individuals in the ID/D world
6. This module is okay-- it doesn't mention mental health diagnosis really in the actual module or general systems to watch for-- you choose 1 module for your group--. In older versions the brief overview of common mental health symptoms in general seemed really helpful-- not all people trained in OIS have any information about mental health disorders so how can they consider that as a concern to watch for without information? the break out mental health modules might be helpful for staff refreshers or supplemental training - maybe briefly mentioning depression, anxiety, and how it presents in different ways and PTSD linking back to trauma module- intellectual developmental disability diagnosis are not the same as mental health disorder diagnosis--even maybe just explaining the difference from a developmental delay vs developmental disability vs a mental health diagnosis and that we all have mental health just like we all have our physical health, emotional health it becomes a disorder when (and you get the idea)... it doesn't have to be long and it could be beneficial ---stay away from too many statistics... a few numbers here and there and reference study if audience is interested in having more information-- always a reference for any statistics and studies is helpful
7. Get rid of the slide about diagnostic overshadowing.
8. The entire focus should be on signs and symptoms and how to properly document and report this for DSP's. I think the part on signs and symptoms is good in this module. Diagnostic overshadowing is a good add in the recent one. This could be an opportunity to talk about equity in healthcare and how to advocate. Also, who should be attending appointments, how to work with therapists, prescribers, and write a decent t-log after the appointment. Some of the modules are better than others. I don't think the modules are needed though. DSP's need to understand their role in relation to mental health and some characteristics. The agencies should be providing them with more in-depth training on depression, anxiety, autism etc. It is just too much in 2 days. It all needs to come back to person-centered approaches, prevention, de-escalation, and reasonable response.
9. Some of the slides have a lot of information on them.
10. Trim down the words and statistics on the slides.
11. I find staff don't really care much about all the information about IDD and mental health comorbidity. I feel like that information could be pared down significantly. This diagnostic overshadowing is interesting to me, but I don't think most people attending OIS (at least at my agency) find this pertinent to their work. Most of them don't know enough about the diagnoses of the people they support to ever use this information in their day to day. I would rather drill down more on anxiety, since I find the majority of people I support experience it to some extent. Or more information on how to identify manic behaviors or help support with certain symptoms of mental illness. I think that would be more relevant to the participants.
12. Too much information for beginning staff. A lot of statistics and concepts that seem to be more than necessary for the topic.
13. Most behavior professionals don't understand the mental health field or these chapters, even less when it comes to diagnoses. DSPs care even less. It's not that relevant to DSP job duties.

14. Again, this seems so way over the head of some of the participants. Like, eyes glazed over for some of them. I know there is a teaching style to keep participants attention, but this module is hard to do that. Also... things like phenotype, diagnostic overshadowing, and the slide about "symptom" vs "sign" are all a little hard to comprehend, let alone explain in a way that makes sense.
15. I think that, by far, the best part of this module is the specific mental health modules. The intro before these modules could use some work. Think less intellectual and more tools.
16. Mental health is important in our setting and this is a huge topic. Understanding MH in the I/DD population is extremely complex. I have extensive experience in the MH world. Given this, I thought the module was really pretty well written. I teach beyond the module and provide specific guidance on how to respond to MH issues and what the role of the caregiver is in helping MH professionals provide care. I'd give the module a "B", but with some simple additions it could be an "A" and very helpful.
17. There's some overkill information in this section. I don't feel like a lot of people are under the impression that people with IDD can't have co-occurring mental health diagnosis's. That was pretty old info 20 years ago.
18. This is module always seems to just be here... It always has boring slides and has a lot of numbers. The message I get is that you cannot rule out mental health.
19. I would put all of Mod 6 into the main module. Having Dementia, FAS, Autism, PTSD, and Depression as a pick one, then go into another module really bothers me. I appreciate the flexibility of being to tailor the curriculum based on participant need but I think it would be beneficial to shorten the content and do a preliminary or more of the information. The FAS, could be insensitive, and has been discussed.
20. It's a little dry, but with my educational background I feel I can make it interesting.
21. Too many stats in this module, you tend to lose the trainees. Could be better presented as the content is important

## APPENDIX L

1. I feel like there are duplicate slides or slides that could be cut as they are duplicates of information. Let's find a more current video on managing stress response in the moment, the Anger Management section.
2. Don't start the module with a video, its the first thing we do on day 2 and people are tired/groggy. the video isn't super helpful anyway.
3. It can become boring and it is very easy to lose attention.
4. Removing the video from anger management---with replace it with something else or the same teaching point easily can be shared--multiple participants and groups have found the video sexist, misogynistic, homophobic and culturally insensitive. It is "mandatory" the response from OIS has been very poor when the concern from participants was brought to OIS projects attention. the right brain left brain information is overly simplistic it can limit people and put them in to boxes unintentionally-- the brain is integrated and accessing both right and left sides of the brain to perform tasks and there are differences in functioning of each hemisphere that supports discussion of preferred functions in hemispheres though it is in integrating both sides that the brain functions occur so it isn't one side of the brain or the other-- https://www.healthline.com/health/left-brain-vs-right-brain -- https://www.dana.org/article/right-brain-left-brain-really/ --- https://www.psychologytoday.com/us/basics/left-brain-right-brain ----the crisis escalation cycle is great
5. This is an important module that is hitting the brains of fatigued people. The emotion regulation strategy is important and should be incorporated on day one and built throughout the training. People who are taking OIS and have never worked in their home or are totally new cannot answer some of these questions. It needs to be reworked for brand new DSP's vs. those that have been doing this for at least a year.
6. Anger Management video needs closed captions. I do not want to contradict my feedback from module 2 but slide # 109 is fine as it is verbatim from the mandatory abuse reporting training. DSPs see this information every year as a mandatory training and PRN. The rest of the module is fine.
7. Selfcare is super important when working in this field and I feel it needs reworked to address more realities of our job.
8. I think the Anger Management clip is a bit outdated - I think it's supposed to be funny but 99% of the time in my classes no one seems to enjoy the clip. I'm sure there is a better clip that would be more interesting to participants, and I also find it's not a very smooth transition from the clip into the rest of the module. Slide 117 has a typo (on the right side it says brian instead of brain). I don't understand why the first time we have a slide for fight or flight is in module 6, when the subject should be covered when we talk about amygdala hijack and the limbic system. I think we could have a slide in this module that reiterates the information about flight or fight/alarm reaction to transition into the information about the physiology of alarm reactions and stress cycle.
9. A lot of concepts from an old chapter called "the toolbelt" have been interspersed in this and the next module. This throws off the continuity of the modules. Also the term, "Emergency crisis" is truly redundant and seems to be overkill.
10. Again, new visuals aren't my thing. No one is coming out of OIS saying, "Wow, that was great information. But did you see those visuals on those slides?" This information has been part of OIS for years with little change. I feel it works for new DSPs, but repeat DSPs aren't learning anything new.
11. This module is good!
12. I recommend putting a bigger focus on self-care for the care provider. In fact, I am currently developing a separate training around this topic, which is in direct correlation to quality of care/support that staff is able to provide.
13. I would remove the anger management movie clip. I would expand on abuse and neglect, provide some scenarios about neglect. Abuse citations might
14. I love this chapter, and it's my favorite to train.
15. Repeats itself a lot, could be condensed so easier for trainees to follow, but the information is important

## APPENDIX M

1. Possibly a video in this section could be useful. There are a lot of videos in the early modules of the OIS curriculum, while towards the end of the 2020 curriculum there are relatively few. I like the videos because they promote good discussions, which I feel could help keep the participants more engaged.
2. Yes, I would move the personal space exercise to an earlier module, one that is taught on the 1st day. Participants have stated that they are more comfortable with the people in the class, which decreases their personal space since they have sat with them, in the same space for almost 2 whole days.
3. Add more applicable less restrictive strategies and skills to not have to place physical hands on an individual. Same response regarding the left brain and right brain information is overly simplified and not entirely incorrect though do trainers all understand the right brain left brainb integration of skills and the way in which the brain can compensate when impacted ... maybe instead adding principles of polyvagal theory and the laddering response in the brain associated with trauma might attend to physiological de-escalation strategies and attending to the part of the individuals brain they are in at which stage of crisis escalation? considering at what stage and state of regulation or dysregulation the person is at and having realistic expectations at that time for the person and goal to reduce escalation and unsafe behaviors in the moment, reduce power struggles and reduce activation of the fight/flight/freeze response for now--and come back to the expectation when calmer and more regulated...walk away applicable skills to help physiologically regulate an individual and skill practice or suggestions for less restrictive interventions --- the module is a great module in and of itself -- adding more tangible less restrictive interventions might be its own module in general?
4. Another important module not being absorbed by everyone. Reasonable response is really important. It is another concept that should be included throughout in some way.
5. Always keep the emotional regulation strategy paperwork...please. I have had to turn the personal space exercise into talking points due to Covid Risk Mitigation.
6. It might be helpful to have a video or more activities in this module to help new staff entering the field understand the concepts more.
7. All the information in this module is good, and necessary, and clearly stated. The one challenge is that it's presented at the end of the second day, so people tend to be tired and their attention is harder to keep. So this could be a good place to add an exercise - say, about halfway through the module - to re-focus everyone. One possibility might be to have people actually verbally practice de-escalating an escalated person - for instance, giving a couple of scenarios and then picking individuals out of the class to try talking the person down based on that scenario, or giving them some scripts to work from.
8. Again, parts of the toolbelt are just dropped in and interrupt the flow. While they can be good concepts, they just don't seem to belong here. The amygdala highjack and the left/right brain examples seem to be separate occurrences, they are not presented as a whole.
9. Again, a lot of brain focus. I think some of this important, but it seems to be difficult to process for some participants. I'm not sure how to put it into words, but this module feels very repetitive. It's all important information, but I feel like I say "ok, we've talked about this quiet a bit already" a lot in the module.
10. Very repetitive. At his point in the curriculum, DSPs are exhausted. We want to avoid repeating ourselves and maybe have more exercises/ activities that demonstrate the points we want to make. Also take personal space out of here.
11. Like above, this section has been the same for several years. It's good information, but it's just repeat info for staff who have taken OIS before. Details from previous years have been taken form the notes and the slides. I feel, this is added stress for new instructors to have everything from memory.
12. Personal Space exercise is great - without Covid issues, this works well. In the past year, I have been unable to use this exercise. I've had to adjust and just talk about personal space needs. I don't think it should be removed though.

## APPENDIX N

1. These are all great topics and we can teach and model them daily. I think a very helpful unit would be something on building self-confidence. Confidence is one of the biggest issues these days that I find with newer staff. It not only has an effect on them, the people we serve pick-up on the lack of confidence and use that to their advantage to manipulate staff or their anxiety increases due to not feeling safe.
2. Although it contains good information, I do not feel that it is geared towards individuals who do not have experience in the field, which is often a large portion of the participants. It would be great if the training could focus on support strategies staff can use to intervene when a client is escalated, as well as having exercises for them practice the use of these strategies. It is best practice to use the strategies outlined in a BSP, but not all individuals who become escalated, have a formal support plan.
3. We are getting a younger batch of DSPs that are hip and very person-centered. I don't want to be the one to give voice to negative stigmas when these students are not even considering this type of thinking.
4. I have found the curriculum easy to teach. I feel that some modules need more person centered type information and less statistics
5. We already have a significant amount of information that we are covering within a 2 day span. We cover all above topics thoroughly.
6. However, because I do not see a space for it, I would simplify the visuals on the slides. There is no running theme for the presentation. There are a lot of words on slides. The slides can be formatted to be more accessible to the attendees, especially those where English is not their first language.
7. For functions or causes of problem behavior--- i would only want more focus in this area if the focus is on the lack of skills, building those skills and considering the function of the behavior as a need or problem we have yet to understand- i am highly uninterested in adding more strict behavior modification skills into the curriculum and more interested in focusing on how to help both the individuals served and the providers to regulate. Highly interested in adding trauma informed care--even just stating what trauma informed care is and the principles of trauma informed care -- people need more proactive and preventive skills and de-escalation strategies developed to walk away from ois with or they need another training added to ois. I do think adding clarification of developmental considerations might also be helpful (developmental age and stage) with realistic expectations could be very beneficial -- maybe something regarding professionalism, healthy boundaries and ethics of a professional in this work force? what are the most frequently founded abuse allegations in this state around or trends the state of Oregon is seeing and couldn't ois be a place to help ensure that across all service lines those expectations of professionalism/ethics/safety are provided (it is a requirement for people across the state as DSPs to have this training--great opportunity to reinforce ethical code of conduct/safety or professionalism) if this is a state wide system maybe it can provide state wide clarity around state wide concerns?
8. OIS should be funded to have someone that knows how to develop curriculum. There are a lot of skilled people involved but it looks like different groups of people take on different segments and then it gets taped together. The vast majority of those people are doing this in a volunteer capacity. You need someone that knows how to make engaging content that works with the subject matter experts on the steering committee, higher ed, and agencies. These people should be paid for that labor as well. Also, an equity makeover is way overdue and the steering committee should provide diversity, equity, and inclusion training to all steering committee members from someone with lived experience. OIS is grassroots in a lot of ways and has an important history in our state. When it is in a good phase of supporting instructors there is a real community feel that is nice. I love that we all learn from each other and that saying "I am going to steal that example" is perfectly ok in OIS culture.
9. "Since I have consistently trained all of the curriculum(s) since 2003, I feel this is the best version we have ever had. The overall design of the slides are absolutely great. Carol did a fantastic job! They are brief, get to the point, and help maintain attention. More importantly, they are extremely ""learning style"" inclusive for

DSP(s). At my company we have employees who require ASL interpretation and the slides make it easier for the interpreters to be effective.The trainer may be hard to interpret, but the slides are not. Introduction: Slide #8 Values, Questionable, Unethical Practice needs to stay and never be taken out. I beg....please always keep this exercise. Videos: There are layers of challenges trying to run videos at times. Depending on the venue, there can be connectivity problems to the internet, slow connection, or no internet available for whatever reason. I was hoping the videos could be emailed out separately so they could be run off of the video player on a computer. I have had to resort to this option so I can run a OIS class without internet. Also, it would be great if all video's had the closed caption option. ASL interpreters are great, but the Anger Management Video is difficult to interpret.Class Exercises: Covid has created a significant awareness about the spread of illness via the air and surface touch points as a whole. I have altered every exercise which required the passing of objects or contact with training materials to visual demonstrations to mitigate spreading disease. Maybe the class exercises can be re-evaluated with PPE precautions in mind to prevent illness as were are obviously experiencing a ""new reality"" with the pandemic... The Autism Module is absolutely fantastic and the module I train. I also like the Anxiety Module as well. The PTSD module has a difficult moment in the video. The Depression Module is tough because of the way it can leave you feeling (unfortunately). One-Day Recert: As already mentioned, maybe change the exercise in Module 1 about introducing by a deficit to introduce someone by a strength. Remover the written routine exercises, DSPs who have been consistently employed with our company for four or more years, definitely know about routines. Physical Practices: I hope that there could be a power point created to support the physical practice. The visual helps everybody. I had our company's physical practice on flips charts from 2003 - 2010. I then moved on to using a power point I created using the OIS Standards for Physical Skills. It's simply the name of the technique with brief talking points to help with trainer fatigue and encourage retention for the participants. We do not accept G Level OIS Certifications from other providers as we have run into numerous memory lapses with participants. I hear claims that wherever they got their cert, they were not trained on the technique and this was the first time they were seeing it. It does not make sense to run physical practices for certification without a power point as a visual. This ensures things are not accidentally forgotten to train. Also, we used to be able to do push/pull drills to help DSPs understand what to do when they are being pushed and pulled around. Now, the concept of ""lowering center of gravity"" is generally y just mentioned and not encouraged to practice. DSPs get push and pulled around.I also created a physical practice evaluation in 2012 when OIS changed their data base entry roster to include all the PPIs the DSP was trained on. I had to create this form out of desperation as we had over 800 employees in 2012 (now down to the 600s) and I cannot remember who did what when they went through class. Our DSPs are only trained to the OIS PPIs written into the PBSP they are working with in their assigned area and we are not training all DSPs on every PPI in OIS. I'm saying all of this because OIS did not provide a form to support the revised data entry. I feel they should have provided us a physical practice evaluation (one page) when they made this change in 2012 to help trainers with reporting the PPIs trained accurately."

10. There have been times in the past when the curriculum was repetitive or unclear; I think the authors of the current version have done a good job making it clear, concise, and specific.
11. "Add another few sets of eyes to assist with the development of the curriculum and to help with organizing and streamlining it. Take out all attempts at humor. Leave that to the talented instructors.
12. A number of the videos and studies are outdated at this point and I would like to see some updates to the sources used in the curriculum.
13. I feel as if the content is too much for a 2 day course especially for anyone new to the field. The curriculum seems to be based upon the theory that all people we support have behavioral challenges and that all staff need the physical practice portion. No effort has ever been made to test the efficacy of the training such as measuring via pre-test, immediate posttest and a follow up posttest. The curriculum seems to serve as documentation for agencies of training provided to staff, but it's too much in such a short period.
14. The fact that the curriculum and philosophy is constantly evolving makes it feel less effective overall. It feels like a disjointed patch work of philosophies rather than a fluid curriculum where each level dovetails into the

next and makes sense. This is especially true when compared to other crisis intervention strategies. The fact that the physical techniques manual is not written by a professional technical writer is a problem. Without the 4 day training, a person would not be able to pick up that manual and make sense of how to perform the techniques. Is it supposed to be a secret? In this day and age it should be accompanied by videos correctly demonstrating every technique. I disagree with the argument that they can't do that because instructors might use those videos as teaching aids.

15. The curriculum has SO MANY amazing qualities. I only point out things in the questions above because they are the things that stand out to me, not to minimize the time, effort, and exceptional information presented in the curriculum. I also recognize that some of the feedback I gave can definitely be a result of MY instruction, or lack thereof.
16. I would like to see the portions of the curriculum that relate to brain function be presented in a way that is a little less technical and explained in a way that is more easily "user friendly". Some of the material is a bit technical and harder to understand. Keep in mind that a vast majority of the people attending the workshops have GED or high school education. The videos are a great addition. They are inspiring, thought-provoking, and help to "break up the day" a bit.
17. "OIS is a good class. …. I have mentioned that relying on operant ""reward/behavior"" thinking is dated. We don't address ideas such as ""cue dependence"", failure to generalize learned behaviors and behavior extinguishing with cue removal. I'd like to see self-determination theory brought in. Also, strategies such as the ""Low stimulus environment"" are not mentioned and probably should be taught. OIS does not address several issues that are important. Pre-natal alcohol and drug exposure is not mentioned and is significant in our population. Similarly, little is said about genetic conditions. It is likely that many I/DD conditions are genetic in origin and will be further defined with DNA studies. I do like that OIS is very clear that each presentation of I/DD issues is unique to the individual (back to Module 1 - know the person you are working with). OIS does not work very well for parent and foster caregivers. There needs to be a different curriculum for these care givers. I have taught parents and foster parents and they pretty uniformly say the class isn't that helpful. I can see why after fostering and adopting a behavioral I/DD child myself. I strongly recommend creating a class specific for this population. This OIS would address relational dynamics and attachment styles in greater detail and address loss and grief in greater detail. The state has excellent adoption/foster classes that my wife and I attended that could be modified. It seems that the OIS curriculum has not been written with the proper expert input. I would recommend a panel with a mental health expert (some concepts were not really accurate); someone with experience in behavioral genetics (glossed over in OIS); an expert in motivational theory; someone from the educational world; and some experienced caregivers be tasked with re-writing OIS for 24 hr residential, and a separate OIS for foster and parent with an increased emphasis on relational dynamics."
18. Some years it feels that our annual updates are just moving around slides and removing details from existing slides. All of the above examples are good to know. All of them are already covered in some capacity.
19. Tell a story.... connect the concepts on a better level within the curricula. Everything is so separated and then just referenced. The information needs to be better presented. There is so much information and the participants are often here not because the choose to be. They need the training for certification. Make it more effective so that the participants get more out of the training. quality over quantity.
20. The curriculum could benefit from some training on Resilience.
21. Curriculum development is difficult and I commend the SC for the excellent job they've done over the years.
22. Applies to all areas: OIS is difficult in part because it tries to provide an introductory overview to behavior, psychology, ethics, and practical instruction for daily support provided by DSPs with groups who's KSAOs, interests and sensitivities vary wildly. These questions should be for a focus group of trainers in a multi-hour session and not in a "10-15 minute" survey.
23. I feel like we need to talk more about DSPs and caregivers as skills trainers. Not just functional skills, like how to do laundry, but social skills and emotional regulation skills.

24. I have been training OIS for 9 years. I have a strong belief in the program, I believe that OIS puts the rights, dignity and respect of the residents as high priority in all aspects of the trainings, values and philosophy.
25. Task Analysis and Prompting would be helpful in tying in other subjects to helping increase independence and the reaching of personal goals

## APPENDIX O

1. MORE TRAINING ON PERSONAL FREEDOMS AND CHOICE!!!!!!!!!! DSP"S ARE NOT PARENTS!
2. Have a section covering and avoiding more abusive tendencies and how to avoid power struggles.
3. I think there should be an age limit. if you're over 65 you shouldn't be trying to use the training. You might hurt yourself
4. The inclusion of physical training such as Hoyer operation, safely maneuvering individuals who may not be able to turn over in bed or sit up, transitioning from chair to toilets and showering chairs, these are things that as dsp's we learn as we go and I think physical training on would helpful and beneficial to dsp's and the individuals we support.
5. We no longer focus on the individuals we support in our training and instead try and Train EVERYTHING we might experience and these "trainings" are so broad they really will never do us any good if we later "run into" someone who may experience these challenges.
6. I wish there were more realistic situations. OIS is not cute or pretty there maybe moments where you may stumble or something off the wall may happen but how to adapt to what ever situation you are in or how to come out of it not feeling as if you failed. I wish there was more training on how not just the individual could feel after but the staff. It takes a toll on us having to be in that situation and deal with something so traumatic not just for the individual but the staff. Letting us know that things are not always going to be perfect and that it is ok because doing our best in a stressful situation and keeping ourselves, the individual, other staff and other individuals safe is the main goal.
7. More time. I think being in a controlled setting helps us learn, but how do we implement OIS strategies during crisis? I would like to see more detail and specifics.
8. Length of time, staff remembering all of the information provided in 2-day workshops.
9. More in depth from the individuals perspective, not so broad/gneral info
10. When performing the actual OIS techniques with a partner, it feels extremely awkward - especially when the training room is completely silent. I think some background sound, like non-distracting music, would ease a lot of tension and hesitation.
11. It would be nice to learn techniques that would work in accordance to different body ratios
12. I would like a hand out with pictures like when you take CPR so you can refer back to the technics in between trainings. I found the training very helpful for ways to get out of harms way and not harm a client. I had to say the that I did not have the check the training was the most useful, only because we don't have any clients we need put our hands on them as part of their BSP. Breaking down a BSP would have been nice. I did like taking the training in the event we do end up taking on a client who needs us to protect ourselves and them as part of a physical intervention/interaction.
13. Not having to take it every 2 yrs. I have taken 10 times now - wish there was just a short refresher course for ppl that have been working same job for many multiple years
14. When other coworkers watch you learn, quite intense for an introvert, to have others watching you.
15. It would be nice to have information for staff after they have had to use an intervention especially if it was a difficult incident. It would be beneficial if they had a self-care protocol or guide to help them recover from the situation.
16. Have it be more focused on keeping the individual, and practitioner safe. The class focused far more on how to not harm the individual we serve, but when the individual is swinging around a knife, or attempting to run into traffic, the focus should be on doing the most effective method to keep them, and the staff safe, not just not hurting them during the PPI.
17. What is taught in the training is not the same as what we go through on the floor. Its not slow motion, and we dont see them coming at us most of the time and half of the time there is not even enough staff to stay safe.
18. Instead of being two eight hour days of training, it could be three days at 5 hours a day.

19. That it would be more realistic. OIS does everything in slow motion which is not how implementing OIS goes with escalated clients.
20. I think that people who train in this field should actually work with the clients because what they train us on doesn't always work.
21. If I could change something, I would include more role-play training. Also, teach how to implement PPI from behind, rather than only from the front. Additionally, teach de-escalation strategies and talk about other options such as seclusions. More training on ways to transport in 2 person PPI would be helpful due to the physical exertion is creates on staff implementing the intervention.
22. I would add more to Collaborative problem solving procedures, preventative measures, and getting out of grabs (i.e. biting, pinching, hair grabs, chocking)/
23. More cultural awareness, i.e. use more LRIs with clients that are not white, as it appears that historically staff use more LRIs on white clients rather than clients of color or other underrepresented communities
24. It needs to be more training. 2 days just start to cover and we are told that we will learn/train more once in the home but things usually happen and training can't always happen as needed and in the home staff usually just wing it and at that point we are going away from OIS
25. More focus on de-escalation and more physical practice
26. I would have the physical be more than one day of training I feel that it would be beneficial to the employee to have a better idea of when to use and which to use when necessary.
27. I think maybe going over the things we learned again would be good, as it was a lot of information and it was hard to retain all of it in a short amount of time. Also, in some religions men and women that aren't married aren't really supposed to touch and I think the training had the trainer and the trainee touching a lot. I understand that it is to train and that it is important for the learning process I just think it might make some uncomfortable. I think a way to fix this might be to have a male and a female trainer available.
28. I very much appreciated the format when I first trained where the class took 3 days total: 2 for the class itself and a 3rd day the next week for review/assessment. I felt it drastically improved the retention of concepts and implementation and served the added benefit of further demonstrating when a staff was NOT able to grasp the concepts right away- if you couldn't retain the info for a week (even with review), it raises the question how much will be retained 3 months down the line as well.
29. It is highly irrelevant and unnecessary to take OIS for a medical GH with everyone needing 100% assistance for ADLs. The most we need is how to mobilize a limb for a lab draw
30. More frequent refreshers for staff (at least in the physical application of PPIs)
31. Include a more rounded training that includes complying with MHACBO, ethics (personal and work), and exposure to what it means to be a caregiver-servant instead of new staff who want to keep a large buffer between themselves and vulnerable people they are hired to take care of. Clients need reliable staff who are skilled/trained to intercede for clients who are not able to exercise executive function and whose behaviors are unsafe for themselves or others.
32. Making it more specific for those who work in the community such as day programs and job coaching.
33. More work on how to avoid the behavior and understand the purpose of the behavior.
34. More training around height differences. Someone that is 6 foot and long arms has a better chance to perform a safe ppi, someone shorter WILL struggle.
35. Training for those that will never use these types of techniques outside of a group home. De-escalation skills/ trainings that could be used with clients outside of the community
36. That if you work in a medical fragile home where there are no behaviors or BSP's, you do not have to take the course
37. The way the holds are authorized to perform are ineffective and unsafe. Needs to be able to use better grips during holds and need to have interventions that allow for better supportive physical control during interventions. With the current system, smaller or weak individuals end up getting hurt when performing the current methodology for interventions.

## APPENDIX P

| # | Field | N/A -I have never used this | | Strongly agree | | Somewhat agree | | Neither agree nor disagree | | Somewhat disagree | | Strongly disagree | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Evasion, deflection, and escape procedures are effective | 25.18% | 35 | 38.85% | 54 | 23.74% | 33 | 7.19% | 10 | 1.44% | 2 | 3.60% | 5 | 139 |
| 2 | Evasion, deflection, and escape procedures are safe for ME | 26.62% | 37 | 38.85% | 54 | 20.14% | 28 | 5.76% | 8 | 5.04% | 7 | 3.60% | 5 | 139 |
| 3 | Evasion, deflection, and escape procedures are safe for the individual I am supporting | 25.18% | 35 | 49.64% | 69 | 12.95% | 18 | 5.04% | 7 | 3.60% | 5 | 3.60% | 5 | 139 |
| 4 | Belt/Shirt procedures are effective | 43.88% | 61 | 29.50% | 41 | 13.67% | 19 | 5.76% | 8 | 3.60% | 5 | 3.60% | 5 | 139 |
| 5 | Belt/Shirt procedures are safe for ME | 41.73% | 58 | 28.06% | 39 | 14.39% | 20 | 6.47% | 9 | 5.76% | 8 | 3.60% | 5 | 139 |
| 6 | Belt/Shirt procedures are safe for the individual I am supporting | 44.60% | 62 | 28.06% | 39 | 12.95% | 18 | 7.19% | 10 | 4.32% | 6 | 2.88% | 4 | 139 |
| 7 | Limb control procedures are effective | 39.86% | 55 | 26.09% | 36 | 15.22% | 21 | 10.87% | 15 | 3.62% | 5 | 4.35% | 6 | 138 |
| 8 | Limb control procedures are safe for ME | 41.73% | 58 | 23.74% | 33 | 14.39% | 20 | 10.07% | 14 | 6.47% | 9 | 3.60% | 5 | 139 |
| 9 | Limb control procedures are safe for the individual I am supporting | 41.73% | 58 | 27.34% | 38 | 15.11% | 21 | 7.91% | 11 | 4.32% | 6 | 3.60% | 5 | 139 |
| 10 | One person protective physical intervention procedures are effective | 41.73% | 58 | 25.90% | 36 | 13.67% | 19 | 7.91% | 11 | 5.04% | 7 | 5.76% | 8 | 139 |
| 11 | One person protective physical intervention procedures are safe for ME | 42.45% | 59 | 25.18% | 35 | 10.07% | 14 | 10.07% | 14 | 5.76% | 8 | 6.47% | 9 | 139 |
| 12 | One person protective physical intervention procedures are safe for the individual I am supporting | 43.88% | 61 | 25.90% | 36 | 13.67% | 19 | 7.19% | 10 | 4.32% | 6 | 5.04% | 7 | 139 |
| 13 | Two+ person protective physical intervention procedures are effective | 46.38% | 64 | 27.54% | 38 | 16.67% | 23 | 5.07% | 7 | 1.45% | 2 | 2.90% | 4 | 138 |
| 14 | Two+ person protective physical intervention procedures are safe for staff | 46.76% | 65 | 25.90% | 36 | 16.55% | 23 | 7.19% | 10 | 0.72% | 1 | 2.88% | 4 | 139 |
| 15 | Two+ person protective physical intervention procedures are safe for the individual I am supporting | 48.20% | 67 | 25.90% | 36 | 15.11% | 21 | 4.32% | 6 | 3.60% | 5 | 2.88% | 4 | 139 |

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## APPENDIX Q

| # | Field | Strongly agree | | Somewhat agree | | Neither agree nor disagree | | Somewhat disagree | | Strongly disagree | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Evasion, deflection, and escape procedures are effective | 59.38% | 38 | 32.81% | 21 | 3.13% | 2 | 4.69% | 3 | 0.00% | 0 | 64 |
| 2 | Evasion, deflection, and escapeprocedures are safe for ME | 65.63% | 42 | 25.00% | 16 | 6.25% | 4 | 3.13% | 2 | 0.00% | 0 | 64 |
| 3 | Evasion, deflection, and escape procedures are safe for the individual I am supporting | 68.75% | 44 | 28.13% | 18 | 3.13% | 2 | 0.00% | 0 | 0.00% | 0 | 64 |
| 4 | Belt/Shirt procedures are effective | 50.00% | 32 | 39.06% | 25 | 6.25% | 4 | 4.69% | 3 | 0.00% | 0 | 64 |
| 5 | Belt/Shirt procedures are safe for ME | 48.44% | 31 | 37.50% | 24 | 9.38% | 6 | 4.69% | 3 | 0.00% | 0 | 64 |
| 6 | Belt/Shirt procedures are safe for the individual I am supporting | 42.19% | 27 | 43.75% | 28 | 9.38% | 6 | 4.69% | 3 | 0.00% | 0 | 64 |
| 7 | Limb control procedures are effective | 46.88% | 30 | 34.38% | 22 | 10.94% | 7 | 7.81% | 5 | 0.00% | 0 | 64 |
| 8 | Limb control procedures are safe for ME | 50.79% | 32 | 28.57% | 18 | 14.29% | 9 | 6.35% | 4 | 0.00% | 0 | 63 |
| 9 | Limb control procedures are safe for the individual I am supporting | 49.21% | 31 | 31.75% | 20 | 7.94% | 5 | 11.11% | 7 | 0.00% | 0 | 63 |
| 10 | One person protective physical intervention procedures are effective | 47.62% | 30 | 31.75% | 20 | 14.29% | 9 | 6.35% | 4 | 0.00% | 0 | 63 |
| 11 | One person protective physical intervention procedures are safe for ME | 38.10% | 24 | 33.33% | 21 | 19.05% | 12 | 9.52% | 6 | 0.00% | 0 | 63 |
| 12 | One person protective physical intervention procedures are safe for the individual I am supporting | 38.10% | 24 | 36.51% | 23 | 15.87% | 10 | 9.52% | 6 | 0.00% | 0 | 63 |
| 13 | Two+ person protective physical intervention procedures are effective | 53.23% | 33 | 32.26% | 20 | 12.90% | 8 | 1.61% | 1 | 0.00% | 0 | 62 |
| 14 | Two+ person protective physical intervention procedures are safe for staff | 40.32% | 25 | 35.48% | 22 | 17.74% | 11 | 4.84% | 3 | 1.61% | 1 | 62 |
| 15 | Two+ person protective physical intervention procedures are safe for the individual I am supporting | 38.71% | 24 | 32.26% | 20 | 20.97% | 13 | 6.45% | 4 | 1.61% | 1 | 62 |

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agency for persons with disabilities
State of Florida

## Application for
## Emergency Procedure Training Curriculum Review

APD Form 65G8-001 (08/07/08)

This application is to be completed as a cover page to a complete set of Emergency Procedure Training Curriculum materials submitted for review and approval by the Agency for Persons with Disabilities consistent with ch. 65G-8, F.A.C.

**Person Requesting Review:** _____ **Date of Submission:** _____

**Address:** _____

**Phone Number(s):** _____ **Fax Number:** _____

**Email Address:** _____

**Please enter the requested information below:**

| Curriculum Name | Common Curriculum Name | Provider Name | Contact Address | Phone Number(s) | Email |
|---|---|---|---|---|---|
| | | | | Main Phone :<br>Fax : | |

**Please identify which curriculum characteristics your material addresses, where it can be found in the materials submitted, and any comments, exceptions or clarification you think will help the reviewer:**

| Curriculum Characteristics (ch. 65G-8.002, F.A.C.) | Met ☒ | Indicate Where in Curriculum Text or Media This Characteristic is Supported | Comments, Exceptions or Clarification |
|---|---|---|---|
| (a) Has a history of application with individuals with developmental disabilities. | ☐ | | |
| (b) Includes an ongoing training program. | ☐ | | |
| (c) Provides for the certification of trainers. | ☐ | | |
| (d) Has a provision for periodic review of trainer and participant competency. | ☐ | | |
| (e) Includes no procedures prohibited under 65G-8. | ☐ | | |
| (f) Is of sufficient length to establish competency in the procedures being trained (at least 12 hrs.). | ☐ | | |
| (g) Includes non-physical crisis intervention techniques. | ☐ | | |
| (h) Incorporates training in ch. 65G-8, F.A.C. | ☐ | | |
| (i) Includes supervised practice, performance-based evaluation, and written testing of each participant's competency (minimum pass score, 80%). | ☐ | | |
| (j) Includes training in criteria for use of strategies and methods for reducing physical interventions. | ☐ | | |
| (k) Includes quality assurance and safety measures as well as incident data collection and review. | ☐ | | |
| (l) Provides participants with a certificate, naming the curriculum, trainer, training dates, and certificate expiration date. | ☐ | | |
| (m) Includes instruction in reactive strategy precautions and potential hazards. | ☐ | | |
| (n) Includes a "release" criterion of short duration, that is client driven or initiated. | ☐ | | |

The above information is complete and accurately represents the contents of the materials submitted.

_____ _____
Signature of Person Submitting Date

APD Form 65G8-001, adopted 08/07/08, Rule 65G-8.002(6), F.A.C. Page 1 of 1

# ALIGNMENT

nonviolent crisis intervention
a CPI specialized offering

## The *Nonviolent Crisis Intervention*® Training Program and Positive Behavior Support

10850 W. Park Place, Suite 600
Milwaukee, WI 53224 USA
800.558.8976
888.758.6048 TTY
(Deaf, hard of hearing, or speech impaired)
info@crisisprevention.com
**crisisprevention.com**

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**The *Nonviolent Crisis Intervention*® Training Program and Positive Behavior Support**

The following pages explore a variety of key themes, premises, and strategies related to Positive Behavioral Interventions and Supports from various expert sources and how they relate to or are addressed in the *Nonviolent Crisis Intervention*® training program.

There are many ways to define or explain the concept of PBIS. Some of the most common ways include:

- The application of behavior analysis and systems change perspectives within the context of personcentered values to the intensely social problems created by behaviors such as self-injury, aggression, property destruction, pica, defiance, and disruption (1).
- A dynamic, problem-solving process involving goal identification, information gathering, hypothesis development, support plan design, implementation, and monitoring (2).
- An approach that blends values about the rights of people with disabilities with a practical science about how learning and behavior change occur (1).

A comprehensive Positive Behavioral Interventions and Supports Plan includes a range of intervention strategies that are designed to prevent the problem behavior while teaching socially appropriate alternative behaviors. The goal is an enhanced quality of life for individuals involved and their support providers in a variety of settings.

The key features of PBIS, as identified by a pioneer in the field, George Sugai, include (6):

- A prevention-focused continuum of support;
- Proactive instructional approaches to teaching and improving social behaviors;
- Conceptually sound and empirically validated practices;
- Systems change to support effective practices; and
- Data-based decision making.

The June 2003 Executive Summary entitled *Research Synthesis on Effective Intervention Procedures* from the University of South Florida Center for Evidence-Based Practice: Young Children with Challenging Behavior lists the categories of PBS as (3):

- Functional Behavioral Assessment and assessment-based interventions;
- Functional communication training;
- Self-management/monitoring; and
- Choice making.

The table on the following pages is a correlation between PBIS concepts, premises, and strategies and the *Nonviolent Crisis Intervention*® training program.

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| PBIS Concept, Premise, or Strategy | *Nonviolent Crisis Intervention*® Training |
|---|---|
| PBIS is a broad, comprehensive approach which includes individual through systemic applications. | Strategies, skills, interventions, and techniques taught within the *Nonviolent Crisis Intervention*® training program can be used by individual staff members as well as by a team of responders. Implementation of the program's ongoing Training Process is designed to achieve culture change throughout an organization. |
| Used in many different settings. | More than six million people around the world have participated in *Nonviolent Crisis Intervention*® training since 1980 in settings that include schools, hospitals, residential care, mental health facilities, human service organizations, security companies, corrections, law enforcement, and many other types of programs and organizations. |
| Prevention focus (primary, secondary, and tertiary levels). | The *Nonviolent Crisis Intervention*® program produces outcomes in all three prevention categories:<br>▪ Decreasing the number of new cases of problem behavior.<br>▪ Decreasing the number of existing cases through specialized supports for "at-risk" individuals.<br>▪ Decreasing the intensity, duration, or frequency of complex long-standing behaviors that put an individual at risk for significant emotional and social failure. |
| Collaborative team-driven approach, implemented by all parties involved. | CPI's programs support a collaborative approach to crisis de-escalation. Team intervention strategies are discussed for both verbal de-escalation and physical intervention. As part of the staff debriefing process outlined in the Postvention unit, team members discuss the successes and challenges they faced and plan to strengthen their team response for the future. |

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| PBIS Concept, Premise, or Strategy | *Nonviolent Crisis Intervention*® Training |
|---|---|
| Person-centered plans that are function-based. | Person-centered approaches and language are taught throughout the *Nonviolent Crisis Intervention*® training program. The CPI *Crisis Development Model*℠, as a foundation for the course, identifies an individual approach to behavior levels and staff attitudes to de-escalate the crisis by focusing on the "why" behind the "what" of behavior. As each unit unfolds to support the model, personalized supports are discussed. When discussing limit setting, there is a focus on setting limits around the function of the behavior rather than the form of the behavior. Finally, the Postvention process taught in Unit X provides structure for the staff to work cooperatively with the individual who experienced crisis to make a new plan for future behavior. |
| Data-based decision making (collection of the A-B-C-S).<br><br>Exploration of the variables affecting, triggering, or maintaining a person's behavior. | Unit V of the course explores various examples and types of antecedents or setting events that could "trigger" or set the stage for certain behaviors to occur. In addition, the relationship between behaviors and consequences is explored. Data collection is most specifically addressed as one of the CPI *COPING Model*℠ components (Orient to the facts). |
| Teach new skills and positively reinforce pro-social behaviors. | Skill building is most clearly addressed in the section on limit setting. This section's focus is on teaching self-management of one's own behavior and learning how to make a positive choice. |
| Assess and modify the environment to make problem behaviors less likely. | Making environmental changes is one of the ways a staff member can provide support to an individual in crisis. This concept is explored throughout the program. Examples of this are found in the exploration of providing support to an individual displaying anxious behavior; in the isolating of an individual at the Defensive level and redirecting that individual to a different environment, and in the exploration of how the environment may serve as a precipitant to acting-out behavior as discussed in Unit V. |

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| PBIS Concept, Premise, or Strategy | *Nonviolent Crisis Intervention*® Training |
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| Awareness that consequences (natural or stated) and staff responses can maintain a behavior. | The concept of the Integrated Experience, how staff's behaviors and attitudes affect the behaviors and attitudes of the individual in crisis, is a fundamental underpinning of the course. In addition, further discussions on limit setting assist staff with setting clear, reasonable, and enforceable limits that won't reinforce the negative behavior (intentionally or unintentionally). |
| Functional Behavioral Assessment (FBA) is the basis of Behavior Intervention Plan development and improves the effectiveness and efficiency of the intervention. | The components of the CPI *COPING Model*℠ correlate closely to the steps involved in an FBA. The steps serve as tools to use within the FBA process. The program explores how good Postvention efforts can enhance prevention efforts. |
| Analysis of behavioral patterns.<br><br>Premise that human behavior is functional, predictable, and changeable. | An essential part of the CPI *COPING Model*℠ is to look for patterns of antecedents to acting out, patterns in a person's behavior, and to look for patterns in the staff responses—positive and negative, individually, and as a group. Debriefing exists to break the cycle of problematic behavior and negotiate an acceptable alternative that corresponds to the behavior's function. Using the debriefing process, patterns are explored and a behavior change process is negotiated. |
| If necessary to ensure safety and rapid deescalation of the individual's behavior, crisis management procedures and criteria for their use are determined. Training and resources needed to ensure implementation of the Behavior Intervention Plan are made available to the team (5). | *Nonviolent Crisis Intervention*® training builds confidence and competence among staff, improves communication and consistency in staff responses, reflects policy, and minimizes risks for all involved in the crisis moment. |
| Belief that behavior is a form of communication. | This belief underlies the foundational unit of the *Nonviolent Crisis Intervention*® program, the CPI *Crisis Development Model*℠. This premise is also looked at in the units on nonverbal, paraverbal, and verbal communication in terms of both a staff member's behavior and that of the individual being served. Empathic Listening is another area where staff are encouraged to "listen to the behaviors" and focus not only on facts but feelings and what might be the underlying message the person is attempting to communicate. |

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| PBIS Concept, Premise, or Strategy | *Nonviolent Crisis Intervention*® Training |
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| Outcome of its use is increased quality of life. | The purpose and philosophy of the *Nonviolent Crisis Intervention*® training program is to provide for the best possible *Care, Welfare, Safety, and Security*SM of everyone involved in a crisis situation. This is achieved through appropriate prevention efforts and intervening at the earliest possible point when a crisis does occur. Thorough Postvention with the individual who experienced the crisis and among the intervention team responding is essential for achieving this outcome as well. |

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