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# Introduction to PBIS

Positive Behavior Intervention Support  
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# Objectives

- ▶ Identify some challenges in our current continuum of services to students in need
- ▶ Provide a basic over view of key components of PBIS, and how it fits with RTI
- ▶ Examine how PBIS may alter the way Social Work Services are delivered in schools

# Current Challenges

- ▶ In determining a disability, how does one rule out “Lack of Instruction”, or determine if appropriate interventions have been used?
- ▶ How do we determine if the intervention have had an impact?
- ▶ How does one adjust for schools that have excessive problems due to poor climate and teaching practices?
- ▶ How well does the current information gleaned from an SEN assessment translate into teacher actions?

# Current Challenges

- ▶ How well do special needs interventions fit with regular ed practices? (Transition issues)
- ▶ Are we using our supportive services as efficiently as we can?
- ▶ Other?



Academic  
Continuum

RTI  
Integrated  
Continuum

Behavior  
Continuum

November, 2011

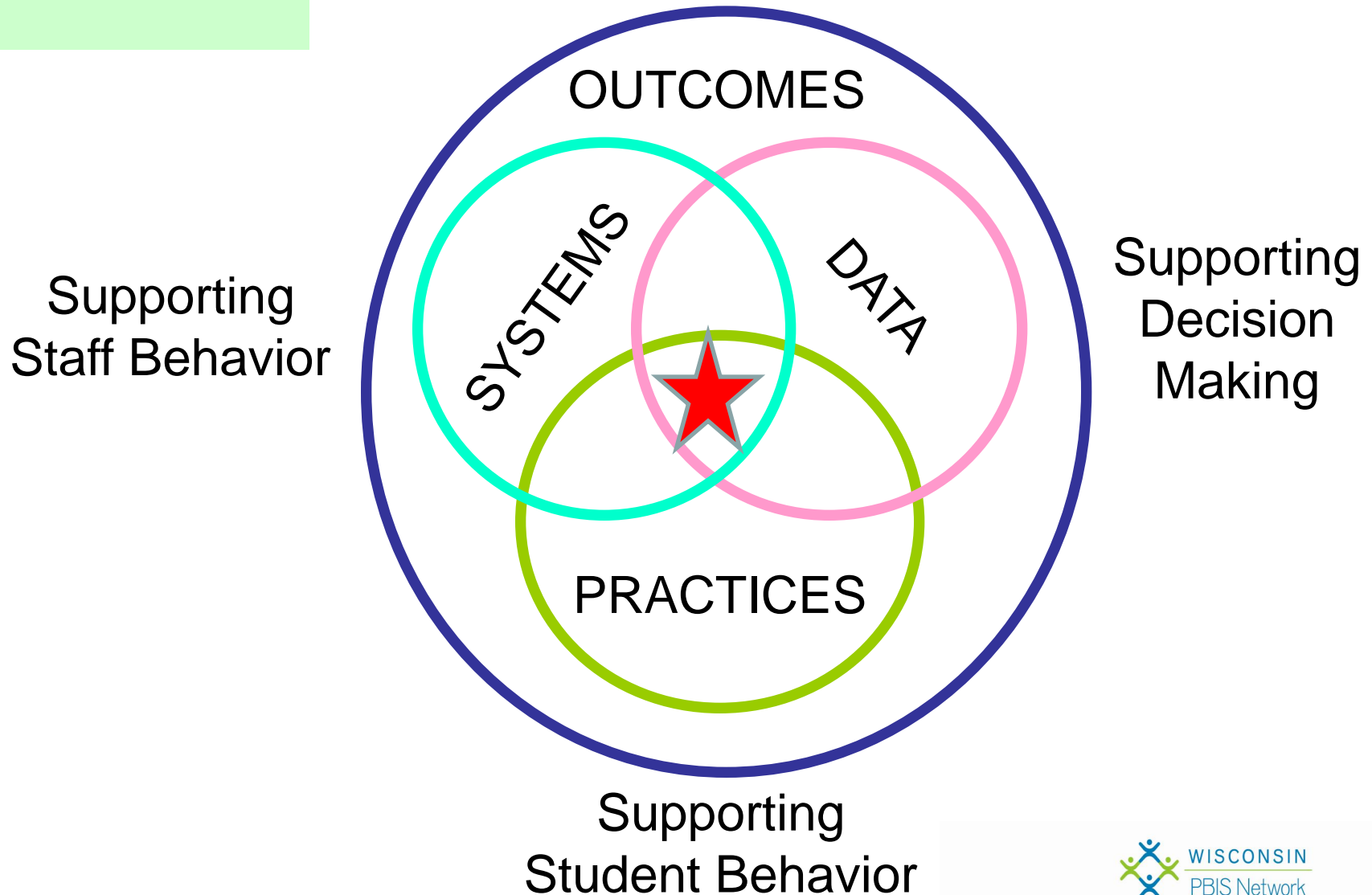
# School Wide PBIS Logic!

*Successful individual student behavior support is linked to **host environments** or school climates that are **effective, efficient, relevant, durable, & logical** for **all students***

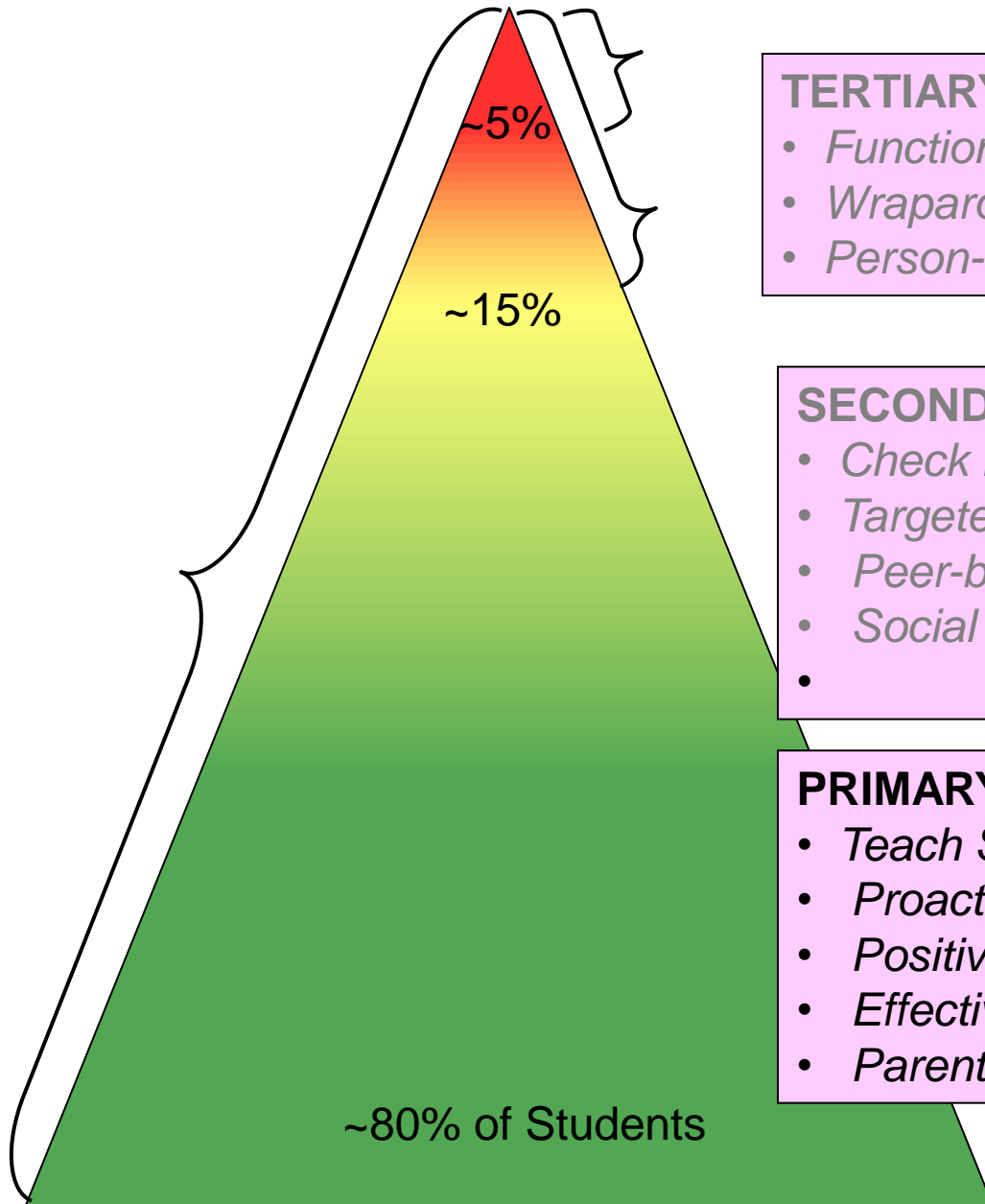
(Zins & Ponti, 1990)

# Integrated Elements

## Supporting Social Competence & Academic Achievement



# ESTABLISHING CONTINUUM of SWPBS



## TERTIARY PREVENTION

- *Function-based support*
- *Wraparound*
- *Person-centered planning*

## SECONDARY PREVENTION

- *Check in/out*
- *Targeted social skills instruction*
- *Peer-based supports*
- *Social skills club*
- 

## PRIMARY PREVENTION

- *Teach SW expectations*
- *Proactive SW discipline*
- *Positive reinforcement*
- *Effective instruction*
- *Parent engagement*

# PBIS Universal Practices

- ▶ **Reinforce appropriate behavior**

  - Daily recognition – ex. Gotchas

  - Weekly/quarterly grade-level/whole school celebrations

- ▶ **Re-teach**

  - Re-teach the expectation using different strategies

  - Have the student practice the skill

- ▶ **Clear System of Consequences**

  - T-Chart: Classroom managed vs. office managed

- ▶ **PBIS Team**

  - Representative of faculty

  - Meets at least once a month

# PBIS Universal Practices

- ▶ **Define 3 – 5 School Wide Expectations**

  - Be Responsible, Be Respectful, Be Safe

- ▶ **Teach/Pre-Correct**

  - Behavior Lessons

  - In-the-moment reminders

- ▶ **Model/Practice**

  - Adults model what they teach

  - Students practice what we teach

# PBIS Universal Systems

- ▶ **Clear School and Classroom Routines**

  - In common areas, such as cafeteria, entrance, bathroom
  - In classroom

- ▶ **Acknowledge Systems**

  - Daily recognition – ex. Gotchas

  - Weekly/quarterly grade-level/whole school celebrations

- ▶ **Clear System of Consequences**

  - T-Chart: Classroom managed vs. office managed

- ▶ **PBIS Team**

  - Representative of faculty

  - Meets at least once a month to problem solve

# PBIS Data Collection and Analysis

- ▶ **Incident Referrals**

  - Information on referrals entered in a timely manner

- ▶ **Team Analyzes referrals monthly**

  - Look at the Big Five:

    - Referrals per day per 100 students

    - Location

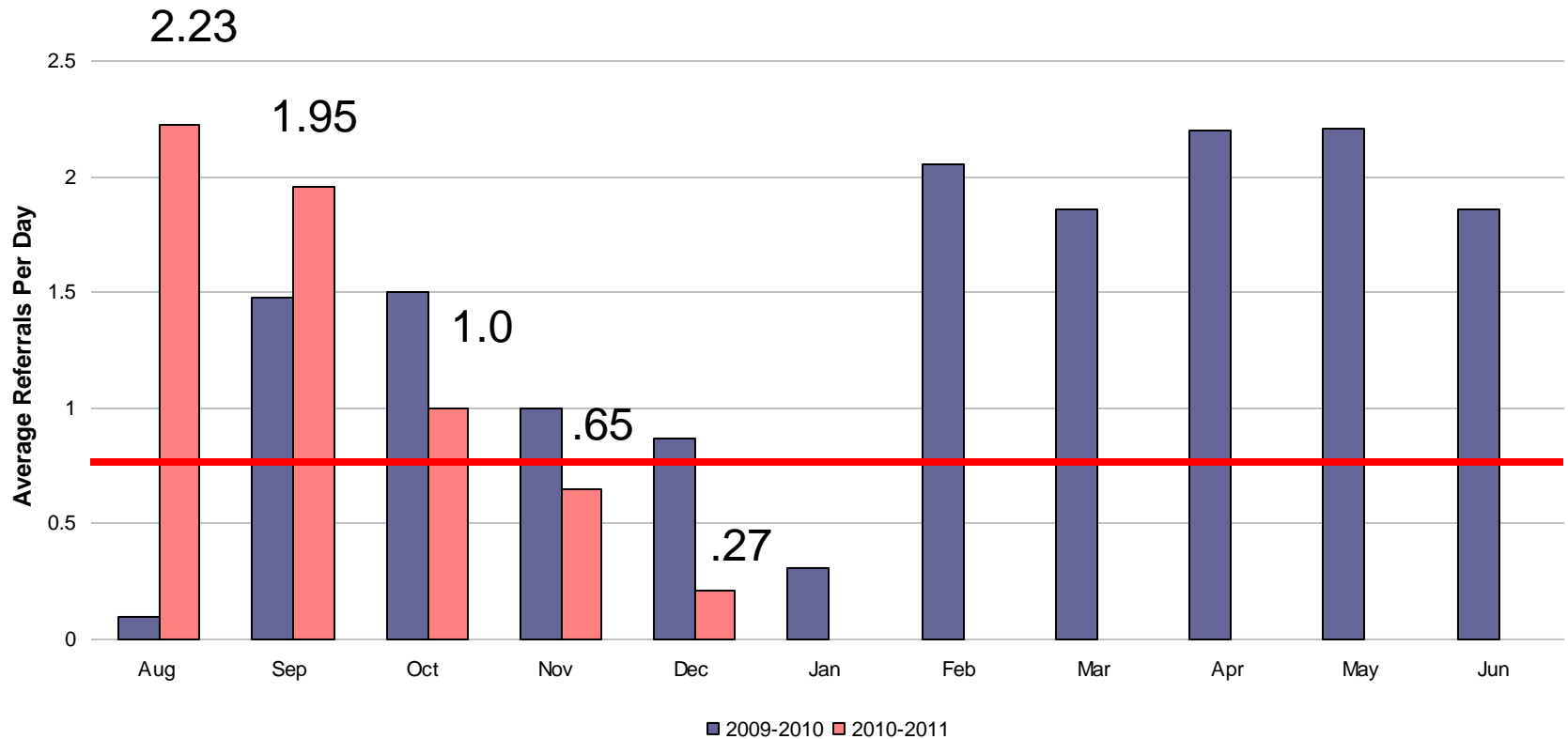
    - Time of Day

    - Problem Behavior

    - Student trends

- ▶ **Data Share with Staff several times a year**

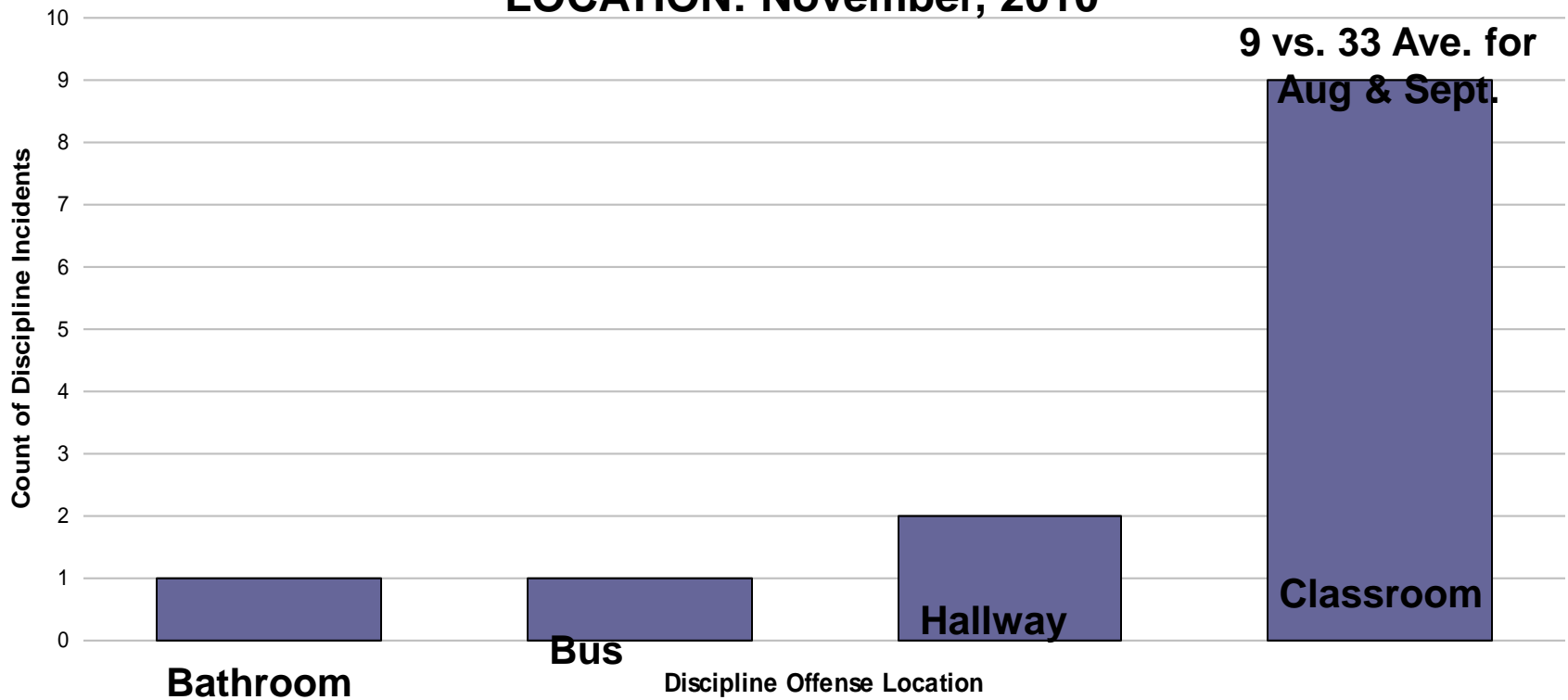
- ▶ **Implementation Data**



National Median = .8    As of Dec: 09/10 Ave = .9; 10/11 Ave = 1.8  
 + Steady decrease each month  
 Prediction: Huge increase in referrals beginning in Feb

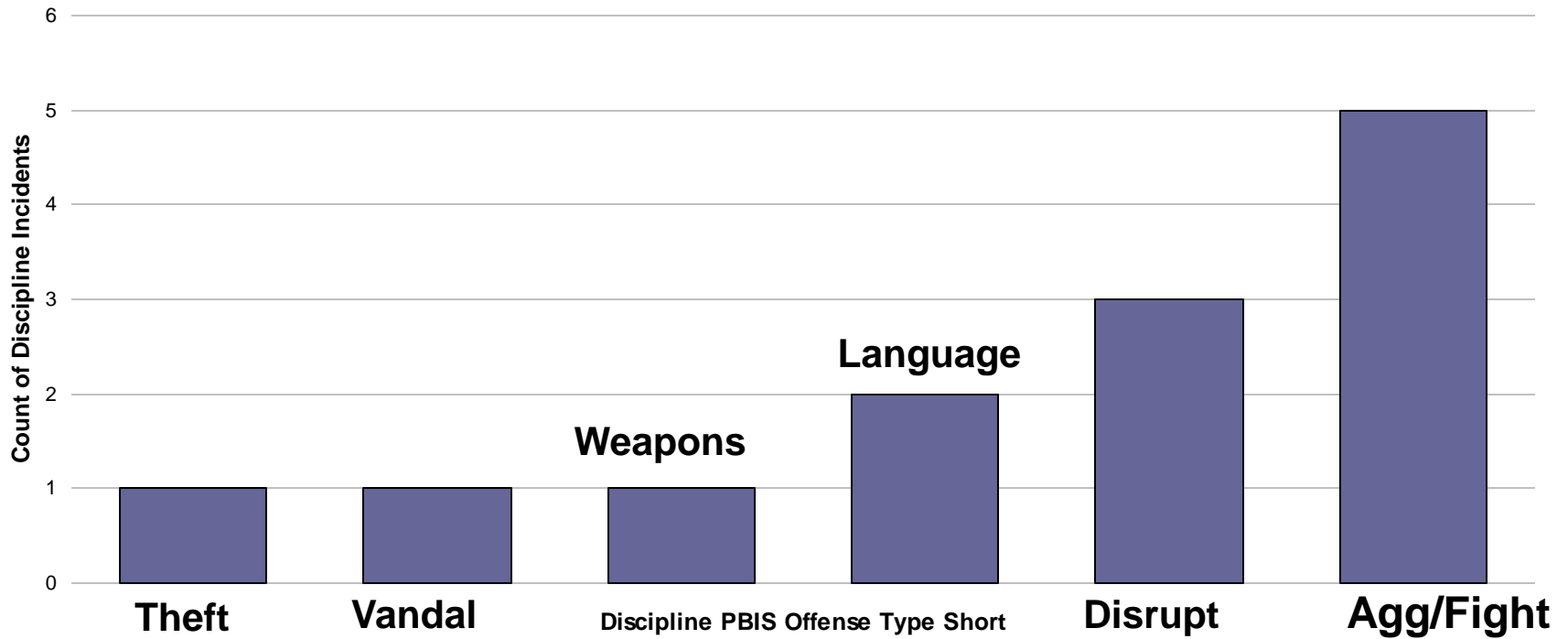
Note: This is only meaningful if staff is following the T-Chart consistently.

## LOCATION: November, 2010



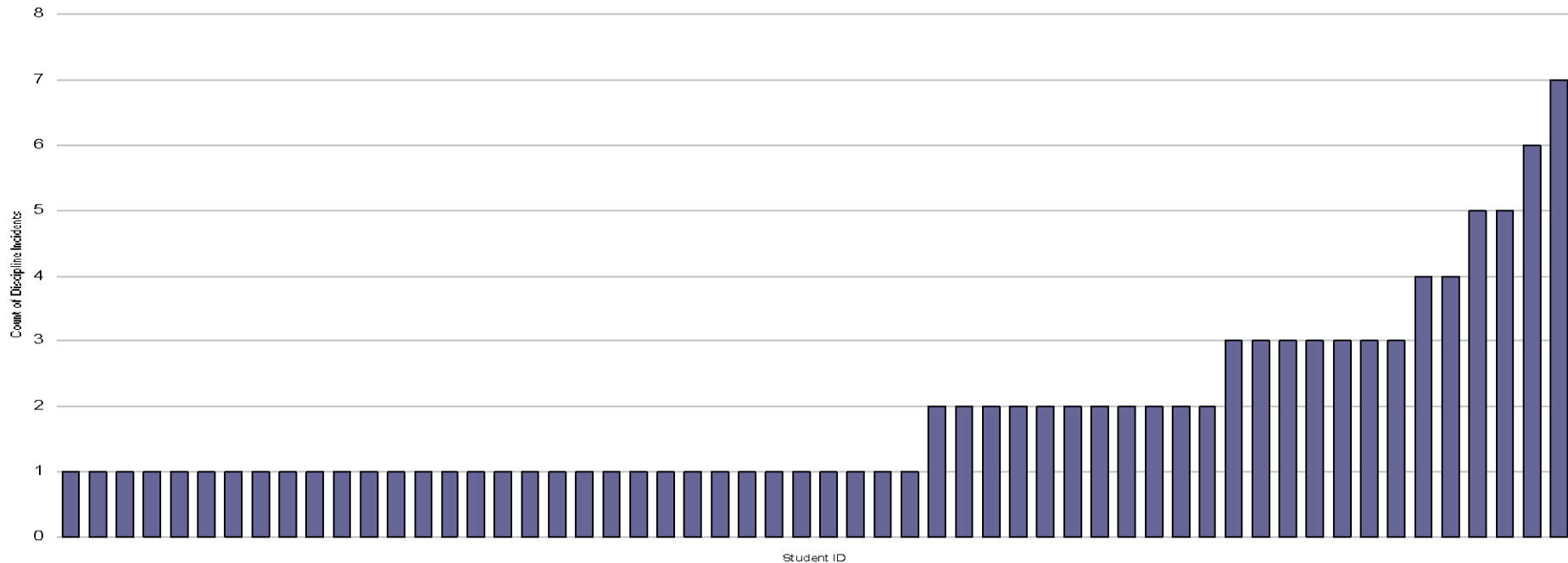
Note: In August and September, there were 11 playground incidents, and 5 Cafeteria incidents. In November, there were none in either setting.

# Problem Behavior



Decrease from an average of 20 in Aug and Sept, to 5 for Aggression and Fighting  
Decrease from an average of 17 in Aug and Sept to 3 (Nov) for Disruption

# Number of Students Receiving an Incident Referral this Year



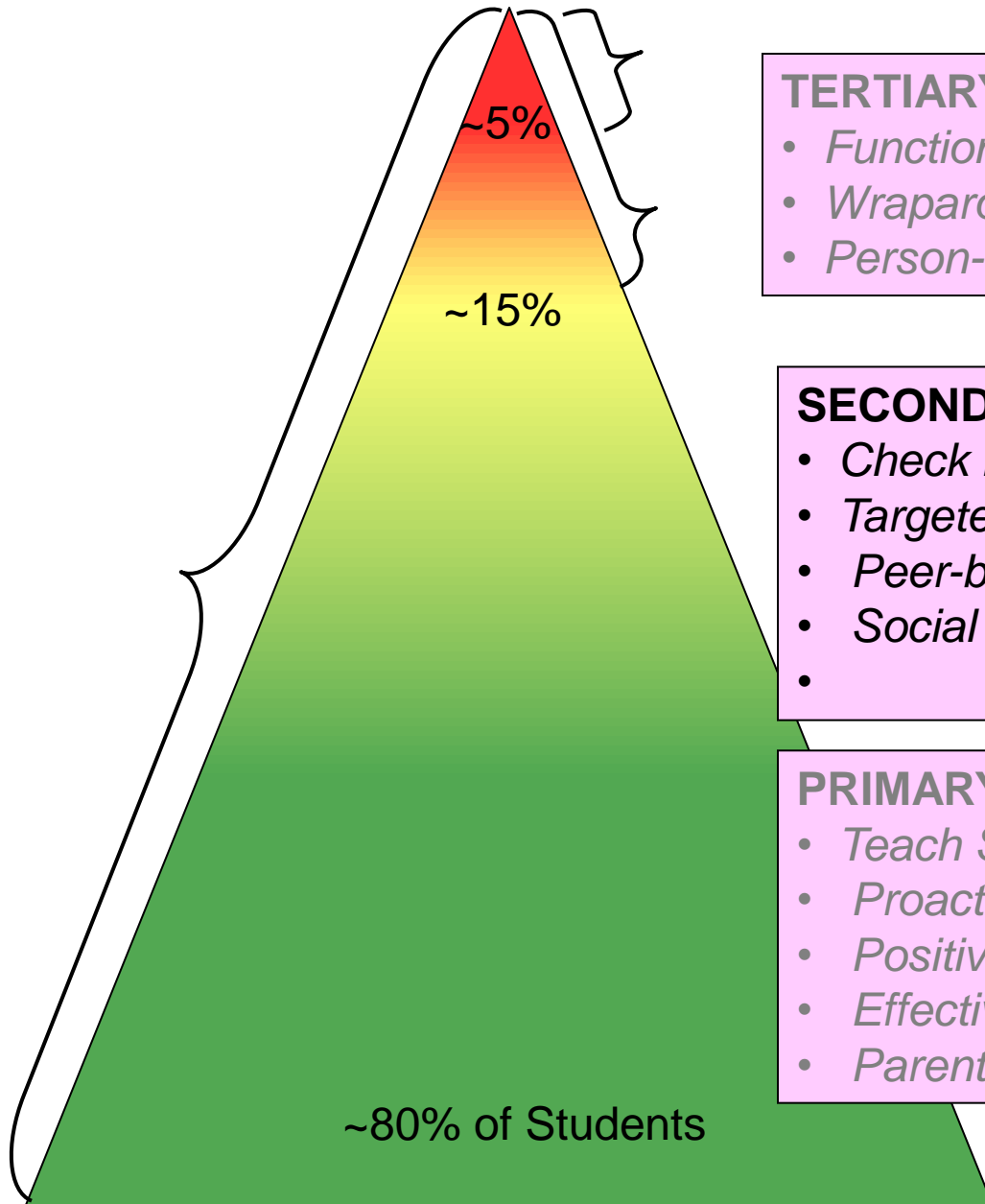
**11% of the student body has been referred at least once.**

**13 students are responsible for 27% of referrals.**

**Those 13 students make up 3.5% of the student body.**

**When more than 10-15% of student body receives 3+ referrals, school must look at systems.**

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# Criteria for Moving to Tier 2

- ▶ 80% on SET and TIC
- ▶ 70% on Benchmarks of Quality (BOQ)
- ▶ No more than 15 – 20% of students receive more than 2 referrals

# Why the 15 – 20% Cut Off ? ! ? !

- ▶ Tier 2 requires a solid Tier 1 to work.
- ▶ Tier 2 requires more time from support staff and classroom teachers.

**Note: It is easier to institute 1 program for all students than have more than 20% of your students on individual plans.**

# Why the 15 – 20% Cut Off ? ! ? !

Numbers higher than 15 – 20% indicate:

- ▶ There are school wide systems that still need to be improved;
- ▶ Classroom management within classes needs improvement.

**When Tier 1 is not solid, schools end up discontinuing their Tier 2 systems!!!**

# Tier 2 Teams

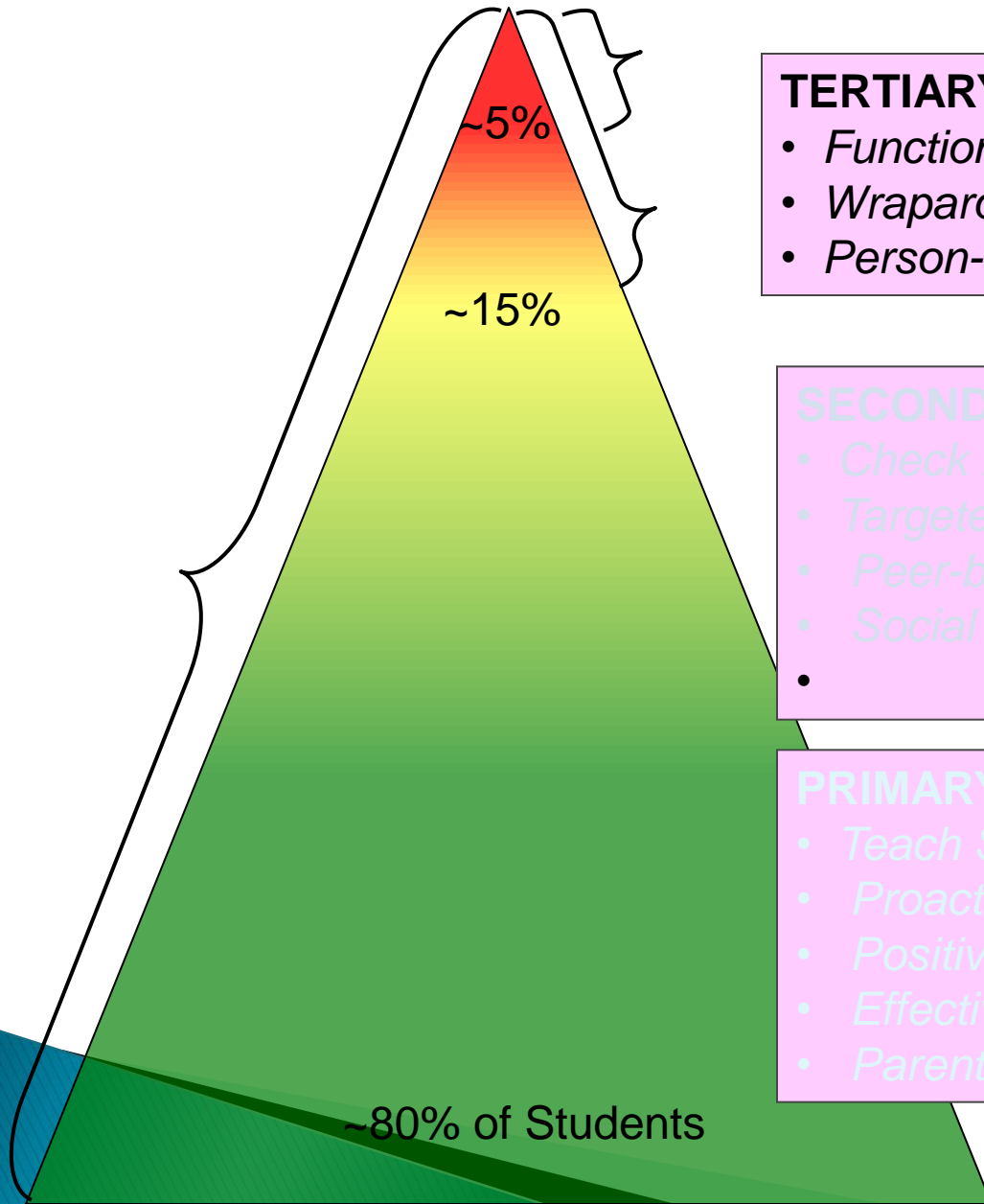
- ▶ 3 – 5 staff
- ▶ Different staff from Tier 1 team
- ▶ School Psych or Social Worker; SEN teacher; principal; classroom teacher
- ▶ Meet 2 – 4 times a month
- ▶ Liaison: attends both Tier 1 and Tier 2 meetings

# What do we do with our Tier 2 students until we begin our Pilot?

**Continue to use the interventions already available to you:**

- ▶ CSTs
- ▶ Self-monitoring
- ▶ Daily progress reports
- ▶ Social contingencies

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# How does PBIS address the issues identified earlier?

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# How does PBIS impact how Social Work Services will be delivered?

*What is your prediction?*

*What is your experience?*

# How does PBIS impact how Social Work Services will be delivered?

1. Less time working with a small number of students for a long period of time.
2. More time spent working on systems vs face to face time.
3. As Social Workers take on PBIS duties, less available for crisis.
4. More reliance on teams vs. individuals.
5. Requires re-allocation of how staff is used.
6. Funding issues.