

# **Therapeutic Behavioral Services**

## **Trainer's Guide**

Welcome!

This Trainer's Guide will give you all the information you need to facilitate a Therapeutic Behavioral Services (TBS) training series. It is designed in a 3 week format, but trainers are welcome to divide it up into smaller segments and spread portions out as it works for your teams. This training was also designed to be given in a hybrid asynchronous/synchronous format, but trainers may choose to do more in person training as needed.

For each section, there is a summary of the content offered for that week which includes recorded videos, reading materials, supplemental materials, and a quiz each week. These resources will be available to trainers on Microsoft Teams and can be accessed from there or uploaded to your own LMS system as needed.

There is also a Facilitator's Guide for the weekly discussion which includes links to videos, group activities, and grading rubrics for any in-class assignments. The Grading Rubrics for Assignments covers any written assignments that participants turn in each week.

With all of these components, the goal of this course is to present information to your participants and then design activities to both assess their knowledge and to create opportunities for them to ask questions and/or for you to give feedback wherever things might be a bit off track. My recommendation is to be as generous as possible, allowing participants to resubmit assignments, take a quiz more than once, or turn things in on a flexible schedule – our ultimate goal is for them to fully understand every one of the learning objectives, not to force compliance or timelines or cause undo stress on busy professionals.

## **Facilitator's Guide – Orientation Week**

This is an entirely optional meeting, both for the facilitator to choose to run and for participants to join if you'd like to hold it. 30 – 45 minutes is usually plenty of time, depending on your group and how many questions they might have.

Key Points (all optional):

- *Introduce the facilitator*
  - *Goals and expectations*
  - *Contact information*
- *Manage expectations*
  - *Review syllabus, grading, and timelines*
  - *What to expect for next week*
  - *Where to find resources*
- *Solve tech issues*
  - *Make sure each person has access to resources, problem solve as needed*
- *Q & A time for participants*

Materials include (all optional):

- *Syllabus (update to reflect trainer's personal information)*
- *Calendar invite (if needed)*
- *Link to online platform for meeting times*
- *Access to online platform for materials*

Assessment Methods (all optional):

- *Ability to log in to any online program, meeting links, or open needed documents*

## **Week 1: Training Content**

The goal of this first week's content is to have participants oriented to TBS generally and the beginning of orientation. Here are the Learning Objectives for the week:

**Learning Objective #1: Participants are able to convey a summary of TBS to a new caregiver, including the philosophy, stages, and roles of TBS.**

Key Points:

- Philosophy
  - Behavior change is not only possible, but can be facilitated by thoughtful understanding of the drivers of behavior and intentional, consistent interventions.
  - The ultimate goal of TBS is to increase the caregiver's ability to provide interventions to manage the target behavior.
- Stages
  - It is important for caregivers and youth to have an understanding of all 4 phases of TBS (Assessment, Planning, Intervention, Transition) from the beginning so they know both what to expect and also what will be expected of them at each phase.
- Roles
  - Caregivers are essential to the TBS process and must be involved, open to coaching, and have at least some willingness to try new things.
  - The TBS team is made up of the TBS Specialist, the youth and caregivers, any other professionals involved with the family, and as many natural supports as possible. The team is essential to the process and should be involved at every step.

Materials include:

- Read: TBS Best Practices Guide
- Watch: Video #1 or provide an in-person training using PowerPoint #1
- *Handout: TBS Orientation for Youth, Caregiver, and Team*
- *Handout: Tips for Initial Meetings with Caregivers*

Optional Assessment Methods:

- *Quiz Question #1*
- *Writing Assignment: Caregiver Orientation*

**Learning Objective #2: Participants can create a definition of a target behavior that is clear, objective, and complete and select the assessment methodology to match.**

Key Points:

- Definition is objective, clear, and complete
  - Objective: does not include any vague or judgmental language (such as aggressive, manipulative, rude, difficult, etc.)
  - Complete: includes any exceptions to when the behavior is allowed.
  - Clear: only includes a literal description of the target behavior. This doesn't include any other information such as how often the behavior happens, a hypothesis about why the behavior is happening, the impact of the behavior on others or other consequences.
- Methods to assess the baseline
  - Frequency Counts are simple tally marks by day that record how many times a target behavior happened that day. Best for behaviors that only happen a few times per day (to prevent recorder fatigue) and are clear yes or no events.
  - Interval Recordings are similar to frequency counts but only occur for small slices of a day (intervals). Best for behaviors that come up very frequently and may be too numerous to record every instance all day long.
  - Duration Tracking measures when a behavior starts and stops and is best for behaviors where the length of the behavior is the primary issue that is challenging for caregivers.
  - Qualitative Dimensions separates the behavior into categories based on intensity (typically mild, moderate, and severe) and measures the frequency of each separately. Best for behaviors that may vary in intensity and the goal of services might be to reduce the intensity of the behaviors.
  - *Discrete Categorization takes a behavior or task and divides it into separate parts (discrete categories) and then measures whether each was successfully completed or not each day. This is best for behaviors that have many components or daily routines.*

Materials include:

- Watch: Video #2 or use PowerPoint #2 for in-person training
- Handout: Behavioral Baseline Trackers (Frequency Counts.xlsx, Frequency Counts.doc, Interval Recording, Duration Tracking, Discrete Categorization, Qualitative Dimensions)

Optional Assessment Methods:

- In-class activity #1
- Quiz Question #2 & #3
- Writing Assignment: Behavioral Assessment & Intervention Planning Worksheet (Pt 1)

**Learning Objective #3: Participants will be able to use at least 1 method to gather additional assessment data (ABC charting, chain analysis, escalation curve, or why wheel)**

Key Points:

- ABC Charting/Chain Analysis
  - Participants will be able to chart with a diagram that includes the triggering event, vulnerable states, thoughts, feelings, actions, the target behavior, and the outcome or consequences of the behavior.
- Why Wheel
  - Participants will be able to chart with a diagram that includes the target behavior in the center and a multitude of drivers listed.
- Escalation Curve
  - *Participants will be able to chart with a diagram that includes the triggering event, escalation behaviors in sequence of intensity, labeling the crisis, and the de-escalation process.*

Materials include:

- Watch: Video #3 or provide in-person training with PowerPoint #3
- *Handout: ABC Debriefing Chart*
- *Handout: ABC Observation Log*
- *Handout: Emotions Thermometer*
- *Handout: Escalation Curve*
- *Handout: Behavioral Chain Analysis Template*

Optional Assessment Methods:

- *In-class activity #2*

## Week 1: Quiz

Question 1: Which of these are true? (.5 pts each – you could also separate these into individual questions)

- The primary goal of TBS is to reduce the target behavior, with the caregiver's support and involvement if possible but not required.
  - False – the caregiver's involvement is crucial to the process.
- The primary goal of TBS is to enhance the caregiver's toolbox to manage the target behavior.
  - True
- It's nice, but not required, to build a TBS team
  - False – TBS team is also a crucial part of the process
- Building a TBS team is essential to the TBS process
  - True
- The TBS team members should all have clarity on the purpose of TBS and exactly what target behavior is being focused on.
  - True
- TBS team members will be expected to collect assessment data and implement interventions.
  - True

Question 2: In TBS, it is critical to have a clear definition of the target behavior before beginning an assessment. Which of these definitions is sufficient to start the assessment phase? (2 points – you could separate them into individual questions for .5 points each)

- Johnny is manipulative of adults or authority figures at school and in his foster home 3-5 times per week.
  - No, terms like "manipulative" are too vague and subjective for a clear definition of a target behavior. Also, at this point in the process, we have not yet assessed the baseline for the frequency of the behavior so that information should not be included.
- Jasmine displays aggressive behavior when feeling overwhelmed, which has resulted in 2 school suspensions, removal from 3 afterschool programs, and conflict in the family home 2-3 times per week.
  - No, this includes speculation about the cause of the behavior and focuses on the results of the behavior, without giving enough specific details on what "aggression" looks like.
- Jared is very connected with his girlfriend and prefers to spend time with her, so does not consistently come home by curfew or call his parents to let them know where he is.

- No, this includes speculation about why the behavior occurs, which is not part of a clear definition of a behavior.
- Jeffrey had an angry outburst yesterday, which included shoving 1 child, throwing 2 chairs, yelling insults at his scout leader, and lasted 23 minutes.
  - This is a clear description of an incident, but doesn't set parameters around the target behavior that is being focused on for the assessment.
- Jenny stores food that she is not actively eating in places outside the kitchen or pantry (such as her bedroom, bathroom cabinets, closets).
  - Yes, this is a definition of a target behavior that is clear, objective, and complete!

Question 3: Match the behavior with the most fitting assessment method (1 point each – could be separated into individual questions with multiple answers)

Running away from home	Duration Tracking
Missing School	Frequency Counts
Anxiety episodes that vary in intensity	Qualitative Dimensions
Completing a bedtime routine	Discrete Categorization
Frequent off-task behavior in class	Interval Recording

## Week 1: Writing Assignments

### Caregiver Orientation

Points Awarded: 5 points total

Goal of the Assignment: This assignment gives you a good sense of whether training participants understand the basics of TBS and a chance to correct any misconceptions at the very beginning of the series. If participants complete the assignment successfully, they will have a nice summary to use for future reference when orienting new families to TBS in the future.

Instructions: *Write 1-2 paragraphs summarizing what you might say to a new caregiver to explain a bit about TBS. Be sure to include a family-friendly overview of what TBS does, average length of services, each of the stages of TBS, and the different roles and expectations of everyone involved.*

Grading: For each of the items below, award .5 point each:

- Short term (4-9 months), intensive service
- Behavior can change by learning new patterns and/or skills
- There will be an assessment of the behavior to understand more about how often it happens and to understand why the behavior happens
- Brainstorming a variety of different interventions
- Coaching caregivers to implement interventions
- Transition phase
- Youth & family's role is to give information, participate, and try new things. Be honest about what is/isn't working for them.
- Who might be on the TBS team and how they might support gathering assessment data, implementing interventions, and supporting the family through the process
- TBS Specialist role facilitating the process of assessment, planning, implementation and coaching, transition
- Family-friendly language throughout the orientation



## Worksheet: Behavioral Definition & Assessment Plan

Points Awarded: 10 points total

Goal of the Assignment:

Instructions: Choose either a client you are currently working with or have worked with (please change their name and any identifying details to protect their confidentiality) or use the vignette below and fill out the attached worksheet to guide you through the assessment and intervention planning process. For this week, complete only the "Week 1" section of this worksheet (Identify the Target Behavior and Assess the Baseline of the Behavior) and submit via email.

*Vignette: Ellie is a 9 year old girl experiencing emotional and behavioral difficulties in school and at home. Her therapist became concerned that she might harm herself due to escalating tantrums at home, including aggressive and self-harming behaviors and referred her to TBS. When surprised, anxious, or overwhelmed, Ellie may begin biting her nails/fingers, mumbling to herself, hitting her head against a wall, and making angry statements about herself or threats to her family. During the worst episodes, these behaviors can escalate to the point of physical aggression directed toward herself, her parents, or younger brother such as slapping, kicking, or throwing objects in addition to yelling hurtful and hateful things at family members. Last week, she threw a small stool across the room during one of these episodes and it hit her 2 year old brother on the side of his head. He was taken to the ER and it was determined he did not have a concussion, but ever since that incident, her mother is incredibly anxious and her father is very frustrated and things are generally tense in the family home.*

Grading: For each of the items below, award 1 point each:

- Summary of presenting problem is clear and accurate
- Behavioral Definition – clear (no extra data)
- Behavioral Definition – complete
- Behavioral Definition – objective (no judgmental or vague language)
- Behavioral Definition – do not include hypothesis
- Assessment Plan – choose one or more methods
- Assessment Plan – explain the choice
- Assessment Plan – explain who will be involved (caregiver and 1 team member, minimum)
- Assessment Plan – explain what data they will be collecting/how you will support them
- Assessment Plan – explain how long your data collection period will last and reporting process

## Behavioral Assessment & Intervention Planning Worksheet Week #1

### ☐ Identify the Target Behavior

Give a few describing facts about the youth (age, living situation, any notable factors in their life). Be sure to include the areas of concern that are placing the highest risk on the client's placement and/or primary relationships.

*Include any basic demographic information that is helpful, but be sure to get a description of what is putting a strain on their significant relationships since that is the starting place for TBS.*

Write a concise definition of the target behavior, making sure that it is objective, clear, and complete.

*Be sure that there is not judgmental language included, such as manipulative, difficult, rude, etc. Any vague language should either be omitted or followed up with concrete examples ("Johnny is aggressive with peers and bites, slaps, shoves, or pulls hair.") There should not be any information in the definition about the frequency, the impact, or the hypothesis of the behavior – this is truly just a definition of the behavior that we are targeting through this process.*

### ☐ Assess Baseline of the Behavior

Which assessment method will you use to measure how often the behavior is happening and why do you think that method is the best fit?

*Support staff in selecting a method that matches the behavior and the family's primary area of concern. For example, is the caregiver most stressed about how often a behavior occurs, the intensity of a behavior, or the duration? The methodology selected should be congruent with the introductory statements above.*

Who will help collect data, what will the TBS Specialist need to provide to support them, and how will you support them in overcoming any obstacles?

*It should be noted exactly who will be involved (including as many team members as possible) in addition to the TBS Specialist and caregivers. There should also be a note about what the TBS Specialist needs to provide (a tracking chart, dry erase pens for the family, a marble jar, or just texting them daily for updates) and plan for any possible obstacles.*

How long will your data collection period be and how will it be reported back to you?

*Note what data they will be collecting, and how the data will be reported back to the TBS Specialist (for ex "Basketball coach will call the TBS Specialist on Friday with a report on any incidents that occurred in the week; Caregiver will text nightly a report on how many incidents occurred during that day").*

## **Week 1: Facilitation Guide for Discussion Group**

- 8:00 – 8:10 Welcome everyone, introduce ourselves, allow them to introduce themselves
- 8:10 – 8:20 Review Learning Objective #1: Participants are able to convey a summary of TBS to a new caregiver, including the philosophy, stages, and roles of TBS. (Covered in TBS Best Practices and Video #1). Key points to emphasize:
- Primary goal is to enhance caregiver's abilities, not just to reduce target behavior
  - Caregiver involvement and support from the TBS team is essential and should be at the center of each of the 4 phases of the process
- 8:20 – 8:30 Review Learning Objective #2: Participants can create a definition of a target behavior that is clear, objective, and complete. (Covered in Video #2: Beginning a Behavioral Assessment) Key points to review:
- Behavioral Descriptions: Objective, clear, and complete, no vague language (aggressive, manipulative, difficult, needy, etc.).
  - Don't include the hypothesis or impact of the behavior, we shouldn't have a baseline yet, really just define the behavior
- 8:30 – 8:55 **Activity: Turning Vague Descriptors to Behavioral Definitions**
- Group practice turning a vague description to a clear definition of a behavior
  - Choose one:
    - o Shawna has been referred to you for being "rude, disrespectful, and out of control." Watch the first 90 seconds of this clip to see what that looks like during your observations: [16Yr Girl Old Disrespects Mom & Dad, Then Gives Into New Parents | Supernanny - YouTube](#)
  - Optional Activity: Participants can select the best assessment methodology for measuring the baseline of key behavioral issues.
- 8:55 – 9:05 Break
- 9:05 – 9:15 Review Learning Objective #3: Participants will be able to use at least 1 method to gather additional assessment data (ABC charting, chain analysis, escalation curve, or why wheel)
- 9:15 – 9:40 **Activity: Chain Analysis, Why Wheel, Escalation Curve**
- Have participants continue using example from earlier video to go deeper into understanding behavior. Divide into 3 smaller groups and have 1 do a Chain Analysis, 1 do a Why Wheel, 1 look at the Escalation Curve.
    - o Chain Analysis
      - Diagram (1)
      - Trigger and/or Vulnerable States (1)
      - Thoughts/Feelings/Actions (1)
      - Target Behavior (1)
      - Outcome/Result (1)
    - o Why Wheel
      - Diagram (1)
      - Target behavior in center (1)

- Key drivers listed (3)
- Escalation Curve
  - Diagram (1)
  - Trigger (1)
  - Escalation behaviors in sequential order (2)
  - Crisis (1)

9:40 – 9:50    Review next week's assignments, answer any questions

9:50 – 9:55    Time to complete eval link

## **Week 2: Training Content**

The goal of this second week's content is to have participants be able to brainstorm meaningful interventions that target the key drivers or hypothesis behind the behavior.

**Learning Objective #1: Participants will be able to use a theoretical lens to form a functional hypothesis for a behavior (i.e. family systems, internal working model, impact of trauma, or ecological influences)**

Key Points:

- *Internal Working Model*
  - *(Optional) As young children (0-5), our experiences in the world and in our key relationships teach us how to understand our own identity, how to relate with others, and how the world works. Some of these ideas might have been accurate when they were young, but are overly narrow or rigid and now causing maladaptive behavior. Internal Working Models can often be stated in terms like "In order to be safe, I must..." or "People will value/respect/love me if I..." "If I don't do x, y will happen to me." These ideas may be firmly held and unspoken drivers of the behavior that TBS is addressing. Without focusing on these underlying beliefs, behaviors will either remain fixed or one behavior may decrease only to have others pop up in another life domain.*
- Family Systems
  - When we look at families as a system, we acknowledge that any individual actor is constantly influenced by the actions of all the other actors and we look at the whole. I think of it like a dance – one partner takes a step forward, someone else takes a step back.
  - Behavior is communication and each family has their own language. (example: a family who expresses their need for love or attention through somatic concerns; Or "you're feelings aren't valid around here unless you are slamming doors")
  - It is also important to consider family dynamics, structure, hierarchy, and power such as a kid who is acting out to manage fighting or substance use of the parents, or one who is rebelling because of a perceived lack of voice in the family.
  - Projections are powerful family narratives which may relate to temperament, birth order, gender roles, or family stories. "He's just like his dad..." or "you have the Johnson temper, that's nasty stuff right there..." convey a projection of a family narrative onto the child and may impact their understanding of themselves and their ability to change.
- Trauma and Behavior
  - Trauma reactions: For youth who have experienced trauma, sometimes their symptoms of PTSD or undiagnosed trauma can be the reason for referral. Examples include a youth who is hypervigilant and pacing around the classroom

or a youth who is having distressing nightmares which is causing anxiety and distressing behavior at bedtime.

- Trauma avoidance: After experiencing trauma, our brains are incredibly sensitive to any markers that may indicate that type of threat may happen again. Kids may have elaborate behaviors to avoid reexperiencing trauma, such as a youth who has experienced sexual abuse and now soils themselves to keep others far away from them or a youth who skips school to avoid reminders of a trauma that happened there.
- Trauma repetition: At times, some youth who have been victimized in a traumatic way may act out those patterns on others, such as a youth who has been physically abused and is now physically aggressive with others, or a youth who has been sexually abused and now engages in sexual activity with younger children.
- Ecological Influences
  - This theory looks at all the drivers of behavior that are external to the youth and family but may include things like their physical setting, socio-economic status, access to resources, citizenship status, religious beliefs, cultural norms of the family's culture, their community, or neighborhood.
- Optional: Additional theories, as relevant to the facilitator

Materials include:

- Video #4 or provide in-person training using PowerPoint #4
- *Foundations of Theoretical Models doc*

Optional Assessment Methods:

- *Behavioral Assessment & Intervention Planning Worksheet (Part 2)*

**Learning Objective #2: Participants will be able to differentiate between various types of interventions (setting/antecedent, replacement behaviors, skill building, and reactive procedures) and give relevant examples of each.**

Key Points:

- Setting/antecedent interventions
  - Definition: changes to the environment, routine, or process that make the target behavior less likely to occur.
  - Examples: moving a kids desk closer to the teacher to reduce distracted behavior, setting up a morning or bedtime routine for a teen who is struggling to get to school on time, changing class schedules for a middle schooler who

struggles to focus on math at the end of the day and has behavioral problems in the class.

- Replacement Behaviors
  - Definition: Functionally equivalent behaviors are positive, pro-social behaviors that meet the same underlying need as the target behavior for the youth. Incompatible alternatives are things that we encourage the youth to do because it is impossible to engage in the target behavior while also engaging in the alternative. Although these are two separate concepts, we label them all under the umbrella term of replacement behaviors because many interventions may actually fit into both categories.
  - Examples: Functionally equivalent behaviors are punching a pillow instead of hitting, tearing up Kleenex instead of your homework, doing push ups to get out anxious energy instead of self-harm. Many of these are also incompatible alternatives, but other classic examples include putting your hands in your pockets when feeling the urge to hit, taking care of a pet instead of running away, writing in a journal/doing art/etc.
- Skill Building
  - Definition: Activities to build targeted skills to address gaps that are driving the behavior. Larger skills (like anger management) should be broken down into a series of micro-skills and practiced independently and reinforcement offered for each baby step.
  - Examples: Social skills, anger management skills, emotional identification, regulation, and expression, family conflict resolution skills, self-care skills, etc.
- Reactive Procedures
  - Definition: How caregivers and team members should react when the target behavior does happen. While families will have a variety of methods for addressing the behavior, we always coach them to do so calmly and consistently. Harsh or punitive stances push kids out of “learning brain” and into “survival brain”, where no long term learning can happen. Reactive procedures are also most effective when they make sense as a natural consequence (“We can’t go to the park this afternoon because you hit your brother this morning and I need to know that you can stay safe even when you are upset before we go to places like the park....” Or “You and your sister were fighting over that toy so now that toy is going to take a break for a day and we’ll try again tomorrow.”) While consistent reactive procedures are necessary to shape behavior, the vast majority of our energy should be spent on teaching and reinforcing replacement behaviors and skills because reactive procedures alone are not effective.
  - Examples: Time outs, removing preferred items (toys, screens, etc.), reduced access to activities (being grounded, not being able to go on an outing)

Materials include:

- Video #5 or provide in-person training using PowerPoint #5
- *TBS Specialist Starter Kit*
- *Interventions PDF*
- *Intervention Catalog (link)*
- *Learning Brain vs. Survival Brain (link)*

Optional Assessment methods:

- *Quiz Question #1*
- *Quiz Question #3*
- *Behavioral Assessment & Intervention Planning Worksheet (Part 2)*

**Learning Objective #3: Participants will be able to create an effective positive reinforcement program, including setting behavioral goals, determining appropriate reinforcement, and creating a token economy and schedule of reinforcement.**

Key Points:

- Setting goals
  - Decide how big the goal is to earn a token or reward. In general, we start with small, attainable goals to help connect the new positive skill or replacement behavior with a positive outcome.
- Token economies
  - Tokens are anything that a youth may earn when they engage in the replacement behavior or new skill that aren't worth anything in their own right, but can be 'cashed in' for other types of reinforcement. Examples are tally marks on a chart, stickers on a board, marbles in a jar, etc. Token economies can be useful, but families may prefer to not use an artificial system like this and that's fine – they can simply say "If you do x all week, you get y" and that is still a great reinforcement system without needing tokens.
- Selecting reinforcement
  - Reinforcement must be personalized to the youth and what motivates them on a deeper level. The size of the reinforcement should match the effort put into attaining the goal (not too big or too small) and fit into the family's norms. Be careful of setting up reinforcements that are too big or unsustainable for the family after TBS is gone, remember that the goal is that caregivers can and will manage this on their own.
  - Interpersonal Reinforcement are things that happen within the context of a one-on-one relationship to encourage the positive behavior. Common examples include praise, physical encouragement or affection (high fives, hugs, etc.), and spending time together (going on a walk, playing a board game together, etc.)



- Social Reinforcement are things that increase someone's privileges or status in a group setting, usually in the family or classroom. Common examples include being the line leader in class, being able to make choices for the group (picking a movie, choosing a meal), or teaching something to others (a favorite game or hobby, for example).
- Material Reinforcement is any physical thing or access to things that reinforces the replacement behavior or new skill. Common examples include money, toys, screen time, paying for an activity, being able to spend time on a preferred non-social activity, etc.
- Schedule of reinforcement
  - Before beginning a positive reinforcement system, the team must decide how often to give tokens (if using) and how often those can be cashed in for a reinforcer. In general, it is best to have the token (and positive verbal reinforcement) happen as quickly after the behavior as possible to help establish the link between the positive behavior and positive outcome. Over time, this can be more delayed.

Materials include:

- Video #6 or in-person training using PowerPoint #6
- *Weekly Tracking Goal doc*
- *Jar with Numbers (example)*

Optional Assessment methods:

- *Quiz Question #2*
- *Behavioral Assessment & Intervention Planning Worksheet (Part 2)*

## Week 2: Quiz

Question 1: Fill in the blanks (4 points total, 1 point each)

- Bouncing on a trampoline to reduce head-banging self-harm is a \_\_\_\_\_
  - Functionally Equivalent Behavior
  - Note: some said Incompatible Alternative, which is true but not the best match
- Learning to scale emotions to encourage verbalizing feelings and avoid physical aggression is a \_\_\_\_\_
  - Skill building intervention
- Keeping your hands in your pockets to avoid hitting is a \_\_\_\_\_
  - Incompatible alternative
- Setting up a bedtime routine for a youth who struggles to get to school in the morning is a \_\_\_\_\_
  - Setting/antecedent intervention

Question 2: Which of the following is true about positive reinforcement plans? Select all that apply (3 points total, .5 each)

- Social and interpersonal reinforcers tend to shape behavior the most effectively
  - True
- Material reinforcers tend to shape behavior the most effectively
  - False, social and interpersonal reinforcers are the most effective in long term behavior change
- It is helpful to set medium-level goals to begin with so that the youth feels proud that they've earned something.
  - False – while we do want clients to be proud of themselves, it's important to set goals that are easy to achieve in the beginning to establish the link between positive behavior and positive outcomes.
- It is helpful to set low level goals to begin with so the youth is able to get easy prizes
  - True - it's important to set goals that are easy to achieve in the beginning to establish the link between positive behavior and positive outcomes.
- In the beginning, it's helpful to give reinforcement quickly after the positive behavior
  - True – this helps establish the link between positive behavior and positive outcomes.
- In the beginning, it's helpful to have a bit of space between the positive behavior and the reinforcement so the youth has something to look forward to.
  - False – in the beginning, we want to offer reinforcement quickly to establish the link between positive behavior and positive outcomes.

Question 3: Which of the following is true about behavioral hypotheses? (3 points, .5 each)

- It is important to focus your interventions on the hypothetical drivers of the behavior to get to the root of the issue.
  - True
- It is not important to focus your interventions on the hypothetical drivers of the behavior since we don't know them to be true for sure.
  - False
- Trauma rarely has an impact on a client's behavior.
  - False – trauma has a significant impact on behavior and if a trauma history is present, we should always consider how it might be connected to the referral behavior.
- Family systems looks at communication patterns, hierarchy, and power dynamics in a family system
  - True
- The ecological lens looks at the ecosystem around the client, such as the plants and animals in the immediate area around the family.
  - False – the ecological lens looks at all the drivers of behavior that are external to the youth and family but may include things like their physical setting, socio-economic status, access to resources, support network, external stressors, citizenship status, religious beliefs, cultural norms of the family's culture, their community, or neighborhood.
- Humans form Internal Working Models as teenagers as the brain develops a sense of identity and belonging.
  - False – Internal Working Models are formed at a very young age (0-5).

## Week 2: Grading Rubrics for Assignments

### Behavioral Assessment & Intervention Planning Worksheet (Part 2)

(15 points total; 1 point each)

- Triggers/settings are listed and congruent with the narrative in Part 1.
- Environmental/situational factors are noted and congruent with the narrative in Part 1.
- Reinforcers are noted and congruent with the narrative in Part 1.
- Absent/effective interventions are noted and congruent with the narrative in Part 1.
- Summary of Hypothesis is clear, concise, and congruent with the rest of the document
- State the goal in the positive
- Benchmark goal is listed with measurable levels of when the interventions will start to fade.
- Strengths are listed and are congruent with the information in Part 1 and the hypothesis.
- Antecedent Interventions are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
- Alternative/Replacement are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
- Skill Building Techniques are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
- Reactive Procedures are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
- Positive Reinforcers: Interpersonal Reinforcers are listed and meet the definition. No Social or Material reinforcers are included.
- Positive Reinforcers: Social Reinforcers are listed and meet the definition. No Interpersonal or Material reinforcers are included.
- Positive Reinforcers: Material Reinforcers are listed and meet the definition. No Social or Interpersonal reinforcers are included.

#### ☐ • **Develop a Hypothesis**

What are the common triggers? What are some of the key drivers of the behavior?

*Consider triggers beyond “non-preferred directions” (which is very common but isn’t very nuanced. Things like tone of voice, proximity, feelings of sadness, shame, or overwhelm, trauma triggers, overstimulation, etc. A Why Wheel can be very helpful in considering many drivers.*

What are the circumstances in which the behavior is more or less likely to occur? Are there any environmental or situational factors that contribute to the frequency, intensity, or duration of the behavior?

*Note if there are certain settings, times of the day, days of the week, or in the company of certain people where the behavior becomes more or less frequent or intense.*

What types of reinforcers may be present (social, emotional or material)? What needs may be met by the behavior?

Consider material reinforcement (if you threaten to hit a kid, they give you their lunch money; if you are sent on a time-out and play video games in your room) as well as social reinforcers (impressing peers, increased status in the group). Also consider how escaping from a negative situation or emotion might be its own type of reinforcement (for example, if you feel embarrassed about not being able to read well, throwing a chair in class and getting kicked out might be reinforced by avoiding feelings of shame).

When does the behavior not occur? Any interventions that have stopped the behavior? Consider any times the youth never does the behavior and what the drivers are to manage the behavior differently. If he never swears around Grandma, is it because he loves her or because he fears her? If she would never start a fight at church, is it because there are clear expectations, social pressure, or commitment to religious beliefs? There may be key lessons in there for intervention planning.

Functional Behavioral Hypothesis: Which theoretical lenses may be a fit? (Consider behavioral theory, attachment theory, impact of trauma, family systems theory, and ecological stressors)

*The theoretical lens listed should match the information provided so far about the triggers, drivers, family situation, etc. For example "Family Systems theory is the best fit for understanding this behavior due to the complexities of the dynamics of this blended family, a high degree of tension and conflict in the family, and mixed messages about parental expectations all driving the behavior."*

Summarize your hypothesis in 1 sentence that could be shared with the family and team.

*A concise description of the primary drivers of the behavior in family-friendly language. For example "Lexie's anxiety is sometimes bigger than her skills to manage it, so she can use verbal threats or shoving others to get away from it all."*

#### ☐ • Clarifying the Goal & Benchmarks

What is the concise statement that the youth, family, and team can utilize to remind them on the goal? Focus on the skills desired, alternative behaviors that they are going to encourage, not just a reduction in the referral behavior.

*For example, while we might write on a treatment plan "Lexie will use x, y, and z coping skills to manage her feelings of anxiety without use of physical or verbal aggression 5 out of 10 instances per day" we want a quick, easy phrase to that keeps the team on track. So with the family and team, we might take out some of the extraneous language and just say "We're working on skills to manage big feelings peacefully." By doing this, the team focuses on skill building and away from consequences or punitive measures. If the behavior occurs, it's because we haven't taught enough skills (or found the right ones), not because Lexie is bad or difficult.*

Define the benchmarks (a measurable standard) so the youth, family, and team will know when services may start to transition.

*A good benchmark should be measurable and achievable and is rarely total extinction*

*of the behavior. For example, “when Lexie has fewer than 1 instance of verbal threats, shoving, or leaving home without permission per week, the TBS team will discuss beginning to transition services.”*

☐ • **Strengths**

What strengths (abilities, personality traits, skills) do the client and family possess? What are the client and family’s interests, goals or hopes? How might these be leveraged to work toward the goal?

*All strengths can be included here, but particularly those that may relate to TBS are helpful, such as interests that might be potential interventions or rewards, family values and commitments, or relationships that could be a resource or support to the youth and family.*

☐ • **Brainstorming Setting and Antecedent Interventions**

List interventions that might reduce the likelihood of the behavior occurring.

Unmet basic needs (sleep, food, pain, temperature)	<i>List of potential interventions (not problems) that are congruent with hypothesis above.</i>
Physical environment (moving desks/rooms, adding lights)	<i>List of potential interventions (not problems) that are congruent with hypothesis above.</i>
Relational Factors (voice tone, proximity, who intervenes)	<i>List of potential interventions (not problems) that are congruent with hypothesis above.</i>
Daily Routine (schedule, routines, expectations)	<i>List of potential interventions (not problems) that are congruent with hypothesis above.</i>

☐ • **Brainstorming Alternative or Replacement Behaviors**

List at least 4 functionally equivalent behaviors (socially acceptable ways to meet underlying needs) Consider any concrete social skills, emotional coping skills, anger management or self-care skills that may be appropriate.

*Each intervention listed should truly be a Functionally Equivalent Behavior or Incompatible Alternative (or may be both), but should not be a Setting or Antecedent Intervention, Reinforcer, or Reactive Procedure*

☐ • **Skill Building**

Are there any gaps in skills that might be contributing to this behavior? Consider social skills, self-care skills, coping skills, anger management skills, conflict resolution skills, self-regulation skills, etc.

*Skills listed should be congruent with assessment above.*

List at least 4 interventions might you offer to teach this skill. Remember to take small steps and focus on micro-skills.

*A list of specific interventions that might support the growth of the skill area listed above.*

☐ • **Reactive Procedures**

How can we reduce or eliminate some of the reinforcers of the negative behavior?

*Refer to the category above that examines reinforcers to ensure congruence.*

What structures are in place (or will be in place) to respond to the behavior when it occurs? How will the TBS Specialist coach caregivers and/or team members to utilize these strategies in a calm and consistent manner?

*Reactive Procedures include anything that caregivers or team members will do in response to the behavior when it happens. While our focus is on teaching new skills or behaviors to reduce the behavior, we also want a calm, consistent response when the behavior does occur. This might be things like a time-out, reduced access to material objects or screens, reducing free time or ability to go out with friends, early bedtime, etc. Any non-physical method that families want to use is fine but should be done calmly and consistently.*

☐ • **Brainstorming a Positive Reinforcement System**

List 5 Interpersonal Reinforcers (praise, acknowledgement, time with significant adult or positive peer)

*Interpersonal reinforcers should all be things that happen in the context of a 1:1 relationship with a key person in the youth's life. Could be verbal ("good job!"), physical (hugs, high fives, etc.), or in time spent together. Should not include material or social reinforcers.*

•

List 4 Social Reinforcers (privileges, status, recognition)

*Social reinforcers are things that increase privilege or status in a group setting. Common examples are roles (line leader in the classroom, being able to hand out supplies, teacher's helper, etc.) or being able to make choices for a group (picking the movie or dinner for the family).*

•

List 3 Material Reinforcers (goods or access to goods)

*Material reinforcers can be any items that a youth might earn (money, toys, prizes) or the time/privilege of using items (screen time, being allowed to play with an special item, etc.). Do not include tokens that are part of a reinforcement system, since the material reinforcers are what those items are cashed in to collect. For example, if the youth has a sticker chart and when they get 10 stickers, they get a cookie, we would consider the cookie to be the material reinforcer, but not the sticker since it is just a means to get something else.*

## Week 2: Facilitation Guide for Discussion Groups

- 9:00 – 9:10 Welcome
  - Introduction of facilitators
  - State the purpose of today (to answer any questions about the material, assess for understanding)
- 9:10 – 9:20 Review common feedback/themes that came up from last week
  - Week 1 Quiz
  - Assignment: Caregiver Orientation
  - Assignment: Intro to Assessment
- 9:20 – 9:25 Learning Objective #1: Participants will be able to use a theoretical lens to form a functional hypothesis for a behavior (i.e. family systems, internal working model, impact of trauma, or ecological influences)
  - Any questions from Video #4
    - Behavioral (looks at rewards/consequences to a behavior)
    - Attachment (internal working models)
    - Trauma (symptoms, avoidance, repetition)
    - Family systems (projections, family narratives, i.e. bad behavior forces busy parents to pay attention to kid)
    - Ecological (looking at impact of ecosystem, identity, resources, etc. on behavior)
- 9:25 – 9:30 Learning Objective #2: Participants will be able to differentiate between different types of interventions (setting/antecedent interventions, alternative or replacement behaviors, skill building techniques, and reactive procedures).
  - Any questions from Video #5?
- 9:30 – 9:50 **Activity: Watch Super Nanny clip, discuss together the definition, baseline, hypothesis, then break into 5 groups to each present on one type of intervention.**
  - Older children's aggressive behaviors: (Start at beginning, stop when mom says "SuperNanny, we need your help!") [Kids Could Seriously Get Hurt If Nothing Changes | The Krolkowski Family | Supernanny Full Episode - YouTube](#)
  - Or: [The Walker Family - Season 3 Episode 13 | Full Episodes | Supernanny USA - YouTube](#)
  - Group 1: Antecedent & Setting Interventions
  - Group 2: Alternative & Replacement Behaviors
  - Group 3: Skill Building (need more examples)
  - Group 4: Extinction and Reactive Procedures
  - Alternative Activity: Watch this video [Their Biological Mom Doesn't Talk to Them | Supernanny - YouTube](#) and name all the interventions that happened by type
- 9:50 – 10:00 Break
- 10:00 – 10:20 Group Presentations
  - List who was in your group (so they get credit)
  - Definition of Intervention Category



- 3-4 Examples that apply to this vignette
- 10:20 – 10:50 Learning Objective #3: Participants will be able to create an effective positive reinforcement program, including setting behavioral goals, determining the reinforcement, and creating a token economy and schedule of reinforcement as needed.
  - Any questions from Video #6?
    - Interpersonal Reinforcers – examples
    - Social Reinforcers – examples
    - Material Reinforcers – examples
  - **Activity: As a large group or in smaller groups, create a positive reinforcement plan for the earlier vignette/video.** Include:
    - Goal (what earns a token?)
    - Token (what are they?)
    - Reinforcement schedule (how often are tokens given?)
    - Reinforcement offerings (what type of reinforcement can the tokens be cashed in for?)
- 10:50 – 11:00
  - Review Week 3 Assignments, including extra credit option and due dates
  - Eval

## Week 3: Training Content

### Learning Objective #1: Participants will understand common issues in implementing, testing, and coaching caregivers on new interventions.

Key Points:

- Planning Sessions
  - When selecting interventions, consider the progression or sequence of interventions that needs to happen (for example, teaching feelings vocabulary before teaching feeling scaling) and what the youth and caregiver are ready for next.
  - Structure sessions in the flow that makes sense for you and works for the family. One option is the absorb, do, connect model.
- *Tips for Getting Started*
  - *For new TBS Specialists, it can be helpful to practice or feel grounded in commonly used interventions. Review getting to know you activities, emotional regulation interventions, and play-based activities for starters.*
  - *New TBS Specialists may benefit from having a 'Tool Kit' with common supplies in it, such as art materials, puppets or stuffed animals, worksheets, cards, etc. as well as access to a library of interventions as needed.*
- Collaborative Planning with Caregivers & Teams
  - When implementing interventions with caregivers and the team, specialists must balance encouraging families to try new things, but not going so far out of their comfort zone that the new interventions aren't likely to be implemented after the specialist is gone.
  - Coaching caregivers can be challenging for some new staff – discuss the gradual phases of having caregivers watch the specialist, caregivers supporting the specialist, caregivers leading the intervention with specialist support, then leading an intervention independently.
  - *When caregivers are struggling to implement interventions, we look at a few possible causes:*
    - *Knowledge – do they know what to do and have all the info needed?*
    - *Skills – have they been able to practice all the components of the skills needed to do this intervention?*
    - *Motivation – do they believe this will be effective? Does it fit with their family and parenting style?*
    - *Environment – are there logistical or environmental obstacles to implementing this intervention?*

Materials include:

- Video #7 or provide in-person training using PowerPoint #7

- Video #8 & 9 or host an in-person panel or discussion with experienced TBS Staff
- *Handout: Interventions through the Escalation Curve*
- *Handout: Parenting Challenging Behaviors*
- *Handout: Parenting with Negative and Positive Consequences*
- *Handout: Positive Reinforcement*
- *Handout: Effective Reward Systems*

Optional Assessment methods:

- *Quiz Question #1*
- *Quiz Question #2*

**Learning Objective #2: Participants will be able to successfully plan to fade interventions and reinforcement plans.**

Key Points:

- When to fade: Discussions should happen from the very beginning of services, but the team should move toward fading interventions when the benchmark goals are met. Often this is about 4 weeks of semi-stable behavior and caregivers who are semi-able to implement interventions. If the team hasn't reached this point by 6 months of services, they should begin to evaluate what needs to change to reach those goals quickly.
- Factors to fade: the team can fade reinforcement plans by increasing behavioral targets, increasing time between rewards, moving away from structured reinforcements and toward natural reinforcers, and making reinforcement slightly less consistent (move toward intermittent).

Materials include:

- Video #10 or provide in-person training using PowerPoint #10

Optional Assessment methods:

- *Assignment: Behavioral Assessment & Intervention Planning Worksheet (Part 3)*
- *Quiz Question #3*

**Learning Objective #3: Participants will be able to plan a graduation and transition of TBS with all the key components.**

#### Key Points:

- Transition refers to the formal end of services, which may or may not happen at the same time that interventions or reinforcement are fading as well. TBS Specialists should reduce support sessions (the frequency, length, moving away from in-person meetings to phone or tele-health) to increase the independence of caregivers as well as offer referrals and resources. Members of the TBS team (especially informal supports) should practice stepping into some of the functions that the TBS Specialist has been playing for the family.
- The final meeting is often marked by a Graduation (which can also be called a Closing Ceremony) to mark the end of services, to say goodbye, and to celebrate progress. While each celebration is individualized to each family, they often include celebration items (foods, flowers, decorations, etc.), activities (speeches, presentations, games, role plays, etc.), and some type of gift (transitional object, coping skill, binder of interventions to remember progress, graduation certificate, etc.)

#### Materials include:

- Video #10 or provide in-person training using PowerPoint #10

#### *Optional Assessment methods:*

- *Assignment: Behavioral Assessment & Intervention Planning Worksheet (Part 3)*
- *Quiz Question #4*

## Week 3 Quiz

### Question #1 (.5 point each, 1 point total)

Which of these is true?

- “Honoring the family’s voice” in TBS means only recommending interventions that they are familiar with and have done before.
  - False – we ask families to step out of their comfort zone to try new things in order to get new results. We shouldn’t be pushing them too far, but can’t only stick with what is comfortable
- TBS Specialists are responsible for finding the balance between encouraging families to try something new and honoring their voice if an intervention doesn’t feel like a fit for them.
  - True

### Question #2 (1 for each correct answer, 4 points total)

What is the most effective way to test if interventions are working?

- Ask the youth about their experience
  - True – we should always be checking with the youth about whether the interventions we are trying are a fit for them
- Ask the caregiver about their experience
  - True – we should always be checking with the caregivers about whether the interventions we are trying are a fit for them
- Use a new assessment method from what was used in the beginning of services to gather data about the current baseline behavior
  - False - if a different assessment method is used, you won’t be able to do a fair comparison and see what progress has been made.
- Use the same assessment method that was used in the beginning of services to gather data about the current baseline behavior
  - True – if the same assessment method is used, you’ll be able to do a fair comparison and see what progress has been made.

### Question #3 (1 point each, 3 points total)

Match the terms (Graduation, Transition, Fading) to one of these definitions:

- The process of reducing the intensity of a behavioral plan
  - Fading
- The process of reducing staff involvement in managing the behavioral plan
  - Transition
- An event to mark the closing of services.

- Graduation

**Question #4 (.5 points each, 2 points total)**

Which of the following are recommended to give to a family upon closing/graduation?

- A transitional object, such as a photo of the TBS Specialist and youth or the team.
  - True
- A discharge summary with information about interventions provided.
  - True
- An updated safety plan outlining what each person should do if a crisis or high-risk behavior occurs.
  - True
- A noteworthy gift, preferably expensive, that the family will remember you by.
  - False – expensive gifts are not recommended
- Celebratory food or other festive items to celebrate (flowers, balloons, etc.)
  - True

## Week 3: Grading Rubric for Assignments

### Behavioral Assessment and Intervention Planning Worksheet (Part 3) – 5 points

- Implementation Plan
  - 2-4 Interventions chosen (.5)
  - Person responsible for implementing plan (.5)
  - Plan is well thought out and makes sense and the caregiver is at the center of most/all of the intervention plans (.5)
  - Timeline is clear and coherent – can include number of times per week and/or how long the intervention will be provided. Either is fine, both are not required, but you want to see that there is a thoughtfulness to the implementation plan (.5)
- Positive Reinforcement Plan
  - Description of reinforcement plan includes the reinforcement that will be offered, the timing of the reinforcement, and a description of the token economy, if using (1)
  - Consistent responses to behavior (.5)
- Fading, Transition, & Graduation
  - Fading plan has a thoughtful system for decreasing reliance on the reinforcement system (.5)
  - Transition plan has thoughtful steps for reducing reliance on staff in the family system and anticipates possible future challenges (.5)
  - Graduation plan is specific to the family and youth and includes festive items, a closing gift, and celebration of progress (.5)



#### **Implementation Plan**

Of the interventions listed above, which 2-4 are likely to have the greatest initial impact on the behavior? Who will follow through with each? What is the timeline?

Intervention	People Responsible for implementing	Timeline
<i>List one intervention in each row from above. There should be a variety of types of interventions that focus on the key drivers. There should be enough interventions to feel like a comprehensive plan without so many that it feels overwhelming to the family.</i>	<i>List who on the team will be using this intervention.</i>	<i>When will this intervention begin to be used? Some might be right away, some might be staggered over weeks or months.</i>

<p>What behavior will the youth need to do to earn a positive reinforcement?  <i>Using clear behavioral language, outline what will earn a reward. Use similar principles (objective, clear, complete) to ensure that all team members are rewarding the same behavior consistently.</i></p>
<p>What will the immediate, direct reinforcement be? (For example, praise, acknowledgement, etc.)  <i>Include any items that fit for this youth and family that they can do immediately when a behavior occurs. Praise and acknowledgement are often naturally included, but could also be extra screen time that night or being able to cook dinner with dad after a successful transition back from school.</i></p>
<p>If a token economy is being implemented, what tokens will be used and how many will be given for a behavior or per day? How will it be tracked and where will it be stored? What will the tokens be traded in for and on what timeline? (Remember to prioritize interpersonal and social reinforcers over material)  <i>It is key to be detailed with the plan so that the caregivers and team are clear on how it works – any ambiguity can cause friction in the family and undermine growth for the youth.</i></p>



## Fading, Transition, & Graduation

<p>What is the plan for fading the interventions? Consider increasing the behavioral target, reducing the frequency of the reward, moving toward less continual reinforcement, and/or transitioning to natural reinforcers  <i>Fading interventions should be gradual and thoughtfully done over a period of a few weeks.</i></p>
<p>What is the plan for transition as TBS comes to a close? What resources or referrals are needed for this family? What role has the TBS Specialist been playing in the family and who will fill those going forward?  <i>Anticipate any needs the family might have after closing and have a concrete plan for each.</i></p>
<p>What behaviors or challenges might we anticipate for this family in the future and how can we plan for those before transitioning? Be sure to review an up-to-date behavioral plan and safety plan with the family and team before closing.  <i>Anticipate a regression in behavior and identify a concrete plan for the family to follow.</i></p>
<p>What type of graduation or closing ceremony will be meaningful for this family? Consider special festive items (foods, decorations, flowers, etc.), activities (speeches, games, skits, etc.), and a closing gift (coping skills item, transitional object, graduation certificate, etc.). Remember to have acknowledgements for both the youth and caregiver.  <i>The graduation plan should be individualized to the family, youth, and team.</i></p>



Week 3 SuperNanny Reflection Video (5 points total)

- Similarities (any) (2.5)
- Differences (any – common examples below) (2.5)
  - Lack of team building
  - Lack of clear definition & tracking for baseline assessment
  - Lack of hypothesis/lenses/curiosity about drivers to behavior
  - Lack of skill building & positive reinforcement
  - Lack of transition planning

## **Week 3: Facilitation Guide for Discussion Groups**

Optional: Watch one of the clips below about parent coaching, and have the group discuss: “What would you do?” Then watch the second clip and have a similar discussion.

- [Supernanny | Mom Totally Loses It At Supernanny Over Nap Times - YouTube](#)
- ["I feel like my dad hates me" - Teenage Girl and Dad Have No Relationship | Supernanny - YouTube](#) (from beginning until 3:35, then discuss “what would you say to these parents?”)

### **Review Session**

- Explain to the group that we will be doing a review of the arc of TBS, with each participant taking a portion of the content to summarize. Assign a number to each person, pass out the questions below, and give at least 5 minutes for participants to gather their thoughts. Come back as a large group and have each person present.
  - Note: Adjust the numbering system below to fit the size of your group before your class. If needed, there are multiple questions on behavioral definitions that could be added or subtracted to get an even number for your group.
  - Note: loose grading suggestions are below each question to assign points (5 points per question)

### **End of TBS Training Series Review & Quiz**

1. What is the goal of TBS?
  - a. Reduce target behavior (2)
  - b. Increase parent skills (3)
2. What are the 4 stages of TBS?
  - a. Assessment (1)
  - b. Planning (1)
  - c. Implementation & Coaching (2)
  - d. Transition (1)
3. What role does the youth play in TBS?
  - a. Give information during the assessment and brainstorm interventions (2)
  - b. Be willing to practice interventions (2)
  - c. Participate in team meetings as needed and/or collaborate with team (1)
4. What role do the caregivers play in TBS?
  - a. Give information during the assessment and brainstorm interventions (2)
  - b. Be willing to practice interventions (2)
  - c. Participate in team meetings (1)
5. What role does the TBS Specialist play in TBS?
  - a. Conduct a Behavioral Assessment (1)
  - b. Plan interventions (1)

- c. Test interventions (1)
  - d. Coach caregivers (1)
  - e. Coordinate & collaborate with the team (1)
6. Who is on the support team?
- a. Youth & Caregivers (1)
  - b. Formal supports – give examples like Clinician, Teacher, Psychiatrist, etc (2)
  - c. Informal supports – give examples like Grandma, a neighbor, scout leader, friends from church, etc. (2)
7. What role does the support team play in TBS?
- a. Give information during the assessment and brainstorm interventions (2)
  - b. Be willing to implement interventions when they are with the youth (1)
  - c. Participate in team meetings (1)
  - d. Offer support, respite, encouragement, etc. to the caregivers/youth (1)
8. How might you turn “aggressive” into a clear, complete, objective definition of a target behavior?
- a. Objective – no subjective or vague language (1)
  - b. Clear – concise, to the point (1)
  - c. Complete – if needed, indicate when the behavior is not a problem (1)
  - d. Specific examples of what the behavior looks like (2)
9. How might you turn “runs all over town with friends” into a clear, complete, objective definition of a target behavior?
- a. Objective – no subjective or vague language (1)
  - b. Clear – concise, to the point (1)
  - c. Complete – if needed, indicate when the behavior is not a problem (1)
  - d. Specific examples of what the behavior looks like (2)
10. How might you turn “he does whatever he wants and won’t listen to anybody” into a clear, complete, objective definition of a target behavior?
- a. Objective – no subjective or vague language (1)
  - b. Clear – concise, to the point (1)
  - c. Complete – if needed, indicate when the behavior is not a problem (1)
  - d. Specific examples of what the behavior looks like (2)
11. How might you turn “she manipulates adults all day long” into a clear, complete, objective definition of a target behavior?
- a. Objective – no subjective or vague language (1)
  - b. Clear – concise, to the point (1)
  - c. Complete – if needed, indicate when the behavior is not a problem (1)
  - d. Specific examples of what the behavior looks like (2)
12. Define and give examples of when to use a Frequency Count to assess the baseline of a behavior.

- a. Definition – tally how many times a behavior occurs in a set period (per day, per week, etc.) (2)
  - b. Examples of behaviors that fit well with this method – aggressive behavior (hitting, kicking, slapping), school attendance, many behaviors that don't require the other categories (categorization, duration, intensity, etc.) (3)
- 13. Define and give examples of when to use Interval Recording to assess the baseline of a behavior.
  - a. Definition – using the frequency count method, but in specific intervals of time (i.e. from 9:30 – 10 only) (2)
  - b. Examples that fit well with this are high-frequency behaviors that are too many to do a full frequency count all day long, such as getting out of your seat in class, being off task at school or home, social interactions with peers, following directions first time prompted, etc. (3)
- 14. Define and give examples of when to use Duration Tracking to assess the baseline of a behavior.
  - a. Definition – measuring not only how often the behavior happens but how long it happens for (2)
  - b. Examples include any behavior that the caregiver is mainly bothered by how long it lasts, such as tantrums, running away, non-compliance, etc. (3)
- 15. Define and give examples of when to use Qualitative Dimensions (Intensity Measurement) to assess the baseline of a behavior.
  - a. Definition – measuring not only how often behaviors happen, but measuring the intensity (mild/moderate/severe)
  - b. Examples – any behavior that varies greatly in intensity, but tantrums are the classic example. Could also include anxious behaviors, self-harm, refusal to follow directions, transition difficulties, etc. (3)
- 1. Define and give examples of when to use Discrete Categorization to assess the baseline of a behavior.
  - a. Definition – tracking a list of connected behaviors to see how many out of the set were completed each day
  - b. Examples – behavior that has multiple steps or many pieces connected such as a hygiene routine, morning or bedtime routing, cleaning your room, completing chores, etc.
- 2. Give 3 examples of how caregivers might be involved in measuring the baseline of a behavior.
  - a. Caregivers might fill out a tracking sheet, use an app on their phone, text staff each time a behavior occurs, move marbles in a jar to track behavior, set a timer on their phone to remember to do interval recordings, etc. (5)

3. Give 3 examples of how team members might be involved in measuring the baseline of a behavior.
  - a. Caregivers might fill out a tracking sheet, use an app on their phone, text staff each time a behavior occurs, move marbles in a jar to track behavior, set a timer on their phone to remember to do interval recordings, etc. (5)
4. Describe what a Chain Analysis is and what you might use it for.
  - a. Definition – a mapping tool/diagram (1) that helps sequence events, behaviors, thoughts, and feelings (1) to understand what triggers what (1), as well as opens up the possibility of when/where a different choice could be made (2).
5. Name at least 5 things to include or ask about when doing a Chain Analysis.
  - a. Vulnerabilities/Risk Factors, Trigger/Prompting Event, Thoughts, Feelings, Behaviors, Context/Events, Target Behavior, Outcomes (1 pt each)
6. Describe what a Why Wheel is and what you might use it for.
  - a. Definition – a mapping/diagramming tool (1) to help understand the many drivers behind a behavior (2). Very useful to get away from a single story and understand that many things contribute to the behavior (1) and can be used as a launching point for interventions (1).
7. Give examples of at least 5 things a family might include in a Why Wheel about conflict in their home.
  - a. Any 5 examples of drivers that connect to family conflict, 1 point each
8. Explain what the Escalation Curve is and how family members may escalate together.
  - a. Definition – a diagram/mapping tool to chart how the intensity of behaviors change through a specific incident (or pattern of incidents) (2). As one family member begins to escalate, their behavior can be a triggering event for another family member that then begins to escalate (2). This can make it difficult for the whole system to start de-escalate, as retriggering continues to keep everyone at crisis level (1).
9. Give an example of how a youth's aggressive behavior might present on the Escalation Curve.
  - a. Should include a triggering event (1), early escalation behavior (1), mid-escalation behavior (1), crisis behavior (1), and de-escalation or depression behavior (1).
10. What does Behavioral Theory primarily focus on (and what does it not focus on) in thinking about how to shape behavior?
  - a. Focus is on rewards and consequences for any target behavior (3)
  - b. Does not focus on thoughts, feelings, or intentions (2)
11. Give a definition and example of an Internal Working Model (from Attachment Theory)
  - a. Definition – experiences with early attachment figures shapes your worldview and impacts both how you understand the world around you and how you act as you get older. (2)

- b. Example – should include an early experience with a caregiver, learned perception of the world, and connect to a behavior (3).
- 12. Family Systems Theory looks at communication patterns, projections, and hierarchy in a family, all of which can impact behavior. Give 2 examples of how a target behavior could be driven by one of those factors.
  - a. Communication example – often the behavior is used to communicate something as part of a larger pattern within the family, such as everyone slams doors to express anger, bad behavior is how you get attention, or somatic complaints/care are a way of communicating love.
  - b. Projections are narratives that a family has, such as the “Johnson temper” that can’t be controlled, the baby of the family being pampered his whole life and now not able to complete basic hygiene tasks as a teen, the child that is a product of rape being labeled as evil.
  - c. Hierarchy looks at the roles, power, and expectations put on each member of the family. The oldest daughter who has been parenting her younger siblings might start to run away to escape the pressure/responsibility, the
- 13. How might a target behavior be impacted by trauma?
  - a. Trauma reaction, such as hypervigilance, nightmares, etc. (2)
  - b. Trauma avoidance, such as refusal to go out of the house or to school (1)
  - c. Trauma repetition, such as abusing others in a similar way to what happened to them (2)
- 14. Define and give at least 3 examples of Ecological Stressors that might connect to a target behavior?
  - a. Definition – ecological stressors are things in the youth/families ecosystem that cause systemic level stress on the family.
  - b. Examples include low socioeconomic status, access to resources, housing issues, food insecurity, community neighborhood violence, transportation issues, or being targeted due to race, gender, class, religion, or other aspects of one’s identity.
- 15. Define and give at least 3 examples of Setting & Antecedent Interventions
  - a. Definition – interventions that change the setting, routine, or vulnerable states to reduce the likelihood of the target behavior occurring. (2)
  - b. Examples – any 3 examples (3).
- 1. Define and give at least 3 examples of Replacement Behaviors (Functionally Equivalent Behaviors).
  - a. Definition – Replacement Behaviors (aka Functionally Equivalent Behaviors) are those that meet the same underlying need in a more socially acceptable or lower harm way. (2)

- b. Examples – squeezing a toy instead of grabbing a peer, jumping on a trampoline instead of banging your head, bear hugs instead of physical restraints, etc. (3)
- 2. Define and give at least 3 examples of Incompatible Alternative Behaviors
  - a. Definition – A behavior that the youth is encouraged to engage in because while doing so they can't engage in the target behavior. (Note: there's often a good deal of overlap with replacement behaviors because many interventions serve the same function) (2)
  - b. Examples include running laps around the house instead of tearing up your room, journaling instead of arguing, looking at photos, listening to music, or any other positive activity that prevents the youth from engaging in the target behavior (3)
- 3. Give an example of a skill deficit that you might choose to focus on and break that skill down into at least 5 micro-skills.
  - a. Any example of a skill (coping skills, social skills, anger management skills, communication skills, emotional regulation skills, etc.) and breaking it down into 5 or more small steps.
- 4. Define and give at least 3 examples of Reactive Procedures
  - a. Definition – the calm, consistent way caregivers will respond when the target behavior occurs. (2)
  - b. Examples include time-outs, follow-through, planned ignoring, and clear expectations. (3)
- 5. Define and give at least 3 examples of Interpersonal reinforcers
  - a. Definition – Interpersonal reinforcers are positive expressions or activities within the context of a key relationship. (2)
  - b. Examples include praise, high-fives or positive gestures, thank yous, spending time together (playing a game, going for a walk, etc.) (3)
- 6. Define and give at least 3 examples of Social reinforcers
  - a. Definition – Social reinforcers give status, social recognition, or decision making power as a reward for good behavior. (2)
  - b. Examples include being the Line Leader at school, passing out supplies, sitting in the front seat of the family car, choosing the family dinner menu, movie, or game for the night, leading an activity or teaching others. (3)
- 7. Define and give at least 3 examples of Material reinforcers
  - a. Definition – material reinforcers are either things or access to things that can be earned through positive behavior. (2)
  - b. Examples include screen time, money, toys, tickets to an event or outing, etc. (3)
- 8. Which type of reinforcers are the most/least impactful? Why?
  - a. Interpersonal and Social are most impactful (2) and not material (1) because our brains are wired for human relationships (1).

9. What are some things you think about in setting how big the reward will be and how big the behavioral target will be in a positive reinforcement plan?
  - a. Rewards should be big enough to be interesting (1) but not so big to be unsustainable for a family or overwhelming to a youth (1) and feel relevant to the size of the behavioral goal (1).
  - b. In the beginning of a behavioral plan, it's better to err on the side of smaller, achievable goals to gather engagement, interest, and build on feelings of success (2).
10. How soon after the positive behavior should a positive reward be given and why?
  - a. In the beginning, rewards should be given as closely to the positive behavior as possible (2) because we are trying to create a new neural pathway to link the positive behavior to positive outcomes (2). As the intervention continues, there can be more space between the behavior and reward (1).
11. Define and give an example of a benchmark goal.
  - a. Definition – a specific, measurable goal that will let the team know when it is time to start fading interventions (2)
  - b. Examples should include new behavior, reduced target behavior, and a measurable benchmark. Jimmy is able to use new coping strategies (1) to manage his feelings of frustration so that verbal aggression (yelling, cursing, threats) (1) happen no more than 3 times per week (1)
12. When should you talk with caregivers about fading, transition, and graduation?
  - a. After about 4 weeks of semi-stable behavior (2)
  - b. Once caregivers are able to utilize interventions semi-independently (2)
  - c. After no more than 6 months. (1)
13. Define and give an example of how a TBS Specialist would fade interventions.
  - a. Definition – fading is the process of reducing the dependence on an intervention plan (often specifically the positive reinforcement plan). (2)
  - b. Example answers should include at least 3 of these factors: reducing the frequency of reward, increasing the behavior needed to earn the reward, increasing the time between reward and behavior, or making the reward less consistent (more intermittent) (3)
14. Define and give 3 examples of what you might include in a graduation.
  - a. Definition – graduation is a celebration of accomplishments through an event, party, or ceremony (2)
  - b. Examples of what to include are celebratory items (food, decorations, flowers, etc.), activities that reflect the work together (speeches, a video, game, treasure hunt, skits, etc.), transitional object (a photo of the TBS Specialist and client, a letter, art work to remember your time together, etc.) and potentially a graduation gift (supplies for coping skills). (3)



15. Define transition and give at least 3 examples of things you should give to the family as part of transition.

- a. Definition – transition is when services are ending and either being passed on to another provider and/or to the natural support network to continue. (2)
- b. Examples of things that should be given to the family are a copy of the discharge summary, the most recent safety plan, copies of any interventions that were successful, information about who to contact in the future for any support needs, and any additional information on community resources relevant to them. (3)

## **Week 4: Manager's Module**

### **Learning Objective #1: Participants will understand best practices in interviewing and onboarding new TBS Specialists**

Key Points:

- *Hiring*
  - *Key qualities include ability to work independently, engagement skills, organized and data-driven, creative and flexible, and developing a team with diverse skills*
  - *TBS is often a promotional opportunity for staff or a good opportunity for interns in MA programs to get client hours/experience.*
- *Onboarding*
  - *New staff should complete the TBS training series and may also benefit from training in specialized behavioral interventions, trauma, attachment, family systems, motivational interviewing, CBT, DBT, ARC model, or elements of ABA trainings.*
  - *Shadowing is a key component of really being able to see what TBS is like. Pairing with an experienced staff to see all elements of TBS, reading charts, watching videos, etc. is vital.*

Materials include:

- *Video #11*

Assessment methods:

- *Group discussion*

### **Learning Objective #2: Participants will understand best practices in supervising and supporting TBS Specialists in providing high-quality Therapeutic Behavioral Services.**

Key Points:

- *Supervision*
  - *Supervision is primarily used for maintaining fidelity to the model, monitoring engagement with family, and tracking progress through the phases.*
- *Program Support*

- *Group Consultation can be very helpful in TBS. Setting up a time 1-4 times per month for TBS Specialists to get together to brainstorm interventions, discuss hypotheses, reflect on barriers, and learn together.*
- *Evaluation & Feedback Procedures – creating an evaluations specific to TBS skills can help hone in on areas for improvement and additional training as part of staff development.*

Materials include:

- *Video #11*

Assessment methods:

- *Group discussion*

## **Potential Training Schedules**

### **3 week format**

- Week 0
  - Syllabus
  - Links
  - Contact Information
  - Facilitate Orientation
- Week 1
  - TBS Best Practices Guide
  - Video #1
  - Assignment: Caregiver Orientation
  - Video #2
  - Video #3
  - Week 1 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning Worksheet (Part 1)
  - Facilitate Discussion Group
- Week 2
  - Video #4
  - Video #5
  - Video #6
  - Week 2 Optional Handouts and Links
  - Assignment: Behavioral Assessment & Intervention Planning Worksheet (Part 2)
  - Week 2 Quiz
  - Facilitate Discussion Group
- Week 3
  - Video #7
  - Video #8 & 9
  - Video #10
  - Optional Week 3 Handouts
  - Week 3 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning Worksheet (Part 3)
  - Extra Credit: Super Nanny Comparison Chart
  - Facilitate Discussion Group

## 6 week format

- Week 0
  - Syllabus and instructor contact information
  - Facilitate Orientation
- Week 1
  - TBS Best Practices Guide
  - Video #1: TBS Philosophy & Stages
  - Assignment: Caregiver Orientation
  - Video #2: Creating a Behavioral Definition & Assessing the Baseline
  - Week 1 Optional Handouts
  - Facilitate Discussion Group (Use Week 1 Guide, 1<sup>st</sup> hour)
- Week 2
  - Video #3: Understanding the Drivers
  - Week 1 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning (Part 1)
  - Facilitate Discussion Group (Use Week 1 Guide, 2<sup>nd</sup> hour)
- Week 3
  - Video #4: Lenses to Form a Hypothesis
  - Assignment: Behavioral Assessment & Intervention Planning (Part 2, just the hypothesis section)
  - Week 2 Optional Handouts and Links
  - Facilitate Discussion Group (Use Week 2 Guide, 1<sup>st</sup> hour)
- Week 4
  - Video #5: Types of Interventions
  - Video #6: Positive Reinforcement Systems
  - Week 2 Optional Handouts and Links
  - Assignment: Behavioral Assessment & Intervention Planning (Part 2, Intervention & Positive Reinforcement portion)
  - Week 2 Quiz
  - Facilitate Discussion Group (Use Week 2 Guide, 2<sup>nd</sup> hour)
- Week 5
  - Video #7: Implementation
  - Video #8 & 9: Panel Discussion
  - Week 3 Optional Handouts
  - Extra Credit: Super Nanny Comparison Chart
  - Facilitate Discussion Group (Use Week 3, optional activity)
- Week 6
  - Video #10: Fading, Graduation, & Transition
  - Week 3 Optional Handouts
  - Week 3 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning (Part 3)
  - Facilitate Discussion Group (Use Week 3, group review)

## 9 week format

- Week 0
  - Syllabus
  - Meeting links, if needed
  - Contact Information
  - Facilitate Orientation
- Week 1
  - TBS Best Practices Guide
  - Video #1: TBS Philosophy & Stages
  - Assignment: Caregiver Orientation
  - Optional: Discussion Group to role play orientation
- Week 2
  - Video #2: Creating a Behavioral Definition & Assessing the Baseline
  - Week 1 Optional Handouts
  - Facilitate Discussion Group (Use Week 1 Guide, 1<sup>st</sup> hour)
- Week 3
  - Video #3: Understanding the Drivers
  - Week 1 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning (Part 1)
  - Facilitate Discussion Group (Use Week 1 Guide, 2<sup>nd</sup> hour)
- Week 4
  - Video #4: Lenses to Form a Hypothesis
  - Assignment: Behavioral Assessment & Intervention Planning (Part 2, just the hypothesis section)
  - Week 2 Optional Handouts and Links
  - Facilitate Discussion Group (Use Week 2 Guide, 1<sup>st</sup> hour)
- Week 5
  - Video #5: Types of Interventions
  - Assignment: Behavioral Assessment & Intervention Planning (Part 2, Intervention portion)
  - Week 2 Optional Handouts and Links
  - Facilitate Discussion Group (Use Week 2 Guide, group activity on interventions)
- Week 6
  - Video #6: Positive Reinforcement Systems
  - Week 2 Optional Handouts and Links
  - Assignment: Behavioral Assessment & Intervention Planning (Part 2, Positive Reinforcement portion)
  - Week 2 Quiz
  - Facilitate Discussion Group (Use Week 2 Guide, group activity on positive reinforcement)
- Week 7
  - Video #7: Implementation

- Optional Week 3 Handouts
  - Extra Credit: Super Nanny Comparison Chart
- Week 8
  - Video #8 & 9: Panel Discussion
  - Optional Week 3 Handouts
  - Facilitate Discussion Group (Use Week 3, optional activity)
- Week 9
  - Video #10: Fading, Graduation, & Transition
  - Week 3 Quiz
  - Assignment: Behavioral Assessment & Intervention Planning (Part 3)
  - Facilitate Discussion Group (Use Week 3, group review)

### Individual supervision (1:1) format

Below is a potential format for rolling out this curriculum in a 1:1 format, such as supervision. We often try to meet with new supervisees 2-3 times per week for the first few weeks to help them get settled, so this format is assuming a few days between each meeting, but that could be more/less depending on your situation. I removed all of the group discussions and quizzes and opted for more in-person conversations, as that seemed more of a natural fit to me for a supervisory setting.

- Meeting #1
  - Intro training series, explain how it will work with supervision and training simultaneously, set dates and expectations as needed.
  - Before the next meeting, supervisee will:
    - Read: Syllabus/Outline of Training Topics
    - Read: TBS Best Practices Guide
    - Optional: Review a chart, interview a staff member, or other methods to have an understanding of the overview of TBS phases and roles
- Meeting #2
  - Review any questions from the Best Practices Guide
  - Before the next meeting, supervisee will:
    - Watch Video #1: TBS Philosophy & Stages
    - Assignment: Caregiver Orientation (written, or prep for a role play in the next meeting)
    - Optional: shadow a staff member who is providing an orientation to a new caregiver or go with a supervisor to provide an orientation to a new client.
- Meeting #3
  - Review Caregiver Orientation or do a role-play in supervision with the supervisee orienting the supervisor as if they are a new caregiver. Give feedback and tips as needed.
  - Before the next meeting, supervisee will:
    - Watch Video #2: Creating a Behavioral Definition & Assessing the Baseline
    - Review Week 1 Optional Handouts
    - Assignment: Behavioral Assessment & Intervention Planning (Behavioral Definition and Baseline section only)
    - (This could be a writing assignment or an activity in the next meeting)
    - Optional: Review 3 TBS charts and note how a behavior is described in the referral paperwork vs. the description of the behavior that is used for the assessment. How was it clarified? What was included or left off?
- Meeting #4



- Review behavioral definitions and either look at their written example or practice in session together transforming vague descriptions into definitions that are objective, clear, and complete.
- Discuss various methods for assessing the baseline of a behavior and when each might be appropriate for various situations.
- Before the next meeting, supervisee will:
  - Video #3: Understanding the Drivers
  - Assignment: Create a Why Wheel, Chain Analysis, and/or Escalation Curve to examine a particular behavior from a vignette, case file, or real client.
- Meeting #5
  - 
  - Before the next meeting, supervisee will:
    - Watch Video #4: Lenses to Form a Hypothesis
    - Assignment: Behavioral Assessment & Intervention Planning (Part 2, just the hypothesis section)
    - Review Week 2 Optional Handouts and Links
- Meeting #6
  - 
  - Before the next meeting, supervisee will:
    - Watch Video #5: Types of Interventions
    - Assignment: Behavioral Assessment & Intervention Planning (Part 2, Intervention portion)
    - Review Week 2 Optional Handouts and Links
- Meeting #7
  - 
  - Before the next meeting, supervisee will:
    - Watch Video #6: Positive Reinforcement Systems
    - Review Week 2 Optional Handouts and Links
    - Assignment: Behavioral Assessment & Intervention Planning (Part 2, Positive Reinforcement portion)
- Meeting #8
  - 
  - Before the next meeting, supervisee will:
    - Watch Video #7: Implementation
    - Watch Video #8 & 9: Panel Discussion
    - Review Optional Week 3 Handouts
    - Optional Assignment: Super Nanny Comparison Chart
- Meeting #9
  - 
  - Before the next meeting, supervisee will:
    - Watch Video #10: Fading, Graduation, & Transition
    - Assignment: Behavioral Assessment & Intervention Planning (Part 3)

## Weekly Evaluations

1. Name/Contact Info (Optional)
2. Logistics: Technology, Facility, Accessibility, Program Administration
  - a. The method of instructional delivery (asynchronous hybrid)
  - b. Course technology was accessible and user-friendly
  - c. Tech support was available as needed (questions or problems were addressed effectively and in a timely manner)
3. Instructor Skills
  - a. Knowledge of subject matter
  - b. Presentation of the content
  - c. Responsiveness to participants
4. Course Content
  - a. Appropriateness of content for my professional level
  - b. Content was consistent with stated objectives
  - c. Information was current and accurate
  - d. Instructional materials were suitable and useful
5. How well have do you feel you've mastered each of these Learning Objectives (include those that apply each week)
  - a. Participants are able to convey a summary of TBS to a new caregiver, including the philosophy, stages, and roles of TBS.
  - b. Participants can create a definition of a target behavior that is clear, objective, and complete.
  - c. Participants can select the best assessment methodology for measuring the baseline of key behavioral issues.
  - d. Participants will be able to use at least 1 method to gather additional assessment data (ABC charting, chain analysis, escalation curve, or why wheel)
  - e. Participants will be able to use one of five theoretical lenses to form a functional hypothesis when presented with a vignette.
  - f. Participants will be able to differentiate between different types of interventions (setting/antecedent interventions, alternative or replacement behaviors, skill building techniques, and reactive procedures).
  - g. Participants will be able to create an effective positive reinforcement program, including setting behavioral goals, determining the reinforcement, and creating a token economy and schedule of reinforcement as needed.
  - h. Participants will understand common issues in implementing, testing, and coaching caregivers on new interventions.
  - i. Participants will be able to successfully plan to fade interventions and reinforcement plans.
  - j. Participants will be able to plan a graduation and transition of TBS with all the key components.
  - k. Participants will understand best practices in interviewing and onboarding new TBS Specialists

- l. Participants will understand best practices in supervising and supporting TBS Specialists in providing high-quality Therapeutic Behavioral Services.
- 6. Overall Strengths of Training (open paragraph)
- 7. Overall Weakness of Training (open paragraph)
- 8. What else might you need to support you in implementing TBS? (Open paragraph)
- 9. Other Comments? (Open paragraph)

## Potential Booster Sessions

### Behavioral Definitions & Assessing the Baseline

- Defining a Target Behavior
  - Review definitions
  - Have samples, present vignettes, or watch video clips
  - Practice, give each other feedback based on a checklist (objective, clear, complete)
- Assessing Baselines
  - Activity to practice using different tools
  - Case examples for each type of tool
  - Come up with a vignette and try using a variety of tools, discuss what different information might be found by each tool, weigh the pros/cons
  - Brainstorming how to support caregivers and team members in collecting baseline data

### Deepening Practice on Assessment Tools

- Assessing the Baseline
  - Chain Analysis
    - Watch: <https://www.youtube.com/watch?v=qvl6qstjdn8>
    - Alternative option: <https://www.youtube.com/watch?v=yAHAYjn7Ca8>
    - Get into groups of 3 and practice. One person should be the client, one to be the staff, and one to be the best practices monitor (has a key in their hand with the main points of the tool, prompts the staff if things get off task or if they get stuck)
  - Why Wheel
    - Here's a video from MST, which uses "Fit Circles" (essentially a more structured Why Wheel). This video is quite boring and I wouldn't show it to a training class, but could be a good refresher or if you want to teach a more nuanced version of a why wheel: [MST- How to do a fit - YouTube](#)
    - Another system I like for making a Why Wheel slightly more nuanced is to think about the 4 major obstacles to behavior change (from Adult Learning Theory) and brainstorm around each.
      - Knowledge – is there anything that the person didn't know or gaps in their understanding about the task or desired behavior?
      - Skill – are there skills that the person needs to practice that are contributing to the target behavior?
      - Motivation – does the person want to act differently or are they invested in change?
      - Environment – are there barriers in the environment that make behavior change more difficult?

- Get into groups of 3 and practice. One person should be the client, one to be the staff, and one to be the best practices monitor (has a key in their hand with the main points of the tool, prompts the staff if things get off task or if they get stuck)
- Escalation Curve
  - Review incident reports or recent incidents that have occurred with a client. Have one person talk through the story while another one charts onto an escalation curve and/or emotions thermometer. Be sure to ask questions about any gaps in information or jumps in the intensity of behaviors to understand what increased and/or decreased the escalation.
- Potential Activities:
  - Give a vignette and break into groups and have each group do a different tool. Discuss what the pros/cons are for each, and what differences there are between them.
  - Practice a tool with a large group as if facilitating a TBS Team meeting and discuss what is contributed by each team member. Give feedback on what questions elicited hidden information, what encouraged curiosity and thoughtfulness, etc.

### Lenses to Develop a Hypothesis for a Behavior

- Theoretical Presentations
  - Consider new or different theories (book study, watch a video, have someone in the group present)
  - Deeper dives into any of the lenses already presented (book study, watch a video, have someone in the group present)
- Application
  - One case example, have folks break into small groups and each take a different lens and make a case for why it fits. How similar or different do they end up? What is missed or highlighted in each?

### Intervention Types

- Brainstorm and research party: everyone brings a laptop and the facilitator has vignettes (age, behavior, hypothesis) and everyone pulls up as many interventions as possible, posts them on a board (real or electronic). Or do the same thing, but with actual clients instead of vignettes.
- Intervention share-out: have each person come to the booster session ready to share about one intervention they've done that was particularly helpful. Bring copies of any worksheets used, materials, etc. and be ready to do a demonstration.
- Create a list of most common diagnoses or behavioral issues and in each booster session, focus on brainstorming as many interventions as possible.

- Discussion of roles – what interventions, conversations, etc. are within the TBS Specialist role? Which should be referred to a Case Manager, Therapist, or the Caregiver? When do those roles overlap?

### Positive Reinforcement

- Brainstorm types of reinforcement: present a refresher on each type of reinforcement and then have the group discuss things they have done in that category. Think of each client you are working with and brainstorm at least 1 reinforcer of each type for each client. Work in pairs or small groups.
- Reinforcement share-out: have each person come to the booster session ready to share about one positive reinforcement system they've done that was particularly helpful. Bring copies of any worksheets used, materials, etc. and be ready to do a demonstration.

### Caregiver Coaching

- Use links in the Week 3 optional activity, if not already used during core training, and role play responses to caregivers.
- Role play challenging situations, either based on vignettes or real-life examples from staff.
  - What if a parent gets angry or defensive?
  - What if a parent seems distant and doesn't connect with you?
  - What if there is a lack of trust?
  - What if parents are overwhelmed, busy, and distracted whenever you try to talk to them?
  - What if a parent keeps saying you don't get it, don't understand their family, or are wrong about their kid?
- Practice using the Knowledge, Skills, Motivation, Environment matrix in vignettes. Brainstorm (use a why wheel with "caregiver implementation" if you want a visual tool for the group to work on) and brainstorm ideas in each of the 4 areas that may be making it more difficult for caregivers to consistently implement interventions. Then brainstorm what the TBS Specialist might do to help address some of these obstacles.

### Fading, Transition, & Graduation

- Discuss vignettes or real-life situations and share tips, lessons learned, etc. Share unique, individualized graduation events, gifts, etc. and brainstorm ideas for others to use in the future.