

## **Training for Trainers Agenda & Outline**

### 8:00 Welcome & Introductions

- Let each person introduce themselves, their agency/role, experience with training
- Overview of the Training for Trainers program
- Learner Analysis:
  - o Explain a Learner Analysis
    - “Before we begin looking at what we are going to train, we need to think about who we are going to train. A common way to do that is by conducting a Learner’s Analysis, which looks at who the participants will be in your training and how their unique characteristics will impact how you structure the training, the points you emphasize, and the stories or examples you use.”
  - o Break participants into small groups for discussion to think about who your learners are.
    - “What are the general characteristics of your learners (age, experience, education level)? What are their motivations for being in this class? What problems do they have right now that this class might solve for them? Then consider how those answers impact how you might train, what stories you might tell, or how you’ll set up the trainings.”
- Context Analysis:
  - o Explain a Context Analysis
    - “Now that you’ve thought about who you are training, we need to also consider the context that they will be using this information. This might include the community you work in, the billing or accreditation requirements in your system, the type of clients they are likely to work with, etc. As we consider the context for applying the information we are teaching, it should impact how we structure the training to be most useful for our learners.”
  - o Break participants into small groups for discussion to think about where your learners will use this information.
    - “What will it look like for your learners in the real world? Are there notes about the population (urban, rural, older vs. younger kids, certain types of behaviors that are more common) that you should consider? Are there notes about your agency (how their hours are structured, the size of the team, amount of support and supervision) to consider? How will these answers shape how you train?”

#### 8:40 Materials

- Pass out (or email) the Facilitator's Guide and make sure each participant has a copy and can access it. Explain that this will be the main reference material for the Training for Trainers process.
- If possible, also walk them through accessing the training materials (videos, handouts, assignments, etc.).

#### 8:50 How to Facilitate an Orientation Session

- Review Goals of Orientation Session:
  - o Welcome learners, set the tone for the training
  - o Overview of the program
  - o Solve tech issues, if any
  - o What to expect next week
- Note that this week is optional, only if it makes sense in your setting

#### 9:00 Break

#### 9:10 Review Week 1 Learning Objectives

- Divide into 3 groups, have each review the Learning Objective, Materials, Assessment, and Key Points. Return to group to present. Where do you think folks might struggle? What are the most important points that you'll want to emphasize?

#### 9:30 Week 1 Quiz

- Talk through quiz questions, make sure that participants understand and can defend the answers.

#### 10:00 Break

#### 10:10 Week 1 Assignments – Caregiver Orientation

- Introduce assignments and the grading rubric in the Facilitator's Guide
- Pass out samples (below) and have each small group assign points
- Compare scores in the big group, talk through why/why not to assign points
- Sample #1: Average score of 1
  - o Does talk about behavior change by learning new skills (+.5) and language is family friendly (+.5)
  - o Doesn't address short term nature of TBS or length of services. Doesn't talk about phases, roles, or the TBS team.
  - o Feedback: *Thanks, this is a great start to an orientation. I think for a family to fully understand the services, you'd need to add a few sentences about each of the phases and what youth, caregivers, staff, and the whole TBS team will be*

*doing at each phase. Also, including the average length of services helps a family know what to expect. If you'd like to add these pieces and resubmit, I'd be happy to look at it again.*

- Sample #2: Average score of 2.5
  - o Does talk about assessment, planning, and transition (although very briefly), who is on the TBS team, and has family friendly language throughout.
  - o Doesn't talk about length of services, how behavior can change, the youth/family role or what the TBS Specialist will actually be doing.
  - o Feedback: *Thanks, this is a great start to an orientation. I think for a family to fully understand TBS, you'd need to expand your explanation of each of the phases to include what youth, caregivers, staff, and the whole TBS team will be doing at each of the 4 phases. Also, including the average length of services and emphasizing the goal of coaching caregivers on implementing interventions helps a family know what to expect. If you'd like to add these pieces and resubmit, I'd be happy to look at it again.*
- Sample #3: Average score of 5
  - o Includes all the main points
  - o Feedback: *Great job!*

#### 10:30 Week 1 Assignments – Behavioral Assessment & Intervention Planning Worksheet

- Sample #1, average score of 7
  - o Earned points for:
    - 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)
      - Note: 'saying hurtful things' is definitely a grey area.
    - 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
  - o Did not earn points for:
    - Behavioral Definition – do not include hypothesis
      - The behavioral definition does include an implied hypothesis - I would recommend pulling the word 'anger' out of the definition, since we don't actually know if the behaviors are caused by anxiety, overwhelm, anger, trauma triggers, etc.
    - Assessment Plan – choose one or more methods

- While a Chain Analysis is a great way of understanding the pattern of a behavior, it won't measure the baseline of how often a behavior is happening.
- Assessment Plan – explain the choice
  - No explanation of how a Chain Analysis fits the baseline of this behavior.
- Feedback: *Thanks, your summary of the situation and behavioral definition were very clear and gave me a nice idea of what you would be working on. In TBS, when we initially define a behavior, we want to make sure to not include or imply a hypothesis, so I would recommend pulling the word 'anger' out of your definition since her behaviors could be caused by anxiety, trauma triggers, sadness, etc. and we don't know at this point what emotions might be connected to them. Also, for your assessment method, the Chain Analysis would definitely give you good information about the pattern of behavior, but wouldn't give you information about the baseline of how often it is happening, so we want to choose something like Frequency Counts, Duration Trackers, Qualitative Methods, or Discrete Categorization to get a specific numerical count. If you'd like to make those updates and resubmit, I'd be happy to look at it again. Thanks!*
- Sample #2, average score of 3
  - Earned points for:
    - Summary of presenting problem is clear and accurate
    - Behavioral Definition – objective (no judgmental or vague language)
    - Behavioral Definition – do not include hypothesis
  - Did not earn points for:
    - Behavioral Definition – clear (no extra data)
      - The definition includes information about the goal ("reduce fighting") which is not what we are looking for here.
    - Behavioral Definition – complete
      - Based on information later in the document, it seems that there are more behaviors being focused on than just fighting with the brother
    - Assessment Plan – choose one or more methods
      - The ABC chart is not a method for collecting baseline data
    - Assessment Plan – explain the choice
      - The explanation doesn't match – ABC charting is a good way of understanding what was happening before/after a behavior, but wouldn't track the frequency, duration, intensity, or any other metrics that might be relevant.

- Assessment Plan – explain who will be involved (caregiver and 1 team member, minimum)
  - It doesn't make sense to involve the teachers if we are tracking the fighting between brothers, unless they are in the same class.
- Assessment Plan – explain what data they will be collecting/how you will support them
  - The tally method seems to imply that they would be using a Frequency Count, which doesn't match the method picked above.
- Assessment Plan – explain how long your data collection period will last and reporting process
  - The one week timeline doesn't match the information in the summary, which says the brothers only see each other every other weekend.
- Feedback: *Thanks, this is a good start to a behavioral assessment. For the behavioral definition, we just want to include a description of the behavior we are focusing on, not our goal, so I would remove the word "reduce" from the description to be clearer. You mentioned that the target behavior is to reduce fighting with the brother, but then added that teachers will help collect data – since you said the brothers only see each other every other weekend, I'm assuming they aren't in the same class, so is the fighting happening with peers in school? It sounds like the behavioral definition may need to be expanded to include fighting with brother or peers. Also, the ABC charts are very helpful methods of understanding what happens just before and after a behavior, but to measure a baseline, we typically use Frequency Counts, Duration Trackers, Qualitative Methods, or Discrete Categorization to get a specific numerical count. If you'd like to make those updates and resubmit, I'd be happy to look at it again. Thanks!*

11:00 Break

11:10 Week 1 Discussion Facilitation

- Review outline of the in person class, answer questions
- Optional: offer practice opportunities for participants to take turns leading

11:30 Booster sessions

- Optional booster sessions for Week 1 content
- Encourage participants to think about additional ideas

## Week 1 Caregiver Orientation Samples

### Sample #1:

TBS helps you and your family, caregiver or guardian adapt to new ways of managing behavior problems and helps increase the desired behaviors in a successful way. The TBS staff works closely with the families, caregivers, or legal guardian for the duration of the TBS intervention until the family no longer needs it. There will be a TBS Plan made to determine goals, time, and place. TBS staff works in all areas the behaviors may occur, this includes all places of residence or other places within the community.

### Sample #2:

TBS is an intensive home and community based service for youth and adolescents who have issues with social, emotional, and behavioral difficulties and need help addressing them and a more intensive treatment than they're currently receiving. TBS is one to one for youth ages 5-17 with emotional stress and challenges in their lives by learning new skills. This service is very family oriented and will include making a support team in the treatment with parents, caregivers, coaches, teacher, etc. as well as a TBS supervisor, coach, clinician. There will initially be an Assessment Period and then a TBS Behavioral Intervention Plan written, and then the team will work on implementing these interventions. When the team is ready, there will be a transition and graduation.

### Sample #3:

Your family has been referred for TBS, which stands for Therapeutic Behavioral Services. TBS is an intensive, short-term, behavior-focused program aimed at helping you and the other adults in Ellie's life figure out how to address her behavior. My guess is that you're already doing a lot of things that work. My job is to see what's working, see what might not be working and offer suggestions.

The program is typically four to nine months long and made up of four stages. It starts with some meetings where I just observe. For about 30 days or so, you'll see me taking notes and asking lots of questions. We're establishing a baseline, so we know where we're at when we start. In the second stage, we create an individualized plan. The plan is basically a toolbox of potential interventions like teaching skills and reinforcing behavior. Everything I suggest will have to be okay with you, because you will eventually be implementing the interventions. In the third stage, we carry out the plan. Remember, we're focused on Ellie's behavior—we want to teach her how to avoid certain behaviors or how to replace them with more acceptable behaviors. Then the fourth stage happens once we agree that Ellie's making good progress toward the goals. That's when services start to fade out, and Ellie graduates from the program.

The program is a team approach, with Ellie and the two of you at the center. I'm a TBS Specialist. I'll be facilitating the program and your main point of contact. Any mental health providers Ellie's already working with are welcome to participate, as are family members or friends who know and care about Ellie that you want to be involved. Any questions?

TBS Assessment & Behavioral Worksheet Sample #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?

*\*9-year-old girl, lives with parents and sibling(s)*

*\*Anger leads to verbal and physical aggression toward herself and other family members*

*\*Injured her 2-year-old brother*

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

*Anger escalates to verbal and physical violence toward herself and her family members which includes slapping, kicking, throwing objects, saying hurtful things to other family members.*

☐ **Assess Baseline of the Behavior**

Choose appropriate assessment methods to measure the behavior you have defined, note who will be involved and how they will collect and report data.

Which assessment method will you use and why do you think that is the best fit?

*I think the chain would work to help understand the patterns that lead to this repeated escalation – looking for why this is happening over and over at home and school*

Who will help collect data, what data will you have them collect, and how will you support them in collecting the data?

*Parents and teachers could tally the events for frequency and also monitor these events for triggers looking for patterns at both home and school and I could support by calling each day to collect the data from them so they don't have to try to report on the whole week at one time*

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

*I would guess we would start with a few days, I like the idea of calling each morning about the day before while it is still fresh and a stand-alone day instead of waiting until the end to collect all the data*

## TBS Assessment & Behavioral Worksheet Sample #2:

### ☐ **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?

9, has 4 brothers (2 older, 2 younger), mom and dad are around, dad is disabled, mom works full time, one older brother only there every other weekend. Concerned about anger which is causing inability to form friendships and constant fighting with brother.

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

Reduce fighting (hitting, kicking) with brother

### ☐ **Assess Baseline of the Behavior**

Choose appropriate assessment methods to measure the behavior you have defined, note who will be involved and how they will collect and report data.

Which assessment method will you use and why do you think that is the best fit?  
A.B.C. This will be the best fit because it allows all those involve in client's life to be able to track when there is fighting, what happens before the fighting, and how long the anger follows the fighting.

Who will help collect data, what data will you have them collect, and how will you support them in collecting the data?

Parents will be involved to help note incidents during times that youth is around his brothers. Teachers will note times that youth gets angry when something doesn't go his way. They will use a tally method by just tallying up whenever the behavior occurs.

How long will your data collection period be and how will it be reported back to you?  
Initial data collection will occur over a week with continuous collection throughout treatment. Using a shared document it will have days listed out and a spot for each data collector to submit number of occurrences



## Week 2

### 8:00 Welcome & Updates

- Any thoughts or questions about Week 1 material?

### 8:10 Week 2 Learning Objectives

- Divide into 9-10 groups, have each review a Learning Objective Key Points. Return to group to present. Where do you think folks might struggle? What are the most important points that you'll want to emphasize?

### 9:00 Week 2 Quiz

- Talk through quiz questions, make sure that participants understand and can defend the answers.

### 9:30 Week 2 Assignment – Worksheet (Part 2)

- Introduce assignment and the grading rubric
- Pass out samples (below) and have each small group assign points
- Compare scores in the big group, talk through why/why not to assign points
- Sample #1, average score 10/15
  - o Earned points for
    - 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.
    - 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.
    - Skill Building Techniques are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
    - Positive Reinforcers: Material Reinforcers are listed and meet the definition. No Social or Interpersonal reinforcers are included.
  - o Did not earn points for
    - Summary of Hypothesis is clear, concise, and congruent with the rest of the document

- Summary is missing
- Alternative/Replacement are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
  - Feelings identification is a grey area – could be considered skill building, but I also understand that verbalizing feelings could be a functionally equivalent behavior instead of acting out feelings. The anger management tools just seem like skill building to me.
- Reactive Procedures are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
  - To reduce or eliminate some of the reinforcers listed above (attention given during a tantrum or behavior), we would typically look at things like giving attention to positive behaviors, walking away when tantrums are happening (if it is safe), etc. Also, providing a pillow to throw is a harm reduction strategy (and possibly a functionally equivalent behavior), but not a reactive procedure. We want to list here how we want parents to respond (calmly and consistently) to a behavior when it happens.
- Positive Reinforcers: Interpersonal Reinforcers are listed and meet the definition. No Social or Material reinforcers are included.
  - The first two are a good fit, but the school one needs to be defined more to clarify how it is an interpersonal reinforcer. Choosing a preferred activity is a material reinforcer and the celebration described would be a graduation.
- Positive Reinforcers: Social Reinforcers are listed and meet the definition. No Interpersonal or Material reinforcers are included.
  - Ellie seeing a friend might be a social reinforcer or interpersonal, but it's enough of a grey area that I'd let that be. Doing a special activity or going to the movies would likely be material reinforcers, unless there is more explanation of the social component.
- Feedback:
  - *Thanks- this is looking really good! I appreciated your hypothesis, strengths, and goals sections, although it looks like your summary of the hypothesis was missing.*
  - *For the Reactive Procedures, usually we think about how we want the parents to respond/react when the behavior occurs. Providing a pillow would be a helpful but is more likely a replacement behavior instead of reactive procedure.*

- *Praise and individual time with a parent would certainly be an interpersonal reinforcers, but preferred rewards or preferred weekly activities would likely be material reinforcers.*
- *For social reinforcers, we look at things that increase social status, so going to see a friend or spending time with family would be interpersonal (relational) reinforcers, but not necessarily social. Let me know if you have any other questions, thanks!*
- Sample #2, average score of 9-10/15
  - Earned points for
    - 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.
    - State the goal in the positive
    - Strengths are listed 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.
      - These should be broken down into micro-skills or ideas of interventions to teach, some graders might not give points for this
    - Reactive Procedures are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
    - Positive Reinforcers: Material Reinforcers are listed and meet the definition. No Social or Interpersonal reinforcers are included.
  - Did not earn points for
    - Triggers/settings are listed and congruent with the narrative in Part 1.
      - These aren't truly triggers but assumptions about her internal motivation (i.e. disregard for school rules, lack of respect for Aunt).
    - Summary of Hypothesis is clear, concise, and congruent with the rest of the document
      - The summary doesn't look at some of the deeper drivers, which is what we are hoping for. All kids want to have preferred activities and avoid unpreferred activities, but most don't throw objects or threaten teachers. We want to have a hypothesis that looks at the unique factors for this teen.

- Benchmark goal is listed with measurable levels of when the interventions will start to fade.
  - Need a measurable benchmark to know when to fade interventions.
- Antecedent Interventions are listed, meet the definition, and are congruent with the information in Part 1 and the hypothesis.
  - The physical environment interventions and relational look really good, but having her aunt report if she isn't feeling well isn't really an intervention and telling Tina to follow the routine or earn more free time wouldn't fit here either.
- Positive Reinforcers: Interpersonal Reinforcers are listed and meet the definition. No Social or Material reinforcers are included.
  - Earning free time would be a material reinforcers, but not an interpersonal one.
- Positive Reinforcers: Social Reinforcers are listed and meet the definition. No Interpersonal or Material reinforcers are included.
  - Special tasks and choosing activities in class are good social reinforcers, but alone time and praise would not be.
- Feedback:
  - *Thanks, this is a good start to looking at a behavior and brainstorming interventions. For her triggers, asking to participate in non-preferred activities is a common one that we see a lot, but it's best to remove the portion about disregard for school rules, since that's not a trigger but an assumption about her internal perspective. That might be something to include elsewhere, but wouldn't fit in the triggers section. For your hypothesis, I agree that it seems that Tina is engaging in these behaviors to avoid school activities, but in TBS we want to think about why she is doing that. Most kids don't love math, but they don't bite people or talk about harming themselves to get out of it, either. What is going on for her underneath the behavioral level? Is her behavior connected to trauma, anxiety, her family system, isolation, etc?*
  - *For the Benchmark Goal, we need a measurable goal so the team will know when to start fading the interventions. For example, it might be when Tina is able to successfully remain in the classroom without a safety incident for 2 weeks.*
  - *Your strengths section looks great and I really liked your antecedent interventions, especially calm voices and moving her desk closer to the door (seems like it might keep everyone safer!). Under Daily Routine, you wrote that Tina will follow the routine, but this section is for brainstorming interventions, so we typically write any changes we are*

*making to her routine there such as giving her a planned break in the middle of math class, switching her schedule so she has study hall in the middle of the day to regroup and calm down a bit, scheduling check-ins with her at the same time every day, etc. Same with unmet needs – you mentioned that aunt will make note if client isn't feeling well, but we want to add things here that will make the behavior less likely to occur, so things like getting a good night's sleep, making sure she eats breakfast each morning, etc. would be examples. Your replacement behaviors, skill building, and reactive procedures looks good.*

- *For your interpersonal reinforcers, praise, positive peer interactions, and recognition are all good fits for this category. However, a token economy is something we use to earn reinforcers, but isn't a reinforcer itself. Free time is a material reinforcer - even though it isn't a tangible material, it's usually access to do things you want to do, which falls into that category.*
- *Social reinforcers are things that elevate status or position in a group, so special tasks for the teacher or choosing a class activity would be a good fit, but alone time or positive praise wouldn't necessarily fit this category. If you'd like to make some of these changes and resubmit, I'd be happy to look at it again, thanks!*

#### 10:30 Week 2 Discussion Facilitation

- Review outline of the in person class, answer questions

#### 11:00 Booster sessions

- Optional booster sessions
- Encourage participants to think about additional ideas

## Sample #1 - Ellie

### ☐ Develop a Hypothesis

What are the common triggers? What are the settings in which the behavior is more likely to occur?

*-loud noises, people yelling or arguing near her, ending a preferred activity, or unexpected transitions.*

Are there any environmental or situational factors that contribute to the frequency, intensity or duration of the behavior? What are some of the key drivers of the behavior?

*-her mother often is anxious and talking about the many things she is worried about, father blows it off, tension in the home.*

*- Ellie has difficulty regulating her emotions.*

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

*-Ellie may be emotionally reinforced by the attention she gains with her tantrums*

When does the behavior not occur? Any interventions that have stopped the behavior?

*-When not surprised, anxious, or overwhelmed – when the family is calm.*

*- no interventions noted yet*

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

*Family Systems or Ecological Stressors lens.*

Summarize your hypothesis in 1 sentence.

### ☐ State the goal in the POSITIVE

Focus on the skills desired, positive outcomes or resolution to the situation jeopardizing placement and/or key relationships.

*Ellie will learn emotion regulation skills, so she is no longer a danger to herself or others.*

Define the benchmarks for when services may start to transition

*Services can begin to transition when mild episodes are happening 1/week, moderate 1/month, and severe episodes no longer happen.*

### ☐ 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?

*The family is intact and attempting to keep everyone safe, Ellie is in therapy already.*

*The mother is concerned about the children getting their needs met.*

### ☐ Brainstorming Setting and Antecedent Interventions

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

Unmet basic needs (sleep, food, pain, etc)	<i>Set a regular evening routine with adequate time to wind down and get enough sleep at a comfortable temperature.</i>
Physical environment (moving desks/rooms, putting in curtains)	<i>Assess Ellie's room for factors that might disrupt her sleep, put away things she can throw and cause harm</i>
Relational Factors (voice tone, proximity, who intervenes)	<i>Reduce parental arguing in front of Ellie, use a calm tone to help her de-escalate, determine which parent is more effective in helping her</i>
Daily Routine (schedule, routines, expectations)	<i>Make daily routines stable to reduce triggering factors and warn of transitions ahead of time.</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.

- Grounding strategies
- Use of a weighted blanket
- Feelings identification and verbalization
- Anger management tools: deep breathing, redirecting, talking when calm

☐ **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. Be sure to break down any identified skills into micro-skills before developing an intervention plan.  
*Emotional regulation - Identifying and labeling her feelings; Understanding her feelings; Verbalizing her feelings;*

☐ **Extinction Strategies or Reactive Procedures**

How can we reduce or eliminate some of the reinforcers of the negative behavior?  
*Have the family learn and practice emotional regulation techniques together.*

What structures are in place to respond to the behavior when it occurs?  
*Provide pillow to throw rather than having stools available.*

☐ **Brainstorming a Positive Reinforcement System**

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

- Parents will recognize and praise appropriate emotion management
- One on one time with a parent at the end of a good day
- Coordinate with the school for a reward at the end of a good day

- Let Ellie choose a preferred weekly activity for a successful week.
- Celebrate when it is time for transition of services.

List 4 Social Reinforcers (privileges, status, recognition)

- When 5 days in a row have met expectations, Ellie can go see a friend
- Ellie can do a special school activity after successfully achieving goals
- Family can go to a movie to celebrate success
- Ellie can have a preferred privilege

List 3 Material Reinforcers (goods or access to goods)

- A toy
- Go out for an ice cream
- A piece of clothing she has wanted

Sample #2 - Tina

☐ **Develop a Hypothesis**

What are the common triggers? What are the settings in which the behavior is more likely to occur?

*Disregard for school and individual classroom rules, when asked to participate in non preferred activities and embarrassment. Lack of respect for Aunt and disregard to home rules and expectations.*

Are there any environmental or situational factors that contribute to the frequency, intensity or duration of the behavior? What are some of the key drivers of the behavior?

*If peers are present behaviors seem to escalate. Client also has frequent verbal outbursts associated with the teacher in the Math classroom compared to other staff in other classes. In the household behaviors occur when client doesn't get her way, is asked to do chores, or is held accountable for her actions.*

What types of reinforcers may be present (social, emotional or material)? What needs may be met by the behavior? *Attention seeking, getting out of doing work for the subject she dislikes, and wanting to be sent out of the class.*

When does the behavior not occur? Any interventions that have stopped the behavior?

*When client is in a preferred classroom, is engaging in preferred activities, such as Art, or other preferred activities. In the home she will get 15 minutes of extra phone time or an extra half hour to hang out with her friends.*

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

Summarize your hypothesis in 1 sentence.

*I hypothesize that Tina is engaging in behaviors associated with access to her preferred classroom activities and that behaviors intensify with denial to tangible.*



☐ **State the goal in the POSITIVE**

Focus on the skills desired, positive outcomes or resolution to the situation jeopardizing placement and/or key relationships.

*Effective Communication Skills, Social skills, positive group participation, anger management, coping skills, and better communication skills.*

Define the benchmarks for when services may start to transition

*Services may begin to transition from most intrusive prompt to least intrusive. Once Tina can independently utilize positive coping skills and use effective communication skills.*

☐ **Strengths**

What strengths (abilities, personality traits, skills) do the client and family possess?

What are the client and family's interests, goals or hopes?

*Aunt is very involved with the behavior interventions and is open to suggestions for behavioral changes. Client is driven by Art activities and is very good at pen sketching. Tina expressed wanting to become a n Artist. Interests are useful for self expression and used for an emotional outlet, but client may be inclined to do a token economy in school and at home.*

☐ **Brainstorming Setting and Antecedent Interventions**

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

Unmet basic needs (sleep, food, pain, temperature)	<i>Have Aunt make a note if client is not feeling well or didn't sleep. Tina already brings a lot of snacks for lunch and carries a refillable water bottle.</i>
Physical environment (moving desks/rooms, putting in curtains)	<i>Move desk to location closer to an exit, so if behaviors escalate client can easily leave the room with staff to take a break.</i>
Relational Factors (voice tone, proximity, who intervenes)	<i>Use calm/ neutral tone of voice and when Tina is escalating staff will remain distanced (out of reach). Do not physically touch client to calm her, give her space, and time to calm down. Staff will intervene to help de-escalate or until Tina agrees to take a break on her own.</i>
Daily Routine (schedule, routines, expectations)	<i>Tina will attempt to follow classroom routine in the undesired class, but can earn more free time if needed.</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.

- Asking for breaks

- *Telling her Aunt or staff when she is beginning to feel frustrated*
- *Walking away from confrontation*
- *When angry punch a pillow, kick a ball, or rip up paper*

☐ **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. Be sure to break down any identified skills into micro-skills before developing an intervention plan.

*Social skills because she has difficulty communicating with other students and has trouble identifying social cues. Anger management skills*

☐ **Extinction Strategies or Reactive Procedures**

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

*Ignoring certain behaviors, using positive reinforcement for good behaviors, and try to isolate client to reduce behaviors.*

What structures are in place to respond to the behavior when it occurs?

*Client will have a designated "safe area" where client can go where no one will talk to her or engage with her until she has calmed down.*

☐ **Brainstorming a Positive Reinforcement System**

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

- *Verbal praise*
- *Structured positive peer and staff interactions*
- *Token economy- sketch time*
- *Recognition when shows restraint*
- *Free time when earned*

List 4 Social Reinforcers (privileges, status, recognition)

- *Alone time*
- *Special tasks such as making copies or being teachers helper*
- *Teacher will utilize positive praise*
- *Choose classroom extra curricular activities in the classroom*

List 3 Material Reinforcers (goods or access to goods)

- *Sketch time*
- *Free time in a preferred classroom*
- *Special access to art supplies*

## Week 3

### 8:00 Welcome & Updates

- Any thoughts or questions about Week 1 or 2 material?

### 8:15 Week 3 Learning Objectives

- Divide into 3 groups, have each review a Learning Objective Key Points. Return to group to present. Where do you think folks might struggle? What are the most important points that you'll want to emphasize?

### 8:40 Week 3 Quiz – get in groups to discuss

- Talk through quiz questions, make sure that participants understand and can defend the answers.

### 9:00 Week 3 Assignment – Worksheet (Part 2)

- Introduce assignments and the grading rubric
- Pass out samples (below) and have each small group assign points
- Compare scores in the big group, talk through why/why not to assign points
- Sample #1, average score of 1-2/5
  - o Earned points for:
    - Person responsible for implementing plan
      - We would like to see more involvement from the TBS team, the TBS Specialist, etc. but technically mom could do all the interventions on her own, so a grey area.
    - Plan is well thought out and makes sense and the caregiver is at the center of most/all of the intervention plans
    - 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
    - Graduation plan is specific to the family and youth and includes festive items, a closing gift, and celebration of progress
      - Could include more detail, but most components are there.
  - o Did not earn points for:
    - 2-4 Interventions chosen
      - There are interventions chosen, but they both focus on sleep routine and none on the target behavior of self-harm or aggression. No skill building or replacement behaviors included, which we always want as part of a 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
  - Giving an iPad to a child at night (when the goal is to go to bed) seems contradictory. Also, there weren't any interventions to teach Ellie how to have a good night or how to regulate her feelings, so it's hard to reinforce new alternative behaviors if we haven't taught them.
- Consistent responses to behavior
  - There isn't a coaching plan included here so it's unclear how this will start to happen.
- Fading plan has a thoughtful system for decreasing reliance on the reinforcement system
  - A solid fade plan needs more detail to show how/when the fading will happen.
- Transition plan has thoughtful steps for reducing reliance on staff in the family system and anticipates possible future challenges
  - The goal of this section is to identify who the 'somebody' will be, possibly someone on the TBS team.
- Feedback:
  - Thanks, this is a good start to a implementation and fading plan. For the interventions, we want to have a variety of types of interventions listed so while sleep may be one of the major factors, it is unlikely that it is the only driver for her behavior and more interventions (skill building, alternative behaviors) would be needed as well.
  - For your reinforcement plan, it was a little unclear how Ellie would have iPad time at night after she has a good bedtime, so more clarification is needed here. If you are setting up a token economy, be clear about exactly what behavior has to happen, what token she gets, and when she could cash those in for iPad time. Also, access to screens is a material reinforcer, which we know is the least effective in changing behavior. While this might be an ok way for her to get invested in the plan, you would need to add other types of reinforcement to really see long term behavioral changes.
  - It does seem like a good idea for dad to support mom in interventions, but you would need to add a bit more about how you will coach them to do so and why this is key to Ellie's success.
  - For your fading and transition plan, it would be helpful to have a bit more detail on both. How will she start earning screen time every week instead of every night? I worry that if she is getting daily screen time as you described above and then it is only once per week, she may perceive

that as a punishment instead of a sign of her progress. Also, for your transition plan, we need to identify who will step in instead of the TBS Specialist and how you will coach them to take over that role. If you'd like to make these changes and resubmit, I'm happy to look at it again, thanks!

- Sample #2, average score of 5/5
  - o Points earned for:
    - All areas were awarded full points. Some could use a bit more detail, so some graders might take off a half point here or there, which is ok.
  - o Feedback: Nicely done!

9:30 Week 3 Discussion Facilitation (groups to discuss review questions)

- Review outline of the in person class, answer questions

10:00 Booster sessions

- Optional booster sessions
- Encourage participants to think about additional ideas

10:15 Manager's Module (optional)

10:45 Session Formats

11:00 Training Resources

Training for Trainers in the future

Evaluation

## Sample #1

### ☐ 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	Person Responsible for implementing	Timeline
<i>Ellies mom will reinforce Bedtime</i>	<i>Ellies mother</i>	<i>Immediately</i>
<i>Ellies mother will buy blackout curtains</i>	<i>Ellies mother</i>	<i>immediately</i>

What is the reinforcement plan for any positive behaviors? Consider the timing of reinforcement (immediate at first, eventually add delays), type of reinforcement (prioritize interpersonal and social over material), quantity of reinforcement (what is enough to motivate behavior?) and make sure the plan is effectively shaping (take baby steps!) *Mom gives Ellie ten minutes to play on I pad if has a good night.*

Do the caregivers need support in consistent responses to the target behavior? Strategies for staying calm or self-care? If so, clarify here and discuss plan to coach caregivers: *Dad supports mother when having hard time with ellie*

### ☐ Fading, Transition, & Graduation

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  
*earing screen time every night it can be reduced to every week.*

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?  
*Somebody other than TBS to step to help with Ellie so TBS will transition to once a week instead of times .*

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.  
*A safety plan has put in place in case of regression or episodes*

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. *A cake and ice cream party with a book of coping skills signed by staff.*

## Sample #2



### 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	Person Responsible for implementing	Timeline
Offering a choice of baseline activities early in the cycle.	Mom and Dad	Effective immediately
Goes over school schedule at the beginning of the school day.	teacher	Mon-Fri school days
Goes over plans for upcoming day	Mother and father	Bed time

What is the reinforcement plan for any positive behaviors? Consider the timing of reinforcement (immediate at first, eventually add delays), type of reinforcement (prioritize interpersonal and social over material), quantity of reinforcement (what is enough to motivate behavior?) and make sure the plan is effectively shaping (take baby steps!)

As child stabilizes at home, have daily and weekly incentives. Daily incentives should include baseline activities such as reading a new book, watching a video, playing a game. As progress is obtained, this could be rolled back to weekly, but I'd say no less than because these activities are important.

Weekly activities may include family and parent activities. This could be allowing the child to choose the family activity that week.

As the child improves, the weekly activity should be rolled back into longer periods of time. So, when a week has been met twice, then move back to 3 weeks, then monthly.

Do the caregivers need support in consistent responses to the target behavior? Strategies for staying calm or self-care? If so, clarify here and discuss plan to coach caregivers:

I would share the crisis cycle with caregivers, discuss their crisis cycle (escalation cycle, etc) talk about barriers to the intervention and discuss any concerns the caregivers have and would affirm their feelings and discuss and support accordingly.



## Fading, Transition, & Graduation

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 would create a plan with the family to fade and consider all these areas. I would fade out as caregivers and youth demonstrated confidence in growth with that plan. I think each family would be different. In this case, I would give a plan to the parents to increase the behavioral target and would leave the reinforcers once they had faded to an amount that was reachable and exciting to this youth, but not so frequent that the rewards become boring and assumed.*

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?

*As TBS comes to a close, I would keep this child with a counselor or therapist to keep pulse and to figure out why this happened to begin with. I may also see what it takes to get CBRS as this is one behavioral goal in a number of issues. I' also give a plan if they see the behavior come back, steps to consider.*

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.

*This family may have other issues as anxiety seems to be a constant with the child and caregiver. Given the history of coping strategies with out support has caused struggle and grief, I would want a plan that helps the family with ongoing support through learning coping strategies. The plan would also address what would happen if the behavior came back and using some of the interventions that was successful and ways to seek support as needed such as counseling agencies, groups, classes, etc. I'd also have a plan which included natural supports if things become too stressful including switching out and calling a family member for help.*

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 might do something like getting the family a gift related to the group's baseline activity and give the child a certificate of graduation with a favorite treat.*