Essential Elements of Inservice Training in Positive Behavior Support

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Abstract: Positive behavior support is an effective and proactive approach for resolving serious problem behaviors that has been recommended by a growing number of professionals, advocates, policies, and laws. Building the capacity of educators and other professionals to provide positive behavior support is a vital concern as schools and community agencies serve increasingly diverse populations that include children and youth with disabilities and problem behaviors. This article describes issues and essential elements for building such capacity through inservice training. A core curriculum is outlined, and a national exemplar of comprehensive inservice training is described. Essential features of training that are needed for the development of practical skills are discussed.

Positive behavior support is a broad process of intervention that is becoming accepted as a proactive and effective way to support individuals who exhibit disruptive and/or dangerous behaviors. The approach has emerged over the past decade as an outgrowth of applied behavior analysis (Alberto & Troutman, 1990; Cooper, Heron, & Heward, 1987) in which validated behavior change procedures are guided by a person-centered philosophy. It contrasts with traditional behavior management strategies that have often depended extensively on the manipulation of consequences and, in some cases, the use of aversive punishment procedures, particularly for people with severe developmental disabilities (Guess, Helmstetter, Turnbull, & Knowlton, 1987; Repp & Singh, 1990; Singer, Gert, & Koegel, 1999). The efforts of advocates, family members, and concerned professionals have produced increasing prohibitions against the use of aversive interventions, as well as the promotion of research and training in positive, nonaversive approaches for addressing the challenges of severe problem behavior. *Positive behavior support* is a term that

has come to describe a set of assessment and intervention strategies, based on person-centered values, that is intended to produce reductions in problem behavior along with increases in desirable behavior and access to richer and more satisfying lifestyles (Horner, Dunlap, et al., 1990; Koegel, Koegel, & Dunlap, 1996).

Positive behavior support has been described in a variety of ways (Horner, Dunlap, et al., 1990), but there is general agreement that it has a number of central features: (a) it is founded on a philosophy of respect for the individual and a desire to help achieve more agreeable lifestyles; (b) the interventions are based on an understanding of the individual's interactions with the environment, acquired through an individualized process of functional assessment (Foster-Johnson & Dunlap, 1993; Repp & Horner, 1999); (c) the interventions are focused on teaching new skills and improving patterns of adaptation, rather than simply suppressing unwanted behavior (Carr et al., 1994; Evans & Meyer, 1985); (d) the approach acknowledges the influence of the social, curricular, and

ecological context, and incorporates such variables into the support plan (e.g., Dunlap & Kern, 1993, 1996; Munk & Repp, 1994); and (e) the support plans typically include multiple components, including antecedent, consequence, and contextual manipulations, all of which are identified on an individual basis (Horner & Carr, 1997).

At this point, a great deal of research has been conducted on positive behavior support processes, and many demonstrations have documented the effectiveness of the approach in home, community, and school settings (Koegel et al., 1996). In addition, a number of states have passed legislation or enacted educational policies that require positive behavior support practices to be implemented in school programs, and the 1997 amendments to the Individuals with Disabilities Education Act further mandate the use of positive behavior interventions and functional behavioral assessment under appropriate conditions (Tilly et al., 1998). Thus, the concepts and procedures of positive behavior support are being increasingly incorporated into the expected daily practice of educators and other professionals.

In order to carry out the mandate of such directives and to implement positive behavior support in a comprehensive and effective manner, concerted efforts are needed to provide training and build the capacity of educators, community support providers, and collaborative teams. This article describes a process of inservice training in positive behavior support and highlights features that are considered necessary for comprehensive skill acquisition that results in effective support for individuals with disabilities and histories of problem behaviors. The article begins with a description of a core curriculum and competencies that comprise comprehensive training in positive behavior support. It continues with a brief description of a team training model that has been developed over the past decade and implemented in more than 20 states. The article also presents a discussion of the essential elements of the inservice training model.

Curriculum Content

A comprehensive training curriculum on positive behavior support is designed to promote the development of a range of technical skills and competencies focused on creating individualized, assessment-based interventions that not only improve behavior, but also enhance overall quality of life. The curriculum presented here builds on previous work of researchers and practitioners associated with positive behavior support (Anderson, Albin, Mesaros, Dunlap, & Morelli-Robbins, 1993; Anderson, Russo, Dunlap, & Albin, 1996; Meyer & Evans, 1989), wherein direct benefits to students, educators, families, and other support providers have been demonstrated. The core content focuses on teaching teams to work within the context of immediate settings, as well as the larger social milieu.

The organizational framework for the curriculum is based on units of instruction (rather than specific procedures) that parallel the process of positive behavior support.

The curriculum is based on learning objectives that provide practical knowledge and a generalizable process for intervention. The content incorporates a variety of interdependent topic areas, including

1. Establishing a collective vision and goals for intervention
2. Collaborating and building teams among families and professionals
3. Conducting functional assessments (i.e., gathering information and identifying behavior–environment relations)
4. Designing hypothesis-driven, multicomponent support plans
5. Implementing intervention strategies that include environmental adjustments, replacement skills, appropriate consequences, and lifestyle enhancements
6. Monitoring and evaluating intervention outcomes
7. Infusing positive behavior support into broader systems.

Each of these elements is summarized in Table 1 and described in the following sections.

1. *Establishing a Collective Vision and Goals for Intervention.* An essential foundation of the curriculum is that participants understand the basic tenets of positive behavior support and establish mutually agreed on goals for intervention. The central theme is that interventions designed to address challenging behavior must be based on a comprehensive understanding of contexts and functions affecting a person's behavior, the nature of the environments in which they participate, and the people who support the individual. These principles, coupled with a person-centered perspective and an emphasis on inclusion in typical school and community settings, serve as cornerstones in the training curriculum. In this initial content area, participants are taught to establish intervention goals by identifying specific behaviors of concern and determining the larger, quality-of-life outcomes desired. The latter objective is often facilitated through person-centered planning (e.g., Kincaid, 1996; Mount & Zwernik, 1988), a collaborative process that focuses on the capacities of an individual and the development of a positive, long-term vision. With this broad perspective, teams emphasize how individualized support is localized within larger contexts and systems.

2. *Collaborating and Building Teams Among Families and Professionals.* A team orientation is another key feature of the training program, as well as a primary focus of instruction. During the training, participants are taught

Table 1. Core Competencies and Curriculum Content

Content area	Selected references
1. Establishing a collective vision and goals for intervention.	
A. Basic tenets and assumptions of positive behavioral support.	Horner & Carr, 1997; Horner, Dunlap, et al., 1990; Koegel, Koegel, & Dunlap, 1996; Meyer & Evans, 1989

B. *Establishing goals:*
    Person-centered planning to identify lifestyle outcomes
    Defining behaviors of concern (and establishing baseline)
	Alberto & Troutman, 1990; Kincaid, 1996; O'Brien, Mount, & O'Brien, 1991; Sulzer-Azaroff & Mayer, 1991; Turnbull & Turnbull, 1996

2. Collaborating and building teams among families and professionals	Dunst, Trivette, & Johanson, 1994; Givner & Haager, 1995; Mullen & Frea, 1995; Rainforth, York, & MacDonald, 1992; Walker & Singer, 1993

3. Conducting functional assessment of behavior
    A. Gathering information
       1. Interviews and checklists (e.g., structured interviews, rating scales)
       2. Direct observation
       3. Ecological/curricular assessments
	Bailey & Pyles, 1989; Demchak & Bossert, 1996; Foster-Johnson & Dunlap, 1993; Lohrmann-O'Rourke, Knoster, & Llewellyn, 1999; O'Neill et al., 1997

B. Developing hypotheses
       1. Identifying patterns in data
       2. Developing hypotheses statements related to contexts, functions, and broader ecological variables affecting behavior
       3. Testing hypotheses via systematic manipulations (when necessary and possible)
	Bambara & Knoster, 1998; Carr et al., 1994; Iwata, Vollmer, & Zarcone, 1990; Repp & Horner, 1999

4. Designing hypothesis-driven, individualized, comprehensive behavioral support plans
    A. Competing behavior model (functional equivalence)
    B. Selecting interventions that have contextual fit
    C. Crisis management
	Albin et al., 1996; Bambara, Mitchell-Kvacky, & Iacobelli, 1994; Bishop & Jubala, 1995; Horner, O'Neill, & Flannery, 1993; O'Neill et al., 1997

5. Implementing intervention strategies A. Adjusting the environment	Albin, Horner, & O'Neill, 1993; Carr et al., 1994; Dunlap & Kern, 1996; Fox & Conroy, 1995; Horner, Vaughn, Day, & Ard, 1996
B. Teaching replacement skills and general competencies	Carr & Durand, 1985; Lewis & Sugai, 1993; Reichle & Wacker, 1993
C. Managing consequences	Carr, Robinson, & Palumbo, 1990; Iwata, Vollmer, Zarones, & Rodgers, 1993; Wacker, Wendy, Harding, & Asmus, 1996
D. Promoting lifestyle changes	Bellamy, Newton, LeBaron, & Horner, 1990; Hughes, Hwang, Kim, Eisenmayer, & Killian, 1995; Meyer & Evans, 1993
6. Monitoring and evaluating outcomes	Meyer & Evans, 1993
7. Infusing positive behavioral support into broader systems	Bambara & Knoster, 1995; Colvin, Kameenui, & Sugai, 1993; Flannery, Sprague, & Todd, 1996; Hedeen, Ayres, Meyer, & Waite, 1996; McEvoy, Davis, & Reichle, 1993; O'Neill, Williams, Sprague, Horner, & Albin, 1993; Tilly et al., 1998; Taylor et al., 1997; Topper, Williams, Leo, Hamilton, & Fox, 1994

Note. Adapted from Anderson, J. L., Albin, R. W., Mesaros, R. A., Dunlap, G., & Morelli-Robbins, M. (1993). Issues in providing training to achieve comprehensive behavioral support. In J. Reichle & D. P. Wacker (Eds.), Communication and language intervention strategies (pp. 63–406). Baltimore: Brookes.

how to improve functioning within existing team structures (e.g., Individual Education Program teams) and/or to recruit team participation in situations where there is no collaborative process in place. Trainers guide and assist participants to develop operating principles (i.e., ground rules, agendas), determine roles and responsibilities of team members, and operate from a cooperative approach characterized by positive, productive, and respectful interaction.

3. Conducting Functional Assessment (Gathering Information and Developing Hypotheses). The primary emphasis of this curriculum content area is to enable participants to engage in a process of information-gathering and synthesis in order to identify the contexts, functions, and broader ecological variables affecting an individual's behavior. The information-gathering process involves interviews and direct observations to identify variables

surrounding occurrences of a specified problem behavior, as well as to collect information about a child's history, preferences, and life circumstances. Participants are taught to obtain information through interviews, review of other data sources (e.g., curricular assessments), and observations during relevant periods during the day. Based on the data, participants learn to generate specific and global hypotheses that summarize the assessment results, specify the conditions in which the behavior is most and least likely to occur, and identify the outcomes achieved through the behavior. These hypotheses become a foundation from which interventions can be designed.

4. *Designing Comprehensive Behavior Support Plans.* This content area focuses on teaching participants to build multicomponent behavioral support plans that are logically linked to the hypotheses derived through functional assessment. The emphasis is on designing support plans that are proactive, educative, and functional in nature. Although short-term prevention and crisis management may be important elements of a plan, the overall focus is on promoting broad, durable changes through environmental manipulation, skill development, and lifestyle enhancement. Participants are instructed to design plans that have technical integrity and to ensure the presence of "contextual fit," meaning that they incorporate a good match with respect to the focus individual, team members, and relevant environmental factors (e.g., resources, needs, routines in the environment).

5. *Implementing Intervention Strategies.* Training participants may need to develop specific skills to implement the support plan strategies, including systematic instruction and mechanisms to promote broader lifestyle enhancements. Essential competencies are associated with manipulating aspects of the physical or social environment (e.g., the curriculum, physical setting, routines), teaching alternative skills to replace problem behavior and improve general competence, and delivering effective reinforcers. Participants learn how to focus strategies on promoting significant, meaningful improvements in the behavior of individuals. The goal is not only to effect changes in observable behaviors, but also to promote quality-of-life improvements (e.g., facilitating friendships, embedding instruction in integrated activities and experiences) and include other elements that may help facilitate generalization and maintenance. Often, participants must learn ways to support the team members implementing the interventions, as well as the person for whom the plan is designed.

6. *Monitoring and Evaluating Outcomes.* Positive behavior support is not a static approach. Rather, it involves an ongoing process of assessment, planning, intervention, and evaluation. This content area of the curriculum provides participants with the skills necessary to monitor progress as a result of implementing the behavioral support plan in tandem with making adjustments to the plan, when warranted. The data collection procedures presented build on those associated with functional assessment, and include methods for objectively evaluating changes in behavior and quality of life. These data are paired with a set of decision-making rules related to plan modification. In addition, this content area includes methods to ensure that families and direct service providers are adequately supported and have opportunities for maintaining their team communications.

7. *Infusing Positive Behavior Support into Broader Systems.* Implementation of individual behavioral support plans occurs within the context of the broader classroom, school, family, and community ecology. It is important that training participants be sensitized to particular factors that may affect intervention within and across systems (e.g., policies, procedures, organization, discipline codes, staff development priorities). Accommodating for these factors may increase the likelihood that new skills learned by staff members will translate into changes in practice that will benefit not only the specific child in need, but also other children in future applications. This content area represents a logical expansion of previous work as it specifically highlights (a) the generalization of behavioral support practices across individuals; (b) self-assessment, using the setting or program as a unit of analysis; and (c) policy and legal issues in providing positive behavior support.

The seven elements in Table 1 represent the breadth of content that should be addressed within an inservice training program on positive behavior support. References are provided that offer resources for training lectures and participant readings. The content and structure of inservice training and the methods used to deliver training should be crafted specifically to meet the factors affecting the participating individuals and agencies. In the following section, we provide an example of an effective inservice training model by highlighting key features that should be considered as inservice training is designed.

Key Features of a National Inservice Training Model

The Rehabilitation Research and Training Center on Positive Behavior Support (RRTC-PBS; NIDRR Cooperative Agreement H133B2004 and Grant No. H133B980005) has implemented a national inservice training model that may serve as an exemplar of in-service training in positive behavior support. Since its inception in 1987 the RRTC-PBS has contributed to the development of 20 state-level training teams that provide comprehensive inservice training for providers, professionals, and family members who provide support for individuals with disabilities and histories of problem behaviors (Anderson et al., 1993; Anderson et al., 1996). The state training teams were developed to provide an expert resource for participating states and an explicit effort to develop improved local capacities for

supporting people with disabilities in the context of their school, home, and community participation.

The model was designed with the goal of optimizing the probability that the training would build an enduring capacity to provide effective support resulting in lifestyle benefits for a range of individuals with behavioral support needs. Therefore, the model emphasizes a process in which participants work together over several months to develop practical competencies in assessment, problem solving, and broad-based intervention. The training process utilizes a case study format that results in the development of a comprehensive behavioral support plan for an individual with disabilities and problem behavior. By working together over an extended training period to develop outcomes for the focus individuals, training participants learn improved approaches to interdisciplinary and interagency collaboration.

In the 10-year period during which the initial state training teams were developed, the combined efforts of the RRTC-PBS and state-level trainers have resulted in more than 200 rounds of comprehensive inservice training for more than 4,500 family members, teachers, and other direct support providers. In addition, the network's training personnel have provided abbreviated skill-building workshops, presentations, and technical assistance that have benefited more than 33,500 participants in the 20 states. These latter data reflect efforts undertaken by state-level trainers who have used elements of the RRTC-PBS's training model to establish positive behavior support competencies (e.g., functional assessment, functional communication training) in the repertoires of professional and nonprofessional community members within their own states (Anderson et al., 1996; Eno-Hieneman, Dunlap, & Fox, 1995).

The national inservice training model described by Anderson and colleagues (1993, 1996) was developed in accordance with the existing literature on inservice training and systems change. Our experience over the past decade has supplemented that knowledge and emphasized the importance of its key features (Eno-Hieneman, Dunlap, & Fox, 1995). In essence, the nature of positive behavior support (i.e., an individualized, contextually based approach utilized by natural support providers in typical environments) has dictated an integrated, focused approach to inservice training that allows participants to develop capacities in practical and nonintrusive methods to support individuals with severe challenging behavior in their community. The approach is dynamic and interactive, providing for the delivery of information over an extended period of time, integrating opportunities for typical support providers to apply the skills obtained, and creating communities or teams that support ongoing use of positive behavior support.

The national inservice training model has five key features, which can be considered essential in the provision of comprehensive inservice training in positive behavior support:

1. The training targets a *multidisciplinary* audience and is delivered in a manner that promotes *collaboration* among the participants. It uses a case study format so that the participants are able to apply information to benefit an individual in the community.

2. It uses a *case study format* so that the participants are able to apply informatin to benefit an individual in the community.

3. It incorporates a *dynamic training process* that engages the participants in practical activities and assists them in developing generalizable skills.

4. It is *comprehensive* in nature, addressing a broad range of topics associated with positive behavior support.

5. It involves elements specifically focused on promoting *community building* so that systems can be enhanced to promote ongoing support for participants and extend positive behavior support efforts.

These five features are described in greater detail below.

MULTIDISCIPLINARY TEAMS/COLLABORATION

The team training model is multidisciplinary and collaborative in nature. The model is specifically designed to disseminate information and build capacities among teams of people representing multiple agencies, disciplines, and constituencies. It incorporates mechanisms to facilitate collaborative interactions among the training participants and within the community.

Recent literature supports designing and implementing interventions for individuals with disabilities from an interdisciplinary and collaborative perspective (Briggs, 1991; Gutkin, 1993; Orelove & Sobsey, 1991; Rainforth, York, & MacDonald, 1992; Thousand & Villa, 1994) and via family–professional partnerships (Dunst, Trivette, & Johanson, 1994; Fox, Vaughn, Dunlap, & Bucy, 1997; Vaughn, Dunlap, Fox, Clarke, & Bucy, 1997). Working collaboratively may result in more comprehensive and integrated interventions and improved coordination among service delivery systems. Sharing a consistent knowledge base and working together toward common goals may be particularly important when attempting to promote broad, durable changes in an individual's behavior (Hieneman & Dunlap, in press; Mullen & Frea, 1995).

Inservice training has typically been provided to particular agencies or programs and has usually targeted participants representing a single orientation or discipline. This approach to training may help agencies meet specific

obligations for service delivery, but it does not focus on individualization or comprehensive support for people with disabilities, nor does it prepare professionals to work together (Racino, 1990). In contrast, providing training to all team members simultaneously may facilitate the use of positive approaches to behavioral support in community settings (Dunlap, Robbins, Morelli, & Dollman, 1988; Meyer & Evans, 1989).

The inservice training model encourages using transdisciplinary teams in a number of ways. Both trainers and participants include representatives from various agencies and constituencies, interacting as integrated teams. The training is provided by interagency and multidisciplinary state training teams that include representatives from each major human services agency in the state (e.g., education, developmental services, family groups), thereby promoting an integrated curriculum and ongoing collaboration among constituents. The training participants include teams of people involved in supporting individuals with disabilities and behavioral challenges in their home, school, and community settings. For example, a team for a school-age child might include the child, parent(s), teacher, behavior specialist, speech–language pathologist, developmental services case worker, general education teacher, administrator, and others. People from each of these different roles learn and work together, and support one another throughout the training.

Establishing and maintaining collaborative interactions is an essential emphasis of the team training curriculum and program design. Each team member or training participant is likely to have different goals for his or her involvement, ranging from designing effective interventions for particular individuals to enhancing the ability to provide training and technical assistance in his or her own programs or agencies. The training is designed to appeal to heterogeneous groups and to promote teams' competencies. Participants proceed through the training together, assisting one another in acquiring skills and actively supporting and learning from one another. They are taught to function as a unit (i.e., to collaborate) to meet the objectives of the training and to design effective interventions.

CASE STUDY FORMAT

The team training approach is provided using a case study format. The participants are brought together to address the needs of specific focus individuals in the natural contexts of their lives. Through the case study format, participants have the opportunity to apply skills and knowledge to an actual person and to design support strategies based on the unique circumstances.

Traditional approaches to behavior management training have usually focused on the application of a set of practices and procedures (e.g., rewards, prompts, timeout). Progressively, the fields of applied behavior analysis

and positive behavior support are shifting away from standard technique-oriented approaches in favor of more assessment-based, individualized, and contextually relevant approaches (Albin, Lucyshyn, Horner, & Flannery, 1996; Foster-Johnson & Dunlap, 1993; Horner, Dunlap, et al., 1990; Meyer & Evans, 1989). In addition, there is a growing appreciation for person-centered approaches that provide a holistic view of the needs, strengths, and preferences of individuals and keep these personal characteristics in the forefront of consideration when designing supports and services (Kincaid, 1996; Mount & Zwernik, 1988; Vandercook & York, 1990).

Training in positive behavior support is facilitated by the direct application of the training content to people with disabilities and behavioral challenges in typical settings. The case study format helps the training maintain an emphasis on three vital objectives. First, there is ongoing emphasis on individualizing interventions based on the focus person's characteristics and lifestyle. Second, support plans are created to fit within the settings in which they will be used, and are designed to be feasible and acceptable to those implementing them (Albin et al., 1996). Third, applying strategies directly allows the participants to see the outcomes and benefits of the training while in process.

In the inservice training model, individuals with challenging behavior and disabilities are the focus of the assessment and intervention efforts associated with the training. Case study groups, which include family members and service providers, become the core recipients of the training. Through the training, teams of participants work collaboratively to establish goals for intervention, conduct assessments, and design and implement behavioral support plans specifically for the individual. The result is individualized, comprehensive behavior support plans that address the unique circumstances and confluence of resources available in the person's settings. As case study groups move through the process of developing and providing positive behavior support, they inform the larger training audience by sharing their observations and experiences.

DYNAMIC TRAINING PROCESS

The team training process is dynamic, with presentations of curriculum content interspersed with opportunities for supported application of the concepts and skills. Participants gain direct experience with the content through activities, examples, practice, and feedback. In addition, the training includes mechanisms to ensure mastery of skills and to promote the transfer of knowledge to relevant examples in typical settings. Transfer of skills to target contexts has been a formidable challenge in behavioral support (Smith, Parker, Taubman, & Lovaas, 1992). The literature suggests that learning may be enhanced by giving participants opportunities to apply their skills and receive

coaching and feedback (Joyce & Showers, 1980). The case study format is the basis for a framework for practical application, collaborative coaching relationships, and feedback from others facing similar challenges or who have more extensive experience.

The inservice training model is designed to be informative and to promote active involvement of participants. The training typically extends over a 4- to 6-month period. Between sessions, the teams complete extension activities associated with team building, ecological and functional assessment, and design and implementation of interventions in the community settings. The teams are assigned readings to assist in understanding the concepts and to facilitate completion of the extension activities.

During the training sessions, the presenters use a variety of formats, including lecture and guided discussion, presentation of case examples (e.g., videotapes), group activities, and role playing. For example, participants may be asked to record data from videotaped vignettes and role play instructional sequences. Teams are also given opportunities in their case study groups to generate plans and complete preliminary work associated with completing the extension activities. Teams provide updates on their progress and share their behavioral support plans so that the participants can benefit from each others' experiences and unique applications of the concepts. During these large and small group activities, the trainers are available to provide feedback and modified coaching.

COMPREHENSIVENESS OF TRAINING

As described previously, the curriculum addressed within the team training model is comprehensive in nature, addressing both the conceptual and philosophical foundations of positive behavior support and processes associated with assessment and intervention. Key themes that recur throughout the training include individualization through assessment, using proactive and educative strategies, working collaboratively, and promoting broad and durable lifestyle change.

Positive behavior support represents a broadening in perspectives regarding effective intervention perspectives. This implicates the need for an extensive and diverse array of skills and knowledge to adequately support people with disabilities and challenging behavior in school, home, and community settings (Anderson et al., 1996; Horner, Dunlap, et al., 1990). These skills include the ability to analyze and integrate information from a variety of sources in order to design and implement effective behavior support plans for individuals in the community. In addition, each element of comprehensive behavior support (e.g., teaching replacement skills) requires the development of unique competencies.

The team training curriculum is a complex, multitopic training sequence that addresses a breadth of inter-woven elements. The training sequence is provided within 10 to 12 days, scheduled across several months; however, the actual number of training days can be adjusted according to the context and existing community resources. The curriculum addresses all aspects of positive behavior support while participants design interventions that are multielement ·in nature and promote positive lifestyle changes for the focus individual. The topics are presented in modules focused on the philosophy, values, and fundamental themes underlying positive behavior support; collaboration and longitudinal planning; ecological and functional assessment; development and evaluation of behavioral support plans; and systems issues that promote durability of change. Typical elements of behavioral support plans (e.g., communication, skills instruction, contextual modifications, utilization of effective consequences) are individually presented and practiced, promoting a breadth of capacities among the participants. Additionally, the training curriculum is continually updated to reflect extensions in the current knowledge base.

NETWORKING, SYSTEMS CHANGE, AND COMMUNITY BUILDING

In addition to focusing on the development of practical competencies for participants, the team training model also addresses broader systems issues that may affect the support for individuals with disabilities and challenging behavior in the community settings. This entails working with representatives from the local sites to establish, enhance, and maintain support systems that promote positive behavior support. Through these mechanisms, it may be possible to extend the application of the training throughout the community.

The degree to which organizational and cultural features of systems and communities promote positive behavior support may be a critical factor in the effectiveness and longevity of behavioral support efforts. A range of systems characteristics have been identified as important issues in behavioral intervention. These include existing structures, policies, and general philosophical milieu, allocation of resources, and mechanisms for ongoing monitoring and support of interventions (Durand & Kishi, 1987; Janney & Meyer, 1990; Meyer & Evans, 1989; Strain, McConnell, Carta, & Fowler, 1992). Some specific considerations for enhancing the impact of community-based training may include the following:

- adequacy of administrative support
- availability of staff development opportunities
- rules governing interaction with families
- interagency and interdisciplinary collaboration
- intervention policies and procedures
- funding mechanisms and available resources
- mission and philosophies articulated
- consultation, monitoring, and technical assistance

Training efforts that are self-perpetuating are essential given the number and variety of individuals in need of training (e.g., educators, family members, direct service providers) and the propensity for transition and turnover in human services professions (Buckley, Albin, & Mank, 1988). The training-of-trainers model used to establish state training teams promotes the spread of effect from the initial training (Demchak & Browder, 1990; Peck, Killen, & Baumgart, 1989) and provides a forum for ongoing communication and coordination among representatives of the constituent agencies.

The team training model addresses these considerations by engaging the community in interagency planning and system-development activities before, during, and after the training. Specific methods are used to enhance participant networking, systems change, and community building. Mechanisms are established for continued communication and support among the training team members and participants. For example, in one community in Florida, the training led to the school district reevaluating the role of its intervention assistance teams, supplementing its inservice training program, and establishing a mentoring system among participants.

Through team training, individuals from multiple levels within agencies and systems, as well as from a variety of settings, are functionally united to address the problem behaviors of the focus individuals. Identification of key individuals who may be in positions to facilitate change (e.g., administrators, politicians, community members), and engaging them as partners in the training process, can be important to facilitate creative problem solving. As teams identify long-term goals for the individuals, they may also identify system barriers that must be overcome to support the person. Brainstorming potential solutions may lead to broader systemic changes that will benefit all the consumers of their services.

The national inservice training model offers a comprehensive, interactive approach to competency development in positive behavior support. A description of the content and foundational elements of the model has been provided to systems as an example of how to design inservice efforts in positive behavior support. The body of experience in team training has offered repeated validations that thorough and thoughtful training efforts of this nature will result in successful translation of research-based knowledge into practice.

Conclusion

Standards for providing behavioral support in communities and schools are changing rapidly in directions described under the auspices of positive behavior support. To comply with these standards, and to support people with behavioral challenges in appropriate and effective ways, communities must identify improved strategies for build-

ing their capacity to offer collaborative, comprehensive behavioral support. Inservice training is an accepted and necessary means for building such capacity, yet it is crucial that such inservice training be conducted in a way that is most likely to achieve the desired outcomes.

In this article, we have described some curricular features and design elements that have been shown to be useful in equipping communities with the perspectives and competencies of positive behavior support. To effectively implement inservice training in school and community settings, it is also important to consider logistical challenges such as time, resources, personnel, and administrative issues associated with the delivery of comprehensive training. Flexibility and creativity are necessary to respond to these concerns in a way that matches the changing circumstances and needs of typical school, home, and community settings. Although there are essential features of effective training in positive behavior support, there will always be a need for well-considered adaptations that ensure optimal acceptance and adoption of the training content by community participants.

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AUTHORS' NOTES

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