PREVENT TEACH REINFORCE

The School-Based Model of Individualized Positive Behavior Support

Glen Dunlap, Rose Iovannone,
Donald Kincaid, Kelly Wilson,
Kathy Christiansen, & Phillip S. Strain

FOREWORD BY TIM P. KNOSTER

Prevent-Teach-Reinforce
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Second Edition

by

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Foreword

We find ourselves today in an exciting era of expansion and application of positive behavior support across home, school, and community contexts. This growth is directly related to the growing body of knowledge about effective practice in supporting students with behavioral challenges. However, as with any degree of progress, there are associated challenges. In this sense, this evolution of positive behavior support has also been a bit of a roller-coaster ride, reflecting age-old challenges we have confronted in the field for many years. One of these challenges, by no means new, is the apparent time delay and gap associated with translating research on social, emotional, and behavioral wellness into daily practice in homes, schools, and communities. While there are many examples of this dilemma in the field, functional behavioral assessment (FBA) and the design and implementation of multi-component behavior intervention and support plans (BIPs) may perhaps be the quintessential example in the behavioral sciences.

In reflecting on my own personal experiences in supporting educators to understand both the legal requirements in the Individuals with Disabilities Education Act (IDEA) associated with FBA/BIP, and practical application of the necessary practices to meet the needs of students with behavioral challenges, one factor that has perplexed me has been the degree of confusion that continues in the field regarding these practices, given the extensive literature to support their efficacy. Based on interactions with colleagues over the years, I also know that these experiences are not unique to me. As perplexing and somewhat frustrating as some of these experiences have been, this frustration pales in comparison to the adverse impact that such delays and gaps in translating this research into practice have had on the quality of life of students and families. Simply put, FBA and the subsequent design and delivery of well-designed and implemented BIPs have continued to be somewhat of a hit-or-miss proposition in the field. This inconsistency in practice serves no one well and therefore requires direct intervention.

This is where Prevent-Teach-Reinforce (PTR) comes into play in helping to translate what can feel overwhelming to many practitioners in a way that is clear and efficient, and might I add, user friendly. In this second edition, the authors and developers have provided a model that practitioners should find helpful, including a full range of examples that illustrate each component of the PTR process.

As the authors themselves describe it, PTR is a systematic, structured process for supporting students with challenging behaviors that have not been resolved satisfactorily with classroom, supplemental, and school-wide behavior management systems. As was previously highlighted in the first edition (Dunlap, Iovannone, Wilson, Kincaid, Christiansen, Strain, & English, 2010), PTR is based on extensive research, and this second edition continues to develop that research base. The original body of research that served as the initial foundation of PTR has been further bolstered through extensive feedback from practitioners, which has resulted in refinement and enhancement in the efficiency in the process. It is particularly noteworthy how the authors have further, and more explicitly, situated the application of PTR reflecting multi-tiered logic within the positive behavior intervention and support (PBIS) framework. This is particularly relevant as PTR is designed to be ideally employed using a team approach with students who have not sufficiently responded to universal prevention and targeted intervention and therefore are in need of individual-intensive positive behavior support.

Further, the authors frame the historical evolution of PTR through alignment with positive behavior support and its scientific roots from the field of applied behavior analysis. To this end, the authors note that 1) PTR is a specific model of positive behavior support, 2) positive behavior support emerged, in part, from the seminal empirical foundations of applied behavior analysis, and that 3) applied behavior analysis is a broad term that encompasses a widespread discipline that accommodates many practices and programs. The authors' description of this alignment is helpful to provide clarity and increase understanding in the field among practitioners.
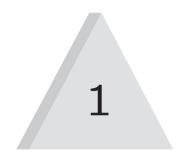
The core of PTR emphasizes interrelated processes associated with prevention of problematic situations (contexts), explicitly and deliberately teaching prosocial behaviors, and reinforcement procedures to support acquisition and use of prosocial skills in a sustainable manner. The five-step process of PTR includes: 1) Teaming and Goal Setting, 2) Data Collection, 3) PTR Functional Behavioral Assessment, 4) PTR Intervention, and 5) Progress Monitoring and Data-Based Decision Making. This approach provides a clear, somewhat linear progression that enhances efficiency in application of the PTR process. The details of each step, along with corresponding examples associated with each, efficiently translate to team-based application across school settings and populations of students in need of individual-intensive supports (including general and special education settings).

Building on this solid programming platform, the authors in this edition reflect on the litany of classroom-based applications of PTR and provide helpful guidance concerning factors that contribute to effective implementation of the model. Specifically, the authors describe the importance of 1) having a qualified facilitator for the PTR process; 2) team commitment to successful outcomes; 3) fidelity of implementation; 4) the capacity of team members; 5) the availability, involvement, and support of school administrators, and 6) family involvement.

Beyond the already noted strengths of the process, the authors are forthcoming with their perspective on limitations and accommodations associated with PTR (e.g., PTR may be of limited effectiveness with students with medical or physiological factors or temporary disruptions in living situations). This guidance, as well, is highly valuable to practitioners in considering application of PTR with any given student.

PTR is based on well-established behavioral constructs and reflective of empirically supported behavioral practices that are organized in an efficient, user-friendly process. The processes and related tools that PTR comprises are precisely what practitioners need to translate what the field has learned through years of research into feasible and sustainable daily practice in schools. Successful implementation of PTR will undoubtedly have an important impact on students with histories of challenging behavior, their families, and practitioners in the field. Positive outcomes, including increases in prosocial behavior coupled with reductions in challenging behavior, will help to bolster social, emotional, and behavioral wellness and positively impact quality of life. PTR, unequivocally, is precisely what is needed in the field today to provide individual-intensive positive behavior support that can result in positive outcomes for all involved in the process.

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Introduction to Prevent-Teach-Reinforce

<div style="text-align:right">1</div>

This book is intended to describe the Prevent-Teach-Reinforce (PTR) model of behavior support and guide school-based teams through the PTR process. PTR is a systematic, structured process for supporting students with challenging behavior. It is an approach for addressing those challenging behaviors that have not been satisfactorily resolved with classroom, supplemental, and schoolwide behavior management systems. This model is an option for students whose challenging behaviors have created persistent and significant barriers to instruction for the student and his or her classmates.

PTR is based on extensive research with a wide variety of students and is intended for all students with behavioral challenges, including students with disabilities (e.g., Dunlap, Iovannone, Wilson, Kincaid, & Strain, 2010; Iovannone et al., 2009). PTR is a model of positive behavior support (PBS) and is aligned largely with the principles and procedures of applied behavior analysis (ABA). Functional behavioral assessment (FBA) procedures, reinforcement of desired alternative behaviors, shaping of new behaviors, fading of prompts and reinforcement, and contingency management approaches are among the ABA principles used by PTR.

PTR can be used with students at all levels of functioning and is designed for students in kindergarten through the eighth grade. It can be used in general education classrooms, and it can be used with students who have learning disabilities, intellectual disabilities, emotional and behavior disorders, autism spectrum disorder (ASD), and other developmental, learning, and behavioral challenges. PTR may have limited effectiveness, however, if the behavioral challenges are related to or caused by medical or physiological factors or temporary disruptions in a student's living situation. If medical or physiological factors or severe disruptions in the student's home life are suspected, then it is recommended that appropriate professionals address these factors before initiating the PTR process.

The PTR process involves five steps, which are described in detail in Chapters 2–6: 1) teaming and goal setting, 2) establishing and initiating data collection, 3) PTR-FBA (or PTR assessment for short), 4) PTR intervention, and 5) progress monitoring and data-based decision making. The process for completing the steps is the same for all students; therefore, the PTR model is a standardized approach. The content that is developed within each step, however, is based on the student's characteristics as well as the characteristics of the setting and the school professionals who will be responsible for implementing the intervention. Thus, the model is both standardized to meet the needs of all students and individualized to address the special characteristics and circumstances of the student in need of assistance.

The PTR intervention plan consists of at least three components. Interventions for all participating students include procedures involving prevention, teaching, and reinforcement. Changes are made in the student's activities, setting, or social circumstances in the prevention component. The teaching component involves selecting and teaching new skills that will give the student an alternative to the challenging behavior. The reinforcement component involves using effective and appropriate consequences to encourage desirable, prosocial behavior and changing the responses to challenging behavior so that it is no longer effective or efficient for use by the student to obtain the function or outcomes. We use the italicized terms *Prevent, Teach,* and *Reinforce* to refer to the different components of PTR as they are discussed throughout the book. The specific strategies to be used for each of the components are selected by a school-based team using PTR assessments, along with careful consideration of what will be feasible to implement. One of the requirements for effective use of the PTR model is that students receive at least some intervention support from each of the three components.

INTRODUCTION TO THE SECOND EDITION

The first edition of this book was developed and tested between 2005 and 2009, and it appeared in print in early 2010 (Dunlap, Iovannone et al., 2010). We have received extensive feedback from educators and other professionals who have used the book to help students with challenging behavior throughout the United States and other countries. In addition, we have been working to expand the PTR applications and refine the procedures to increase PTR's effectiveness and enhance its efficiency. This second edition of PTR reflects the lessons we have learned and incorporates improvements in how PTR is described and implemented.

The process and basic structure of the PTR model are the same as in the first edition, except we have combined teaming and goal setting as Step 1, while devoting all of Step 2 to data collection, and we have changed the title of Step 5 from "Evaluation" to "Progress Monitoring and Data-Based Decision Making." We reworked some of the introduction to update the history of PTR, include mention of recent research, and place greater emphasis on the role of the facilitator and the importance of systemic prevention strategies through multi-tiered frameworks of classroom and schoolwide strategies. We have streamlined some of the steps to increase efficiency, and we revised the *Reinforce* component of intervention to underscore the vital importance of using reinforcers effectively and focusing on the establishment of alternatives to challenging behavior. So, in short, this second edition retains the basic structure, process, and procedures of the PTR model, but it includes refinements designed to enhance effectiveness and efficiency throughout each step in the process.

POSITIVE BEHAVIOR SUPPORT AND APPLIED BEHAVIOR ANALYSIS

PTR is derived from two powerful approaches that have guided behavior support for several decades. First, PBS is a broad approach for organizing environmental, social, educational, and systems strategies to improve the competence and quality of life for individuals with problems of behavioral adaptation (Brown, Anderson, & DePry, 2015; Kincaid et al., 2016). PBS seeks to reduce the occurrence of challenging behavior because such problems interfere with the development of preferred lifestyles, learning, and positive relationships with adults and peers. PBS is a positive approach because it avoids harsh and

stigmatizing punishments and emphasizes instruction and environmental arrangements to achieve desired outcomes. PBS emerged as a useful approach in the mid-1980s from a number of foundations, including ABA, which is the second approach that has guided behavior support (Bambara & Kern, 2005; Carr et al., 2002; Dunlap, 2006; Dunlap, Carr, Horner, Zarcone, & Schwartz, 2008; Lucyshyn, Dunlap, & Freeman, 2015).

ABA is a scientific discipline in which principles of learning are applied to produce socially meaningful changes in a person's behavior. This discipline has been applied in many fields, including education, social work, psychology, child development, and business. Research conducted since the late 1960s has clearly demonstrated the validity and numerous contributions of ABA. It is important to understand that ABA can be manifested in many ways, and programs that are strongly rooted in ABA may appear to be different when they are, in fact, based on the same conceptual and philosophical foundations (Cooper, Heron, & Heward, 2007).

The PTR model is directly linked to PBS, and it is also derived from the principles and procedures of ABA. We raise this issue of PTR's background because many educators may be confronted with questions about the distinctions among PTR, PBS, and ABA. In brief, some answers are as follows:

- PTR is a specific model that is part of PBS. PTR is entirely consistent with the PBS approach, although PBS can be implemented in various ways and at various levels of application.

- PBS is derived from the foundations of ABA, although it is different enough to warrant its own label. It is similar enough that some (but not all) practitioners of ABA use strategies that are indistinguishable from PBS (Dunlap et al., 2008).

- *ABA* is a very broad term that refers to a widespread discipline that can accommodate many practices and programs.

References cited in this chapter may be useful for readers who are interested in further pursuing the definitions and distinctions of PBS and ABA.

RESEARCH FOUNDATIONS AND HISTORY OF PTR

The PTR model is based on extensive research on the components of PBS and the PBS process as a whole as well as findings from a large-scale experimental evaluation of PTR in schools in multiple locations in Florida and Colorado. The process and procedures that make up the components of PTR have been studied and refined for decades under the auspices of PBS and ABA. For example, in support of the PTR assessment process, hundreds of experimental studies have verified the validity of FBA and the benefits that accrue from preceding intervention with functional assessment strategies (e.g., Repp & Horner, 1999; Umbreit, Ferro, Liaupsin, & Lane, 2007). A similarly large number of studies have documented the effectiveness of environmental and antecedent manipulations (the *Prevent* component of the PTR model) (e.g., Luiselli, 2006) as well as instructional and reinforcement approaches (the *Teach* and *Reinforce* components) (e.g., Bambara & Kern, 2005; Borgmeier & Rodriguez, 2015; Halle, Bambara, & Reichle, 2005). Numerous research syntheses and reviews have examined the components and the entire process of PBS and found them to be effective with many populations of children with behavioral challenges (e.g., Bambara & Kern, 2005; Carr et al., 1999; Dunlap & Carr, 2007; Dunlap, Carr et al., 2010; Sailor, Dunlap, Sugai, & Horner, 2009).

The PTR model has been the subject of direct, experimental evaluations. A large-scale investigation was reported by Iovannone et al. (2009). This study was a randomized controlled trial conducted in five school districts in Florida and Colorado. Two hundred and forty-five students with severe challenging behaviors, in classrooms from kindergarten through middle school, served as participants. A diverse sampling of students with and without disabilities were randomly assigned to either the PTR intervention or to a comparison condition that involved whatever strategies were in place in the classrooms prior to data collection. The results showed that PTR was significantly more effective than the comparison condition in reducing levels of challenging behavior and increasing social skills and percentage of time engaged in appropriate academic behavior. Data also showed that the participating teachers were able to implement the procedures with fidelity and were willing to use the procedures again when confronted by students' severe behavioral challenges.

Three studies used single case experimental designs to evaluate PTR. Strain, Wilson, and Dunlap (2011) employed a multiple baseline across students design with three students in kindergarten, second grade, and fourth grade. Direct observations of challenging behavior and academic engagement showed favorable changes associated with the introduction of PTR for all three participants. DeJager and Filter (2015) reported results of a study on PTR that used a repeated withdrawal (ABAB) design with students in kindergarten, fourth grade, and fifth grade. The data showed favorable trends associated with PTR implementation for each of the three students. Barnes, Iovannone, Blair, Crosland, and George (2017) examined the effectiveness of PTR with three typically developing students in first-grade classrooms by using a multiple baseline design. Results showed improvements in behaviors for all three students, along with high teacher implementation fidelity.

As the PTR model increased in popularity, many early childhood educators began to make adaptations of PTR for use in preschool and child care settings. This led to the *Prevent-Teach-Reinforce for Young Children* (PTR-YC) model (Dunlap, Wilson, Strain, & Lee, 2013), which has been described in publications with case studies (Dunlap, Lee, Joseph, & Strain, 2015; Dunlap, Lee, & Strain, 2013). A federally funded, 4-year experimental evaluation of PTR-YC was recently conducted with 160 children with serious challenging behaviors in early childhood classrooms in Nevada and Colorado. Results showed statistically significant differences favoring the PTR-YC condition relative to the "services as usual" comparison condition on standardized measures of challenging behavior and social skills as well as direct observations of challenging behaviors in classroom routines (Dunlap et al., 2015; Dunlap, Strain, Lee, Joseph, & Leech, 2018).

A separate study conducted by Kulikowski, Blair, Iovannone, and Crosland (2015) looked at the effects of the PTR model used by a teacher with two 4-year-old students in a community preschool setting. A multiple baseline across routines was used, and results indicated improvement in the first child. The study then evaluated whether the teacher could generalize the PTR model with the second student, and results indicated that the teacher was able to independently implement multiple components that yielded improved student behaviors.

Finally, an additional expansion of the PTR model has been implemented in home settings, with families serving as the primary team members and intervention agents. Sears, Blair, Iovannone, and Crosland (2013) conducted one of the first studies in this realm and used multiple baseline across routines designs with two children with ASD (4 and 6 years old) in which the PTR intervention was adapted for use with young children in home settings. The data showed clear reductions of the children's challenging

behaviors and increases in alternative, appropriate responding. Bailey (2013) conducted a second home-based study that included three children (ages 5, 6, and 7) and their families and used single case experimental designs to show clear reductions in challenging behavior and improvements in adaptive behavior. The concept of using the PTR process with families has been further formalized in *Prevent-Teach-Reinforce for Families* (PTR-F) (Dunlap et al., 2017), which describes using the specific procedures of PTR in home and community settings. A single case experimental analysis conducted by Joseph (2016) as a doctoral dissertation demonstrated beneficial effects of the PTR-F process for children in three separate home environments.

THE FIVE-STEP PROCESS OF PTR

The PTR process for addressing challenging behaviors is similar to the PBS sequence described by many authors. A difference is that we have made efforts to create a progression that is specific in its details and easy to follow. Furthermore, we have tested the model with a diversity of students in hundreds of classrooms in school districts across the country. In all cases, the school's professional staff, especially teachers, have been the key designers and implementers of the individualized PTR interventions. For this reason, we are confident that the model can be effective with the majority of students, regardless of how challenging and persistent the behavioral challenges have been.

The model consists of five steps. Each of the five chapters that follow this introductory chapter represents one of the steps. Each step is accompanied by objectives and a recommended pathway for meeting the objectives. The objectives associated with each chapter need to be completed before moving to the next chapter for the model to be successful. The following sections provide a brief introduction for each step.

Step 1: Teaming and Goal Setting

Establishing a well-functioning team consisting of individuals who are responsible for the intervention and are invested in the well-being of the student is the first step in the PTR process. Although a team approach is not always critical for delivering effective behavior support, it is necessary if the student's behavioral challenges are serious, chronic, or intensive. The team approach is an essential element of the PTR process because it is intended for the latter group of students. Teams are usually comprised of three to seven individuals and must include the student's teacher and any other school employee who spends substantial time with the student and can contribute input describing the environmental context associated with targeted behavioral concerns. It is also desirable to have the following individuals as team members: 1) parents or other primary caregivers, 2) administrators or other school professionals with direct access to school resources and policies, and 3) anybody else who cares about the student and is in a position to facilitate optimal interventions.

The PTR facilitator is one of the most important team members and should be knowledgeable about behavioral approaches and have experience with FBA, assessment-based interventions, and PBS. The facilitator's role is to actively guide the team through each step of the process and ensure that the steps are followed with integrity. Thus, this person needs to have excellent interpersonal communication skills that can enhance active participation and promote consensus among all team members.

When a team has been established, the second step is to develop a clear consensus regarding the short- and long-term goals for the student. This unity of vision is critical to

ensure that all team members are working in the same direction and share an understanding about the real priorities that are to guide the intervention plan. These goals have often already been developed in the form of an individualized education program (IEP), but it is nevertheless important for the team to review such goals and determine if they are the most appropriate for this phase of the student's development.

Step 2: Data Collection

Practical data collection strategies are developed to evaluate the status of the student's behavior, evaluate progress, and determine whether revisions to the intervention plan are needed. Data collection procedures should be simple and efficient for typical classroom personnel to implement. This step of the process involves designing the system and initiating data collection to ensure its validity and feasibility.

Step 3: PTR Functional Behavioral Assessment

The PTR-FBA is structured so that all team members contribute information that relates to the three key components of the intervention—*Prevent, Teach,* and *Reinforce.* The assessment process involves answering a series of questions that are then summarized to represent a functional understanding of the student's challenging behaviors and how they are influenced by events in the social, instructional, and physical environment. This step also encourages the PTR facilitator to conduct at least one direct observation of the student in the classroom/routine in which the challenging behavior is most likely to occur. The information and data from the direct observation, along with the PTR-FBA responses from each team member, are then synthesized to form a summary statement or hypothesis.

Step 4: PTR Intervention

The fourth step involves using the results of the PTR-FBA to create an individualized intervention plan. Menus are provided to help teams select intervention strategies that are apt to be effective and fit well within the school settings where they will be used. At least one strategy is selected from menus for *Prevent* and *Teach.* Certain procedures involving consequences are required for the *Reinforce* component, and this component includes options for additional strategies to be determined by the team. This step also includes supporting the teacher and other staff responsible for implementing the intervention by providing ongoing coaching to ensure that the strategies are implemented with fidelity or make timely adaptations as necessary.

Step 5: Progress Monitoring and Data-Based Decision Making

Evaluating student progress and implementation fidelity is the final step in the process. Next-step decisions are made contingent on the data acquired. This step is ongoing until the student has mastered and sustained the goals of intervention and no longer requires Tier 3 supports (i.e., the most intensive level within multi-tiered systems of support [MTSS]; see the following section) to be successful. This chapter describes realistic procedures for evaluating the effects of the PTR intervention and indicates what teachers and team members can do based on evaluation results.

PREVENTION AND MULTI-TIERED SYSTEMS OF SUPPORT

PTR is an intensive and individualized intervention process for addressing persistent and serious challenging behaviors. Implementation of PTR can be expensive in terms of time and effort required for meetings and other aspects of preparation. Thus, PTR is not intended to be used with all children or students. Certain well-established strategies involving the school and classroom environment can be helpful in avoiding the need for individualized interventions and, in some cases, make the PTR process easier to implement. These strategies are often identified as falling along a continuum of supports in what has been referred to as an *MTSS,* a prevention framework designed to improve student outcomes through the implementation of systematic, coordinated instruction and intervention.

MTSS promotes successful educational outcomes for all students by using a data-based problem-solving process to provide and evaluate the effectiveness of multiple tiers of behavioral and social-emotional instruction/intervention supports matched to student need (Harlacher, Sakelaris, & Kattelman, 2014). An MTSS framework usually consists of three tiers encompassing a continuum of evidence-based strategies that increase in their levels of intensity and individualization—universal or primary prevention strategies for all students (Tier 1), targeted or secondary strategies intended for smaller groups of at-risk students or circumstances (Tier 2), and individualized or tertiary practices for specific students who are already exhibiting challenging behaviors (Tier 3). PTR is an example of tertiary, or Tier 3, supports. As previously indicated, the need for PTR can be avoided if high-quality practices are implemented at the schoolwide, classroom, and secondary levels and the presence of MTSS practices can increase the efficiency and effectiveness of PTR interventions, even if challenging behaviors persist in the context of primary and secondary strategies.

Universal, or Tier 1, strategies provide the foundation for effective supports that build a preventative, supportive, and culturally relevant behavioral and social-emotional school climate and are intended to benefit all students. Many large systems change efforts, such as schoolwide positive behavior interventions and supports (SWPBIS), have decreased challenging behaviors, increased academic engagement, and produced an improved school climate. Universal strategies at the schoolwide level include clearly defining expectations and rules, teaching all students to engage in appropriate behavior, teaching staff to respond to both positive and negative student behavior, and measuring student behavior quickly and effectively. More than 25,000 schools have been implementing schoolwide strategies at the time of this writing (G. Sugai, personal communication, November 21, 2017).

Universal strategies are also used at the classroom level, which means they are intended for all students within the classroom in which they are applied. For example, classroom staff may teach behavioral curricula that target classroom rules, procedures, routines, transitions, and specific social-emotional and behavior skills that are necessary to effectively learn and function in the classroom. Specific strategies that support the teaching of behavioral curricula include 1) maximize structure in the classroom with predictable routines and a safe, orderly environment; 2) teach, monitor, and reinforce expectations and rules that are aligned to the schoolwide expectations; 3) actively engage students by providing culturally responsive instruction that includes high rates of opportunities to respond; 4) use a continuum of culturally responsive strategies to acknowledge appropriate behavior; and 5) use a continuum of culturally responsive strategies to

respond to inappropriate behavior (University of Florida, 2018). Secondary or targeted strategies are intended to support the needs of students who may have emerging behavioral issues that have not been responsive to universal strategies that have been implemented with fidelity. Programs and strategies at the targeted, or Tier 2, level, such as Check-in/ Check-out, can provide effective and efficient behavioral support to multiple students in a school or classroom because they require little teacher training and implementation time but have been shown to produce substantial behavior improvements for many students.

The PTR process is described as the most intensive level of support (tertiary or Tier 3) because it requires an allocation of resources for teaming, assessment, and individualized and comprehensive behavior support planning that can meet the needs of students with the most complex behavioral needs. Although the full, assessment-based PTR process is not feasible for use with all students in a school or classroom, many of the intervention components described later in this book are applicable to the entire class and thereby considered universal strategies. For example, embedding preferences and offering choice-making opportunities are practices that teachers can make available to all students, not just the individual student with the most challenging behavior. It is likely that the teacher who effectively applies these instructional, curricular, and environmental strategies will build an effective and preventive classroom environment that will support all students, including the student with the most challenging behavior.

EFFECTIVE IMPLEMENTATION OF PTR

The PTR model has been tested and systematically investigated in hundreds of classrooms; it can lead to meaningful improvements in students' behavior and academic achievement. Certain factors are associated with the most desirable outcomes, whereas other factors can work against improvement. The factors that contribute to the effectiveness of the PTR model include the following:

- *A qualified facilitator.* In all of our work with PTR since the late 2000s, it has become abundantly clear that the best outcomes are associated with teams that are guided by a facilitator who is knowledgeable about behavior analysis and PBS and has the time and commitment to devote to the PTR process. It is also helpful if the facilitator has team leadership skills to establish productive rapport and include all team members in the brainstorming and decision-making process. Many school-based staff can be facilitators. For instance, the facilitator can be a consultant, district behavior specialist, school psychologist, social worker, or classroom teacher. The key point is that the facilitator must be able to help the team implement each PTR step with quality and precision.

- *A commitment to successful outcomes for students.* The commitment to successful outcomes for students is critical at the district, school administrator, and student team levels. The district must develop and strongly endorse an FBA and behavior intervention plan (BIP) process that is designed to prevent serious challenging behavior and support students to remain in typical educational settings. Implementation of a process such as PTR will likely be insufficient if the district's philosophy includes an explicit or implicit position that an FBA and BIP are to be implemented for the primary purpose of meeting the legal requirements for removing a student from a neighborhood school or least restrictive environment (LRE).

  A philosophy of commitment to supporting students in their current educational settings must also be mirrored at the school by administrators and the school team. Many of the issues identified in the PTR process require changes at the school,

classroom, and teacher levels. The PTR plan is unlikely to be implemented with fidelity without buy-in from building administrators who are willing to commit time and resources to the process. *Fidelity of implementation* refers to whether all the PTR steps and intervention components are implemented completely, accurately, and as often as necessary to produce desired outcomes for students. In addition, the more committed team members are to "making it work," the more likely it is that the PTR intervention model will be effective.

- *Fidelity of implementation.* The greater the extent to which the intervention team (e.g., teachers) can implement the plan as intended, the more effective it will be in decreasing challenging behavior. Although the data do not indicate that an intervention has to be implemented with 100% fidelity to be effective (i.e., some interventions may still work if they are done with intermittent fidelity), it is likely that interventions that are implemented infrequently and inconsistently will not produce the intended outcomes for students. If the team is implementing the plan with very high fidelity but the plan is still less effective than anticipated, then it is time to reevaluate the plan and consider revisions to the intervention strategies.

- *Capacity of the team members.* It is important to have a facilitator who is familiar with behavioral theory and experienced with the core elements of the process, especially FBA and assessment-based interventions. In addition, it is helpful if essential team members, especially the classroom teacher, bring skills in key areas such as activity-based instruction and delivery of effective consequences.

- *Availability, involvement, and support of school administrators.* It is often necessary to have access to special resources, permission to attend meetings, and occasional flexibility with respect to school policies to address the behavioral needs of the most challenging students. In addition, the team members need to know that their efforts are encouraged and supported by supervisors and other school officials. Pertinent school administrators' commitment to and direct involvement in the team's activities can be a key factor in heightening the probability of favorable outcomes.

- *Family involvement.* Overall outcomes are likely to be better if the team can involve family members. Even though the focus of the PTR intervention may be on school behavior, parents and other family members may have useful tips and results of previous interventions to contribute. Furthermore, if the family is involved with the development and implementation of the school intervention, then there is a chance that parts of the plan may be carried out at home, thereby promoting some generalization of the effects. If family members are unable to attend team meetings, then they can still be informed of the discussions, decisions, and actions related to the PTR process.

LIMITATIONS AND ACCOMMODATIONS

The PTR approach will not be effective in every situation. First, some factors that may contribute to behavioral challenges are beyond the capacity of PTR to address. For instance, some students experience neurological or medical conditions that are not amenable to the educational and behavioral intervention strategies of PTR. Uncontrolled seizures, chronic illness, or neurological syndromes (e.g., Tourette syndrome) can contribute to the presence of challenging behavior, but it would be inappropriate to attempt to resolve such problems with strictly educational–behavioral procedures. It is vital that appropriate medical, neurological, and psychiatric services are obtained under such circumstances.

Similarly, some students may experience major disruptions in their home environments that may result in problems with a student's emotional and behavioral functioning. The PTR approach is not designed to address serious problems that occur beyond the school setting. Although PTR may be helpful for school behaviors, it is clear that more services will be required in these circumstances before the full source of the problems can be understood and resolved (e.g., Duchnowski & Kutash, 2009; Eber et al., 2009).

There will also be times when the PTR approach does not produce fully adequate behavior change, despite the best efforts of the school-based team. For example, the child's behavior in question may be so deeply troubling (e.g., hurting animals, setting fires, injuring self or others), infrequent, or unobservable that it is impossible to complete an adequate school-based FBA. In this situation, staff may be at a loss to determine the function of challenging behavior and therefore cannot implement an individualized intervention. It may be necessary to obtain outside help to monitor the child on an around-the-clock basis for serious challenging behaviors that rarely occur or occur when adults are not typically present. Such monitoring should have the completion of a reliable FBA as its end point. In addition, programs may want to solicit a diagnostic evaluation by a licensed child psychologist or psychiatrist for behaviors that have a covert quality (i.e., the child seems to purposely engage in challenging behavior when adults are absent). The goal of this assistance should be to determine if other supports or professionals need to be involved in this child's life.

The team may have designed an individualized intervention plan and implemented the plan with fidelity in other situations, but the child's behavior has not been altered over a period of several weeks. In this case, repeat the FBA to confirm the communicative message of the challenging behavior. It is not uncommon for a behavior to be found to originally serve one function and then subsequently found to serve different or multiple functions. It may be appropriate to call on a consultant who is more experienced in FBA if this step does not yield satisfactory results. This individual may decide to use alternative observation procedures to analyze behavior, more thoroughly explore the possible role of setting events external to school, or ask staff to briefly try interventions that are consistent with several different functions. It is vital that staff who use this type of consultative help become trained to implement the methods used by the consultant.

SUMMARY: THE PTR APPROACH

PTR is a specific approach for school personnel to use when confronted with a student who demonstrates persistent and serious challenging behaviors. It is applicable for students from kindergarten through eighth grade and for students with a broad range of developmental and intellectual characteristics. An extensive base of research documents the effectiveness of PTR's components as well as the model as a whole.

This book is intended to assist school personnel to proceed through the five steps of the PTR process. Chapters 2–6 each focus on one step and include objectives, tools, and recommendations. Each chapter also includes tips addressing considerations that deserve special emphasis or identify essential aspects of the assessment and intervention process. Finally, each chapter concludes with a brief chapter summary and an "In a Nutshell" feature (new to this edition) summing up the facilitator's role in that particular step of the PTR process. The content of the chapters is designed to be specific enough for school personnel to follow the process without difficulty. If the steps are followed carefully and with precision, then evidence indicates a good likelihood that the student's behavior will improve in meaningful ways.