# Intellectual and Developmental Disabilities

## Implementation Drivers for Organization-Wide Positive Behavior Support: Supporting People with Intellectual and Developmental Disabilities

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Abstract

Organization-wide positive behavior support (OW-PBS) is a framework for improving

quality of life and preventing challenging behaviors for children and adults with intellectual and

developmental disabilities (IDD). This tiered PBS framework has been adapted from schools for

use in disability services. Supporting people with IDD involves a variety of services (family and

home, independent living skills, supported employment, and day programs) and requires a

values-based approach. While the process of translating PBS from education to disability service

organizations requires adaptations to the technical assistance tools and resources, the

foundational implementation science drivers—and challenges— are analogous. In this paper, the

mechanisms for adapting the PBS framework into disability service organizations is discussed,

with considerations for ensuring person-centered, culturally-inclusive and responsive practices.

Keywords: Evidence-based Practices, MTSS, Implementation Science, Systems Change, Positive

Behavior Support, Culturally Responsive Systems Change

Implementation Drivers for Organization-Wide Positive Behavior Support: Supporting

People with Intellectual and Developmental Disabilities

Evidence-based practices (EBPs) for individuals with intellectual and developmental

disabilities (IDD) are used to improve quality of life, address social and communication skills,

and actualize effective self-regulation and self-determination (Wehmeyer & Shogran, 2016).

Environmental settings that are predictable, culturally inclusive, person-centered, and promote

effective communication, self-management, and self-determination skills are more likely to be

associated with optimal and above average quality of life outcomes for people with IDD (Brown

et al., 2015). The sustainable, wide-scale implementation of these EBPs with fidelity, however,

remains elusive (Fixsen et al., 2019). Organizations providing services to people with IDD face a

myriad of challenges making it difficult to achieve proactive and positive environments (Knotter

et al., 2018).  Staff attrition and shortages, considered to be a crisis for the disability field before

the COVID-19 pandemic, have currently reached dire levels nationally (Hewitt et al., 2022). The

attrition of personnel in disability services reflects larger societal trends associated with the

"Great Resignation," (Kuzior et al., 2022). With the current staffing crisis in disability services,

provider organizations are facing increases in stressful conditions for staff, interruptions in

programs due to funding issues, and unpredictable environmental conditions (Hewitt et al.,

2022).

The term challenging behavior has been challenged by Autistic self-advocates responding

to behavioral services and supports in the IDD field (Autism Self-advocate Network or ASAN,

2024). A key issue mentioned in ASAN's 2024 report is that the term challenging behavior is

misleading since it can be defined by the person themselves ("I have a habit that is interfering

with my life"), the people immediately around the person ("as a parent, I am worried that I can't

keep my child safe at home"), or by society in general ("I have been arrested and charged with property destruction"). The ASAN report recommends using precise definitions in order to avoid confusion and/or attributing negative behaviors to a person when the real problem is that services and supports are not adequately tailored to meet an individual's needs. We believe the generic use of terms (such as challenging, interfering, problem behavior) should only used when addressing the topic in a general manner. Thus, the term challenging behavior is used herein to reflect the varying types of behaviors all humans engage in that may interfere with quality of life while recognizing that each individual's point of view must be considered first. We believe that all people have the right to define what behaviors, if any, they consider to be interfering with their quality of life.

Individuals receiving services who engage in challenging behavior resulting in injury to self or others represent 5% to 15% of the IDD population (Lowe et al., 2007). Challenging behaviors are often occasioned by factors associated with the environment and social interactions as well as genetic, physiological and behavioral-health issues (Carr et al., 1999). Many challenging behaviors are maintained by socially-mediated functions representing attempts by children and adults with IDD to communicate what they need to others (Brown et al., 2015). Service systems supporting individuals with IDD often do not adequately meet these needs. Children and adults who engage in challenging behavior face poor quality of life outcomes, fewer opportunities to participate meaningfully in their communities, lower levels of employment, and more restrictive environments (Allen, 2008).

Positive behavior support, or PBS, is a framework for restructuring environments, increasing quality of life and preventing challenging behavior using a continuum of interventions

that increase in intensity (Brown et al., 2015). The goal of this article is to describe how one type

of PBS framework for improving quality of life and preventing challenging behaviors has been

translated from school systems and applied within provider organizations using the science of

implementation. Outlined in this article are the key elements for promoting effective, sustainable

implementation of person-driven PBS at a scale of significance in human service systems. We

discuss creating a positive climate, which requires everyone (administrators, direct support staff,

management and supervisors, people receiving services, and caregivers) to work together to

improve communication, nurture relationships, celebrate differences, and change systems. To

create a positive, inclusive, and equitable climate, we propose the centering of culturally

responsive and social and disability justice focused practices—defined here as a model of

cultural inclusivity—at each stage of translation of PBS practices into OW-PBS. Understanding

how each person within an organization can contribute to implicit bias expressed as ableism and

racism requires a multi-pronged approach with ongoing opportunities for self-reflection and an

emotionally-supportive climate for change.

OW-PBS is a value-driven effort that focuses on person-centered and culturally-

responsive implementation. We define the term value-driven as any actions taken to intentionally

implement EBPs in ways that are based on the core beliefs, perspectives, and culture of the

people involved and directly impacted. Changes made in value-driven efforts focus on: a) the

practices that everyone agrees reflect the collective beliefs and viewpoints held by all individuals

within an organization, not just one dominant subgroup, b) encouraging collaboration, feedback,

and participation via systems within the organizations as well as the larger community, and c)

collecting data that will help ensure practices remain focused on these beliefs and viewpoints.

INTEGRATION OF PBS

**History of PBS and Emerging Equity Concerns**

The field of PBS emerged in the early 1990s as an alternative approach to the use of

aversive strategies to control or manage behavior. PBS was designed based on the foundational

elements of applied behavior analysis, biomedical research, person-centered practices, and other

EBPs with the major goal of empowering people with IDD to build their own self-determined

lives in the community (Horner et al.,1990). PBS is a values-based and evidence-driven practice

used to improve a child or adult's quality of life thereby reducing and/or preventing challenging

behaviors (Carr et al, 2002). Carr and his colleagues defined PBS as a set of strategies focusing

on four elements: 1) personally-held values and person-centered outcomes, 2) validated

procedures, 3) behavioral and biomedical science, and 4) the use of systems change.

The term school-wide positive behavioral interventions and supports or PBIS, describes

one type of PBS that is a well documented as an EBP (Horner & Monzalve-Macaya, 2018).

PBIS is a proactive and preventative framework that evolved in the 90's based on the school-

wide research efforts of Sugai (Walker et al., 1996), and the work of early PBS founders (Horner

et al., 1990). PBIS is not a curriculum or a scripted program, but rather a framework promoting a

process for capacity building among professionals along with continuous engagement in

professional development (Horner et al., 2010). Thus, the goal of PBIS is to develop efficient

and effective systems to identify students in need of behavior support (Sugai & Horner, 2020).

The intensity of instruction and supports is determined by student data and

responsiveness to intervention (Horner & Monzalve-Macaya, 2018). PBIS relies on three tiers

of prevention and intervention: universal (Tier 1), secondary (Tier 2), and tertiary (Tier 3). At the

universal tier 1 level, teams develop school-wide behavioral expectations and procedures for

teaching and reinforcing social and emotional skills in all settings within the school while

creating consistent ways in which to respond to challenges that arise. School-wide data used for

decision making include office discipline referrals (ODR), suspension data, attendance patterns,

nurses and counselor visits, grades, and individual measures of behavior are then used to identify

students not responding to universal supports. Students can choose options for Tier 2

interventions, which are often delivered in a group setting (e.g., social skills lessons) or involve

efficient structured interventions that provide additional access to, and practice with, Tier 1

strategies (e.g., Check In, Check Out; Crone, Hawken, Horner, 2015). Serious challenging

behaviors involve more individualized and intensive Tier 3 supports. Students and family

members meet regularly with an individualized team providing support to discuss each of the

three tiers and oversee implementation and make data-based decisions (Horner et al., 2010).

While many positive outcomes are reported in PBIS research (Gage et al., 2019),

concerns remain that disparities related to Black Indigenous, and Other People of Color (BIPOC)

are disproportionately represented in special education referrals related to emotional behavioral

disorders and harsher disciplinary actions (McIntosh et al., 2020). This leads to reflection about

whether PBIS has been supportive of all students and to what extent it includes culturally-

responsive practices. Although PBS has included research targeting racism and disparities over

the years (Allen & Steed, 2016; Vincent et al., 2011), a more wide-scale and intentional effort to

integrate and embed culturally-responsive strategies as a core feature of PBIS is now considered

essential (McIntosh et al., 2020). For example, one equity-focused PBIS intervention model

introduces staff to implicit bias and how to neutralize it by teaching them how become more

aware of their automatic responses and replacing these automatic behaviors with a more culturally responsive approach (ReACT; McIntosh, Barnes, et al., 2014). The ReACT model includes an ongoing review of disaggregated school-wide discipline data to monitor racial and ethnic demographics coupled with root cause analysis. ReACT includes culturally-responsive strategies at the universal level of PBS (e.g., strategies to strengthen relationships between students and educators).

A key tenet for establishing culturally-responsive and non-ableist strategies in the implementation of PBS and PBIS involves recognizing the need for the use of sensitive, respectful, and inclusive language. Advocates within the neurodiversity and advocacy movements recommend that the field of PBS address this important issue (Freeman et al., 2024). A review of past seminal work in PBS provides examples of how language has not always been sensitive to people on the Autism spectrum and with IDD (Carr et al., 2002). If implemented as intended, children and adults who seek out individualized PBS begin with a person-centered plan and are empowered to choose their own team and to guide their planning process with quality of life measurement tools (Brown et al., 2015). However, it is clear that PBS as well as any other practices are, at times, implemented with poor fidelity and without attention to cultural adaptations (Castro et al., 2004).

There is a need for a renewed focus by PBS and PBIS leaders on the person-driven values that are more closely associated with earlier research and technical assistance efforts reflected during the nonaversive advocacy and deinstitutionalization period in the 1980's and 1990's (Lucyshyn et al., 2015). Clearly, children and adults are still at risk for institutionalized settings, albeit in the form of hospital discharge delays in acute care settings. Although early PBS efforts

were based on, and coincided with, the civil rights movement, mostly white, middle-class people with IDD benefited from this practice for many years. Current social and disability justice advocates encourage a more inclusive message that combines efforts to address both ableism and racism in a unified approach to address inequities in today's society (Arc Minnesota, 2024).

**Translation of Essential PBIS Features to Organization-Wide PBS (OW-PBS)**

While the systems, data, and practices vary, the PBS framework used in schools is now being adapted in a wide variety of settings including early childhood and juvenile justice (Lucyshyn et al., 2015). There are only a few examples of these adaptations into human service organizations currently available (Freeman et al., 2023). The core elements shared by schools and human service settings that enhance the transfer of effective implementation include: forming an organization-wide team, assessing readiness, conducting an assessment of organizational strengths and needs related to systems for preventing challenging behavior, creating an action plan, and evaluating effort, fidelity, and outcome data. Both education and human services emphasize action plans that result in: a) making policy and procedural changes, b) teaching, modeling, and encouraging social and emotional skills, c) responding consistently to challenging social interactions using conflict management and behavioral principles for preventing escalation, d) establishing ongoing coaching and mentoring of staff, e) engaging in efforts to reach out to the community, and f) using data to drive decision making, including the explicit review of disaggregated data on race/ethnicity.

The contrasts in implementation across schools and human service settings are most evident in: a) the focus of person-driven values held within the disability field, b) the 24-hour nature of services occurring in homes, and in employment settings, and c) the diversity of family

systems and homes as smaller units within the larger organizational context. Adaptations to the PBIS methods used by schools at Tier 1 applied to home and community-based settings reflect the varying cultural perspectives held between educational and human service systems. Schools are tasked with managing large groups of students while home and community services are supporting children and adults who are living their personal lives in the manner in which they determine. The systems, tools, and language associated with teaching children are very different compared to what is needed to support independent self-determined adults in home, work, and community settings. Universal strategies for teaching, modeling, and practicing positive social and emotional skills with adults require a sensitivity and flexibility with respect to the language used across these different adult service settings.

For instance, some individuals with IDD have prior negative experiences associated with terms such as "rules and expectations" and will actively avoid any language that appears to be driven by an attempt to manage or modify their behavior (Freeman et al., 2023). However, in other situations, adults with IDD who are living with another roommate may indicate that they appreciate the process of identifying group-held rules and expectations for living together in harmony. *The key message is that people with IDD have the right to determine the use of language throughout implementation of PBS as well as the manner in which all practices are implemented.* The complexity of home, work, and community contexts vary considerably and, therefore, tier 1 strategies must reflect this diversity. For this reason, tier 1 involves bringing everyone together within a setting to identify the person-driven values that are the best cultural fit for a setting. Once identified, these values are then operationally defined with behaviors identified in specific routines or settings and strategies for equally addressing the behavior of family, caregivers, and staff and people supported.

In OW-PBS, providers supporting adults with IDD are responsible for making changes in the language used in mission and vision statements, policies, procedures, training and coaching systems, as well as adding measures that help teams to better understand the perspectives and viewpoints of people with lived experience, families, and community partners across the various cultural groups represented. Fidelity of implementation measures within OW-PBS require teams to provide evidence that these changes were made. Examples from prior implementation include evidence that teams have replaced terms such as "client" and "consumer" with the insertion of each person's name, plain language materials are shared describing EBPs, decreases are made in the complexity and length of reports shared with individuals and their families so that they are easier to understand, and people with IDD are included as co-trainers, team members, and leaders in systems change efforts (Freeman et al., 2023).

Another element that contributes to the need for adaptations to the original PBIS model is based on the fact that provider organizations may support children and adults with IDD across the lifespan and often deliver services to individuals with other diagnoses including traumatic brain injury and various diagnoses of mental illnesses. Organizational systems are designed in different ways to address supports across the life span from early childhood to 65+ services. The size and complexity of organizations also vary as do the types of services being offered. Residential supports, independent living services, employment and day services, family-based supports, family foster care, respite, crisis services, senior care are just a few examples of services where PBS is implemented. All of these variations in systems create challenges that make it difficult to use existing school-based PBIS assessment tools and resources. Therefore, guidance in the process, tools, and language involved in the change process is tailored to the unique people, age ranges, characteristics, and systems involved. Outcome measures addressing

the challenges that providers encounter vary compared to PBIS, some measures are similar while others are quite different from educational settings.

A number of fidelity of implementation tools are adapted from PBIS for human services and are currently used by teams to evaluate the extent to which provider organizations are implementing a tiered model of PBS (Freeman et al. 2023; Rodgers et al., 2016), although these fidelity measures are still undergoing psychometric validation. Assessment tools used to assess organizations exist at the tier 3 level and to evaluate quality of life (Baker & Feil, 2000; Schalock et al., 2007). Tools are available to assess the policies, training, supervisory systems, perceptions of different groups involved, cultural responsiveness, and climate in human service settings (Freeman, Tschetter et al., 2020).

Systems for data-based decision making are established at each tier. To translate data practices from school-based settings to IDD-serving organizations, analogous forms of outcome data can be helpful. SW-PBIS research studies explore the validity of office discipline referrals as a measure of change (Irvin et al., 2004), and we believe provide a rationale for using incident reports for evaluation purposes in human services. Incident reports are used to document the occurrence of problematic situations (aggression towards others, self-injury, property destruction, etc.) that arise in provider organizations. The incident report is used to evaluate information such as the types of challenging behavior, location of incidents, individuals involved, time of day, and why challenging behavior is occurring. The data provide important information that can be used to implement interventions across an organization, to focus onboarding and ongoing staff training, change policies, and re-allocate resources for preventing or decreasing challenging behavior. Other forms of data collected by agencies serving people with IDD at tier 1 include: a) individual quality of life measures, b) staff and consumer

satisfaction, stress, and climate surveys, c) organizational data related to staff attrition, retention, injury, sick days, and workers compensation, d) 911 calls and emergency room visits, use of mechanical restraint and human rights committee reviews, and e) other forms of data.

In order to continuously monitor and intervene when inequities are observed, data reviews by teams in OW-PBS should include processes to disaggregate by race and ethnicity. Embedding this process into team training for data acquisition and on-going explicit review will help to identify whether negative outcomes—such as overuse of 911 calls or use of mechanical restraint—are disproportionally being used with BIPOC populations. Teams also require training in the use of what to do to intervene when challenges related to inequities are identified. The root cause analysis recommended by McIntosh, Barnes, et al. (2014) and McIntosh, Girvan et al. (2021) provides one potential strategy to help teams problem solve challenges that arise.

The next section of this article addresses how implementation science developed by Fixsen and his colleagues (2005) is applied to PBS in provider organizations. In 2005, Fixsen conducted an important systematic review that broadened the exploration of key elements of effective EBPs. As authors and early students during the time PBIS was established, we observed PBIS and implementation science evolve independently as part of a "Zeitgeist," or spirit of the moment in human services. During this period of time, attention was directed towards how EBPs are deployed as part of a call for a larger systems framework for supporting sustainable change across the education, behavioral health, and human service fields.

**OW-PBS through Implementation Science & Cultural Inclusivity in Provider**

**Organizations**

Organizations providing services to children and adults in home and community settings who are invested in effective implementation of PBS, person-centered practices, and other EBPs

experience a nonlinear evolution in the types of activities, priorities, and systems-change efforts

that are considered priorities (Fixsen et al., 2005). The stages of implementation outlined by

Fixsen and his colleagues are applied to organization-wide PBS in this section. Four stages are

described by Fixsen and colleagues (2019): exploration, installation, initial implementation, and

full implementation. The *exploration stage* refers to the steps involved for an organization-wide

team still assessing the readiness of people receiving services and staff to move forward with

PBS or other EBPs. The *installation stage* occurs when teams actively select PBS, secure

resources needed for implementation, and begin developing the initial training systems. When an

organization-wide team is at the *initial implementation stage* efforts often reflect a large

learning curve as new practices are introduced and integrated into daily work. A team is at *Full

implementation* when over half of the staff and services targeted are being implemented at a

high level of fidelity and evaluation data are reported regularly.

**Implementation Science: Organizational, Competency, and Leadership Drivers**

Implementation science leaders have identified core components that are commonly

associated with successfully embedding practices irrespective of whether the setting of interest is

in education, IDD mental health, juvenile justice, or any other human service organization

(Fixsen et al., 2019). These core components are called implementation drivers (Metz & Bartley,

2012). Three major drivers are related to staff competency, organizational issues, and leadership-

level skills. Figure 1 describes how cultural inclusivity is integrated within provider

organizations across each of these drivers.

[Place Figure 1 About Here]

**Competency Drivers**

Competency drivers refer to the actions, mechanisms, and resources needed to improve the necessary knowledge and skills of people receiving services, staff, managers/supervisors, and administrators implementing tiered support models (Fixsen et al., 2019). The four competency drivers outlined by Fixsen and his colleagues (2005) include performance assessment, selection, training, and coaching (see Table 1).

**Performance Assessment.** At the top of Figure 1, performance assessment is highlighted as an important element of implementation science. Performance assessment involves evaluating the fidelity of implementation, or the degree to which each EBP is being implemented in the manner intended (Fullan, 2001). Fidelity of implementation at the systems level uses both external evaluation and self-assessment (Horner et al., 2004; McIntosh et al., 2017). External evaluation provides an objective outsider's view of implementation while self-assessment strategies can be used to guide a team's progress and are easier for teams to complete. At tiers 2 and 3, performance assessment is focused on the accurate implementation of group, targeted, and individualized plans (Newcomer et al., 2013). In provider organizations, children and adults are involved in PBS at tier 2 and 3 as part of their own choice with interventions chosen based on each person's self-determined goals (Freeman, DePasquale et al., 2020). Tier 2 and 3 systems are assessed for evidence that interventions are function based, although functional assessment varies in intensity at tiers 2 and 3. Teams establishing Tier 2 and 3 systems evaluate the fidelity of implementation of the data, systems, and practices designed to launch and sustain PBS over time.

**Selection.** The different roles within tiered support models (planning team members, EBP trainers, coaches, and facilitators) require a variety of skills, experiences, and foci. Recruiting people to take on these responsibilities requires an understanding of what is needed

for each role. For instance, some individuals will be well suited to become peer coaches while others may feel uncomfortable in this type of role. Larger systems issues related to selection include the extent to which funding is available to invest in training for teams, coaches, trainers, and other roles (Fixsen et al., 2019). In small organizations and more rural settings within a state, organizations struggle to address selection challenges, especially when only a few people are involved in implementation efforts while holding multiple job roles within the organization. It is not uncommon to hear administrators in provider organizations state that the degree of staff attrition makes implementation challenging. Selecting managers and supervisors who represent lower turnover patterns for roles that require more expertise (trainers and mentors) can be an important intervention to avoid loss of capacity due to staff attrition. Coaches and trainers who reflect the diversity of the organization will build a more culturally responsive and inclusive climate which, in turn, can help address attrition by addressing feelings of isolation by staff.

**Training.** The types of training needed to help staff representing different roles and positions within an organization implement PBS will vary in length and complexity. Intensive instruction on the designing functional behavioral assessment is unnecessary for individuals who may only require awareness-level information about PBS and other practices. For this reason, onboarding new staff involves introducing key concepts of PBS. Ongoing staff training systems build on these introductory learning opportunities in a variety of ways (embedding additional content into staff meetings, peer coaching, providing self-driven learning opportunities that prompt staff to check in with more experienced individuals, etc.

An important element of training is the intentional integration of person-centered and culturally-responsive practices into PBS. Opportunities to learn about and practice empathy in an authentic manner can be challenging to orchestrate but is an important element within PBS.

Pairing training in empathy with direct observation and the opportunity to reflect on one's

practice with others can provide a deeper level of self-awareness and an understanding of others.

**Coaching.** An important part of systems change involves offering continual learning

experiences so that staff members can try new skills and reflect on their experiences while

continuing to master key concepts in everyday practice (Joyce & Showers, 2002). Coaching

systems can be designed as a peer-based learning process where staff with a little more

experience share what they know with their colleagues or delivered by someone with expertise

who works with staff members in their everyday work (Synder et al., 2015). Coaching is used to

support a number of roles and activities. Coaches are needed to guide the organization-wide team

meetings, introduce universal tier 1 strategies, and to support individual professionals who are

learning specific skills at tiers 2 and 3. Trainers receive mentoring from others as they continue

to learn how to impart knowledge and sustain coaching systems (Joyce & Showers, 2002). Tools

for guiding coaches in culturally-responsive practices have been increasing (Leverson et al.,

2021), with activities built into team fidelity of implementation tools (Freeman et al., 2023).

## Organization Drivers

Organization drivers are the foundational elements used by teams in establishing an

infrastructure needed to support an EBP and implement systems change (Metz & Bartley, 2012).

These elements are used to monitor progress and maintain feedback communication loops that

allow teams to share information in a transparent manner (Bertram et al., 2015). Data-based

decision-making systems, facilitative administration, and systems interventions are three

important elements of organization drivers.

**Data-based Decision-Making Systems.** Team self-assessment and action planning is

driven using data to guide problem-solving. Establishing reliable, current sources of effort and

outcome data can help an organization understand how well PBS is being implemented and maintained over time. Some types of measures mentioned earlier in this article include quality of life data, incident reports, staff attrition and retention, injury, sick days, and workers compensation. Data are reviewed by teams on a regular basis using organization-wide as well as data at an individual level. An array of tools are available in the IDD field to guide teams in assessing strengths and needs of the organization and evaluating the implementation of each EBP (Freeman, Tschetter et al., 2020).

Organizations investing in different sources of data to monitor cultural responsiveness can improve climate issues within an organization. These data can help teams identify issues related to equity and provide a way to begin building a climate of trust with staff representing marginalized communities. Examples of data used to understand equity issues related to race and ethnicity beyond the assessment of incident reports, include surveys of relationship quality, perceptions of trust, quality of the climate, and other similar variables. Research in PBIS suggests that sharing data without additional culturally-responsive interventions will have little impact on the quality of equitable change (McIntosh et al., 2020). A more comprehensive approach is needed, one that involves actively listening to the stories and experiences of people within the organization and facilitating partnerships (Fallon et al., 2023).

Another strategy for evaluating change is direct observation. Direct observation can be used as a part of supervisory and staff performance systems to provide support and understand whether changes in staff behavior are occurring over time. For example, a simple interval recording measure is used as part of the annual TOET (Freeman et al., 2023). Teams use community-based assessment and action planning to build natural supports and/or encourage relationships in community settings (Freeman, Tschetter et al., 2020). Active support is needed

for teams to master the use of data-based decision making in meetings, select tools for evaluation, and use this information to maintain PBS efforts. One evidence-based approach in schools used to systematically teach data-based decision making to teams, referred to as the Team Initiated Problem Solving or TIPS (Horner et al., 2018), has been adapted for use in community service organizations.

**Facilitative Administration.** The active leadership and guidance involved in implementing PBS is referred to as facilitative administration (Fixsen et al., 2019). Facilitative administration refers to the actions taken by leaders to guide decisions about incorporating key values into the mission and vision statement of an organization, altering existing policies and procedures, and providing teams with opportunities to meet and review data and engage in problem solving. Strong systems change involves leadership at different levels (Fullan, 2001). People receiving services, trainers, administrator(s), coaches, supervisors and managers, and other individuals are involved in facilitative administration at different levels within an organization or system. Strong facilitative administration contributes to building relationships based on trust with everyone and ensures culturally-responsive communication is maintained.

**Systems Interventions.** Changes that occur at federal, state, regional, organizational, and community levels can impact the culture and context, policies and procedures, and political context in which PBS is implemented (Fixsen et al., 2019). Organizations that are effective at systems change actively consider how systems can help or create barriers for sustainable implementation. Another systems intervention is to form local and regional partnerships to support ongoing PBS efforts and leverage limited funds. For example, provider organizations in one state shared the costs for onboarding new staff by allowing individuals to attend trainings across organizational sites. Each organization scheduled onboarding trainings at set times

throughout the year. This meant that when new staff need training, an organization could review the schedule and send staff to another organization already providing the training instead of relying on their own trainers to do so.

**Leadership Drivers**

*Technical challenges* and *adaptive challenges* are terms that refer to the issues that come up during implementation requiring different types of leadership and problem-solving skills (Metz & Bartley, 2012). Technical challenges require basic management and facilitative administrative skills that are part of coordinating implementation efforts. Adaptive challenges, however, tend to involve more complex social and contextual problems.

**Technical Challenges.**  Technical challenges are easily addressed using active management, training, and coordination skills. A technical challenge can be understood, defined and addressed with little ambiguity. For example, the team may be seeking a way to address implicit bias but are unsure what tools are available that can be used as a way to increase knowledge and awareness of staff. This technical challenge (the need for tools related to implicit bias) requires someone with expertise to guide the team.

**Adaptive Challenges.** Adaptive challenges may not be immediately visible or apparent and are, therefore, more difficult to solve. Adaptive challenges are typically *not* resolved through traditional management-level coordination and problem solving. An example of an adaptive challenge occurs when a team member, who is also a person with lived experience receiving services, raises concerns in a tier 1 team meeting about the term "challenging behavior." This person states that behaviors that some direct support staff are describing as challenging are really just expressions of who the person is, and that, in her opinion, these behaviors should be considered part of a natural range of self-expression. The person goes on to ask the group: "who

decides what a challenging behavior is within someone's own home?" In response, another team

member representing other family members and guardians responds in a defensive manner

indicating that if someone is engaging in a behavior that is interfering with their child's life then

the behavior should be considered challenging because it isn't fair to others.

Adaptive leaders help teams navigate the differences in values, cultural beliefs, emotional

responses, frustrations, and other strong emotions that are being expressed as part of the change

process. Skills associated with this type of leadership include suspending one's own opinions,

active listening, and working with team members to bring everyone together to create positive

change. To address "what is a challenging behavior," an effective leader may lead the group

through a process that starts with the values the group is expressing as important, and guiding the

group as they work together to define examples and nonexamples of what is considered

challenging behavior. When everyone within the organization has a chance to contribute to

decisions about these matters, the group moves can move closer to consensus. Effective leaders

must be able to identify whether adaptive challenges are hidden among everyday problems since

a common mistake is to apply technical leadership skills under conditions that require adaptive

leadership (Heifetz & Laurie, 1997).

## Conclusion

Systems change is difficult and there are no "roadmaps," or set standard steps that can be

taken by all organizations to achieve a positive and culturally-responsive climate (Fullan, 1999).

Adaptive leadership is one element that will assist in culturally-inclusive improvements. Real

change occurs when a group of people works together to support each other, expresses empathy

towards each person involved, and is able to unify their values and beliefs to achieve the

outcomes they seek. In the adaptive leadership example above, this difficult conversation could

not have even occurred without earlier actions taken to include people with lived experience in

the team process where they are contributing to leadership-level decisions. Each element of the

implementation science process requires the spirit of inclusiveness and values-driven

implementation. Fullan (1993), a leader in education stated this well by saying *"you can't*

*mandate what matters, the more complex a change effort is, the less likely you can force*

*individuals to become involved in the process."* (p. 21). Systems change literature emphasizes

the need to bring people together to establish a moral purpose that will provide individuals with

unified values, a vision for moving forward, and the identification of goals that are driven by

jointly-held beliefs (Fullan, 1999).

Holding systems accountable for a value-driven EBP implementation can occur at state,

regional, and/or local levels. There are an increasing number of state-driven efforts with

documented policies and procedures for providing training in OW-PBS including Maryland,

Massachusetts, Minnesota, and Missouri as well as large provider organizations from across the

United States involved in implementation science efforts (Freeman et al., 2023; Rodgers et al.,

2016). Active participation of administrators, CEOs and leaders of provider organizations is

considered a requirement for effective implementation since it helps establish accountability

(Freeman et al., 2023). The leaders involved in designing these training and technical assistance

infrastructures for supporting OW-PBS are using implementation science to coach and mentor

adaptive leaders who are implementing culturally-inclusive practices as described in Figure 1

and guiding teams in implementing the actions provided in Table 1.

Freeman and her colleagues (2023, 2024) described the first steps in one state where

people with IDD are considered leaders at all levels of the systems change process in the

implementation of OW-PBS. Changing the way in which organizations implement PBS requires

the direct involvement and participation of people with lived experience who consult in statewide and regional oversight of OW-PBS, assist in the development of plain language materials and visibility of EBPs, co-train on curricula, and actively attend OW-PBS team action-planning meetings. Family members and caregivers are also important partners in the implementation of OW-PBS at statewide, regional, and local levels to ensure people with IDD who may choose not to participate or may have more severe disabilities experience equitable supports and services.

While the diversity of home and community services prevents us from providing a standard list of actions that can be adopted by all systems, we highlight the actions in Table 1 as examples that can be generalized to different services and contexts. Teams need to be comprised of members who represent the cultural diversity within an organization including those served vary by ethnicity, race, religion, people with lived experience, the lesbian, gay, bi-sexual, trans, queer, intersex, asexual communities, geographic differences where people are served, immigrant status, for equitable change to occur. Trainers who reflect the diversity of the people around them will increase the likelihood of effective use of PBS by providing people with the opportunity to learn and reflect with those who reflect on implementation holding similar cultural values. Meaningful social and disability justice efforts shift how organizations perceive ableism and racism. In short, we believe that intentionally integrating culturally-inclusive practices into PBS across and within implementation science drivers can provide teams with a comprehensive guide for effective and lasting change.

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**Figure 1**

*Implementation Science Drivers*
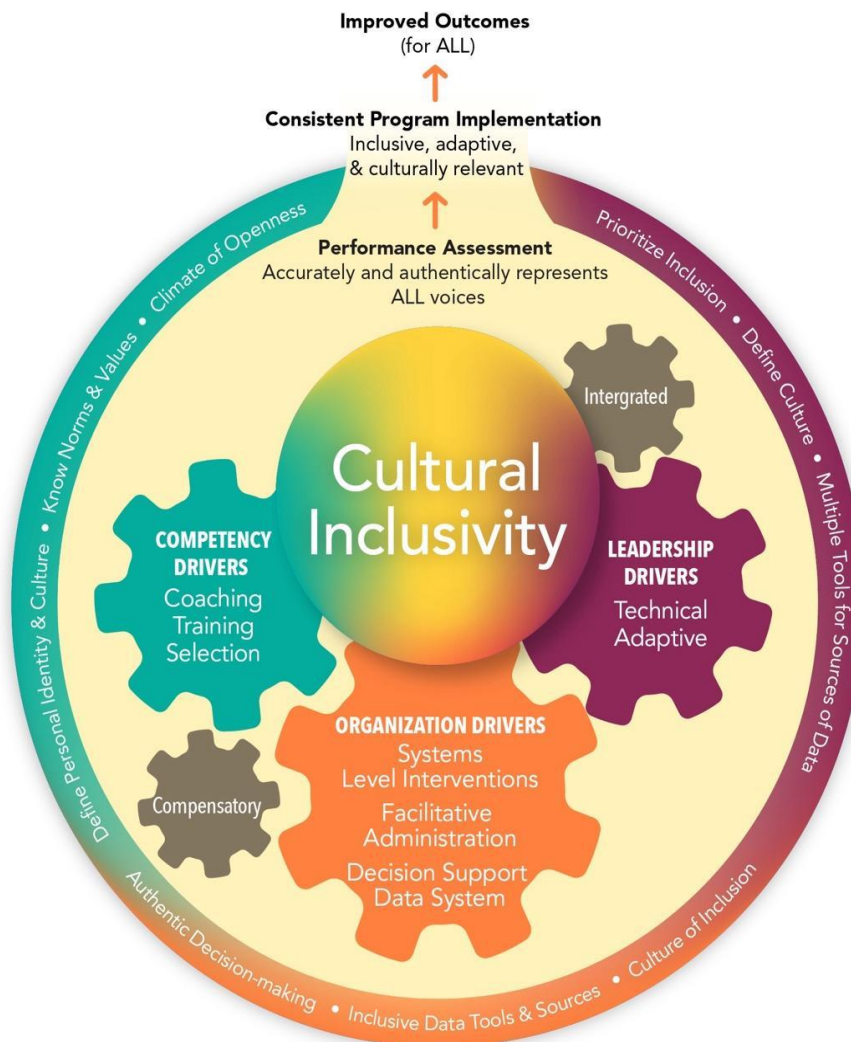


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**Table 1**

*Examples of Implementation Drivers for Integrated Efforts in Organizations*

| Competency Drivers | |
|---|---|
| Performance Assessment (Fidelity of Implementation) | ● Fidelity self-assessment tools for teams related to EBPs targeted<br>● External evaluation of fidelity including key elements of cultural responsiveness |
| Selection | ● Select staff comfortable supporting others given training roles and anchor to supervisors/managers<br>● Add diverse voices to trainers by recruiting staff representing the diversity of the organization/community |
| Training | ● Curriculum and training infrastructure in place with ongoing learning opportunities<br>● Provide opensource materials that are easily accessible (website/intranet)<br>● Integrate cultural responsiveness training across layers of instruction |
| Coaching | ● Design internal and external coaching systems to support staff across EBP<br>● Ensure coaches represent the diversity of the organization and know the cultural norms of the community |
| **Organization Drivers** | |
| System Intervention | ● Establish regional partnerships to share resources and support interagency collaboration<br>● Create a long-term planning with flexibility in acquiring funds for maintaining PBS<br>● Work with community partners to increase natural supports and create diverse community relationships<br>● Assess community partners and include diverse voices in leadership-level decisions<br>● Create authentic relationships with mutual give and take relationship/define culture in broadest terms |
| Facilitative Administration | ● Ensure self-advocates, advocates, and family members are actively involved in leadership-level decisions<br>● Encourage and guide plans for increasing diversity in the workforce<br>● Create an environment where diverse viewpoints are respected and encouraged<br>● Assess impacts of discussions in an authentic manner and review current policies impacting diverse groups |
| Data-based Decision Making Systems | ● Teach data-based decision making in organization-wide and individualized teams<br>● Use effort, process, and outcome data in meetings including active involvement of self-advocates<br>● Use data to ensure equity is directly addressed and cultural competence/responsiveness is evaluated<br>● Use multiple sources of data collection in meetings, ensure all voices are heard, and review annual progress |
| **Leadership Drivers** | |
| Technical | ● Use problem solving to coordinate and manage technical assistance<br>● Use data to assess cultural responsiveness and actively seek out implicit bias<br>● Embed training in cultural competence into all curricula including how to identify your own cultural norms |
| Adaptive | ● Address complicated situations using collaborative problem solving<br>● Develop strong consensus-building approaches integrated across systems<br>● Attend to and adapt cultural norms, and verbal and body language to unique cultural contexts and people<br>● Create a climate of trust where people report that they feel safe to engage in open discussion. |

Fixsen et al., 2009; Metz & Bartley, 2012