

# Operation Positive Change:

## *PBS in an Urban Context*



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**Abstract:** Children who have problem behavior need not only the support of school personnel but also the support of their parents to be successful in both educational and community/home settings. However, too often research-based best practices in positive behavior support (PBS) do not reach families, particularly culturally and linguistically diverse families living in underserved urban communities. This article describes Operation Positive Change—a training curriculum and train-the-trainer model developed by Pyramid Parent Training Community Parent Resource Center that brings PBS best practices identified by leading PBS researchers to parents in New Orleans, Louisiana. After participating in Operation Positive Change workshops, parents who are dealing with the problem behavior of their children, as well as a myriad of other challenges related to poverty, race, and language barriers, are gathering data about their child's strengths and needs and likes and dislikes, developing a functional assessment for their child, and participating as full partners in the development of a PBS plan

Every city is home to children, youth, and adults with disabilities and their families. For these families, life in the city can mean increased access to programs and services or abject isolation when information and support are not offered to them in meaningful ways. In any city, on any day, the urban experience can be vastly different. You may be uplifted by the sound of children's laughter, or startled by the shriek of sirens. You may return the smile of a person of any nationality, or turn away from a stinging racial slur. You may walk in the midst of skyscrapers or slums. Whatever your situation, to live in the city is to engage in a human dynamic, an in-your-face imperative to find solutions that improve the quality of our daily urban lives—a dynamic that propels our highest accomplishments and hopes against our deepest failures and fears.

In every city there are traditionally underserved communities. These are communities that are isolated because of racism and poverty, cultural and language differences, and/or because they are located in densely populated distressed areas. One study of special education students in a poor region of a large urban school system found that 90 percent of the students receive some form of public assistance, 95 percent belong to a minority group, and as

many as 75 percent live with only one parent (Gottlieb, Alter, Gottlieb, & Wishner, 1994). These are the families who are traditionally discounted as not having the capacity to contribute to evidence-based best practices in health and education. At the same time, many researchers are working toward bridging the chasm between research and practice as the key to fostering life-enhancing change and growth for individuals and families. Researchers Baldwin and Baldwin (2000) wrote, "When we arm people with knowledge of behavior principles, we help give them tools for learning any skills they value."

Likewise, researchers have much to gain from building partnerships and teams that include families. In the space between the immediacy of urban life and the careful, methodical, scientific work of the researcher lies the greatest potential for growth. If we fail to reach families in underserved communities, we risk losing opportunities to participate in a reciprocal learning process that enriches all and that enhances the possibilities for enduring positive change in our cities and beyond.

In this article, we address the "in-your-face" realities of urban families of children with disabilities first by providing a brief overview of four reasons to ensure that parents

who live in traditionally underserved urban communities know about positive behavior support (PBS); and second by describing Operation Positive Change, a program specifically designed to provide support to families who desperately need research-based information on PBS.

## Rationale for Family Support in Urban Communities

Combining the research literature with our own experiences, we will briefly describe (a) the plight of these urban communities and the families living in them, (b) the lack of access to research for families, (c) the mentality of control in urban schools, and (d) the need for family PBS support and training.

### PLIGHT OF URBAN COMMUNITIES AND FAMILIES

In its *18th Annual Report to Congress*, the U.S. Department of Education (1996) highlighted the plight of students with disabilities living in inner cities as follows:

- Thirty percent of all students who live in inner cities experience poverty.
- African American and Latino students are over-represented in inner city schools.
- The Office of Civil Rights reports that students in inner cities are more likely to be placed in restrictive settings in contrast to students who do not live in inner cities.

The schools attended by the children living in inner cities are largely racially segregated, isolated institutions, microcosms of the surrounding communities. Kozol (1991) described these schools in his book *Savage Inequalities: Children in America's Schools*:

My deepest impression . . . was . . . that these urban schools were extraordinarily unhappy places. . . . They reminded me of "garrisons" or "outposts" in a foreign nation. Housing projects, bleak and tall, surrounded by perimeter walls lined with barbed wire, often stood adjacent to the schools I visited . . . Police sometimes patrolled the halls. I wondered why we would agree to let our children go to school in places where no politician, school board president, or CEO would dream of working. (pp. 4–5)

In addition to having few educational alternatives to inner-city schools, traditionally underserved urban families face additional challenges as well. Regarding economic status, there is escalating national awareness concerning the debilitating effects of poverty on child and family outcomes (Fujiura & Yamaki, 2000; Park, Turnbull, & Turnbull, in press). In a survey of families living below the poverty level, hungry children were reported to experience health problems such as weight loss, fatigue, headaches, irritability, and inability to concentrate 2 to 4 times more

frequently than children who were not hungry (Food Research and Action Center, 2000). Children who live in poverty are 2 times more likely to repeat a grade and 3<sup>1</sup>/<sub>2</sub> times more likely to be expelled from school (Sherman, 1997). In terms of family outcomes, Park, Turnbull, and Turnbull (in press) comprehensively reviewed the literature and concluded pervasive impacts of poverty on families, including health (e.g., limited health-care access, undernutrition during pregnancy), productivity (e.g., children's delayed cognitive development, restrictions in recreation), physical environment (e.g., safety in the home and neighborhood environment), emotional well-being (e.g., greater sources of stress, lowered self-esteem), and family interaction (e.g., satisfaction with parent-child interaction, greater levels of family conflict over money).

### LACK OF ACCESS TO RESEARCH FOR FAMILIES

Most people in underserved urban communities have had little or no experience with research and have little or no access to research-based best practices that might make a difference in their lives (Markey, Santelli, & Turnbull, 1998; Santelli, Markey, Johnson, Turnbull, & Turnbull, 2001). A great majority of families who have a family member with a disability report that they most often need information about the disability, disability-related services, and best practices for supporting the person with special needs as well as the whole family (Santelli, Turnbull, Marquis, & Lerner, 1995). Although families clearly express their need for information and although there is a wealth of research-based information available in the disability field, families report that they have a difficult time finding meaningful, relevant, and useful information (Turnbull, Friesen, & Ramirez, 1995). Sadly, there appears to be a gap between research-based knowledge that disability researchers are generating and the information that families as the intended beneficiaries of their research are receiving and finding helpful.

### MENTALITY OF CONTROL

In urban communities today, those charged with maintaining order and keeping residents safe are turning more often to increasingly controlling measures as they respond to crime, violence, substance abuse, and gang-related warfare. The war on drugs and community-wide curfews are examples of community responses in which control is the bottom line. Urban public schools are also moving toward more controlling policies such as zero tolerance and expulsion for students whose behaviors are deemed unacceptable or a threat to others. Schools are sending the message that behaviors will be controlled or the student will not be allowed to participate. Zero-tolerance measures were initially enacted in response to a rash of school shootings, but in too many instances an extraordinarily broad definition

of dangerous behavior is being used to remove students from school. In Mississippi, for example, students older than 13 who attend public schools can be expelled for being *disruptive* in class three times during the academic year (Wald, 2001). And for one student who had a cold, his *disruptive* behavior was taking a Kleenex tissue off his desk without permission. In another state, an 11 year old was taken away in a police van for having a plastic knife in her lunchbox to cut chicken (Wald, 2001). Too often zero tolerance is the convenient excuse used to *get rid of* disproportionately poor and minority students whose behaviors may be annoying, but hardly dangerous. In this climate where such minor misdeeds have become grounds for expulsion, parents need to be supported to raise their own expectations about alternatives to these punitive disciplinary tactics.

### NEED FOR FAMILY SUPPORT AND TRAINING

With PBS and functional behavioral assessment being included as two important concepts of the 1997 amendments to the Individuals with Disabilities Education Act (IDEA), there has been a greater emphasis on their use not just in schools but in home and community settings as well (Barry & Singer, 2001; Hieneman & Dunlap, 2000; Markey, 2000). With this growing emphasis, it is becoming increasingly important to ensure that parents of children with problem behavior have access to research-based informa-

tion about PBS strategies so that they can be full partners in a comprehensive team approach to PBS that involves representatives from school, community, and home settings. Recognizing this importance, Lucyshyn, Blumberg, and Kayser (2000) have offered three suggestions for improving the quality of support to families raising a child with problem behavior: (a) offer family-centered, home-based PBS services in which those providing the support are colleagues who recognize the expertise of the family; (b) organize behavior support around the daily routines of family life so that PBS becomes an asset to the daily functioning of the families who already are busy with life's daily demands; and (c) encourage professionals to partner with parents so that their wisdom and perspectives come together on behalf of children with problem behaviors.

### Operation Positive Change

Operation Positive Change is one of the programs offered by Pyramid Parent Training, a Community Parent Resource Center funded by the Office of Special Education Programs in New Orleans, Louisiana. For 10 years, Pyramid Parent Training has provided family-centered, culturally competent information and training to support culturally and linguistically diverse New Orleans parents striving for improved outcomes for their children with disabilities. Sixty-two percent of the population in New Orleans is African American, and according to a June 1999 *Times Picayune* article,

In the 1990 Census, poverty struck much harder at the black population (38% were poor) than the white population (7% were poor). Only 42% of poor whites lived in poverty-impacted neighborhoods where 87% of all poor blacks lived. More striking, only 6% of poor whites lived in high-poverty neighborhoods (where poverty rates exceed 40%), while almost half of all poor blacks (49%) lived in such deadly communities. (Rusk, 1999, p. 24)

Adding to these devastating data, a report published by the Annie E. Casey Foundation (1998) measured the educational, social, economic, and physical well-being of the nation's children. Louisiana ranked last out of 50 states. Data highlights appear in Table 1.

These are the families served by Pyramid—families dealing with not only problem behavior of their children with disabilities but also the challenges created by long-term poverty. Pyramid families contend with crime and delinquency, alcoholism and drug addiction, substandard housing, and deteriorating schools, in addition to their child's disability. The long and dreadful litany of challenges facing these families is compounded by limited access to health care, language and literacy limitations, and often by bad memories of their own school experiences. In 1 year alone (1998–1999), out of 174 families served by Pyramid, 90% were African American, 54% had incomes of less than

**Table 1. Benchmarks of Child Well-being in Louisiana and United States**

Benchmark	Louisiana	United States
Low birth-weight babies (%)	9.7	7.3
Infant mortality rate—deaths per 1,000 live births (%)	9.8	7.6
Child death rate (deaths per 100,000 live births)	36	28
Rate of teen deaths by accident, homicide, suicide (deaths per 100,000 teens)	89	65
Teen birth rate (births per 1,000 females ages 15–17)	45	36
Juvenile violent crime arrest rate (arrests per 100,000 youths ages 10–17)	504	507
Teens who are high school dropouts (ages 16–19; %)	13	10
Teens not attending school and not working (ages 16–19; %)	13	9
Children in poverty (%)	35	21
Families with children headed by a single parent (%)	33	26

Note. From Kids Count Data Book (pp. 76–77), by Annie E. Casey Foundation, 1998, Baltimore: Author. Copyright 1998 by Annie E. Casey Foundation. Reprinted with permission.

\$15,000 annually, and 81% were single parents. All of the families had one or more children with disabilities.

### Family Story of Ursula and DJ Markey, Program Co-Directors

As African American parents of two sons with disabilities and lifelong residents of New Orleans, we understand firsthand the additional challenges families of children with disabilities face in our urban schools and community. We believe that our challenge as a society is to use what research and experience have taught us about these children and their families to generate and apply practical solutions for outreach, information sharing, and support to yield positive outcomes for children with disabilities and their families. We respond to that challenge at Pyramid Parent Training through Operation Positive Change, a project that trains and supports parents in the principles and practical applications of positive behavior support strategies. This program, funded by the Institute of Mental Hygiene of New Orleans, is designed to bring best research-based practices in positive behavior support to families in traditionally underserved communities.

Operation Positive Change grew out of our own personal experiences with our son Duane, who had autism. As is often true for children with autism, some of Duane's behaviors were challenging and worrisome, and we feared for his safety. At a family gathering, all of our children joined other children from the neighborhood playing outside. Duane at age 5 was eager to join them, and for a while everything was fine. But when the children were called in for a snack, they all came running—except for Duane. He ran the other way, heading right toward the street.

Fortunately, we caught him just before he entered the busy street, and he was safe—this time. And while everyone was relieved, we also knew that this incident was one of many in which Duane had not listened to our warnings of danger. We knew there would be more and that we might not always be able to stop him before something terrible happened.

Later that afternoon as we were leaving, my nephew asked us, "Why does Duane act like that?" We realized that we didn't have an answer. But we did know that we wanted Duane's challenging behaviors to stop. We wanted the temper tantrums and the incessant humming and the running off to stop. We wanted him to be safe. Only much later when we learned about PBS did we understand just how important the question "Why does Duane act like that?" was.

As the years went by, dealing with Duane's behaviors became even more difficult, and we realized how much his behaviors prevented our family from taking part in many community activities. We found it easier to stay home. The few outings we did have tended to be those that allowed us to be self-contained—movies, video arcades, long drives,

and picnics. So even though we did sometimes get out into the community, we didn't interact much with others, and we felt excluded because of Duane's problem behavior.

Doctors and school officials encouraged us to consider Ritalin for Duane, but we had our doubts. While we believed that Ritalin most likely would make life easier for the teachers and for us, we worried about what would it mean for Duane. We wanted him to stop throwing things, but we didn't want him to stop playing ball. We wanted him to stop running off, but we didn't want him to stop running to give us a hug. We wanted to know Duane as our son, and we were afraid that Ritalin would interfere with that.

So we decided to try a behavior management course offered through our Community Mental Health Center. Other family members came with us, and we all learned how to shape and control Duane's behaviors through contingency planning and reward systems. But at no point during the training did anyone ever ask the question our nephew had asked the day Duane almost ran into the street: "Why does Duane act like that?"

Over the years, we worked hard to support Duane and advocate for the best possible education for him. While we knew that participating in the mainstream would mean that Duane might be subjected to the cruelty of other children, we also understood that total inclusion and full participation are rights worth fighting for. Just as our parents had done when racial integration first came to public schools, we fought hard for the development of inclusionary educational plans to meet his needs. By the time Duane was 18, he was attending the neighborhood high school, participating in school activities as well as special and traditional classes, learning how to use public transportation, and gaining work experience as part of his transition-to-adult-life plan. And yet many of Duane's behaviors, while somewhat controlled by behavior management strategies, continued to be challenging both for him and for us.

During this same year, based on the encouragement of friends and neighbors who admired Duane, we started a support and advocacy group called Pyramid Parent Training. We hoped through Pyramid Parent Training to share with other families in our community what we were learning about how to support Duane. Shortly after Pyramid opened its doors, we received a donation of books from Brookes Publishing. We immediately recognized one of these books, *Positive Behavioral Support*, by Koegel, Koegel, and Dunlap (1996), as important and relevant to Duane's life and to our efforts to support him.

As we began to read about PBS, we recognized that we had spent many years of our lives learning about various behavioral theories in order to address Duane's problem behavior. We realized that while behavior management strategies helped us to control his behavior some of the time, we were placing more emphasis on control than on communication. When we read about the theoretical basis and importance of functional assessment, we finally un-

derstood why our nephew's query, "Why does Duane act like that?" was so important to consider. We understood more fully that all behavior is communication.

But we were also gratified to discover that some of what we were already doing on our own was part of PBS. We read the theory and validated it as we recalled the times we had used PBS without knowing it had a name and a body of research and theory behind it. We realized that we had already asked and answered many of the questions that are part of a functional assessment. We discovered that praising our son for his accomplishments, providing opportunities for success, and offering meaningful choices were more effective than other disciplinary tactics. We remembered that as we used PBS, we saw a reduction of his problem behavior, but more important, we saw an increase in Duane's ability to exercise self-control and independence. With this realization we committed ourselves to be advocates for the theory and practice of PBS.

Our question then was how to bring the principles of PBS to Pyramid families who too often because of challenges related to poverty and racism do not have access to research-based best practices for their children with disabilities. Our answer was Operation Positive Change.

Operation Positive Change grew out of our own personal experiences with our son Duane. It also grew out of a mutual commitment to participatory action research (PAR) that we shared with the Beach Center (Markey, 2000; Markey et al., 1998; Santelli et al., 2001). We all believed that PAR provided a viable alternative for closing the gap between research-based knowledge and the families who needed it. We used PAR together to (a) define the relevant issues for Pyramid families who were dealing with the urban challenges of poverty, substandard housing, unemployment, and racism at the same time they were dealing with the problem behavior of their child with a disability; (b) find solutions to the identified problems; and (c) ensure that the research-based solutions were meaningful, useful, and actually made a difference in the lives of Pyramid families affected by the disability experience. As we developed the Operation Positive Change training model and activities, we incorporated the research-based best practices in PBS that we had learned about from our opportunities to consult with PBS researchers. We read literature they recommended and reviewed numerous training manual formats while developing our Operation Positive Change Trainer's Manual. As we piloted the training activities, we called on our research partners to critique and validate our adaptation of the technology for use in our community. The quality of our dialogue grew respectful and rich over time, sustained by our mutual commitment to make our work practically useful for all families. Our research partners gave us opportunities to attend conferences and programs focused on PBS. They invited us to present on the application of PBS in our community and encouraged us to publish articles about our work. We in

turn provided our research partners with a window to the needs of culturally diverse urban families living in underserved communities, and we helped them to design and conduct PBS research that was of immediate and direct benefit to underserved families in urban communities.

## Operation Positive Change Program Components

The primary program components in Operation Positive Change (OPC) include workshops, roundtables, support groups, best practices luncheons, leadership development, one-to-one assistance, and training of trainers.

### WORKSHOPS

OPC offers a regular schedule of PBS workshops—one Saturday per month between September and May of each year. We provide a small stipend for childcare and transportation to support parents' attendance. The workshops are held in a community setting such as a library or community cultural center that is familiar to the parents, and lunch is provided. At least two workshop facilitators are always present throughout the workshop to ensure that each participant gets the individualized support that may be needed.

Six lessons are presented in the manual, each taking approximately 3 to 4 hours to present. Lessons can be combined into longer sessions, but trainers are asked to be mindful of two things: First, to avoid compressing more information than participants can absorb and use per session. Second, to consider the order of the lessons when combining two or more in one session, as the lessons are designed to build on each other.

A guiding principle in PBS parent training is that for change to occur for the child with problem behavior, the behavior of the parent has to change. According to researchers and theorists, changing behavior is one of the most difficult things anyone can undertake. We know from educational researchers that adults need at least 8 hours of training in any theory that is new to them if they are to grasp the principles and put them into practice (Wirt, 2000). So our workshops allow sufficient time for learning and change to take place.

Each workshop begins with a time for introduction and sharing among the parents—time that is essential to create an environment that feels welcoming and safe. New ideas and concepts are introduced by the facilitators through family stories, role plays, and activities designed to encourage the participants to reflect on their own personal and family experiences. Each session ends with some suggested activities for parents to try at home. The Appendix includes a sample outline of an OPC workshop.

We knew that the home and family lives of Pyramid families were beset with many harsh realities and that PBS

training most likely would be seen as one more activity on an already full plate of responsibilities related to the very survival of the family. As we designed OPC, we thought carefully about accommodations that would be important given these family realities.

- Although the word *intervention* is widely used in the PBS literature, we entirely avoid the use of this term in our training. Pyramid families hear the term *intervention* too often in connection with the many crises they face in their family lives, and we don't want PBS to be considered yet another crisis intervention. Our hope is that families will come to adopt PBS as a new way of seeing their child and the problem behavior he or she is expressing and a new way of responding that becomes an internalized part of family life.
- Each training session begins with an opportunity for the parents to introduce themselves to the group and share a memory or observation. These shared vignettes become important anecdotal material that is incorporated into the discussions and activities during the training session. For example, parents are asked to introduce themselves and then mention one valuable lesson they learned from their elders (parents, grandparents, extended family members, teachers, mentors). The facilitator summarizes the important lessons and mentions that PBS makes it easier for them as parents to pass these important values on to their own children. During the course of the workshops, facilitators also point out that the parents consistently affirm the positive qualities of their own mentors; and they highlight how much they appreciate that their mentors do not use negative approaches with them. Rather, all of the experiences they relate in this exercise are valuable and memorable because they are supportive, nurturing, and instructive.
- Before we even begin to present information about PBS to families, we encourage them to explore their own attitudes about behavior and discipline. We ask the parents to define behavior and discipline in their own words so that we can then use their words to help them examine how their definitions may be influenced by cultural or family attitudes that have been passed from generation to generation. Often this early activity leads to some important insights for the parents about how they formed their assumptions about behavior and discipline.
- We always emphasize practice over lecture, and our training sessions are filled with activities that give parents opportunities to practice new strategies multiple times before trying them at home.

For example, when we introduce the idea of being aware of the child's strengths and interests as a way of developing a PBS plan that includes positive experiences, we ask the parents first to talk in pairs about what their children like to do and are good at doing. These dyad conversations help them to focus their thoughts so that they are ready to develop their own PBS plan for their child. They have already identified the child's interests and preferences and are ready to consider how these interests and preferences might be used to reinforce desired positive behaviors.

OPC also invites guest speakers to conduct workshops. Recently, Ann Turnbull from the Beach Center collaborated with OPC in providing a workshop on Schoolwide Positive Behavior Support. Incorporating the model and best practices from the National Center on Technical Assistance for Positive Behavioral Interventions and Supports, Turnbull provided an overview of the three components of schoolwide PBS and described how these components were incorporated in an urban school in Kansas City, Kansas (Markey, 2001). Because she described families who faced the same urban realities as the families served by OPC, and schools that were similar to the public schools in New Orleans, her presentation was especially credible to the families who attended. Parents were so intrigued by the PBS best practices that an ongoing education work group has been formed and continues to meet and plan ways to bring information about PBS to families in their natural community settings.

Through our workshops, we introduce parents to the research-based implementation steps of PBS: data collection, completion of the functional assessment, and writing (and further hypothesis-testing) the PBS plan. However, because our work is with parents, these implementation steps are not carried out in a clinical setting. We have adapted the elements so that they can work for people who lead busy lives and/or who may not be comfortable with excessive writing or written material.

### **Data Collection**

Psychologists and other behavioral specialists who worked with us on behalf of Duane always provided us with a variety of forms and asked us to collect behavioral data on a daily basis. Despite our best intentions, we found that the demands of daily living and the need to be vigilant about the possibility of behavioral episodes left no time or energy for completing data collection forms. Mostly, we shared information about Duane's behavior through anecdotal descriptions of incidents.

As we considered how we would address the data collection piece in PBS for parents, we believed they would not find the time to fill out tedious data collection forms every day. We decided to build data collection into the ac-

tual training activities rather than relying on the parents to do it at home. For example, we provide parents with adapted and simplified data collection forms and give them time during the workshop to practice using them and filling them out. Some of the parents then take them home and continue to document behaviors in the home setting, and they have found this process to be useful and even enlightening. Other parents do not, but as a staff, we believe that it is important that families know about and have access to data collection tools as well as the opportunity to be trained and supported in their use. This approach has been more than adequate for most of the parents served by the program.

Yet, even as we try to minimize record keeping at home, we are mindful of the rationale for data collection, shared with us by Wayne Sailor of the Beach Center at The University of Kansas:

- Parents want to improve quality of life for the person with problem behavior and for their families, and so they should be afforded the best chance for success. Collecting information will help them to make the best decisions.
- Parents grow accustomed to looking at their children's problem behavior in a certain way. If they are involved in regular data collection, they will also be retraining themselves to look at the behavior in a different way.
- When parents attend IEP conferences or other meetings, they will be in a much better position to be heard when they consult doctors or other service providers if they have collected information about behaviors. (W. Sailor, personal communication, November 2000)

We are exploring how to introduce parents to more objective and numeric methods of data collection. Perhaps pocket-sized notepads or mechanical counters can be helpful to parents trying to document specific behaviors.

### **Functional Assessment**

OPC continues to hold trainings in which parents have a chance to complete a simple functional assessment that helps them to place behaviors in context and identify their communicative function. During the actual workshop session, parents take the time they need to fill out the functional assessment with the assistance of the facilitators and the support of other parents. Completing the functional assessment in this way enables workshop participants to assist each other in determining the functions of specific behaviors. This format has worked well for most of our parents. This method also provides the facilitators with an opportunity to evaluate how well the parents have grasped and understood the content of the training.

### **PBS Plan**

When we first started facilitating the OPC workshops and because we knew that many of the parents were not comfortable with paper-and-pencil activities, we placed great emphasis on the development of the written PBS plan during the actual training sessions so that we could support this activity. We helped the parents to identify their children's interests and then to use them along with the information from the functional assessment to design a PBS plan. And yet, as we helped parents prepare the written PBS plan, we observed that they were often making false assumptions about the functions of a targeted problem behavior. Committing these false assumptions to writing was serving to reinforce them. So we began to place more emphasis in the workshops on the mastery of PBS techniques rather than writing them down. We found that parents who had mastered PBS strategies were better prepared to participate in the development of the PBS plan as a part of their child's IEP as mandated by IDEA 1997. The newly revised OPC parent handbook, *A Parent's Guide to Using PBS at Home*, contains a section for writing the PBS plan that will be used at home. For parents who want to incorporate PBS plans in their children's Individualized Education Programs (IEPs), we provide a separate handbook for this purpose (*A Parent's Guide to Participating in the Development of Your Child's PBS Plan at School*).

### **ROUNDTABLES**

Small group sessions, called Roundtables, are offered in addition to the workshops to support the training objectives of OPC. Roundtables are informal gatherings at an actual round table at the Pyramid Community Parent Resource Center. They are attended by 7 to 10 parents. Participants share a meal and talk to each other about their concerns. Pyramid staff are present and prepared to address questions and to help parents identify next steps. Roundtables are supported by transportation/childcare stipends and are held on Saturdays or weekday evenings. The topics for Roundtables are defined by the expressed needs of the parents but typically include those discussed in the following sections.

### **PBS Roundtable**

Pyramid sponsors Roundtables as needed to support the parent training objectives of OPC. The OPC training is sequential, and the information presented in each workshop builds on information previously presented. As parent attendance cannot always be regular, OPC holds small PBS Roundtables to address parents' individual training needs. PBS Roundtables also serve as a follow-up opportunity for more in-depth discussions on topics presented in the OPC workshops.

### *IDEA Roundtables*

IDEA Roundtables are designed to give parents the information they need to solve problems they are experiencing in the special education system. Topics for IDEA Roundtables may include the following:

- Discipline procedures under IDEA 1997
- Timelines and procedures for evaluation and re-evaluation
- Placement guidelines
- Section 504 accommodations under the Rehabilitation Act
- Testing and alternative assessment
- Design and implementation of IEP goals and objectives
- Inclusion and access to the regular curriculum
- Family support
- Community resources and referrals
- Mediation

### *Other Roundtables*

Pyramid sponsors Roundtables as needed to address issues as they arise. For example, a Leadership Development Roundtable was held to help parents prepare testimony to federal monitors. Roundtables are also sometimes cosponsored with other groups. Recently, Pyramid partnered with the Beach Center and the New Orleans Children's Services Collaborative to host Roundtable focus groups to obtain parent input for research and program design.

### **SUPPORT GROUPS**

Parents are also offered the opportunity to come together informally with other parents for emotional support and exchange of ideas and information. Pyramid promotes the formation and ongoing facilitation of support groups for parents whose children have the same or similar developmental disabilities and/or mental health needs. Pyramid provides meeting space, refreshments, and materials. A Pyramid parent associate helps with the logistics of the support group meeting by assisting with meeting arrangements and inviting guest speakers. During the meeting, the parent associate provides information on best practices in treatment and educational strategies and helps the parents to develop goals and to prioritize activities for the group. The groups are encouraged to request Pyramid's technical assistance in any area of their work and to report on their activities and announce events in the Pyramid/OPC Newsletter. The Pyramid parent associate keeps Pyramid informed about the progress and needs of the group. At this time, Pyramid staff facilitate three support groups: the Autism Support Group, the ADD/ADHD Support Group, and the Male Involvement Support Group.

### **BEST PRACTICES LUNCHEONS**

Pyramid is also a member of the parish-wide Children's Services Collaborative, a coalition to improve the coordination and delivery of services to children. Pyramid was instrumental in securing funding for the Collaborative to cosponsor (with Pyramid) the "Best Practices Luncheons," a series of events that are open to Collaborative member organizations and members of the community at large. Following the presentation of each topic in the series, a workgroup for that topic meets to plan related activities and set goals with the assistance of our leadership development trainer. This project is supported by a grant from the Annie E. Casey Foundation.

### **LEADERSHIP DEVELOPMENT**

Pyramid sponsors leadership development training for parents who attend PC workshops and best practices luncheons. Leadership development topics include negotiation, communication skills, team building, conflict resolution, anger management, and strategic planning. These important skills are helping parents to participate more effectively in school team meetings, work with educators and administrators at their children's schools, and speak out on behalf of children at community forums. Parents report that they use these leadership skills in their interactions with family members and employers and find them helpful in all settings.

### **ONE-TO-ONE ASSISTANCE**

IDEA 1997 requires for the first time that school personnel address the problem behavior of special education students by implementing alternatives to suspensions and expulsions, including the development of positive alternatives such as PBS plans. As stipulated in IDEA, parents work cooperatively with school personnel in designing and implementing the PBS plan. However, because school personnel, for the most part, are not trained in PBS and thus do not have any real understanding of the principles of PBS, they often (a) exclude PBS plans from students' IEPs, (b) include generic (one-size-fits-all) plans, (c) confuse PBS with behavior management/modification or crisis intervention plans, and (d) offer resistance to parents' attempts to formulate a PBS plan during the team process. These conditions have led us to seek more involvement with school teams in developing and implementing PBS plans and in providing one-to-one assistance for the parents during meetings with school personnel. Because the parents have already had time in the OPC workshop settings to master the principles of PBS, they are ready to take a more proactive role during the development of the PBS plan at the IEP meeting. They also have raised expectations



that expulsion is not the only way to manage problem behavior and that there are alternatives. As we support the parents in their efforts with the IEP team, the desired outcome is always the development of a written PBS plan that will be incorporated into the students' overall program at school and that will work well with home PBS plans.

Pyramid staff offer parents one-to-one assistance by accompanying them to IEP, Individualized Family Service Plan, and Individualized Transition Plan meetings; juvenile justice hearings; mediation conferences; and school disciplinary conferences. The greatest proportion of staff time is spent with parents in IEP meetings and in follow-up meetings with school personnel around the implementation of PBS.

When we attend an IEP meeting with parents who have participated in OPC workshops, we meet with the parents individually before the IEP meeting to help them think about the PBS plan they would like to have included in their child's IEP. We review any data collection that parents have done and help them think about how to use this information during IEP meetings. We remind parents that one of the goals during the IEP meeting will be to keep the focus on the positive rather than the negative.

Because we find that teachers in the New Orleans public schools often are not well trained in PBS, we use the same guide that the parent has already received at the workshop, *A Parent's Guide to Participating in the Development of Your Child's PBS Plan at School*, to focus the discussions. We find that just as we have done for the parents, we need to walk the educational team through the steps of developing a PBS plan: (a) considering the child's strengths and interests, as well as any dislikes or triggers; (b) completing a functional assessment; (c) matching the child's strengths and interests with activities and opportunities throughout the day; (d) considering how PBS strategies will be implemented and by whom and what school resources will be needed; and (e) determining how the PBS plan will be monitored and changed if need be. We find too often that teachers want to focus on those behaviors that are disruptive to the school day and their classroom, and we find that we often need to redirect the discussion back to the child's strengths and interests and how those might be considered in managing problem behaviors. Sometimes we are met with resistance, in which case we know there will be additional meetings, but often IEP meetings result not only in a satisfactory PBS plan, but also an invitation from the school principal to do some in-service training about PBS for the school staff.

### **TRAINING OF TRAINERS**

The program objective of the Operation Positive Change Train-the-Trainer Program is the development of a document and a design to ensure that the Pyramid PBS training can be replicated by groups and individuals working in un-

derserved communities. The task of writing the Operation Positive Change Trainer's Manual was assigned to Brenda Quant, program facilitator.

In preparation for the writing of the manual, Ms. Quant read PBS literature and other relevant books and publications, interviewed experienced trainers and read materials they recommended, and reviewed several existing training manuals to come up with a user-friendly design for the OPC manual.

Training trainers is a qualitatively different task than training parents. We learned that there is an existing three-tiered training model that involves (a) Operation Positive Change conducting parent training; (b) Operation Positive Change training parent trainers; and (c) Operation Positive Change training people who will, in turn, train additional trainers. In developing our manual, we considered it a training at the second tier, the tier that focuses on the training of parent trainers.

During the course of conducting our PBS parent training, several values-based concepts emerged as crucial elements and became incorporated into our design. These concepts are reflected throughout the manual:

- getting parents to talk about and think about discipline habits, including what they learned from their own parents;
- helping parents to think about their goals for their children rather than thinking about the problems and obstacles;
- providing parents with opportunities to express positive things about their children (attributes, accomplishments, etc.);
- helping parents to change their focus from crisis management mode to positive engagement with their children; and
- helping parents to go beyond merely learning the principles of PBS to valuing these ideas as a means to change their lives, as a way of being in the world.

Although the Trainer's Manual is a major component of the Train-the-Trainer Program, it is not designed to be a stand-alone document. In addition to mastering the material contained in the manual, perspective trainers will be asked to (a) participate in observation of parent trainings, (b) co-train with experienced trainers, (c) evaluate the training sessions, and (d) assist with appropriate adaptations of the manual for use with parents they will train. Individuals receiving this training will become Operation Positive Change Parent Trainers. The ideal trainer is a parent of a child with problem behaviors who has some personal experience in implementing PBS strategies. However, these characteristics are not requirements. Anyone with a sincere interest and commitment is welcome to seek training.

Prospective trainers will need to invest time in reading the material contained in the Trainer's Manual and supplementary material so that they are conversant with PBS theory. It will be helpful for new trainers to also have experience with implementing the strategies of PBS in their own personal or professional lives. In addition to workshop time, trainers will also need to reserve time and possibly additional staff to conduct other activities in three areas:

1. Trainers will need to allow sufficient time for follow-up with parents whose individual needs may not have been completely addressed in sessions or who may have missed a session;
2. Trainers will conduct phone follow-up on progress of plans; and
3. Once new trainers begin training parents in their area, OPC staff and research partners will establish links to assess further training needs and to facilitate gathering data on the implementation of the new parent training program as a major component of the PAR partnership established with researchers.

Once an individual has been trained as an Operation Positive Change parent trainer, the manual will be used as a guide for conducting training. The lessons in the manual include a suggested script for trainers. The script is written to capture all of the main points of each section. It is recommended that new trainers adapt the wording to their own needs as they see fit, while making sure to cover all of the points contained in the script.

### Impact of Operation Positive Change PBS Training for Parents

Because we do not yet have efficacy data on the impact of parent participation in Operation Positive Change, we do have anecdotal data from parents. Parents who have experienced positive outcomes from their participation in Operation Positive Change have shared their successes with us.

- One parent spoke of her 21-year-old son with autism who is now able to participate in church activities. The minister praises him in front of the congregation for helping to set up and clean up before the activities. In addition, the parent reports that she has made some specific changes in the home environment that make her family's home calmer (e.g., moving the television out of the dining area and bedrooms has meant that her son is able to listen to quiet music with her sometimes).
- Another parent reported that her 7-year-old with learning disabilities now has a behavior plan that

allows for increased time in the regular class and increased access to the computer lab.

- An 11-year-old with autism now has a PBS plan incorporated into his IEP. As a result of the use of PBS strategies, he no longer needs a child-specific aide to transition to and from various settings at school. At home he spends more time in cooperative play with his cousins as he is praised for these interactions. He is also rewarded when he complies with his mother's requests for him to stop doing something. With planning, she now feels more confident when he accompanies her on short errands in the community.
- A parent of a 27-year-old with autism has used PBS with her daughter who was constantly late for the bus that takes her to work. She helped her daughter make changes in her schedule that enabled her to be ready for the bus. The bus driver participated by praising her when she was on time and encouraging the other riders to cheer.
- A 4-year-old preschooler with autism now has a transitional behavior plan to allow for his successful move to pre-Kindergarten class at a local public school. His mother describes how she utilizes PBS strategies to encourage cooperative play in their neighborhood and has shared strategies with day care staff.
- A parent of a 15-year-old daughter with an emotional disorder had pulled her daughter out of school because support services were inadequate to meet her needs. Her daughter was developing some negative relationships and had begun to use profanity when angered. Her mother began to use PBS to address cursing, and she also participated in the development of a plan for school that built on her daughter's interest in dancing. The school staff encouraged her daughter to try out for the dance team. She is now a member of the dance team and much happier about going to school. Profanity is rarely a problem.

With the Beach Center as our research partner, we will begin a quantitative evaluation of the impact of parent participation in the Operation Positive Change workshops on family quality-of-life outcomes. Every day in every city, researchers and families have the opportunity to apply the best of what we learn together to improve the worst situations even in the worst of times. With each shared success, we strengthen families and reinvent vibrant and caring urban communities.

#### ABOUT THE AUTHORS

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Parent Resource Center. They worked collaboratively with **Brenda Quant** to initiate Operation Positive Change. She has a major role in the development of PBS training materials. **Betsy Santelli** and **Ann Turnbull** are at the Beach Center on Disability at The University of Kansas. They are committed to ensuring that families of children with problem behavior have state-of-the-art information on positive behavior support.

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# Appendix

## Sample Operation Positive Change Workshop Outline



### Lesson One: Introduction to Positive Behavioral Support

#### INTRODUCTION

- Opening (song, prayer, remembrance, other culturally relevant observance)
- Purpose of Operation Positive Change workshops
- Agenda and OPC Parent Handbook review, and ground rules for discussions
- Parents introduce themselves and share what led them to attend the workshop

#### A NEW WAY OF LOOKING AT BEHAVIOR

- Experiential activity—looking at optical illusions
- Discussion about different ways of looking at behaviors to find meaning in them

#### POSITIVE BEHAVIORAL SUPPORT—WHAT DO THE WORDS MEAN?

- Defining *positive*. Parents use cut-out butterflies to illustrate or describe something positive about their child. During a subsequent large group discussion, parents are asked to reflect on how it felt to express positive things about their child and why it is important to recognize positive qualities in their child.
- Creating a vision for inclusion. Parents are asked to illustrate or describe all of the positive things they want to see happening for their child now and in the future. Parents share their thoughts with another parent in dyads.
- Defining *behavior*. Large group responds to the question, “What is behavior?” Facilitator records parent responses on a flip chart, pointing out when parents have used action words and how difficult it is to demonstrate nonaction words on the flip chart.

- Using a role-play script, parent volunteers demonstrate how a child can communicate feelings without words—simply through behaviors. Group then discusses the difference between describing a behavior and making assumptions about what the behavior communicates. A story about two teachers who have very different descriptions of the same behavior being exhibited by the same child emphasizes the importance of describing a behavior before drawing any conclusions about its meaning.
- Acting out messages. Practicing communicating without words. Emphasize that often behaviors are used to communicate a message, feeling, or need.
- Defining *support*. Large group discussion.
- Putting together a definition of *Positive Behavior Support*, using the parents’ definitions.

#### ROLE OF PARENTS IN INFLUENCING THEIR CHILDREN

- Circles of Wisdom Story. How children’s perspectives of what their parents know changes over time. Statistics demonstrating how influential parents are in their children’s lives, even though it may not feel that way.
- Read *A Gift From Alex* to reinforce the idea that parents are experts in caring for their child and that parents bring as much, if not more, to meetings with professionals.

#### EXAMINE ATTITUDES ABOUT BEHAVIOR AND DISCIPLINE

- Defining discipline. Large group generates responses. Parents compare lists of definitions of *behavior* and *discipline* and are asked to consider whether there are any cultural or family attitudes or practices associated with these words. Parents

are also asked to think about whether discipline practices help them and their child achieve the vision for their child that they described earlier.

#### **CONCLUDE**

- Sandy's Story. An example of how PBS changed Sandy's daily life. Ask parents to note what the problem behavior is that Sandy is exhibiting. What strategies were tried first, with what results? What else was tried and why did it work? Refer

back to definition of PBS and point out how the concepts in the definition relate to Sandy.

#### **WHAT HAPPENS WHEN I GET HOME?**

- Parents are encouraged to think about one specific strategy they can try at home with their child that will support positive changes (as in the story about Sandy). Parents share their ideas, and each is affirmed to try it out at home and report back to the group next time.

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