



Consent Letter for Professionals Auditing the Course

Name of professional in training auditing the course: _____

Kansas Institute for Positive Behavior Support Consent Form for Professionals Auditing the Training

INTRODUCTION

The Life Span Institute at the University of Kansas includes a training program that supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You are free to decide not to sign this form and not participate in this study. Even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with the Life Span Institute, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY

The purpose of this project is to train professionals in developmental disability, mental health, child welfare, and education in the area of positive behavior support (PBS). PBS is a set of strategies and tools that help prevent problem behavior. The first step in PBS is to assess why a child or adult engages in problem behavior. The next step is to use this assessment information to change routines and activities to prevent the likelihood of problem behavior (for instance, we may change the time of day an activity occurs to decrease problem behavior). PBS also includes teaching children and adults with disabilities new communication and social skills that replace problem behavior (for example, we may teach a child to ask for a break because we know she is engaging in problem behavior to escape from a nonpreferred task).

PROCEDURES

To complete the training as an auditor, you must read the online modules, and participate in 10-15 classes that last approximately 4-6 hours in length. There are two full day events that are critical to the class and it is highly recommended that you attend these events. Professionals auditing will be asked to turn in a portfolio in order to complete the course. The portfolio will contain 1 written case study that provides information about how the you facilitated PBS with one children or adult with a disability and the outcomes of the plans. Many professionals work with children and adults that they support within their jobs which makes it easier to complete the portfolio. This course takes one year to complete from March 16th until February 29th, and takes approximately eight hours a week for those individuals who are not auditing. Your organization is encouraged to provide you with the amount of time and resources necessary to complete the course during work. But, it is possible that your organization will require that you spend time outside of your paid work hours to complete the course. By the time you read this consent form, you should know whether your organization will allow you to complete the course during paid work hours. If you are not clear whether you will be completing this course during your regular paid work hours, please contact your supervisor before signing the consent form.

One part of the training will include a videotaping activity. The purpose of the task is for you to videotape a child you are working with over time and to videotape yourself implementing simple

PBS interventions with a child or adult (for instance, you will be asked to prompt a child to communicate and deliver positive feedback to a child). Videotaping will occur for 20 minutes to an hour each time with up to six videotaping sessions completed during the year. This tape will be viewed and discussed in a small class of no more than six to eight professionals who are also videotaping the child and themselves. You will be asked to destroy the tape after course is completed. The tapes will not be seen by anyone else besides your instructors and classmates during the assigned class.

Each professional is observed by a KIPBS staff member within their organization working on specific parts of the PBS plan process during the training year (for example, you will be observed facilitating meetings, collecting data, and teaching staff). You will have one instructor who will facilitate monthly meetings and you and your class will take a lead role in deciding the dates of each of the classes. Your instructor will grade your in-class performance and assignments and turn in materials to the main KU staff in Lawrence. In addition, KIPBS staff and your instructor will communicate via email to monitor your progress and make every effort to provide the support you need to complete the course.

The case study that you turn in will be evaluated by your instructor and KIPBS staff using checklists that grade the important elements of a PBS plan and that show the impact the plan has had on a child or adult's life. In addition, you will be asked to have the individuals who work with you on the PBS plan anonymously complete satisfaction questionnaires evaluating the effectiveness of the PBS plan. Another part of the portfolio includes a system change activity. This means that you will choose an activity that involves changing how something is done within your organization. For instance, a systems change activity might include writing a PBS policy for your organization, creating a plan for preventing problem behavior with the families you are working through your organization, or developing a set of inservices on PBS for staff with your organization. As an auditor you are not required to provide a systems change demonstration, however, it is an important part of the learning experience and you may want to consider including this in your personal goals.

With the exception of what is described in the next paragraph, all of the information that you submit to instructors and KIPBS staff will remain confidential. Communications between instructors and KIPBS staff will be kept in a locked cabinet. Your class assignments and grades will be placed in a computer within the main KIPBS office and kept locked when no one is present. Only KIPBS staff members that work directly with instructors to train you will have access to your name and confidential information. Your online assignments and grades are available only to you within the KIPBS online module course and you will receive a username and password of your own. The online module course is maintained on a secure server through Show-Me Hosting.

Your organization is investing resources to enable you to participate in this training and have made time and technology support available to you so that you will be able to bill for PBS services. As a result, your supervisors are interested in your progress toward completing the course. It is possible that your organization may ask for information about your progress. Signing this consent form indicates that you are agreeing to allow KIPBS staff to release information to your organization if they request a progress update. KIPBS staff will only send this information

if your agency makes a progress update request and KIPBS staff will request that your agency use the information in ways that facilitate your progress in a positive manner.

RISKS

The potential risks to you in this training are minimal. However, it is possible that you may feel pressure from your organization leaders to participate in this training or you may be given a lower evaluation at work if you do not do well in the course. Your supervisors may ask for information about your progress which could cause feelings of stress. Other risks may be feelings of psychological discomfort while completing the course because you are being evaluated while you are learning new skills. We have taken a number of precautions to avoid these risks and minimize any discomfort you might feel. Participation in the course is completely voluntary. Only you can decide to apply and take the courses if your application is accepted. Acceptance criteria is available at <http://www.kipbs.org/KIPBSApps/>. No one else can send in an application in your name. And, you are free to withdraw your application at any time. KIPBS staff members will be keeping track of your performance and will provide you with extra support from KIPBS staff in completing the class if your instructor indicates you need assistance. In addition, you are free to ask for additional support at any time. Your instructor will communicate via email with KIPBS staff on a regular basis to try to help you not fall behind in your work. You will be able to track your progress using your own password protected username and address which only you, KIPBS staff, and instructors can access.

To prevent the accidental release of confidential information, instructors and main KIPBS office staff will be the only professionals with access to names and identifying information. All confidential information will be stored in the KIPBS office which is locked and the master list of professionals and case study documentation will be in a locked cabinet that only KIPBS staff can open. All evaluation data will be de-identified and no information will be shared that would indicate characteristics of children with the exception of sharing information with your organization if requested to do so by your organization (as discussed previously).

The Kansas Tort Claims Act provides for compensation if it can be demonstrated that the injury was caused by the negligent or wrongful act or omission of a state employee acting within the scope of his/her employment.

BENEFITS

As an auditor you will not be eligible to bill Medicaid for PBS services after completing the course. However, you will have a very clear understanding of how the PBS process is conducted and will be able to have an important impact on your organization by providing advice and feedback on how PBS can be incorporated into your organization. Information learned in this course will provide you with the ability to know the critical features involved in a PBS plan process and you will be more confident both working with others with a background in PBS.

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any way with the information collected about you or with the research findings from this study. The KIPBS staff will use a number or a pseudonym instead of your name for evaluation research purposes. The researchers will not share information about you unless requested to do so by your organization (as discussed previously),

as required by law or unless you give written permission. All confidential information will be stored in the KIPBS office which is locked. The master list of professionals and case study documentation will be in a computer and locked cabinet that only KIPBS staff can open. KIPBS staff will destroy all confidential documents within 5 years but will keep evaluation data with no names or identifying information. By signing this form you give permission for KIPBS to use your information for evaluation research purposes at any time in the future using a number or pseudonym instead of identifying information.

You are not required to sign this Consent and Authorization form and you may decline to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you do not sign, you cannot participate in this study.

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose information collected about you, in writing, at any time, by sending your written request to: Rachel Freeman, 1052 Dole Human Development Center, 1000 Sunnyside Ave., Lawrence, Kansas 66045. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to the researcher(s) listed at the end of this consent form.

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email mdenning@ku.edu.

Consent to Participate in Training

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Type/Print Participant's Name

Date

Participant's Signature

