PREVENTION AND SUPPORT NEW INSTRUCTOR CLINIC PACKET

PREVENTION AND SUPPORT NEW INSTRUCTOR CLINICS (3 DAYS)

Thank you for showing interest in becoming a Prevention and Support instructor. The process can be a lengthy one, but worth the effort.

The most successful instructor candidates will already possess advanced knowledge of positive behavior supports, a solid foundation/ability to perform emergency physical intervention techniques, and strong facilitation skills.

Before attending the New Instructor Clinic, candidates must:

- Obtain staff certification in Article 9 and Prevention and Support coursework.
- Offer evidence of having completed additional coursework in the areas of teaching techniques, skill building strategies and principles of Positive Behavior Support.
- Apply knowledge of the above concepts throughout the Candidate Assessment.

It is also strongly recommended that instructor candidates observe at least one Prevention and Support class, though many candidate observe several classes. Please contact the DDD Training Unit at 602-771-8125 if you need assistance in finding classes to observe.

After successfully completing the instructor clinic, candidates will demonstrate competency through an internship, including teaching of the full curriculum with assistance. Final instructor certification will be observed by Lead Prevention and Support Instructor, and a certified instructor from the DDD Training Unit.

Class size for instructor clinics is limited to 12 participants. To enroll, submit a completed application and supporting documentation to dddstatewidetraining@azdes.gov.

PREVENTION AND SUPPORT INSTRUCTOR APPLICATION

Completed applications are due a minimum of 14 days in advance of an instructor clinic. Completion includes application, candidate assessment and instructor signature forms.

Date of Application: Location of Requested	Clinic:		
Date of Clinic: Applicant's Name:			
Work Phone No.: E-Mail Address:			
Business Address (No., Street, Ste. No).:			
City:	ZIP (Code:	
Agency Name:			
Description of professional experience, including a minimum of developmental disabilities:	Ji z years	s providing direct sup	pport to persons with
REQUIRED TRAININGS	DATI	E COMPLETED	DOCUMENTATION REQUIRED (I.E., CERTIFICATE)
Teaching and skill building strategies			
Principles of positive behavior support, functional behavior analysis and/or other positive behavioral change systems consistent with Article 9			
Article 9 (certification must be within the past 3 years)			
Prevention and Support Certification (within past 6 months)			
I am currently an Article 9 Instructor	Yes	No	
ADDITIONAL REQUI	RED A	TTACHMENTS	
Completed Candidate Assessment	Yes	No	
Signed Instructor Responsibilities Agreement	Yes	No	
Letter of Support and Agreement from Supervisor/Agency	Yes	No	

Send completed application and required attachments to dddstatewidetraining@azdes.gov.

If you have questions about completing this application, please contact the DDD Training Unit at 602-771-8125.

PREVENTION AND SUPPORT CANDIDATE ASSESSMENT

Instructors in Prevention and Support need a solid foundation in topics including Article 9, Prevention and Support, positive behavior supports and positive behavior change strategies.

As part of your application, please answer the following questions completely.

Candidate's Name:	Date:
Identify the techniques that are specifically prohibited by Article 9.	
In order to determine if a situation presents a behavioral emergency, what are the questions t	hat need to be asked?
Describe the impact reinforcement has on behavior.	
What is the difference between being supportive and being controlling with an individual we s	erve?
What is the reason we would always avoid controlling someone we serve?	

Candidate's Name:	Date:
When supporting an individual who is displaying challenging behaviors, how does the knowl communication affect your response?	ledge that all behavior is
Jason is a person that we serve and support. Jason likes to change activities frequently. He with crowds and loud noises. Jason communicates by using sign language and gestures. Javehicles. Jason goes with a provider to the grocery store to shop for two weeks of groceries Jason sites down in the middle of an aisle. He starts screeching loudly and knocks numeroulower shelves. There are four other people in the aisle, staring at Jason.	ason really enjoys riding in s. Alter a half hour in the store,
Identify in this is a behavioral emergency. Describe what, if anything, you would have done of might resolve the situation.	differently. Describe how you
Explain the importance of teaching alternative positive and effective behavior.	
How does understanding the different components of the behavior cycle (before, during afte effectively with a person you support?	er) help you respond more

Page 4 of 7

DDD-1693A FORFF (4-23)

Candidate's Name:	Date:
Wesley is at a restaurant with two friends and a provider. Wesley's meal arrives and it has oliv specifically said "no olives." He throws his plate at the server, stands up, and raises his fist. We people when he's angry.	
Describe how you would respond using the least restrictive options.	
Identify four strategies that would require a behavior plan to be written and approved by the program Review Committee, and reviewed by the Human Rights Committee.	lanning team and the
Jasmine is a person that we serve and support. Jasmine enjoys watching cooking shows, stirl up food. Jasmine does not like the sound of loud mechanical devices like mixers, blenders or sometimes hit her head against the wall or with hard heavy objects if she hears these sounds warning.	vacuums. Jasmine will
What are proactive ways to support Jasmine?	
Today is your first day working with Jessie. Jessie does not communicate using words, and you difficult time meeting new people. Name at least five strategies you could use to get to know or relationship.	

Page 5 of 7

DDD-1693A FORFF (4-23)

PREVENTION AND SUPPORT CERTIFIED INSTRUCTOR RESPONSIBILITIES AND REQUIREMENTS

CERTIFICATION

- I verify the instructor application packet I have submitted to the Division of Developmental Disabilities (DDD, the Division) is complete and accurate.
- I will complete instructor training and certification, which will include the following:
 - Completion of a DDD-approved Prevention and Support Instructor Clinic.
 - Completion of an internship under supervision of a Lead Prevention and Support Instructor.
 - Successfully conducting an entire Prevention and Support class, based upon the observation of a Lead Prevention and Support Instructor not employed by the same agency and the review of DDD Training Department staff.
- As a Prevention and Support instructor, I understand my initial certification will be valid for one year. Recertification is required through DDD.

COORDINATION WITH LEAD INSTRUCTORS AND DDD

- I agree to allow periodic review and observation of my trainings by Lead Prevention and Support Instructors and or DDD Training staff.
- I will maintain my own records of training and certification and will provide copies of these records on request to DDD Training staff.
- I will submit course rosters to DDD within 30 days of course completion.
- I will notify DDD if I begin working for another agency or if my contact information changes.

COURSE DELIVERY

- I will provide in-person training utilizing only the standard Prevention and Support Curriculum provided by DDD. I understand that I may not make changes or add supplemental information to the curriculum.
- I will present the course information as stipulated in the curriculum through lecture, discussion, activities, demonstration, and video. I may also use the optional slide show.
- Training provided will be a minimum of 8 hours, including mandatory breaks and an hour for lunch.
- I understand the class maximum is 12 students, regardless of the number of instructors.

COURSE TESTING

- I will administer the written test individually, allowing participants to use their course materials.
- I understand that I may make reasonable accommodations to administer the test to those persons who may have
 difficulty completing a written test, such as administering tests orally, using sign language interpreters, etc. I will consult
 with DDD Training staff as needed.
- Class participants must achieve a score of at least 80% to pass.
- Participants must successfully demonstrate all emergency physical intervention techniques within three attempts. For
 participants unable to complete the physical demonstration, but who successfully pass the written exam, an observer
 certificate may be issued.
- Participants who do not pass the class must retake the entire course.
- Prevention and Support certificates for participants are valid for three years.

I have read and agree to the requirements and responsibilities to maintain certification as a Prevention and Support instructor. I understand that failure to abide by these requirements can result in immediate revocation of my certification, and that my employer, contracting agencies and Division monitoring staff will be informed if this occurs.

Instructor Candidate's Name:	Date:	
Agency:	Supervisor's Name:	
Supervisor's Signature:		
Executive Director's Name:		
Executive Director's Signature		

PREVENTION AND SUPPORT AGENCY LETTER OF SUPPORT

- · The instructor's decisions regarding passing and failing trainees will be respected and honored.
- The instructor will be allowed time to participate in related surveys, training and meetings as required by the Division of Developmental Disabilities.
- The instructor will be allowed adequate time for preparation of quality training.
- The instructors will be supported in following the approved curriculum, including 8 hours of classroom instruction with an additional hour for lunch. The maximum class size is 12 students.
- The agency understands that if the instructor does not fulfill the requirements and responsibilities of a certified Prevention and Support instructor, certification of the instructor can be suspended and/or removed.
- If an instructor's certification is suspended or removed, the agency must make other arrangements to assure that agency employees are trained in Prevention and Support by a certified instructor.

Instructor Candidate's Name:	Date:
Agency:	Supervisor's Name:
Supervisor's Signature:	
Executive Director's Name:	
Executive Director's Signature:	