Positive Behavior Support

895.51
The North Dakota Statewide
Developmental Disabilities
Staff Training Program

April 2018

NDCPD
Minot State University
Center of Excellence

Positive Behavior Supports

This module was developed by the North Dakota Center for Persons with Disabilities to be used by North Dakota community provider agencies participating in the Community Staff Training Project through Minot State University. Requests for use of this publication for any other purpose should be submitted to Minot State University, NDCPD, Community Staff Training Project, Box 131, Minot, ND 58707.

Suggested citation:

The North Dakota Center for Persons with Disabilities is a member of the Association of University Centers on Disabilities (AUCD). AUCD is a national network of interdisciplinary centers advancing policy and practice through research, education and services for and with individuals with developmental and other disabilities, their families and communities.

This product is available in alternative format upon request.

Positive Behavior Supports
895.51

Table of Contents

Introduction

One of the most important parts of your job is to help people have a life worth living. You do this by providing active support to help people consistently engage in meaningful activities, attain their goals and enjoy the lifestyles they want. This manual describes a system of thinking about and responding to challenging behavior with an approach called Positive Behavioral Support (PBS). In this module you will learn to:

- Identify, describe, and observe behavior.
- Teach and encourage social and self-regulation skills.
- Assist the team in deciding which behaviors need attention first.
- Assist in completing functional behavioral assessments.
- Assist in the development of positive behavioral support (PBS) plans.
- Implement positive behavioral support (PBS) plans correctly.
- Identify and teach acceptable behaviors to replace challenging behavior.
- Develop support strategies to use when challenging behaviors occur.

Learning is life-long. People learn to act the way they do through their experiences. At first, learning is accidental. Over time, we learn to control the environment and people around us to get what we want.
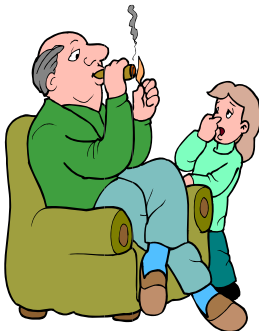
Sometimes our behavior is self-defeating. We do things that don't help us reach our goals and that our families, friends or coworkers don't like. We may smoke, yell at our children, put things off, interrupt others, eat too fast, or show up late for work. Still, we have a reason for behaving that way.

Instead of thinking about behavior as "good" or "bad", "positive" or "negative", "appropriate" or "inappropriate", effective support staff view behavior as functional. That means the behavior is not random. A behavior may be the only way this person knows how to meet a need. The person performs the behavior for a reason that makes sense to him or her. Getting to know the people you support will help you understand why they use certain behaviors to get what they want.

The goal of this training is to teach you to consider possible outcomes for behaviors you observe. Understanding what outcomes follow a behavior will help you understand how to teach a person a better way to achieve those results. You will gain an understanding of how the environment and other people affect behavior. Finally, you will learn to correctly carry out behavioral support plans in an ethical and thoughtful manner.

When supporting individuals with challenging behavior:

- Observe rather than judge.
- Ensure that supports provided "do no harm".
- Use positive, proactive methods.
- Implement behavior support plans correctly and consistently.
- Ask for assistance when needed.
- Record the outcomes of the plan.
- Help the team evaluate whether or not the support plan is working.

Goals
- Recognize and define the components of Positive Behavioral Support (PBS).
- Describe the rights that are legally protected in behavioral support plans.
- Explain negative consequences and the issues related to their use.

Personal Values and Challenging Behaviors

It is easy to read about behavioral crises and describe what staff should do. It isn't quite as easy when you are the one being hit or yelled at. Strong emotional responses and negative feelings are normal in these situations. You may feel angry, afraid, resentful, or disappointed. **Remember, challenging behavior is NOT a personal attack, even though it may be used intentionally.**

When confronted by challenging behavior, it is more effective to figure out what caused the behavior. Of course you will be concerned with trying to stop it. But we need to stop the pattern, not just a single incidence. We typically look at what follows a challenging behavior and try to help the person find a better way to meet that need. We can do this by using any/all of the following strategies:
- Changing our responses
- Reducing demands
- Increasing choice and control

Staff are expected to monitor safety and comfort. But it is equally important to model positive behavior and self-control. We also need to look for ways to prevent the triggers that lead to a challenging behavior.

The relationship that exists between staff and the individual is directly related to the emotions the staff person feels in crises situations (Wanless & Jahoda, 2002). Core values and beliefs about people and behavior that impact your ability to respond include the following:

- Behavior is a choice. It is our job to teach people how to make responsible choices.
- Most behaviors happen because they result in something the person wants.

- Most of the time, challenging behavior is used because a need or desire has gone unmet. The person may not know a better way to meet that need.
- Staff are not incompetent if a challenging behavior occurs.
- All people are capable of learning new ways to respond or meet needs.

Changing Attitudes in Behavior Intervention

Many direct support staff say that challenging behavior is the most difficult part of their job. Challenging behaviors range from acts that are a minor irritation to those that are extremely disruptive or dangerous.

In the past, people with challenging behavior were mistreated and neglected. Disrespectful, humiliating and even painful conditions were considered "effective and appropriate" treatments at one time. Even today, there is a tendency to use negative consequences or punishment in the hope of "getting rid" of challenging behaviors.

Punishment Usually Doesn't Work Well

Punishment is an action in which a specific behavior is followed by a negative consequence. Why doesn't this work? Force often increases negative emotions such as anger and fear. It can also lead to aggression. For example, if staff take away a privilege when Joe swears, Joe is likely to get more angry and may strike out. Many people with intellectual disabilities are not able to connect the punishment with their own actions. They may conclude that you don't like them or are being mean and respond by escalating the cycle of behavior.

When controlling methods don't work, it's natural to increase the level of force. We may use a louder tone or increase the penalties (i.e., privileges taken away). That often results in an on-going power struggle in which neither the staff nor the person being supported are likely to win (lose-lose).

Attempting to control someone's behavior may seem easier than guiding or assisting people to make better choices. Often we don't know what else to do and we believe we "have to do something." Ultimately, you cannot really control what another person does. Only they can do that.

Attempts to "control" a person's behavior devalue the person. Exerting control over others takes away from the person's dignity, independence, and self-control. **Providing behavioral supports to people with disabilities is not a matter of controlling them.**

We have learned that the tendency to rely on "getting rid" of challenging behavior produces few lasting effects. Our plans are doomed to fail if we don't try to understand why the person acts the way he or she does. Once we know that, we can focus on how to teach the person more adaptive ways to get what he or she needs. If we fail to help the person learn a better way, and only focus on "getting rid" of the challenging behavior; the person may choose a new challenging behavior.

Many people resort to using negative methods or coercion (force) to control the behavior of others. If your parents used control to discipline you, making the shift to positive approaches may take time. But, changing your approach from "getting rid of" to "understanding why" and "teaching adaptive behavior" is critical. Our ability to support people with challenging behavior depends on viewing our role as assisting people to find a better way to meet their needs. Staff are responsible to teach adaptive behavior and avoid trying to "control" or "manage" behavior.

Positive Behavioral Support (PBS) is a way to help **people choose more effective behavior**. PBS is based on:

- **Understanding** that people do not control others.
- **Believing** that there is a reason behind most challenging behaviors.
- **Shifting** from "controlling challenging behavior" to "support for effective behavior".

The goals of Positive Behavioral Support (PBS) are to:
- Help people enjoy life
- Help people live independent lives
- Provide opportunities for choice
- Replace challenging behaviors with adaptive, functional behaviors

<u>Positive Behavioral Support</u>

Positive Behavioral Support (PBS) involves more than simply reinforcing appropriate behavior or controlling events that follow a behavior. Positive Behavioral Support (PBS) approaches are:
- **Proactive** – we take steps to make it less likely for a behavior to occur.
- **Respectful** – Desgined to help others achieve a desired lifestyle.
- **Data-driven** - Based on **functional assessments** that determine the purpose the challenging behavior serves.
- **Build capacity** – teach news skills rather than getting rid of unwanted behavior.
- **Comprehensive** – they consider the impact of **social demands, , environments, and people**.
- **Multi-dimensional** - they include **many components and methods.**

- **Individualized** to the desires, abilities, environments, and preferences of individuals.

Whenever possible, problem situations that could lead to challenging behavior are prevented. In a study by Michaels, Brown, & Mirabela (2005) one DSP summed up the impact of PBS. "Positive Behavioral Support (PBS) has solidified my belief that **behavior is communication** ." Staff felt that PBS helped them respect rather than control people.

Behavior and staff responses are affected by many factors. Staff schedules, budgets, program rules and agency policy can all influence behavior. If they create barriers for people served, challenging behaviors will occur. Positive Behavioral Support (PBS) does not seek to "fix" the individual. The goal is to make changes around the person that lead to a more satisfying life. The PBS model moves away from deficit thinking. Instead **the focus is on ability, quality of life, and skill building.** For example:

Steve has become more and more self-isolated, spending time in his bedroom most of the weekends. He threatens staff when asked to do his laundry, cleaning, or help with meals. When asked to help, he yells and goes to his room. He sneaks food into his room and raids the refrigerator late at night. In contrast, Steve enjoys where he works and never refuses to go to work. When Steve talks with staff, his job is usually part of the conversation. He rarely sees his only brother who sends a card at Christmas and for Steve's birthday. He has friends at work but does not spend time outside of work with them. At home, Steve can usually be found in his room watching sports programs.

We could focus only on the behaviors that are causing problems. The negative behaviors - threatening, refusals, and stealing food could be targeted. But supporting Steve should be more than just teaching him to be compliant (do what staff want). Our goal is to help him achieve what is important to him. We should be promoting his growth. We want to focus on helping him reduce stress in his life and teach him how to tell others what he needs. The team needs to find out:

- What outcomes would Steve like to see in his life?
- What does a good day look like now?
- What can we do to help Steve have greater independence and self-control?
- How can we help Steve become more effective in telling others what he wants?
- Are there ways we could honor Steve's needs for attention, affiliation (relationships), and control?

- In what circumstances do challenging behaviors usually occur?
- Are there things we do now that reduce stress, anger, or frustration?

Steve's team will need to collect data on challenging behaviors. They also need to examine the situations in which these behaviors occur and don't occur. The outcomes identified in the Positive Behavioral Support (PBS) plan and the steps to achieve them must be agreeable to Steve and make sense to staff. The plan must be effective and practical wherever and with whomever Steve spends time.

Ethical Issues

Protecting Individual Rights: Positive Behavioral Support (PBS) avoids the use of procedures that deny basic rights. The team is responsible for ensuring that legally protected rights are not violated. Everyone has the right to:

- **Own personal property** and access that property at will.
- **Free association**. People have the right to contact others by phone, mail, Internet, and have relationships they choose.
- **Adequate and individualized treatment**. Support plans must address the individualized needs of the person. Plans are based on personal goals, strengths, and needs.
- **Least restrictive alternative.** Teams must ensure that methods that allow greatest possible personal freedom and access are used.
- **Informed consent.** Individuals should receive information that they can understand regarding the benefits and risks of proposed procedures. Consent must be given before:

  o Admission to a program setting.
  o Entering into a contract.
  o Medical treatment is provided.
  o Diagnosis and evaluation activities.
  o Behavioral treatment that will restrict rights is used.
  o Experimentation and research.
  o Releasing or giving personal information.

The individual served can give consent unless he or she has a guardian over the specific area of concern (i.e., medical, legal). Consent is considered valid when the person:
- has the capacity to select and express his or her choice
- has been given information in a way he or she understands

- gives consent voluntarily   Consent can be withdrawn at any time.

Teams have a responsibility to follow researched best practices and ethical procedures. Teams must ensure that:

- The target behavior is observable and measurable.
- The target behavior interferes with the goals and outcomes of the individual or the rights of others.
- The support plan is free from bias regarding gender, age, or race.
- The goal is positive (stated as an increase as opposed to a decrease).
- The ultimate goal of the behavioral support plan is designed to help the person reach outcomes that are important to him or her.
- The intervention benefits the individual rather than the staff or agency.
- Legally protected rights are not targeted (e.g., religion, education).
- The supports in the plan do not deprive the person of items protected by law such as food, bed, bath, privacy, clothing, mail, shelter, and community access.

Negative consequences or penalties for behavior result in a loss of liberty or dignity.
Most agencies restrict the use of negative consequences in behavior support plans.
Restrictive procedures are only allowed when:
- there is evidence that positive approaches were correctly used and unsuccessful
- the behavior presents a significant risk to the individual or others
- informed consent of the person and guardian has been obtained
- appropriate committees have reviewed and approved the plan

Physical punishers are never acceptable consequences for inappropriate behavior. All employees must be knowledgeable of the agency's policies on behavior intervention.

Respectful, calm, and concerned responses are generally effective. **Staff who view challenging behavior as an opportunity to teach more effective behavior are more likely to provide effective behavior supports. Those who face each day as a battle of wills or opportunity to exert control will have less success.**

Summary

Positive Behavior Support (PBS) is a broad process of interventions to help people choose more effective behavior and attain a higher quality of life. Positive behavior supports are research based, follow ethical practices, and protect the rights of people receiving support. PBS is a fundamental tool in providing Active Support.

Chapter 1 Study Questions

1. PBS stands for:
   a. Positive Behavioral Stand
   b. Positive Behavioral Scheme
   c. Positive Behavioral Support
   d. Positive Behavioral Selection

2. Positive Behavioral Supports:
   a. are based on functional behavioral assessments.
   b. are implemented in isolation of any other procedure or plan.
   c. are based on the belief that people will change if given enough time.
   d. include behavioral feedback.

3. Positive Behavioral Supports focus on:
   a. deficit thinking.
   b. personal competence or quality of life thinking.
   c. ways to control or manipulate the person.
   d. getting rid of the challenging behavior.

4. List at least three questions teams may need to ask when a challenging behavior needs to be addressed.

5. List three times when informed consent must be obtained.

I. True and False

_____   6. Consent of the person and/or their guardian must be obtained before implementation of restrictive procedures.

_____   7. Staff should never expect to have feelings of fear or resentment when challenging behaviors occur.

_____   8. Positive Behavioral Support avoids the use of restricting rights.

_____   9. Positive Behavioral Support is based on teaching new skills rather than suppressing unwanted behavior.

Chapter 2 - Behavior Observation

Goals

- Write a descriptive statement of a behavior
- Identify why descriptive terms are needed to communicate about behavior
- Identify the antecedent, behavior, and consequences of a behavior.
- Identify accidental reinforcement.
- Discuss the components of reinforcement
- Identify when a behavior needs intervention

<u>**Communicating and Describing Behavior**</u>

The term "behavior" refers to any action that can be seen or directly observed by others. Smiling, walking, and saying "Thank you" are all examples of "behaviors". Kicking, hitting or yelling are "behaviors" too.   The term "behavior" refers to **any** action that is observable.

Positive Behavior Support (PBS) is a part of "person-centered" planning. Challenging behavior may occur in many settings, so the team considers multiple viewpoints when planning. A uniform approach will help the person learn how to use the desired behavior across settings. If the challenging behavior is only occurring in some situations, we need to figure out what is different in that setting. It is important to identify if there is something in one setting that might be helpful in other environments. All staff need to be committed to the team approach for providing PBS.

Person-centered planning focuses on the dreams, desires, and positive approaches that match the person. Each team member has a stake in the person's success and helps others learn about the person. This means sharing information about his or her history, current life experiences, desires, rights, and goals. In order for the team approach to work, it is necessary to talk about the individual's behavior in a way that will be understood by everyone. Teamwork is improved if people use terms that are bservable.

Descriptive Terms

Effective teams use action words to describe behavior. General descriptors aren't used because they can be misinterpreted. For example, "aggression" is a general descriptor that could mean hitting, spitting, kicking, pinching, or throwing things.

Many times, an assumption or feeling is attached to terms used to describe the behavior. Terms such as "angry", "curious", "non-compliant", "anxious", or "happy" describe feelings, qualities, or assumptions. They are not descriptive terms. Descriptive terms are actually what is seen or done. They are observable.

When defining someone's "angry" behavior we list the specific behaviors instead of our assumptions. For example:

Assumption	**Specific Observable Behaviors**
Angry	Furrowed brow
	Yelling
	Pacing and swearing
	Throwing or breaking objects
	Loud verbalizations with finger
	Pointing and shaking

What would be specific observable behaviors that would lead one to make the assumption that someone is happy?

Descriptions of behavior must be observable and measurable so that we can document when the behavior occurred and how often. Using descriptive terms also helps when measuring changes in the behavior. For example:

Can be measured and observed	**Cannot be measured**
Kicks objects……………………………………………..Angry with staff	
Yells "No" and remains in bed……………………..Noncompliant	
Wears sweaters in 75 degree weather.…………Wears inappropriate clothes	

The basic reasons for identifying and describing observable behavior:
1. Behavior can be seen and assessed. Feelings, assumptions, and qualities cannot.

2. Changes in behavior can be observed and assessed. Changes in feelings cannot be observed.
3. PCP is more effective when all team members use common terms.

Remember: When a behavior has been defined correctly:

- **It can be observed and measured.**
- **Others will agree when it occurs.**

What information would be needed in order to document the behavior of "eating too fast"?

Systematic Observation

After a behavior has been defined, the team gathers data. They look at what happens before and after the behavior. This information helps determine the "function" of the behavior. The term "function" is used when attempting to describe why the person uses the behavior to get what he wants.

An A-B-C (Antecedent-Behavior-Consequence) analysis is one method to collect information. The data is used to form a hypothesis (guess) as to why a behavior is used. Staff record what happens right before (antecedent) and after (consequence) the target behavior. In the "Antecedent" column staff write everything that occurred in the environment before the behavior. It could be things that were said or done by staff or peers. Descriptions of environment (i.e., noise level, people present, lighting) are also listed. In the "Behavior" column, staff write what they observed the individual say or do. Finally, everything that happened after the behavior is listed in the "Consequence" column. Descriptions of the setting right after the challenging behavior are also listed.

- **Antecedent** – what happens right before the target behavior.
- **Behavior** – what the person said or did (the observable and measurable behavior.
- **Consequence** – what happens immediately after the target behavior.

In the chart below, "swearing and yelling" at staff has been identified as a challenging behavior. It is defined as "when John either swears or yells (louder than a conversational tone)". This ABC analysis will help team members identify what may be causing the behavior.

14

Challenging Behavior 1

Date	Antecedent	Behavior	Consequence
April 14th	Staff asked John to set the table for dinner.	John stomped and yelled, "I am busy" at staff and then went to his room and slammed the door.	John remained in his room until everyone was done with their meal. Then he asked to have his dinner. Dora was
			asked to set the table and she did.
April 15th	Staff knocked on John's bedroom door and asked John to get ready for work.	John yelled "go away " and a thud was heard on the door.	John remained in bed until 10 minutes before his ride to work arrived and then he hurriedly got ready to leave.
April 16th	Staff point to a picture of John's daily household chore on the bulletin board to remind him of his task for the evening.	John looked down and swore in a low tone of voice using "___ you" and then went to his bedroom and closed the door.	John stayed in his room for 1 hour, until dinnertime. He did not do his household chore that evening.

An antecedent can also be any occurrence or event in the environment that may stimulate a behavior or occur before a behavior. For example: when the telephone rings, you pick up the receiver and say something; when a bright light is suddenly flashed in a person's face, he will squint or shield his eyes.

In the chart below, the challenging behavior is defined as "thrashing arms and legs along with a high-pitched scream." Staff said, "Jennifer displayed these behaviors for no reason." The A-B-C record was completed over two weeks. This is a sample of the data:

Challenging Behavior 2

Date	Antecedent	Behavior	Consequence
August 10th	Jennifer was sitting at the dinner table receiving assistance to eat. The doorbell rang & there was a knock.	Jennifer's body stiffened & she threw her spoon on the floor. She made a high-pitched noise for approximately 5 seconds.	Staff answered the door, picked up the spoon, placed a clean spoon in Jennifer's hand and continued to assist her to eat.
August 14th	Staff approached Jennifer from the rear and pushed her chair into the bathroom.	Jennifer threw her arms into the air and began screaming. This continued	Staff began to prepare her for her shower.

		for 5-7 seconds while she was in the bathroom.	
August 16th	Staff asked Jennifer if she would like to go to the basketball game this evening with two other people.	Jennifer began to stiffen her arms & legs, thrash them about & scream loudly for 10+ sec.	Staff finished putting her coat on and transferred her to the rear car seat after she stopped screaming and thrashing.

The data are reviewed to see patterns in the events before and after the behavior. For example, does someone in the setting always attend to the behavior? "Attending" can be anything that staff or peers do. It can be positive or negative, i.e., giving comfort or scolding. Do staff respond to the behavior by switching to an easier task, reducing demands, or withdrawing requests? Does the person receive attention from peers following the behavior?

After determining which antecedents and/or consequences influence the behavior, the Positive Behavioral Support (PBS) plan is written. The team decides whether to revise the antecedents or the consequences to the behavior (or both). Antecedents and consequences can influence behavior in several ways:

- Some antecedents prompt or trigger a behavior such as a bright light or loud sound.
- Some antecedents may prompt or trigger a behavior **not** to occur such as eating in a signal to be silent.
- Some consequences maintain behavior. If a DSP talks with and attends to a person immediately following an outburst, the behavior may continue.
- Some consequences will decrease a behavior such as having to wait a week to get a new mailbox key after losing it for the third time that month.
- Some consequences and antecedents can be manipulated to teach a new skill such as prompting a person to put on clean clothes and then praising him or her for looking so nice.
- Consequences can be positive (e.g. praise, encouragement, pat on the back). They can be negative (e.g. saying "no", or using a stern voice). Neutral consequences are those that are neither positive nor negative.

Reinforcement

Behavior changes (increases or decreases) based on the consequences that follow the behavior. In most PBS plans, we add a consequence to **increase the occurrence of a behavior**. This positive consequence is a reinforcer IF the behavior occurs again. Positive reinforcers are consequences that follow a behavior and make it more likely the behavior will occur in the future, for example:

John's household chore is to sweep the front entrance twice a week. When Janet (a newly hired staff person) works, she makes sure to praise John's work when he finishes the sweeping. When Darren works, he rarely even notices John's effort and usually never comments. John does not have to be asked to do the sweeping when Janet works but needs lots of reminders when Darren is there.

The praise acts as a reinforcer. John's willingness to sweep is strengthened by Janet's praise and attention. Positive reinforcement is more than rewarding a person with something they like. It is only considered "reinforcement" if it **maintains or increases** a behavior. For example:

Shelly enjoys listening to music. She has a large collection from her favorite groups. Shelly also has difficulty getting ready for work on time. She has a tendency to hit the snooze button and does not respond to staff prompts to get up.

Even though Shells enjoys music, it may not be a strong enough reinforcer to encourage her to get up on time. The only way of knowing if a consequence is a reinforcer is to provide the consequence and see if the behavior increases over time. In Shelly's case, we would try and see if "being on time" increases if she receives a chance to earn a new CD when she gets up on time.

Sometimes a natural part of an activity is reinforcing. Doing all the steps to making a cake is rewarding if the person gets to eat a piece of the cake or enjoys watching others eat the food they bake. Going to work is rewarded by an opportunity to do meaningful work, meet and talk with friends, and learn new skills. For others, the reward is the money and the power to buy things with the money earned. Making sure that one's hair is clean and clothes are pressed is rewarded by the compliments received or just knowing that one looks his/her best.

Staff are responsible for discovering reinforcers for individuals they support. It is best to establish a list that includes a variety of reinforcers. Events or things that reinforce an individual at one time may not be effective for the same person at another time or in another circumstance. It is also important to identify reinforcers that are natural to the activity. Giving someone stickers for every occurrence of "on time behavior" is more artificial than receiving praise and/or positive attention from friends when on time.

Observing what happens around the reinforcer can give clues as to what reinforcers are stronger. For example: a person may enjoy having a cup of coffee,

17

but the atmosphere or circumstances around the coffee may be even more reinforcing. Some people value the conversation and attention of friends more than the actual coffee served. Finding the appropriate and strongest reinforcer for each individual and circumstance takes time and careful observation.

When is a Formal Support Plan Needed?

Direct support staff are in a position that may create questions regarding what is acceptable behavior and what is not. When is it necessary to intervene? When is it necessary to observe, take data, create ideas or hypothesis on the function of the behavior and convene the whole team to address the problem?   Is it acceptable for a person to be late to work once a week? Should a PBS plan be put in place if someone refuses to take a shower on her day off? Sometimes it can be difficult to balance all of these issues. The important thing to remember is that these are issues for the team. No single staff person has to make these decisions.

Challenging behavior can affect how we feel about people. This is particularly true if we think the person is in control of their actions (Wanless & Jahoda 2002). If an individual who has a PBS plan for "getting up on time" refuses to comply with a request to floss his teeth, will the staff be responding in the same way they would if the person did not get up on time? Staff are allowed to apply the intervention only as specified in the PBS plan. If an approach is to be used across several behaviors, it will be written in the PBS plan.

In order to decide which challenging behaviors require PBS plans, it is necessary for teams to prioritize the behaviors for treatment. These questions help the team decide what behaviors need formal intervention:

- Does the behavior threaten the physical well-being of the person?
- Does the behavior threaten the physical well-being of others?
- Does the behavior result in destruction of property?
- Does the behavior interfere with the person's ability to learn, and progress?
- Does the behavior interfere with acceptance by peers without disabilities?
- Will the behavior become more serious if there is no intervention at the present?

If the answers to the top three questions are "no," the team may decide not to develop a formal plan. Sometimes this requires staff to change their attitudes and beliefs about "appropriate behavior" and their role. Here is an example:

> *Rich needed what the staff thought was excessive praise for the help he provided in the kitchen. It took a lot of effort and sometimes interfered with dinner being done on time. Staff felt bothered by his need for praise*

and support. Rich asked how he was doing frequently. He needed several verifications from the staff before the questions ceased.

However, in this situation, the team decided that developing an intervention plan would not be necessary. Rich's behavior did not interfere with others or his acceptance by others without disabilities. The challenging behavior didn't really fit any of the criteria listed in the questions above. It was inconvenient and at times unpleasant for staff. But it basically only required staff to accommodate the needs of the individual.

<u>Summary</u>
 Observing, identifying, and communicating about behavior are skills necessary for supporting individuals with developmental disabilities. Feelings, assumptions, and opinions about behavior do not help coworkers or teams communicate and serve no purpose. It is only when behavior can be specifically defined and observed, that an accurate hypothesis can be made.

Chapter 2 Study Questions

1.   It's critical that we use descriptive terms when discussing behavior because

   A. The agency needs it to be accredited
   B. So all team members are focused on the same behavior.
   C. So the behavior can have consequences.

2.   An example of a specific observable description is

   A. agreeable
   B. kicking
   C. angry
   D. upset

3.   Using _____ language will help in data collection and measuring changes.

4.   When a behavior has been defined correctly:

   • It can be _____ and _____
   • Others will _____ when it occurs

5.   T   F An ABC data collection is a method to record what happens one hour before the behavior and one hour after the behavior.

6.   In ABC recording:

_____ refers to what happens right before the target behavior _____ refers to what the person said or did (the observable and measurable behavior.

_____refers to what happens immediately after the target behavior.

7. T F Changing the antecedent or the consequence can change the behavior.

8. T F A consequence is a reinforcer if it increases the occurrence of the behavior.

9. List three questions the team should ask to determine if the behavior needs formal
     intervention.

10. What is meant by finding reinforcers that are "natural" to the activity?

Chapter 3 - Functional Behavioral Assessment

Goals
- Define communicative intent.
- Discuss the purpose of a functional behavioral assessment.
- Identify the role staff have in completing a functional behavioral assessment.
- List possible influences on behavior.
- List best practices in data collection methods.
- Identify the role of staff in team decision-making.

Purposes of Behavior

Behavior is a choice. Behavior usually persists because it serves a function for the person. Even behavior that others view as inappropriate, abnormal, bizarre, or problematic, serves a purpose for the individual.

Becky carries a backpack to work each day. In fact, recently she started to take two or more, both stuffed with books, papers, and videos from home. This extra baggage almost caused an injury yesterday. Becky fell on a busy street and all the contents spilled. Becky stopped traffic while she picked up all the paper. The team decided it was necessary to curb this behavior. They asked staff to search Becky's backpacks each morning and evening and remove excess materials. This caused Becky to become angry and aggressive.

Carrying the backpack full of paper apparently has some significance to Becky. However, by jumping too quickly into an intervention, the team developed a plan that makes the challenging behavior worse. Becky then developed an even less desirable behavior.

What method of data collection would help the team determine the reason   for Becky's behavior?

Sometimes people with disabilities have limited communication skills. They may not be able to express their feelings or needs in ways we can understand. When people are not able to communicate in words, they may use behavior to tell us what they need. There is a universal need to communicate. If the emotion or need is intense the need to communicate is even stronger. Unfortunately, many caregivers, parents, and professionals fail to understand what the person is trying to communicate. This adds to the frustration the individual is experiencing.

Think about a person who has limited verbal communication that you support:
- ***What are some ways he or she lets you know that he/she is hungry?***
- ***How do you know if he/she is tired?***
- ***When the person is enjoying an activity, how does he or she let you know?***
- ***If a task is frustrating or difficult or boring, how does the person let you know? If the person is feeling lonely or sad, do they tell anyone?***

Most people have been in situations where an unspoken message was understood. The speaker's tone of voice, the look in the person's eye, hand gestures, and timing often tell us as much as the person's words. Most verbal communication also includes information that we learn through actions and body language. People with developmental disabilities do not always have the ability to use verbal and nonverbal communication effectively. They also have difficulty interpreting body language, tone of voice and other nonverbal messages that others use.

Effective staff assume that the person with a challenging behavior doesn't know a better way to tell us what she/he wants or needs. For example, a person who steals might be trying to say:
- I want it

- I need it
- I want to impact another person
- I never get caught
- My friends steal
- Stealing gains me friends/status
- Someone said I could have it
- I like taking risks
- Things have been stolen from me
- I need things to trade
- I just borrowed it - you call it stealing.

This list was developed when staff tried to see the world through the eyes of the person who stole (Douglass, 2005). Direct service staff and others who know the person well (i.e., parents) can frequently list many "possible" reasons for the challenging behavior. This process helps determine the behavior's communicative intent (what the person needs or wants).

II.   What is a Functional Behavioral Assessment?

The use of a functional behavioral assessment (FBA) to understand the reason for challenging behavior is the foundation of Positive Behavioral Support (PBS). Functional behavioral assessment (FBA) is a process of learning about people before trying to change their behavior. It is an organized process for looking at behavior. We look at events, the environment, and our approach to see if there are any patterns that predict challenging behaviors. This information is used to design the positive behavior support plan. Functional behavior assessments (FBA) are based on three beliefs:

- Every person is unique
- Behavior that persists serves some purpose
- The best way to support behavior change is to understand the reason behind the behavior.

Functional behavior assessment (FBA) is a way of looking at behavior from the person's point of view. We need to know what purpose the behavior serves for this individual. **We try to find out what the person gets or avoids by doing the behavior.** Here is an example of two people who display the same behavior, but for different reasons:

> *Sheldon swears because it results in attention (even if it is negative) from staff. Darren swears at staff because he hopes that staff will drop their expectation for him to complete a task. In this example, Sheldon gets something from swearing (attention). Darren avoids something (unpleasant task).*

The intervention plan for Sheldon must be different than for Darren because the purpose (function) of the behavior is different for each of them.

Scene 1

> *Kerry needs to clean her room and staff have asked her twice to do so. When the staff person asked the third time Kerry began to bite her arm and scream. Staff then said, "That's fine if you want to live in a dirty room." They stopped asking Kerry to clean her room and Kerry stopped biting and screaming.*

Scene 2

> *Preston started fighting (yelling and calling people derogatory names) with the other people in the van. Because the driver couldn't concentrate on driving, Preston's fighting actually endangered all of the passengers. In order to make the trip safe, the driver told Preston he had to ride up in the front seat. After changing seats, Preston stopped fighting and the ride was calm again.*

Scene 3

> *Melinda is usually very slow in getting back to work after breaks. She will linger by the door and lean on her walker. Melinda whines and complains when people come by but she stops if no one helps her through the doorway. Usually someone opens the door for her so they don't have to listen to the whining.*

In each scene above, the person continued to use the behavior because it satisfied a need or desire. The behavior may not be appropriate but it has "paid off" for the individual.

Determine what each person gets for their behavior in the scenes above. Do you think it is easy to see the function of each behavior? Why would it be hard for staff to determine the "pay off" each person gets in the scenes above?

Conducting a Functional Behavioral Assessment (FBA)

The first step in a Functional Behavioral Assessment (FBA) is to agree upon the definition of a challenging behavior. The second step is to collect information about the individual. This includes both broad and specific information.

Interviews with family members, staff, peers, and the individual and review of the records provides broad information. Specific information is usually collected by directly observing the person in various settings.

Specific	Broad Information
Directly observing the b in various settings	Strengths
	Abilities
Behavioral supports use past for this specific beh	Social characteristics (e.g., has a sense of justice, is concerned about others)
	Interests/likes/dislikes
	General health
	Learning style
	Relationships

The team may consider the following types of information:

- **Strengths** – What skills does the person have that could become a source of success and esteem (get them hired, help them make friends, etc.)
- **Likes/dislikes** – What kinds of books, events, movies, food, music, etc. does the person enjoy?
- **Health** – Is the person overly sensitive to noise of certain sounds, textures, or fatigue? Consider the person's diet and medications.
- **Learning style** – How does the person learn best? Can he or she follow complex directions? Does he or she learn best by seeing, feeling, or doing?
- **Relationships** - To what type of person is the individual attracted? What types of people does he or she avoid? Does the person have friends?
- **Intervention history** – What interventions were tried in the past? What strategies were successful? What didn't work and why? A good FBA seeks to learn from the past.

- **Social and affective (emotional) characteristics** – Does the person seem withdrawn or apathetic (listless)? Does he or she have a sense of fairness? Does the person believe his or her problems are the results of someone else's mistakes?
- **Directly observing the behavior** – Data is collected when the behavior is more likely to occur, less likely, in what settings, and with whom? What conditions precede the behavior? When does the behavior never occur?

Direct support staff and family members are key sources of information during the FBA. This information gathering process takes more time if the team doesn't know the person very well. Other times, a lot is known about the person but information needs to be organized before the team can review it.

Sometimes, direct support staff or parents have opinions about the individual with challenging behavior that aren't based in fact. For example, when asked about the frequency of a behavior, someone might say, "It happens all the time!" And for a very challenging behavior, it might seem like it happens all the time, especially if someone has been on the receiving end of the challenging behavior. But the team really can't generate a PBS plan based on subjective information (what we think about a person or behavior). Our personal views are not always accurate. Direct support staff are frequently asked to collect data about the behavior so that the team has all the information it needs. The team needs to weigh ALL the information. It is important to consider carefully all possible hypotheses (guesses) about the behavior.

It may be difficult for direct support workers to wait until an FBA is completed by the team. While the challenging behavior continues, it may seem like the team isn't doing enough to relieve the stress the behavior is causing. However, good support plans take time. The FBA is the foundation of an effective PBS plan. It is also important to remember that the plan is not a "fix-all." It won't take care of everything right away. The hypotheses are only guesses after all. The plan may need to be revised after staff start using it. If the plan doesn't address the cause or reason for the behavior, the behavior will continue and may even get worse. The time it takes to collect and analyze data is well spent.

In some cases, the functional behavioral assessment may not produce a clear cut hypothesis. Severe or persistent challenging behaviors rarely have a single cause or function. However, the information provided in by the functional assessment usually will give the team the direction on where to start in developing supports for more effective behavior.

<u>**Data Collection**</u>

Behavioral data (the information collected) is a critical part of the PBS. Direct support staff are responsible for the accuracy of data they collect. Behavioral data assists teams to:

1. Understand why a particular behavior is occurring.
2. Evaluate the effectiveness of the PBS plan.

Data collection methods should consider staff time and resources. If the plan requires staff to collect information on behavior, staff must record the data within minutes of the specific behavior. Mistakes are more likely to happen if staff wait to record data until "things are less hectic." Important data can be lost or distorted if we wait to document until the end of the shift. If the data collection method is cumbersome, it may be impossible for staff to complete it in a timely manner. These are important considerations to discuss with the team. Alternate data collection methods may need to be considered. As teams meet and discuss PBS plans, staff need to be honest about whether or not it will work to record the data as outlined in the plan. Staff experiences with this person and normal routines need to be considered. Withholding this information during planning can lead to failure when the plan is started. It could delay progress for the person receiving services.

Once the data collection method and forms have been designed and distributed to staff for collecting data, it is important that all staff follow the directions provided. Altering the actual form or the methods for completing them will make the data useless. If problems with the data collection tools aren't noticed until staff actually use them, the plan author should be contacted for direction. The person who is ultimately responsible for the functional assessment is the only person who can make changes in the data collection methods.

The best data collection methods provide the needed information with the least amount of time and effort. Some methods used to collect data include:

- Frequency recording – Documenting each time a specific behavior occurs.
- Interval recording – Recording only if the behavior occurs during a specific interval of time.
- Duration – Recording how long a behavior lasts.
- ABC recording - Recording what happens before and after the specific behavior. What is going on and who is present when the behavior occurs.

The initial data is used to analyze the behavior and to make a hypothesis (guess) about why the behavior is occurring. Data will continue to be collected to

determine if the support plan is working. Support plans should be considered tools for teams. They are subject to change as more information is learned. **Changes in the plan are based on data collected or changes in the life of an individual.** For this reason, it is necessary that all staff follow the exact procedures outlined in the plan. **Forgetting to document or record data, guessing on frequency counts, or collecting data "your way" will make the results meaningless. Everyone's time and efforts will be wasted including the person served.**

III.   Data-Based Decisions

It's a mistake to make decisions about whether or not the plan is working based on informal observations or staff opinions about how things are going. Data provides the only reliable measure of the support plan's effectiveness over time. Discuss concerns and suggestions for changes to the PBS plan with your supervisor and other team members. Staff should never implement changes in the plan without directions from the plan coordinator. It is important to keep everyone informed about the support plan and any problems or suggestions. Periodic summaries of the data give support and encouragement to those working hard to see change in the person's behavior.

IV.   Summary

The primary focus of Positive Behavioral Support (PBS) plans is enhancing the person's overall quality of life. PBS does not depend solely on identifying a single support strategy that will turn the tide and reduce the targeted behavior. Lifestyle improvement such as developing a circle of friends, gaining and maintaining satisfying relationships, expressing and making choices, and developing personal competencies (skills) are equally important in meeting the need identified through the FBA.

Chapter 3 Study Questions

1.   T   F All behavior has communicative intent.

2.   T   F A ll people communicate.

3.   T   F   Functional assessments are done to understand what maintains a
     challenging   behavior.

4. T   F   A functional assessment is a collection of opinions from people who work with the   person.

5. T   F   The most important reason for conducting a functional assessment is to find the answer to the question, "What is the person's favorite reinforcer?"

6. The first step in conducting a functional behavioral assessment is:
   a.   Find out what triggers the behavior.
   b.   Find out what the person thinks about their behavior.
   c.   Agree upon the definition of the behavior.
   d.   Do a data collection analysis.

7. A functional assessment may include
   a.   Interviews.
   b.   Review of records.
   c.   Observations.
   d.   All of the above.

8. FBA stands for
   a. Functional behavioral antecedent.
   b. Functional behavioral anecdote.
   c. Functional behavioral appreciation.
   d. Functional behavioral assessment.

9. List at least two methods of data collection.

10. List two ways staff or caregivers can make data collected meaningless.

Chapter 4 - Promoting Positive Behavior

Goals
- Recognize power and control issues.
- Identify proactive behavioral supports.
- Discuss disability related factors that may contribute to challenging behavior.
- List elements of positive interactions.

Proactive Methods

Reacting to challenging behavior is human nature. Because the behavior catches us by surprise, we tend to react without thinking. Often our first impulse is to let the person know that we disapprove of what they did. But staff that work with individuals with developmental disabilities, usually learn that punishing challenging behavior doesn't help in the long run. These responses could even be considered neglectful or abusive. Unfortunately, staff are often at a loss as to what to do instead.

Proactive methods involve doing something before the challenging behavior occurs. If they can figure out the triggers for a specific behavior, proactive staff find ways to arrange the environment and their supports to get rid of or reduce the triggers. Here is an example:

> *When Jenna is asked to get ready for bed, she starts to stomp her feet and scream. Staff discovered that a checklist works better. Their proactive approach is to have Jenna tell them what is next on the list. She checks off the things on her night time checklist as they are completed. When she does it this way she just follows the list and staff don't have to be the ones to tell her, "It's bedtime."*

Eliminating the voice request and using a checklist eliminated Jenna's aggressive reaction. This proactive approach probably resulted from a number of trial and error attempts. Staff members were willing to find a way to give Jenna more control. The staff in this situation used what they knew about Jenna to find a replacement behavior that was more acceptable for Jenna and those around her.

Proactive methods also refer to supports that promote positive behaviors. We use what we know about cognitive disabilities and service settings to prevent challenging behavior in those we support. These factors are related to:
 Learning styles
- Language abilities
- The settings
- Staff work loads
- Staff schedules
- Level of interaction between staff and individuals

Control and Power

Assuring the safety and welfare of people with disabilities is an awesome responsibility. The nature of the job creates relationships with differences in

power and control. The role of "staff" exists because people with disabilities depend on them for many things. This imbalance in power and control can be misused. Staff need to be mindful of the potential to abuse power and be ever watchful to avoid unnecessary controls over the people they support.

Instead, look for ways to share power and control with people receiving support. Help people learn skills that will make it possible for them to make decisions and take control of their daily lives. Help them find jobs that will increase their financial resources and opportunities. Increase opportunities to express choices.

For example, a person can learn about employment options by visiting various job sites and shadowing workers. A person can increase power by saving money or finding ways to earn money. Opportunities to shop and spend earnings are examples of exercising control. Choice making should be embedded in all daily activities, i.e., choosing the menu or weekly activities.

Abuse of power occurs when one person controls the choices and opportunities of another. Withholding information, limiting choices such as opportunities for employment, and imposing rules are some examples.

In most healthy relationships, power is shared - there is a "give and take" in control.   As we age we take on more control and responsibility. Parents eventually give up all power and control when the child moves away from home. An unhealthy parent/child relationship is one in which the child is not allowed to assume control. The child's growth is stifled. Sometimes staff unconsciously mimic an over controlling parent/child relationship. This can limit the growth and opportunities for the person served. Staff assumptions that will limit the individual's growth include:

- The person can't make good choices.
- The person will not learn from their mistakes.
- The person doesn't know what their options are.
- The person doesn't realize the potential danger.
- The person can't communicate their wishes.

What are some examples of shared decision-making?   What are some specific examples of ways that you encourage people you support to exercise power and control?

People are more likely to gain control in their lives if:

- They can communicate their preferences.
- They know what options are available.
- They know how to pursue their preferences.
- They know the difference between an opportunity and a risk.
- They know how to problem solve and learn from their mistakes.
- They feel good about themselves.

The relationship between direct support workers and adults with disabilities is distinctly different from that of parents and children. People with disabilities are not required to wait for control until staff give up the power to make decisions for them. We must assume that adults with disabilities have control and power over their own lives.

Staff schedules and convenience are not sufficient reasons for limiting choices of individuals receiving supports. Limitations on personal power and an individual's right to control life choices are permitted only when the person's choices would result in a threat to health and safety. It is easy to take control of a situation and start to organize a person without considering how that individual wants to tackle a specific situation.

Behavior that infringes on the rights of others or has a detrimental effect on others may also be subject to control by a regulatory group. However, decisions about a person's capacity (ability to do something) require input from the person and his or her planning team. Individual staff cannot make these decisions to limit power and control. The process for restricting personal control must follow appropriate due process guidelines as detailed in agency policy. Typically, this involves a team meeting and action by the human rights committee.

We need to be conscious of how daily schedules, work duties, house rules, and agency policy unnecessarily limit an individual's control and power.

Kristi began to do her laundry around 1 p.m. Staff noticed that she only had one item in the washing machine and asked if she had anything more she could add to the load. Kristi became very upset. She punched the wall and said she had been doing it this way since before this staff person came to work at the group home. Staff reassured Kristi that it was not a problem, but it could save money on water and electricity to wash more than one article at a time.

Staff may have felt compelled to stop Kristi for a number of legitimate reasons:
- Kristi was wasting water and electricity.
- She is not learning how to do laundry properly.
- She is not "listening to staff".
- She may have more laundry in her room.

In this scene staff allowed Kristi to control how she did laundry even though she was not doing it the way they did laundry and probably not the "right way" according to most people. Staff decided that Kristi's communication (punching the wall) was her way to tell staff that she wanted to control this activity. The giving up of control and power by staff in this circumstance was appropriate.

Staff exert control over individuals served in other inappropriate ways, when they:

- Talk about individuals in front of them.
- Demand instead of asking or suggesting.
- Insist on having the last word or tasks being done in a certain order or way.
- Don't wait for the person to make a decision.
- Move individuals in wheelchairs without asking.

The sharing of power in any relationship is risky. Allowing others to do things may result in mistakes or less than perfect outcomes. Every parent has stories of how giving control and power to their child resulted in "mistakes", but these experiences also gave the child a chance to grow and become more confident.

When a person begins to exercise more control, they build confidence. Experience helps them learn to make better choices. Assuming control and power is a natural part of development and growth. Staff can share and give more power to the individuals served by:

- Making suggestions rather than telling or demanding.
- Including people served in conversations
- Using the same tone of voice used in other adult-to-adult interactions.
- Allowing individuals to complete tasks in their own way.
- Ensuring people have access to all areas of their workplace or home.
- Identifying house, work, or agency rules that take power and control away from people.
- Working to revise these barriers to individual power and control.
- Being willing to admit when you make a mistake and apologizing.
- Withholding judgment.
- Providing information in the way the person will understand.

V.   Environments

The quality of the person's environment (where a person lives, works, and plays) affects behavior. We assess the quality of the environment in five ways:

1. Does it support participation in activities the person enjoys?
2. Is it functional, age-appropriate and meaningful?
3. Does it help a person use skills and accomplish goals?
4. Is it a pleasant and comfortable place with positive and enjoyable events?
5. Is it safe?

Quality of life is directly related to the quality of places where the person lives, works, and plays. Challenging behavior is less likely to occur in quality environments. Choice is an important component of a quality environment. Types of choices that enhance quality of life include decisions about:

- Who to spend time with.
- Schedules and routines.
- Activities and equipment for the activity.
- How to decorate and use personal space (i.e., one's bedroom).
- Access to personal property.
- Privacy.
- Hiring of staff or personal assistants.

Ruef & Turnbull (2002) interviewed adults with intellectual disabilities and autism and found that their top two dislikes were:

- Being disturbed by lightning, severe weather, and other environmental noises.
- Limits to their personal freedoms.

The most important personal freedom to the people in this study was the ability to choose where and with whom they lived. Many described problem situations that resulted from living with people they had not chosen as roommates. Others described limitations based on staff schedules and rules of the program. Another major concern was not being able to leave their apartment or home for community events and activities because of too few staff. Survey participants said they disliked staff telling them what to do. Personal privacy was also a concern. A person's home should provide a place to relax. When there is little respect for a person's privacy or few opportunities for privacy, challenging behaviors are more likely to occur.

A helpful environment supports skill development and personal growth. An environment built around convenience for staff will limit growth and produce challenging behaviors.

> *Carrie was transitioning from high school to adult life. Her parents decided it would be nice for her to live in a quiet country setting. They also felt she would be safe there. Carrie did not want to live in the home they selected. It was 20 miles from the city and there was little to do there. This environment was not suited to Carrie who liked meeting with friends, going to concerts and bars, and doing things that other 19 year olds like. Although Carrie was safe, she felt isolated and bored.*

Environments should be comfortable and match the user's needs. We can assist by arranging furniture and spaces to support the preferred activities. If the person likes to have friends visit, it would be critical to provide a private space for him or her to entertain. Consider space and furniture needed for favorite hobbies and leisure pursuits (i.e., scrapbooking, puzzles). Proactive programs and staff know preferences and build the environment around them.

Look at a living or work environment of an individual you work with. What makes that space a positive or negative experience for that individual?

Assistive Technology: The desire for independence and control is common to most people. When people depend on others for assistance due to their disability, maintaining independence can be difficult. This dependent relationship can create stress for the person and the staff. However, assistive technology (AT), changes to the environment, and staff approaches that teach independence and honor choice can result in far less dependence on others, fewer reminders, and fewer behavioral challenges. Teams can use both "high" and "low technology" solutions to enable the person to gain control of their environments (homes, places of employment, and recreation and leisure areas) independently. Examples of "High tech" AT include electronic communication devices, computers, and powered wheel chairs. "Low tech" AT devices include things like jar openers, grabbers, and pill organizers.
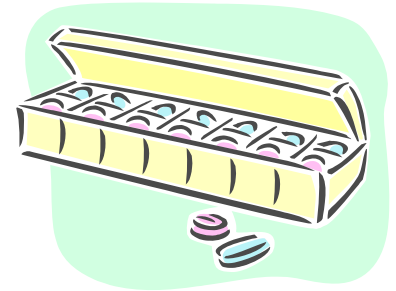
Think about activities (work, leisure, activities of daily living, home chores, etc.) an individual that you support enjoys or might enjoy if they had the opportunity to experience it. Check out this website for ideas http://www.abledata.com/ ☐ What assistance does the person need to participate in the activity?

- *What "high" or "low" AT or modifications would decrease the person's dependence on others during this activity?*
- *What steps could you take to acquire this AT solution(s) or accommodation?*

Choice

Having choices or options increases opportunities for power and control. Americans have many choices each day – what to eat, where to eat, what route to take to work, what TV show to watch, and whether to answer the phone or take a message. The more choice or control we have, the more enjoyable our life is. Typically, people with disabilities make fewer choices than the rest of us. Because of their disability and limited resources, others make choices for them. But, it doesn't have to be that way. Staff can return power and control to people they support. You can empower the people you support to be decision makers about their own lives.

In some cases, a lack of choice about what to wear, what to eat, what to watch on TV, and where to go for fun causes challenging behavior. A few important choices (i.e., roommates and where to live) were discussed earlier, but there are many opportunities for choice, if staff plan well. Repeated practice in exercising choice builds a self-confidence and can prevent challenging behaviors.

*Think about an individual you work with.*
- *What choices do they make throughout the day?*
- *How do they predict what might happen?*
- *How much choice and control do they have over their typical routine?*
- *What choices are made for them?*
- *How could you increase opportunities for choice, participation and control?*

Difficulty communicating can be very frustrating. Sometimes this frustration leads to challenging behavior. AT devices help people who are nonverbal or those whose speech is hard to understand. But, sharing feelings and emotions is still difficult. Telling someone how you feel about your roommate's constant eavesdropping would be difficult using a communication devices. Imagine telling your best friend about your love life using an AT device. Think about how challenging it would be for Mary to tell a joke to the staff if she has to wait for others to program the words in the device.

35

Breakdowns in communication can also occur when the person is not able to understand or process what other people say. A variety of cognitive (learning and thinking) and physical disabilities affect our ability to process information. Some individuals have difficulty processing long sentences or attending to what people say. They have difficulty understanding the difference between certain words such as "wh" words, i.e., what, where, why, or when. They may not be able to express an idea so others will understand what they mean. The person will need more time to process and understand what is being said. A disability that affects short-term memory can make it hard to remember what people say.

If we don't recognize and adjust our message to match the person's communication needs, there can be problems. The listener may become frustrated and display behavior we think is inappropriate. If we slow down and give the person more time, the person will process and respond without feeling pressured and frustrated. It is a good idea to watch the clock and wait for five seconds to allow the person the time they need to respond.

Some people are easily distracted by background noises. They may be over sensitive to noises that others would not even notice. Running water in the kitchen sink may sound like a rushing waterfall. It would be very important to conduct conversations in quiet – undisturbed areas for people with this sort of sensitivity.
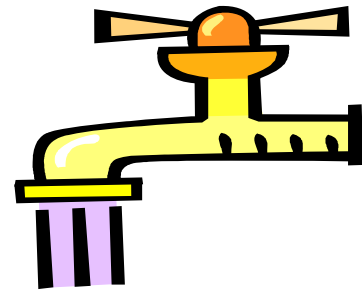
Use vocabulary, length of sentences, tone of voice, and volume that match the person's preferences and communication abilities. Long sentences or instructions are more difficult to understand. When staff use words that are unfamiliar, the listener can become frustrated. For example, if you use the word "soda" and the other person is familiar with "pop", he may not know what you mean.

Having good rapport (relationship) with persons served is a critical requirement for proactive (preventative) behavioral supports. When staff only interact with a person to tell them what to do or suggest a task, the likelihood that challenging behavior will occur increases. When rapport is positive, making requests is less likely to produce challenging behavior. "Positive rapport" between staff and the people they support have the following characteristics:

- Encouraging.
- Responsive to the person's attempts to communicate or socialize.
- Turn taking (giving and listening) in both verbal and nonverbal exchanges.
- Positive statements.

McLaughlin & Carr (2005) found that staff that respond to communication attempts promote rapport and reduce challenging behavior. In their study, strengthening the ability of the person with disabilities to take turns in both verbal and nonverbal exchanges resulted in more socially acceptable behaviors.

Observe interactions between a staff person and a person who has a disability. What is the quality of the rapport?

Some people with developmental disabilities express their frustration and stress by exhibiting self-abusive behaviors. Proactive staff recognize how other events in a person's life may affect their behavior.

Sheri really disliked her new stepfather, even though she was not living in the same house. She began to pull her hair out and eat it. She indicated that just thinking about him made her frustrated and angry.

Creating Positive Environments

There are many proactive steps for creating a positive and encouraging atmosphere.

When staff have positive expectations – the number of challenging behaviors is reduced. Some guidelines for positive cultures (CIRSI, 1987) include:

- **Be realistic**. Many challenging behaviors arise from expectations that the person cannot possibly achieve. For example, it is unrealistic to expect Harold to follow multiple-step, verbal instructions if his disability prevents him from understanding verbal messages (auditory processing deficit). Please Note: Setting realistic expectations also means we should avoid setting goals too low.
- **Clarify expectations.** Often it is not that the expectations are too difficult or too hard, but that the person doesn't know what we want or what is expected of him. Using pictures for a person's schedule is one example of providing extra information.
- **Teach and reinforce effective alternative behavior.** Any behavior that persists over time serves some purpose. We can't expect people to stop doing a behavior that works for them (gets them what they need or

want). We need to give them a new way to get the same thing. For example, if Ellen hurts herself trying to escape noise, we need to teach her another way she can be excused (get away) from the noise that bothers her. We might teach her to say, "Stop!" or have another area where she can go. Whatever replacement behavior we choose, it must be just as effective as the behavior she now uses. Whenever she attempts the new replacement behavior, we must allow her to get away from the offensive noise.

- **Always pay attention to new or infrequent behaviors if you would like to see them occur again.** Praise appropriate social skills such as sharing or empathy.
- **Attend to inappropriate behavior as little as possible.** If there is a need to intervene after a challenging behavior, don't discuss the incident, at the time it occurs. Our goal is to provide as little attention to the behavior as possible. Later discuss the problems the behavior created and better ways to respond the next time.
- **Try to reduce reinforcement for challenging behavior provided by others.** For example if Archie swears to get attention and giggles from other people, ask them to ignore Archie's swearing. Help them become involved in other activities if they have trouble ignoring the behavior.
- **State your verbal instruction in a positive way**. For example, "Let's see if we can figure out a better way to do the dishes," instead of "That's not the way to do the dishes."
- **Make your statements as clear as possible.** Instead of saying, "Do it!" or "Cut it out!" specify exactly what is to be done or not done. For example, "Laurel, please turn off the TV and go in the dining room to set the table."
- **State positive consequences whenever possible.** For example, instead of saying, "Maurice, come and shave or people will laugh at you," try "Maurice, come and shave, I know you want to look nice."
- **Let people know the long-term consequences for appropriate behavior.** When stating the reasons why a person might want to do something, avoid saying, "Do it for **me,** John." and, when praising, avoid saying, "**I'm** proud of you, Bruce." Do not imply that everything is done for you, the staff. Instead, staff might say, "I know you like it when your room is clean, John." or "Bruce, you should be very proud of how nice your room looks!" The natural, long-term consequences of positive behavior include learning new skills that will help the person reach a goal that is important to them and strengthening relationships with people important to them.
- **Be an appropriate role model.** Whenever others are around to observe you, act in ways you would like to see them act. It is not fair to restrict individuals you support from doing things they have seen you do. As

examples, do not swear and do not sit with your feet on the furniture unless everyone may do so.

- **Your tone of voice is important in giving instructions**. Be matter-of-fact. Avoid sounding condescending or annoyed. Instead of saying, "Will you **please** knock it off and get over here!" you might try, "Sue, stop hitting him. Come over here please."
- **Avoid forcing your personal values on others. Don't give sermons or lectures about their behavior.** Use discussions with team members to help decide which behaviors, etc. will increase acceptance by others. When commenting on a person's behavior, let him/her know how the others will react to the behavior, instead of how you personally feel about it.
- **Show that you mean what you say.** Be sure to follow through with promises.

Summary

Being proactive instead of reactive is the first step in building positive behavioral supports. Effectively managing each of the following factors can prompt positive behavior and prevent challenging behavior:

- Environmental factors (noise, number of people).
- Communication.
- Opportunities for choice.
- Non-verbal communication (i.e., tone of voice, gestures).

Staff should be aware of how power-laden their role can be. Being able to release power and control to the people served will help them develop more adaptive behaviors and confidence.

Chapter 4 Study Questions

1. Being proactive means ___.
    a. using what we know about people to assist in preventing challenging behavior
    b. using consequences to manage behavior
    c. using reinforcers
    d. getting rid of excessive behaviors

2. Staff appropriately release power and control to people receiving support by ___. a. offering choices
    b. letting them do whatever they want
    c. withholding information
    d. letting people learn from their mistakes

3. People can gain control in their lives by ___.
    a. learning about options
    b. letting others make decisions for them
    c. learning to do things perfectly before moving to the next learning goal
    d. asking for approval

4. T   F   Long sentences in conversations or direction can contribute to challenging behavior if the person has trouble understanding what you are trying to communicate.

5. T   F   Positive rapport with people includes being responsive to attempts of others to socialize.

6. T   F   Positive rapport between staff and individuals reduces challenging behaviors.

7. T   F   Being able to express oneself in his/her personal space will enhance a person's quality of life.

8. List at least three ways environments can be made positive and encouraging.

9. Why is it a good idea to discuss how the community and others may react to challenging behavior rather than how you personally feel about the behavior?

10.   List three choices you made today. Are these choices available to the
       people you support?

Chapter 5 – Teaching Social and Coping Skills

VI.   Goals
- Describe how to teach positive behavior alternatives.
- Identify social skills.
- Identify components of social skills instruction.
- Recognize opportunities to teach pro-social and coping skills.
- Identify appropriate use of reinforcement strategies.
- Describe punishment.

Teaching Positive Behavior

Positive behavioral support (PBS) does not focus on the person's disability or his
challenging behavior(s). PBS attempts to build ability. PBS plans consider how the
following factors affect quality of life:

- Environment (places where the person spends time)
- Communication
- Relationships
- Opportunities for choice
- Social skills

Often challenging behavior develops because the person doesn't have needed
social skills. In fact, social skill instruction was rated number one, as the most
effective behavior support strategy in a study by Lewis .

"Social competence" refers to behaviors that lead to being accepted
by others and experiencing success on the job and in other areas of
life. People with developmental disabilities (DD) often lack social
skills that enable them to have "success." Furthermore, the
damaging effects of poor social skills tend to get worse over time.
This forces the person to rely on challenging behaviors to get what
he or she wants.

Coping with people who have poor social adjustment can be very
challenging. In many cases, it is hard for staff to see the connection between the
person's lack of social skills and the challenging behavior.

Social skills are embedded in our lives. This makes it hard to isolate and practice specific skills. Input from all team members during the functional behavioral assessment (FBA) process helps identify the need for social skill instruction.

> *Tim was done with dinner and getting ready to go shopping.*
> *He put his money in his wallet and walked into the staff office*
> *when he saw Erika (staff) on the phone. He raised his fist*
> *into the air and started yelling at her to get off the phone.*

Tim's reaction seems extreme. At least that is our first impression. A FBA of this incident and similar events will help determine if Tim's yelling is a function of a social skill deficit. If so, the team will develop a teaching plan to help Tim learn social behaviors and/or coping skills.

Social Skills

We use social skills to interact with others. These skills range from simple nonverbal communication such as eye contact and head nods to the very complex problem solving and communication strategies such as waiting or delaying gratification. While there are hundreds of important social skills, we will organize them into four broad categories:

1. **Survival skills** (e.g., listening, following directions, ignoring distractions, using nice or assertive talk, rewarding yourself)

2. **Interpersonal skills** (e.g., sharing, asking for permission, joining an activity, waiting your turn)

3. **Problem-solving skills** (e.g., asking for help, apologizing, accepting consequences, deciding what to do)

4. **Conflict resolution skills** (e.g., dealing with waiting, teasing, losing, accusations, being left out, peer pressure)

Social skills are the foundation for getting along with others. A lack of social skills can lead to difficulties at work, emotional problems, aggression, relationship problems, and poor self-concept. Effective social skills impact all areas of a person's life. In fact, research supports that a person's social skills have an even greater influence on the person's ability to keep a job, than the person's ability to complete the job tasks.

Challenging behavior that results from social skill deficits aren't intentional. The person is using the only social tools he or she has. Social skill/language deficits can result in:

- **Choosing unacceptable behaviors in social situations**: Talking loud during the sermon or taking something away from another person without asking.
- **Inability to predict penalty for his or her social behavior:** Moving in front of someone waiting in line.
- **Problems adjusting to unique characteristics of their listeners in conversations:** Talking to an adult as if they were a child.
- **Difficulty with complex social interactions** (persuasion, negotiation, resisting pressure, giving and accepting criticism): Becoming defensive after being corrected. Not being able to tell when they are being manipulated, e.g. "You better give me that Tommy Hilfiger sweatshirt. It is out of style."
- **Being unable to adapt to new social situations:** Yawning and groaning loudly during a speech or flossing in public.
- **Intolerance for frustration and failure:** Becoming verbally or physically aggressive when a delay is experienced.
- **Difficulty interpreting and inferring the language of others**: Not being able to understand idioms or similes in the conversation, e.g. "It is raining likes cats and dogs today," or "You look like a million dollars."
- **Coping strategies:** Not being able to self-regulate when in a stressful situation. Not knowing how or when to ask for help.
- **Self-isolating** as a way of avoiding people or social demands.

The causes for social and communication skill deficits vary. Some people have trouble processing what they hear. They may not understand the meanings behind the speaker's tone of voice, body language and facial expressions. A person's ability to understand social cues is learned. If the person's opportunities to interact with others were limited in childhood, they may have trouble with social skills as adults. People who aren't able to understand social signals will have difficulty interacting with others. They may stand too close, talk too long, ask inappropriate questions, interrupt, etc. Cultural differences can also contribute to social and communication differences.

Sometimes the person knows the skill and uses the skill occasionally but it is not yet a strong part of their skill set. For example, Tom is being bullied and teased at work. He may on occasion be successful ignoring and appearing calm. However, he may not be able to use these coping mechanisms to the point that he can avoid starting a fight EVERY time the teasing occurs.

Often, because of a lack of experience or training, people with intellectual disabilities don't have the social or communication skills needed. Sometimes their disability interferes with their ability to know when the social skill should be used. For example, an individual may grab a piece of cake from a peer because she does not know how to ask for it appropriately.

Learning social skills requires specific instruction and practice in real life situations (e.g., greeting, a nod during conversation, a handshake). The skills taught may be as simple as learning how to smile, or as complex as manners for a dinner party.

> Think of a social skill you tried to teach or modify in an individual you support. How did you teach the person to use the skill appropriately?

Modeling

Modeling is the most basic approach for teaching social skills. Staff are unlikely to be successful in teaching social skills unless they practice what they preach. Using "self-talk" while modeling social skills is a more effective teaching method. "Self-talk" conveys the thinking and decision-making involved in appropriate social skills and prosocial behavior. In the example below Erika speaks aloud how she is going to be "patient" and what that will look like.

> *Ericka (staff) knows that Tim has difficulty waiting and coping when his desires are thwarted by others. Today everyone is ready to start eating dinner but must wait for Daryl who is still washing his hands. Ericka begins to sense Tim's stress level. She begins talking aloud about how she is going to be patient. She talks about the way that patient people act. She comments that Daryl is making us wait but having patience with Daryl will make the dinner much more pleasant.*

Modeling self-talk may have to be supplemented with instructions about what it means to wait and be patient with others. It may also include when to be patient and when not to be. Teaching self-talk to people you support may need to be part of a formal program, as all staff need to teach the person using the same words. On an informal basis self-talk is just verbalizing what you think to yourself during a situation. It is important to remember that you are only talking about what you would do. Self-talk is a proactive or preventative strategy. You cannot use self-talk to teach an appropriate behavior while the challenging behavior is occurring.

Expectations   Expecting positive results for people we support can have a significant impact on self-esteem and our ability to help them develop pro-social behaviors. People treated with respect and as responsible adults are more likely to develop these qualities. People who are treated as if they hold the opposite qualities will probably live out those negative expectations. If positive expectations are conveyed, the individual's self-concept and the desire to demonstrate pro-social traits will be reinforced.

Caring and Calm

Staff that provide services to people with disabilities are in a position that could easily be used to control others. However, it is much more effective to:

- Focus on the desired behavior (stressing what to do, rather than what not to do).
- Follow up with cues and reminders.
- Provide reasons for instructions .

After a challenging behavior has occurred, reassure people of your continued concern about their welfare. Recommendations for staff in these situations include:

- If it is necessary to talk about challenging behavior, discuss the incident with the person in private.
- Discuss why the behavior wasn't acceptable and what would be acceptable next time.
- Help the person develop self-regulation by rehearsing possible future scenarios.
- Stay calm and avoid becoming engaged in a power struggle, moralizing, or preaching.
- Use the following skills to help the individual develop better insights into themselves and their behavior.
    - active listening (paying close attention and asking questions) o reflection (talking out loud to try to figure out why the person does what they do)
    - interpretation (explaining what you think the person means)

Using the Teachable Moment

"Using the Teachable Moment" refers to talking with a person **after** a social interaction when the person is calm. This method can be used anytime and anywhere. The purpose is to help the person improve their ability to use social skills. Everyone who supports the person (i.e., job coaches, family members,

residential staff, case managers) should use teachable moments the same way. This gives the person information about how to succeed in a variety of settings daily. This intense exposure helps the person learn the social skill and makes it more likely that the person will use the skill (Lavoie, 2005).

Teachable moments are captured after successful and not so successful interactions. When an individual has used the social skill correctly, the staff helps the person see the positive results. This helps to ensure that the person will repeat the skill in other settings. "Teachable moments," are also used to assist the person to see the problems the challenging behavior creates for the person. After identifying an error and the problems it created, help the person identify what strategy the person could use the next time. If appropriate, practice the replacement behavior.

The success of the "teachable moment," is linked to the fact that it provides practice, immediate feedback, and positive reinforcement. The process:

IS	IS NOT
A supportive, structured way to foster social competence	A punishment
A problem solving technique	Negative
A way for the person to actively participate	Controlled/conducted exclusively by staff
Effective when conducted immediately after a social error or success	A one time cure for a target behavior
Generally a one-to-one discussion	

Using a teachable moment can help the person to see the connection between their social behavior and the reactions of others.

Predictability and Social Articles

Predictability is defined as a person's ability to determine what events precede or follow other events. We all have routines in our daily lives that help make life easier. Many of us have a morning routine that helps us start the day. In general, people seek out situations that are predictable and familiar.

Making social routines more predictable will help people understand what others expect of them. This is especially true for people who are fearful of social contact. Unfortunately, sometimes we provide more predictable outcomes for challenging behavior than we do for positive behavior. See the example below:

David acts out by fighting with his roommate. Their fights usually involve yelling and throwing objects in the room they share. David knows that as soon as he raises his voice he will get attention from the staff in the form of a reprimand and lots of attention while he cleans up.

David's desire to have attention and predictability make the yelling and throwing objects an obvious solution for him. If staff continue to provide attention when David yells and throws things, he will continue to use the challenging behavior to get what he needs (attention).

Helping others rehearse and predict what will happen after appropriate behavior is referred to as using "Social Articles." Gray (1991) defines "Social Articles" as descriptions of situations, relevant social cues, and common responses. Social Articles tell what occurs in a situation, and why.

We use social articles before specific events or situations that may cause frustration, anger, anxiety or self-abuse. Sometimes it is helpful to use pictures along with the story. We may talk about cues the person will receive (i.e., when the siren blows), and discuss what the best action would be (we need to leave the building). Social Articles are used to teach a skill rather than eliminate a challenging behavior.

Reinforcement

Teaching and encouraging social skills is a big part of PBS. Arranging the environment and our approach to decrease challenging behavior and teach or encourage appropriate behavior are the primary goals. For most of us, appropriate behaviors are maintained by internal consequences (reinforcers) that naturally occur following a behavior. For a variety of reasons, these reinforcers aren't effective for people with challenging behavior. Our task is to find a way to teach and encourage these desirable behaviors. In these situations, the staff will need to use artificial reinforcers, something not natural to the circumstance.

There are many possible reinforcers for teaching and maintaining appropriate behavior. It is important to know the individual and their preferences, however, because people value different things. Some want money more than anything. Others think food is more important. Some appreciate praise or attention. Effective reinforcers are unique to each individual. The better the match between reinforcers and the preferences of the person, the more effective the PBS plan will be.

Most adults are able to wait for desired consequences – even when the wait is several weeks. If the individual knows that their behavior will get them what they want, they are willing to wait. The ability to wait for a reinforcer is a result of learning or experiencing delayed rewards. Some individuals with DD have not had enough experience to be confident that appropriate behavior will get the reward they are after. In that case, delayed rewards won't be effective. The person will need to receive the reinforcer immediately or shortly after the behavior. Staff who consistently reinforce will teach the person that the new social skill pays off. Introducing longer wait times as the individual begins to use the new skill helps the person learn to accept delays.

Teaching methods for social skills need to be consistent across staff. When staff don't follow the reinforcement schedule, the person with DD will not develop the certainty that the new behavior is a better choice and learning (behavior change) may not occur.
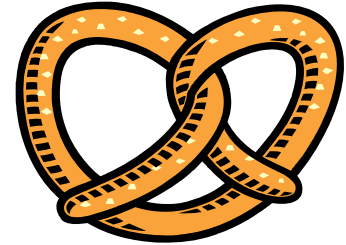
> *James was struggling to learn to stay on task at work. James' job coach rewarded him immediately each time he attended to work for 15 minutes. He would get a pretzel for each 15 minutes and lots of praise from his job coach. After a couple of weeks the data showed that James was consistently remaining on-task for 15 or more minutes. The job coach began to lengthen the time he would need to attend to earn the pretzel, based on the instructions in the written plan. The job coach gave James praise now and then instead of the pretzel every 15 minutes. James was continuing to increase his ability to attend to his work longer and longer. Eventually the job coach eliminated the pretzel. The job coach rewarded James with praise. Eventually, James, good work habits were reinforced by the praise he received from co-workers.*

The job coach's purpose was to move James away from the primary reinforcer (food) to a more natural reinforcer of compliments from his co-workers. This movement toward more mature consequences did not happen easily or in a short time. The job coach taught James' co-workers how to implement the PBS plan so that they were consistent.

 What is your prediction of James' attending behavior if the job coach continued to give him pretzels even though his attending behavior did lengthen?

Many people with challenging behavior may need to start learning new social skills with primary reinforcers. Most people appreciate primary reinforcers. Examples include food and comfort (e.g. a warm blanket on a cold night). Primary reinforcers are paired with other reinforcers when teaching new skills. The plan may call for pairing with social, tangible, activities, or token reinforcers (see examples in the chart below). Eventually, the use of a primary reinforcer is faded.

Types of Reinforcers

Social	Praise, eye contact, smiles, hugs, laughs, talking, enthusiastic expressions.
Tangible	Objects such as games, clothing, CDs, cameras, piece of gum, etc.
Activity	Entertainment, games, sports or exercise, going out to eat, to a park or movie.
Token	Money, coupons, tickets, and check marks on a chart.

The most common type of positive consequence used to increase behavior is praise and positive feedback. It is important to tell the person which behavior you are reinforcing.
Be specific (name the behavior) and genuine. Avoid praise that is too general (i.e., "Good job!") is meaningless.

It is also important to give praise right after the behavior occurs. If too much time lapses between the time the behavior occurs and the positive consequence, the person won't know what behavior earned the reward. In addition, waiting can lead to accidentally reinforcing a behavior you weren't intending to increase.

Scene 1

Every morning upon arriving at work, Tim puts his things away and goes to his workstation without prompts or directions. Others in the work area receive more direction, coaxing and prompting from staff before starting work. Tim's behavior goes unnoticed until he begins to lag behind and stop doing his work. Lately he has begun to wait for staff to tell him what to do at the beginning of the day and needs more attention.

Scene 2

Tammy has been working steadily all day. She has followed her picture checklist and has completed all her tasks. Staff notice what a great day she has had and make a mental note. They do not mention what a great day Tammy had until later that evening. Unfortunately, Tammy's wasn't paying attention to the conversation at the dinner table and the compliment about her day.

Tammy enjoys food and is more concerned about eating than her day.

In Scene 1, Tim's positive behavior went unnoticed and was not given the proper attention he needed to maintain the skill. When Tim's skills began to decline, the staff began to pay more attention to him. They accidentally reinforced Tim for slowing down. He received more attention when he was waiting for staff prompts. In Scene 2, the praise given Tammy has little effect unless given right after the behavior occurred. Tammy didn't connect the compliment at the dinner table to work done earlier in the day.

Remember – when reinforcing behavior:

- **Individualize the reinforcers.** What is desirable for one individual may not be for another. What is reinforcing during one activity may not be at another. A person's preferences can change from one day to the next. Some people do not like hugs or attention while others do. A cold drink may be very reinforcing in the summer but not in the dead of winter. Different reinforcers are required for different behaviors. A person might cook meals for the praise but fail to shovel snow without a stronger reinforcer (i.e., cash).
- **Over-use of a reinforcer can result in satiation.** If we use the same reward to teach and maintain skills, the consequence may lose its reinforcing effects. The person becomes satiated (full). It is better to use a variety of reinforcers.
- **The amount of reinforcer should match the behavior required.** The value of the consequence has to match the amount of behavior expected. It is unlikely that a person will clean their room for one penny.

Summary

Challenging behaviors often arise when the person lacks social and coping skills or when these skills are not fully developed. Consider the places and activities where the person will use the skills. How will the skills you will be teaching affect the person's success in current and future environments? Teaching social and communication skills are critical components of each individual's PBS plan.

Chapter 5 Study Questions

1. An example of a social skill deficit would be:
    a. Discussing other people.
    b. Talking out loud during a sermon at church.
    c. Teasing a friend.
    d. Talking on the phone for hours.

2. List one example of a social skill for each category:

    a) Survival skills:

    b) Interpersonal skills:

    c) Problem-solving skills:

    d) Conflict resolution skills:

3. Explain how to model social skills using self-talk.

4. Why is it important to have positive expectations?

5. T   F   Teachable moments are used as lessons explaining how the skill should be used.

6. T   F   Teachable moments are used before the social skill is needed.

7. T   F   Social articles are stories that describe a situation that provide a person with information that will help them when the situation does occur.

8. T   F   An artificial reinforcer is something that is not natural to the circumstance.

9. T   F   It is not important to individualize the use of a reinforcer because most people like the same things.

10. T   F   It is important to move away from using primary reinforcers toward more natural reinforcers as soon as possible.

Goals

- Identify appropriate use of blocking, extinction, and social disapproval.
- Identify techniques that do/do not need committee and team approval.
- Identify techniques to reduce the power of challenging behavior.
- Define punishment.
- List problems with using punishment.
- Recognize effects of challenging behaviors.

Sometimes challenging behavior occurs even with the best positive behavior support (PBS). In these situations, we need to respond in a way that limits the impact of the behavior. Ignoring it is often the best response. However, sometimes it isn't safe to ignore the behavior. We need to ensure that the behavior doesn't interrupt other activities and avoid giving into the individual's demands if possible. Our goal is to reduce the power of challenging behavior. If the behavior doesn't have power, the person won't continue to use it.

Preparing Oneself for Challenging Behavior

Responding appropriately to challenging behavior requires training and practice. Most would agree that it is unethical to "practice" with the people we are paid to support. Instead, it's a good idea to think about "what ifs" ahead of time. Mental and physical practice helps prepare staff for the possibility of challenging behavior. Staff can respond in a more helpful way if they have thought about what to do beforehand. It helps to avoid being caught off guard. If little thought is given to how to react prior to an incident, we are more likely to lose our cool and even become abusive. If we don't feel well or are physically or emotionally exhausted, circumstances that press and stress us can easily get out of control. Pre-planning focuses on avoiding a confrontation whenever possible.
Focusing on the message behind the behavior allows us to respond in a helpful way. Thinking, learning, and rehearsing will help avert crises.

Dodging the Power Struggle

Saturday is the day usually scheduled for room clean up. Don (staff) approached Steve and reminded him that he needed to clean his room and the plans for the afternoon. Steve ignored Don's reminder and continued to watch TV. About 30 minutes later, Don again approached Steve and reminded him to clean his
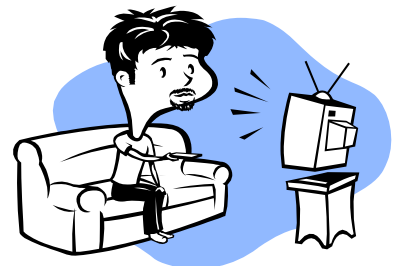
room. Steve swore at Don and called him a ___\. Don replied, "Your room looks like a pig pen and only animals would live in such a mess." Steve stood up, shouted, and swore again. Don raised his voice and reminded Steve, "After three reminders you won't get to play video games at the mall." Steve said he didn't care about playing video games anyway. He went to his room and punched a hole in the wall. Steve didn't clean his room and Don had to change plans for all of Steve's housemates because Don had to stay home with Steve.

In this power struggle, neither Don nor Steve won. While Steve may get some short-term relief from punching a hole in the wall, he has lost the opportunity to go to the mall to play video games. In addition, Steve's housemates' rights were violated because they were denied the trip to the mall.

The first step to dodging power struggles is recognizing when a win-lose struggle is occurring. Staff must withdraw from the power struggle as soon as they realize it is happening. Use the following strategies to interrupt the angry emotions and reduce the potential confrontation.

Disengaging Tactics

Staff must remain outwardly calm. Staff that get angry only make the behavior worse. Raising your voice or trying to force the other person to do something doesn't help either. The main purpose of disengaging is to help the staff person remain calm. A confrontation requires two people. If the staff person does not choose to take part in the struggle, a power struggle is averted. Try these tactics:

- Take a brief moment to breathe deeply. Think before responding to an offensive remark. This gives you a few moments to plan your response. You will avoid an automatic response to the remark that was intended to upset you.
- Respond in a neutral, calm voice. You want the person to believe that you are calm.
- Keep responses brief. Don't tell the person how wrong they are. Avoid asking a bunch of questions. These behaviors can make the person more upset. Short responses decrease attention paid to the person's negative behavior.
- Avoid reacting to "baiting" remarks. Don't let the person draw you into a power struggle. Remarks that target another person should be ignored.
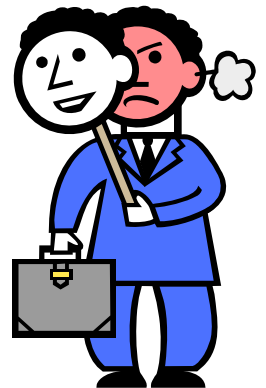
Interrupting Tactics

When people become upset, they can't control the rush of emotions. A well-timed, supportive technique can stop the person from escalating. Interruption should be respectful and positive. Trying to talk over or shout down an angry person will only make the person angrier. Interrupting tactics include:

- Get the person to think about something else. Suggest a favorite topic. For example, Chad had a pair of new cowboy boots. No matter how upset Chad was, as soon as the topic of his cowboy boots was brought up, he had to stop to show off the new boots.
- Remove yourself or the individual from the setting. If you think that the behavior will get worse, suggest an activity the person really likes. Ask for help with a task. If these tactics fail, remove yourself and others from the area. It is often easier to move ten people that are in control of their behavior than to move one out of control person.
- Restate the person's concerns. Many times people with challenging behavior don't have better ways to tell people what is wrong. As a result, they become angry and defensive when they try to express a complaint. Examples of paraphrasing might be "Are you telling me that …," or "It sounds to me like you want…" This tactic shows respect for the other person's point of view. It also helps the other person improve his or her understanding of the problem.

VII. Redirecting to Alternative Behavior

- It sometimes helps to offer a face-saving way out. Remind the person of appropriate behaviors he or she could do instead. Suggest the person go for a walk or call the supervisor.
- Redirection includes prompts or cues to remind the person of alternative actions that will get his or her needs met. Use the prompts or cues for the replacement behavior he has been learning as a part of the PBS plan.

Deescalating Tactics

When a person is upset, judgment falters. People make impulsive decisions when they are angry. It is important to help the person regain self-control. Deescalating tactics reduce emotional tension. These tactics include:

- Replace negative words with positive requests. For instance, rather than telling Steve that he will lose a privilege, Don could say, "If you start cleaning your room, I can help you do the finishing touches."

- Use non-verbal techniques to defuse anger. During arguments, people sometimes mirror the emotions of the other person (i.e., standing when the other is standing). Effective staff use this to help defuse anger. They use non-verbal tactics to reduce the tension. If a person is agitated, sit down nearby rather than standing over him/her. Insert a very brief 'wait time' before each response. Sometimes these pauses will slow down a conversation enough to defuse the emotions. Each situation is different, however. These techniques might not be recommended when it appears that the person is about to physically attack.

- Admit that the person is in control and that he or she has choices. Sometimes people will defy requests just to show their independence. It is important to present the outcomes of the choices, in particular the benefits of calming. List the positive outcomes first. If staff start with the negative, the person may "shut down" and not hear the rest.

Consequences To Decrease a Behavior - Punishment

Punishment techniques are done after a challenging behavior has occurred and result in decreasing the likelihood the behavior will be repeated. We generally think of events that we find **undesirable** as punishers. However, punishers are as individualized as reinforcers. Most people would agree that reprimands (scolding) are a negative consequence. They would call them punishing consequences. However, when scolding is the only attention the person knows how to get, he may increase challenging behavior to get the payoff (reprimands). Therefore, this "potentially negative consequence" really is acting as a reinforcer because it is increases or maintains the challenging behavior. Only when behavior decreases, is the consequence a punisher. When a punishing consequence follows a behavior, the person is less likely to repeat the behavior.

Extinction – Not Acknowledging the Behavior.

Extinction procedures are used to decrease challenging behaviors by **NOT** attending to them. Extinction is defined as making sure that challenging behavior is never reinforced. When we first start extinction, the person is surprised by the sudden lack of reinforcement. A behavior that worked for them, no longer has a payoff. This may result in a temporary increase in the challenging behavior. The

person will try to get the attention that he or she has always received for the behavior. The person soon realizes that the reinforcement will no longer follow the challenging behavior. Extinction usually results in a decrease of the challenging behavior until it stops occurring altogether. The behavior that stops has been "extinguished".

Behavior	What is maintaining the behavior	Revised consequence (extinction procedure)	Effects on behavior
Flipping light switches on/off in rapid succession	People's attention	No attention. Staff and others ignore.	Decreased to zero
Crying	Staff person's attention	No attention. Staff and others ignore.	Decreased to zero
Calling staff at home	Talk for 15 minutes	Staff say, "I am busy," and hang up.	Decreased zero

Let's look at the last example in the chart. If a person receiving support calls staff at home and the staff person talks with them, they have reinforced the phone call. If the staff member explains that he is busy every time the individual calls, then the calling should decrease.

Extinction will only work when the reinforcers are **always** withheld. Consistency is critical. If the staff person decides to talk with the person sometimes, they are will have a harder time decreasing it in the future. A PBS plan is not likely to be successful if even one staff person doesn't follow it exactly as written. Even though 95% of the time a behavior is ignored, the 5% the behavior is reinforced will maintain the behavior. It teaches the person that if she tries hard enough or long enough, there will be a payoff.

Staff must remember that the challenging behavior is on extinction, not the person. In fact, every extinction procedure should include a plan to teach an appropriate replacement behavior that will provide the payoff the challenging behavior was providing. Appropriate behavior by the person should be given positive attention. The person needs to see clearly that appropriate behaviors will bring the payoff he desires. All staff should be prepared for a short-term increase in the behavior when the extinction program begins. The long-term effect will be a complete extinction of the challenging behavior.

Behavior	What is maintaining the behavior	Revised consequence (extinction procedure)	Effects on behavior
Coming to work	Paycheck	No paycheck	Behavior stops

Extinction can also decrease positive behaviors. The figure above shows how withholding reinforcement (paycheck) will decrease "coming to work." Failure to reinforce appropriate behavior is a big reason that challenging behaviors develop. When staff don't pay attention to positive behavior, persons served may find another way to get attention from staff.

Reinforcing Effective Alternative Behavior

Teams need to find replacement behaviors to reinforce when the goal is to eliminate a challenging behavior. If Richard flips lights on and off for attention, the team needs to find another way for him to get attention before extinguishing the behavior they don't like. Reinforcing him for opening doors or helping people might work. Richard needs to receive attention for the appropriate behavior before he will stop the challenging behavior.
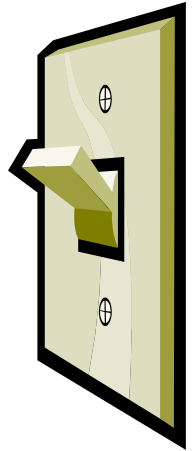
Social disapproval

Social disapproval refers to telling someone that a specific behavior should stop. This technique is typically used for swearing, hitting, yelling, threatening, etc. First, state the person's name. Say "no", "do not", or "stop" and state the behavior. "Sue, stop hitting". It is important to state the behavior you want to cease. Social disapproval should be done without emotion. Use eye contact and make the statement once, without preaching. You don't want to talk about why the behavior is not acceptable. Later, when the situation has passed we can explain and teach.

Blocking

Blocking refers to preventing a behavior from occurring or continuing. Blocking may be physical by stopping a person's arm when the person is trying to hit. It can also refer to moving so a piece of furniture is between you and the other person. Blocking is used only when there is danger of harm and other methods are ineffective.

Restrictive Techniques

These procedures interfere with the rights of people receiving supports and may only be used when permitted by the agency and with prior approval of the Behavior Intervention and Human Rights Committees. These actions could be considered abuse if used in other circumstances.

Response cost

Response cost refers to taking away points, tokens, or activities when the challenging behavior occurs. Taking away privileges, planned activities, or personal property is allowed only as part of a PBS plan approved by committees.

Removal to a neutral area

This procedure involves removing a person from a reinforcing situation to a non-reinforcing setting. If Harold likes the attention he receives when he hits his neighbor at the dinner table, eating alone would be a non-reinforcing setting. If the procedure is effective, the behavior should dramatically decrease in a short while. If removal is not affecting the frequency of the behavior, the team should consider discontinuing the procedure.

This procedure may only be used when permitted by the agency and approval of the Behavior Intervention and Human Rights Committee. Removing a person from an area is considered a restrictive procedure, particularly if the person does not go on their own free will. When escorting the person, use the least amount of assistance necessary. Note: Follow agency policy regarding this procedure. Some agencies prohibit or severely restrict this procedure.

Physical Restraint

Actions that restrict movement such as holding a person's hands so they do not hit, escorting someone to a neutral area, or physically preventing someone from leaving are considered restraints. It is important to be familiar with your agency's policy regarding restraint. In most agencies, physical restraints are only permitted in crises situations. Other uses need to be permitted by the agency, approved by the team after other interventions have failed and approved by committees.

Problems with Punishment

Punishment methods are not the first or most desirable methods to use with challenging behavior. A response that is respectful and calm is more likely to promote positive, adaptive behaviors. Staff who view challenging behavior as an opportunity to teach, rather than punish, are more likely to be successful. Punishment has only short-term effects. Punishment:

- Forces people to adapt rather than teach positive behavior. The threat of speeding tickets does not eliminate speeding. Motorists have adapted so

they are not caught. They purchase "fuzz busters" or slow down only when they see a white car.

- Does not teach appropriate behavior. It only suppresses or removes a behavior. Often, the person finds another behavior (possibly even more disruptive or challenging) to replace it.
- Provides a poor model of social behavior.
- Creates barriers to positive relationships with staff. People do not want to be friends with someone who punishes them.
- Is a form of power and control and it can be misused.
- Sometimes produces aggression in the person being punished.
- Does not produce generalized results.   An individual may stop stealing food from the group home refrigerator, if he is punished. However, the person may continue to steal from sack lunches at work.

Least Restrictive Alternative

When selecting a procedure to decrease behavior, the team must use the "least restrictive alternative". Techniques are ranked according to how aversive they are (how much it is disliked); intrusiveness (how much the action disturbs the life of the person) and severity (how unpleasant). The team also considers:

- The effects the technique will have on the relationship between staff and the person supported.
- What strategies were tried in the past? What were the results?
- What risks are there from engaging in the challenging behavior? How do these risks compare to the risk of using the technique?
- What effect will the challenging behavior have on the person if it continues?

Some techniques require approval by the team, Behavior Intervention Committee and the Human Rights Committee.

Each agency is required to develop a list of behavior intervention procedures allowed in the agency, arranged in order of their relative degree of restriction. These policies include definitions of each procedure and specify the staff members who may authorize the use of each technique. Generally, the following procedures do not need committee approval:

- Extinction or redirection
- Social disapproval
- Blocking
- Reinforcing another more appropriate behavior

Use of more restrictive techniques in a non-emergency situation, without formal PBS plan and committee approval may be considered abusive. These techniques are rarely used unless both of the following criteria have been met.

1. Reinforcement of replacement behaviors, environmental modifications, changes in staff approach and teaching have not decreased the behavior.
2. The behavior presents a danger of harm to the individual and/or others or there is danger of significant property destruction.

Techniques that will need committee approval include:

- Response cost
- Removal to a neutral area
- Physical restraints
- Other restrictive policies
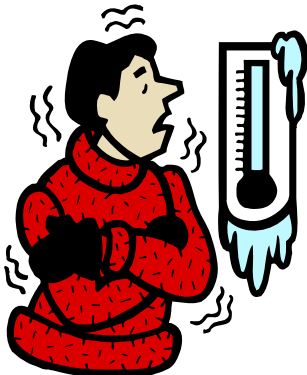
Primary punishers including slaps, spankings, exposure to extreme heat or cold, or electric shock are prohibited. **These are illegal and unethical and must never be used.**

The requirement for using the least restrictive alternative is to ensure that teams and staff will use only those procedures that are necessary to decrease a behavior. This approach should guarantee the method that is least restrictive of the individual's rights would always be tried first.

Impact of Challenging Behaviors

Using PBS to change behavior can strengthen the relationship staff have with the people they support. Likewise, using negative methods (extinction, social disapproval, or physical restraints) can damage these relationships. Challenging behaviors can create anxiety and fear in staff and have a negative impact on staff and people receiving support.

Wanless and Jahoda (2002) reported that most staff increase negative feelings and expectations toward a person after challenging behavior had occurred. Hawkins, Allen & Jenkins (2005) reported that staff felt fear, anger and distress after having to use some type of restraint. Some described feeling "overwhelmed and dreadful", worrying that they had done everything right. Staff member's negative emotional reactions caused by challenging behavior can accumulate over time (Hastings, et al, 2004). Harmful effects on staff include emotional exhaustion and depersonalization (becoming detached).

Whether or not these results apply to specific agencies depends on the staff, the people served, and supports available. It is necessary for staff, supervisors, and teams to be aware of these possibilities and create backup plans when staff need a break. These feelings or reactions are quite common to all people and should not be perceived as wrong. The mistake would be to ignore them or consider them unimportant in planning for PBS. This can lead to burn-out and/or abuse.

Whittington & Burns (2005) suggest that as staff spend more time with people who present challenging behavior, their feelings can change in a positive direction. They described positive outcomes resulting from shared experiences. As staff got to know the person, they became more sympathetic. Through discussions led by outside professionals, staff reevaluated their views and feelings. When coworkers shared experiences, information and their understanding of the challenging behavior, staff were able to become more empathetic. As staff began to see behavior change, they also changed their view of the person.

PBS plans that focus only on the individual and their quality of life while ignoring the effect challenging behavior has on the staff are not comprehensive plans. The team must deal with every aspect of the person's life and behavior.

Summary

Staff who know how to prevent challenging behavior and how to respond when challenging behavior occurs will increase the likelihood that the situation will not escalate into a crisis. Understanding how to de-escalate, interrupt, redirect, and withhold reinforcement are tools that will help staff feel confident in their abilities. Understanding legal and ethical boundaries will help staff respond appropriately.

<div align="center">

Chapter 6 Study Questions

</div>

1. Blocking is a technique used to _____.
    a. hit or move someone out of the way
    b. punish
    c. require more time
    d. obstruct a behavior from occurring or continuing

2. Social disapproval should be used when ____.
    a. a person is beginning to become physically aggressive

      b. a person begins to swear, yell or threaten

      c. when someone is emotional

      d. the behavior is out of control

3.   Explain why reinforcing alternative behavior is an important part of positive behavioral support.

4.   Describe how to extinguish swearing.

5.   Restrictive techniques are used _____
      a. with approval of the Behavior Management Committee
      b. with the approval of the Human Rights Committee
      c. if the agency policy permits the technique
      d. all of the above are necessary

6.   List at least three techniques that would require committee approval.

7.   T   F It is a good idea to mentally rehearse the proper response to a challenging behavior.

8.   T   F Moralizing and responding in long sentences to a challenging behavior is a good disengaging technique.

9.   T   F   Paraphrasing the essential points of a person's concerns is a good interrupting tactic.

10. List at least three problems with using punishment.

Chapter 7 - Positive Behavioral Support Plan Development and Implementation

---

Goals

- Identify essential parts of the support plan.
- Identify team members and the roles they play in developing support plans.
- List the steps in support plan development.
- Discuss problems in support plan implementation.

A Positive Behavioral Support Plan

The written positive behavioral support plan (PBS) is developed based on the functional behavioral assessment (FBA). The plan may contain:

- One or more strategies to teach new skills.
- Changes to the environment or staff approaches.
- Instructions for staff on what to do if the challenging behavior occurs.

The PBS plan is a roadmap. It tells support staff how to change their behavior, adjust the environment, teach, and encourage positive behavior. It should be a working document – meaning it is subject to change as we learn more about the person and his or her behavior. However, changes are only made based on objective information (data). The data tell whether or not the plan is working. Subjective information (opinions not backed up by data) is not used for making decisions. Individual staff members cannot make changes. Revisions to the PBS plan are made by the team and/or the person responsible for the plan (i.e., QMRP or program coordinator).

A PBS plan may be as simple as changing where a person is sitting in the workplace. It will include reinforcers that staff give when the person engages in desired behaviors. The plan supports the person and his or her personal outcomes, not just the challenging behavior. The key components in a PBS plan include:

- Functional behavioral assessment. If there is no assessment, we don't know why the behavior is occurring. We can't adjust the environment or our approach and teach replacement behaviors without this information.
- Involving the person served, to the greatest extent possible.
- Contributions from everyone who supports the individual.
- Training to ensure the strategies will be carried out correctly and consistently.
- Instructions on how to collect data.
- Plan for reviewing the data.
- Revisions when progress is not evident.
- Plans for recognizing and celebrating progress.

Staff who support the person will need to read the plan to find out how to:

- Prevent antecedents for the person's challenging behavior.
- Teach and encourage desired and replacement behaviors.
- Respond if challenging behavior occurs.
- Record the data.
- Ask for help.

PBS plans are formal plans that guide and monitor the behavior of the staff, job coach, or teacher in addition to tracking the progress of the person served. The purpose of a plan is to have consistency between staff, environments, activities, and events. The plan should also create consistency in how all staff teach new skills. The plans should tell staff when, how, and what to teach. The PBS plan also identifies predictable routines that are important to the person.

It is not the purpose of this module to provide the specific format of a PBS plan. However, this chapter will explain the main points that you need to review in order to be effective with people you support. After reading a PBS plan, you should be able to describe:

- **The individual's strengths.** By identifying the person's positive traits, the team is able to target his or her strengths.
- **The team's vision statement.** The vision statement should help the team stay focused on positive outcomes.
- **A clear definition of the problem.** This is a clear, specific description of the challenging behavior. This assures that all team members are focusing on the same issue.
- **Summary of the functional behavioral assessment (FBA).** The hypothesis statement from the FBA should keep the team focused on the reason why the behavior is occurring.
- **Interventions and/or strategies.** What you are supposed to do to teach and encourage new behaviors and what to do when the challenging behavior occurs. For a plan to work, this section should be clear to everyone.
- **Data collection and evaluation plan.** This section tells what kind of data and how often data will be collected and reviewed. Data on challenging behaviors and replacement behavior will help the team decide if the plan is working. Data on quality of life indicators will help the team evaluate how well the plan meets the team's vision.

Plan Development

Effective PBS plans take time to write. Key people (including the person served) discuss issues related to the persons' behavior and his quality of life BEFORE the PBS plan is created. Plan development begins when the challenging behavior is brought to the team's attention. After defining the behavior and reviewing the data, the team decides whether further steps should be taken.

If it is decided to develop a formal PBS plan, a functional behavioral assessment (FBA) is completed. The FBA helps the team develop a hypothesis (best guess) about the function (motivation) of the behavior. Support strategies that match the function of the challenging behavior are selected. If the person's team recommends restrictive procedures for inclusion in the plan, committee approval

is sought. These committees include the Behavior Intervention Committee and the Human Rights Committee. Staff are trained in how to implement the plan and track the data. After training, the plan is implemented. Data is collected and progress is monitored.

If progress does not occur or if staff have difficulty with the plan, they need to ask for help. Appendix A includes a form that one agency uses to encourage staff to ask for help when plans don't seem to be meeting the person's needs. This form is also used if staff are having problems doing what is written in the plan. Significant changes in the support plan may require a team meeting.

```
              ┌─────────────────┐
              │  Challenging    │
              │ behavior occurs │
              └────────┬────────┘
                       │
              ┌────────┴────────┐
              │ Team meets. Define │
              │ behavior & need for │
              │   intervention.    │
              └────────┬────────┘
                       │
              ┌────────┴────────┐
              │ Functional behavioral │
              │ assessment completed  │
              └────────┬────────┘
                       │
        ┌──────────────┴──────────────┐        ┌────────────────────┐
        │ Team meets, agrees on        │◄───────│ Plan is monitored  │
        │ hypothesis and develops plan.│        │ and changes        │
        └──────────────┬──────────────┘        │ made if needed.    │
                       │                         │ Ongoing            │
              ┌────────┴────────┐                │ discussion of plan │
              │ Staff training. Committee │       └──────────┬─────────┘
              │ approval if needed │                         │
              └────────┬────────┘                            │
                       │                                     │
              ┌────────┴────────┐                            │
              │ Plan is implemented │────────────────────────┘
              └─────────────────┘
```
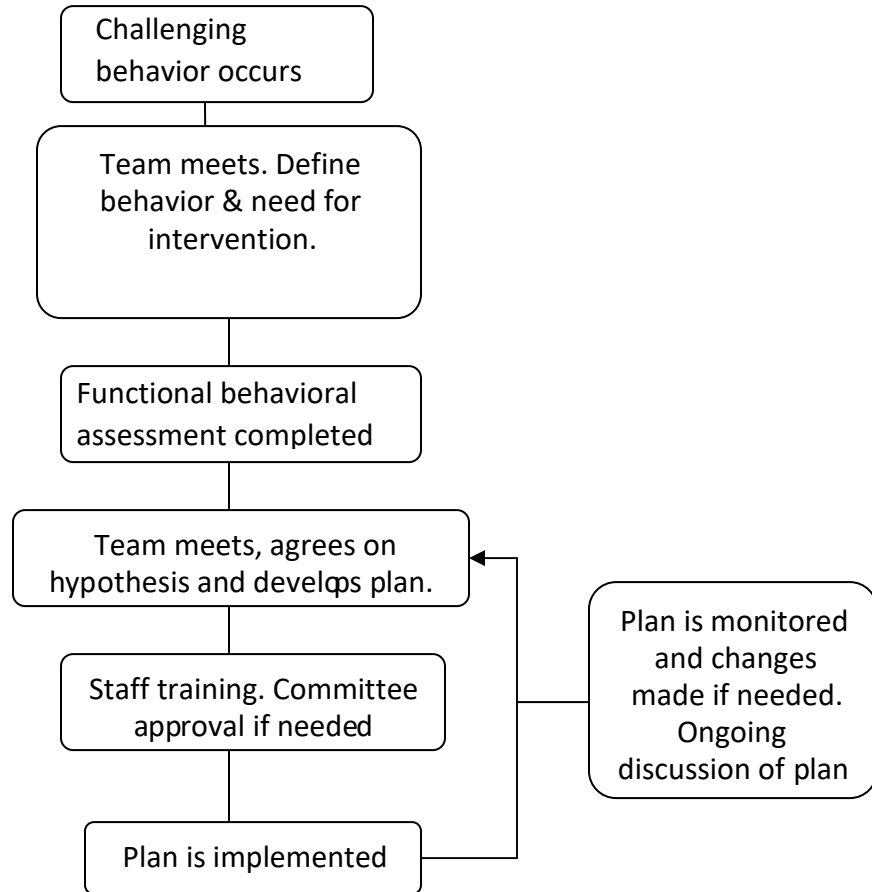
During the FBA, staff may be asked to record a number of things (i.e., frequency of the behavior, what happens before and after the behavior, date, time, or duration). Others from the team may be gathering information on medical issues, interviewing the family, conducting observations, and identifying skill deficits and strengths. When enough information is gathered, discussion and planning take place.

The process for developing a PBS plan can be quite complex when people with significant needs require support in many settings. Planning that includes everyone affected by the plan takes time. Team members supply information based on what each one knows about the person.

Team Members

The plan's success depends on the information that direct support staff, job coaches, case managers, behavior analysts, psychologists, parents, and teachers provide. The person served can choose the members of his team. He may want to include neighbors, friends, his boss or coworkers. **No single team member knows more or is more important than the other.** Each member gives important information to the team process. When all team members contribute, the PBS plan is more likely to be an effective but practical approach. Direct support staff bring vital first-hand experience. Professionals help the team understand the person's disability and learning processes. Parents bring experience and unconditional love. Teachers bring knowledge about academic and functional skills. Every team member's viewpoint is valuable.

Good plans are a result of team members who:

- **Are responsive.** They contribute information based on their experience. They view their role as vital to the process of the plan. Their point of view is just as relevant as the other team members.
- **Agree on the definition and function of the behavior.** Disagreement among team members is not bad. It can help the team identify a more effective approach. The work of the team is to come to a consensus (agree) about how the plan will work for everyone. Initial disagreements, must be settled before the plan is finalized.
- **Attend decision-making meetings.** Team members share information and learn from others. Scheduling the meeting so all members can attend is vital to a successful plan.
- **Are familiar with the plan and provide ongoing feedback.** Methods, strategies, and data collection instructions must be followed as agreed upon and written in the plan. Often, when the plan is implemented, unexpected problems are encountered. If the plan is hard to implement, staff inform the team through their supervisor.

Plan Implementation

Once the plan is written and staff have been trained, the implementation phase begins. Without commitment from direct support staff the team's goal cannot be realized. A perfectly written plan will fail if staff do not follow the steps written in

the plan. Understanding why the plan may fail can help the team avoid problems and pave the way for success. McKenzie, McClean, Megson, and Reid (2005) identified three difficulties during plan implementation:

- **Inconsistency** was the main problem. Variations occurred when staff disagreed with the purpose of the plan. Many staff refused to carry out the plan if they disagreed with the team's assessment of why the behavior was occurring.
- **Practicality.** Staff felt there wasn't enough time to carry out the methods and they didn't understand the support strategies in the plan.
- **Guidelines were seen as irrelevant.** They felt the solution did not fit the problem.

These findings suggest that difficulties putting PBS plans into action are largely due to inconsistency and practicality issues. Problems may occur:

- When staff feel their opinions and information were not valued and the plan was developed around them instead of with them.
- If improvement in the challenging behavior is not observed, use of specific support strategies begins to erode with time.
- If new challenging behaviors occur as a result of the PBS plan or misapplication of the strategies in the plan.
- When there is little discussion and feedback on progress, the plan becomes lost in the shuffle of other pressing issues.

Scenario 1

> *Brent's functional behavioral assessment was completed and discussed at a staff meeting. It was apparent that some people did not agree with the conclusions. The assessment data showed that Brent's behavior was directly related to the amount of sleep he received and the approach staff used when they made requests. The medical reason for sleep problems was being investigated. In the mean-time, staff were still concerned about his aggression. They were in agreement that the functional assessment was correct but they wanted help with his aggression NOW. After the staff meeting ended, more chatter occurred in the parking lot regarding what REALLY should be done with Brent's behavior.*

Brent's staff need immediate tools for the aggressive behaviors. They also need to agree on how to make requests of Brent, as that was identified as a cause to the challenging behavior.

67

Scenario 2

Sharon's support plan was developed and approved by the team. Staff had been trained on the strategies. The plan sounded good and staff were eager to see a change in Sharon's life. One strategy included in the plan to prevent challenging behavior was to give Sharon at least two "affirming statements" per day. These statements were to compliment the quality of her work and a social skill she was learning (accepting correction). Staff were trained how and when to deliver the affirmations. They also learned how to record Sharon's response to correction or redirection. After two weeks of faithfully following the plan, some staff stopped giving the affirming statements. They also didn't give any redirection or correction to Sharon. They "knew" she would not control her anger. As she reviewed the data, the supervisor noted some days where nothing was recorded.

Scenario 3
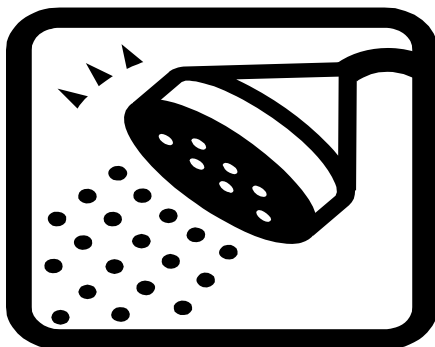
Katie has difficulty getting up and taking a shower in the morning. Many times she has had to go to work without a shower. This has occurred several days in a row. Her personal hygiene has become an issue at her job and co-workers have complained. The team met and devised a daily schedule in which she is required to take a shower after coming home from work and will not have access to

her room until she has taken a shower. Since the plan was started two weeks ago, staff have suffered injuries trying to impose the new rules. Katie's hygiene has improved but the program has produced new more challenging behaviors.

> **Does the plan need to be changed and what is your suggestion for staff? How would you complete the form in Appendix A if you were a staff person working with Katie?**

All team members are responsible for sharing information about the impact and progress of the PBS plan.

- Supervisors need to plan time in staff meetings to discuss the plans.
- Teams need to receive ongoing data so they can evaluate the progress.
  ☐ Staff need to inform their co-workers and supervisors if plans are not working.

Feedback can be done at staff meetings, via email, charts, or notes. Forms can be used to speed the resolution of problem plans.

Summary

Positive Behavioral Support plans are developed through the joint efforts of a team that includes direct support staff, teacher, job coaches, parents, case managers, and other professionals. These plans take time, but the outcome will be a comprehensive plan that will create positive outcomes for individuals served. Failure of these plans can be avoided if the plans are:

- Developed by a team that includes the person with challenging behavior, consultants, the people who are expected to carry out the plan, and others who care about him or her.
- Implemented correctly and consistently.
- Revised based on concerns communicated by staff and the results of data collected during implementation.

Chapter 7 Study Questions

1. List at least three essential parts of a behavioral support plan.

2. Beside each team member list their role in the development of the behavioral support plan:

- Psychologist or Behavioral Analyst-
- Direct Support Staff – 	Guardian or Parent-
- Case Manager –

3. T　F　The functional behavioral assessment is completed after the team meets to agree on the hypothesis.

4. T　F After the challenging behavior is brought to the attention of supervisors and team members, the team meets to agree on the definition and if intervention is needed.

5. T　F　Staff are not responsible for any data collection while the functional assessment is being conducted.

6. T　F　Behavioral support plans often fail as the result of not following the strategies as written.

7. Positive behavioral support plans should:
   a. Provide punishing consequences that will get rid of the behavior.
   b. Make staff deliver reinforcers when the behavior occurs.
   c. Teach and encourage desired and replacement behaviors.
   d. Be monitored annually to determine if progress has been made.
8. A clear definition of the challenging behavior is needed so that
   a. All team members are focusing on the same issue.
   b. The guardian won't sue the agency.
   c. We can focus on the person's problems.
   d. That is what accreditation requires.
9. One way to help staff implement the plan consistently is to
   a. Give all team members praise.
   b. Provide consistent feedback on how the plan is going.
   c. Put one person in charge of the plan.
   d. Concentrate on subjective data.

10. List one reason why a positive behavioral support plan may need revision.

Chapter 1

1. C. Positive Behavior Support
2. A. Based on a functional assessment
3. B. Personal competence or quality of life thinking

4. Any three of the following:
   - The target behavior is observable and measurable.
   - The behavior is of an "inappropriate" nature (i.e. interferes with the goals and outcomes of the individuals or rights of others).
   - The support plan is free from bias regarding sex, age, or race.
   - The goal of the behavioral support plan is related to the specific needs of the individual.
   - The intervention benefits the individual rather than the staff or agency.
   - Legal or human rights are not targeted (e.g., religion, education).
   - The goal is positive (stated as an increase as opposed to a decrease).
   - The program does not involve depriving the person of items protected by law such as food, bed, bath, privacy, clothing, mail, shelter, and community access.

5. Any three of the following:
   - Admission to a program setting.
   - Enter into a contract.
   - Consent to medial treatment.
   - Diagnosis and evaluation activities.
   - Behavioral treatment that will restrict rights.
   - Experimentation and research
   - Releasing or giving personal information.

6. T
7. F
8. T
9. T

Chapter 2

1. B. So all team members are focused on the same behavior.
2. B. Kicking
3. Descriptive
4. Observed; measured; agree

5. F
6. Antecedent; Behavior; Consequence 7. T
8. T
9. Any of the following:
    - Does the behavior threaten the physical well being of the individual?
    - Does the behavior threaten the physical well being of others?
    - Does the behavior result in destruction to property?
    - Does the behavior interfere with the person's ability to learn, and progress in obtaining their goals?
    - Does the behavior interfere with acceptance by peers without disabilities?
    - Will the behavior become more serious if there is no intervention at the present?   10. Sometimes the activity or a part of the activity is reinforcing. Examples such as baking but getting to eat the item after the work of baking, or looking good after personal hygiene has been completed, or doing challenging work and feeling good about the end result. These all occur naturally as a result of the activity.

Chapter 3

1. T
2. T
3. T
4. F
5. F

6. C
7. D
8. D
9. Any of the following:
    - Frequency recording – documenting each time a specific behavior occurs.
    - Interval recording – recording only if the behavior occurred during a specific interval of time.
    - Duration – recording how long a behavior lasts.
    - ABC recording- recording what happens before and after the specific behavior including what is going on and who is present in the environment when the behavior occurs.
10. Any of the following:
    - Forgetting to document or record data.
    - Guessing on frequency counts.
    - Collecting data "their own way".
    - Changing the criteria of when the behavior actually occurs.

Chapter 4

1. A
2. A
3. A
4. T
5. T
6. T
7. T
8. Any of the following:
   - Set realistic expectations.
   - Clarify expectations.
   - Teach and reinforce effective alternative behavior.
   - Always pay attention to new or infrequent behaviors if you would like to see them occur again.
   - Attend to inappropriate behavior as little as possible
   - Try to reduce reinforcement for inappropriate behavior provided by others present in the environment.
   - State your verbal instruction in a positive way.
   - Make your statements as clear as possible.
   - State positive consequences whenever possible.
   - Let people know the long-term consequences for appropriate behavior.
   - Be an appropriate role model.
   - Your tone of voice is important in giving instructions.
   - Avoid forcing your personal values on others and moralizing about their behavior.
   - Show that you mean what you say.
9. Do not imply that everything is done for you, the staff. The natural, long-term consequences of their behavior should include learning new skills in order to be more successful/independent in the community and to build positive relationships with people important to them.
10. A comparison of choices. No right or wrong answer.

Chapter 5

1. B
2. Many answers are correct. Some examples include:
   a. listening, following directions, ignoring distractions
   b. sharing, asking for permission, joining an activity, waiting your turn
   c. asking for help, apologizing, accepting consequences, deciding what to do
   d. dealing with teasing, losing, accusations, being left out, peer pressure

3. "Self-talk" conveys the thinking and decision-making involved in appropriate social skills and pro-social behavior. Self-talk is just verbalizing what you think to yourself during a situation.
4. People treated with respect and as responsible adults are more likely to develop these qualities. People who are treated as if they hold the opposite qualities will probably live out those negative expectations. If positive expectations are conveyed, the individual's self-concept and the desire to demonstrate pro-social traits will be reinforced.
5. F
6. F
7. T
8. T
9. F
10. T

Chapter 6

1. D
2. B
3. The person needs to receive attention for the appropriate behavior before he will stop the challenging behavior.
4. Ignore swearing. Positively reinforce the individual when they do not swear in situations where they have exhibited that behavior in the past. (Be sure to include a plan for increasing an appropriate behavior as well as a plan to decrease the swearing.)
5. D 6.
   - Response cost
   - Removal to a neutral area
   - Physical restraint

7. T
8. F
9. T
10. Any of the following:
    - Forces people to adapt rather than find a more appropriate behavior. Instead of totally eliminating speeding by motorists, they have adapted by purchasing "fuzz busters" or slowing down only when they see a white car.
    - Does not teach appropriate behavior. It only suppresses or removes a behavior. Often, the person finds another behavior (possibly even more disruptive or challenging) to replace it.
    - Provides a poor model of behavior .
    - Places barriers in the way of building relationships. It is unlikely that anyone would want to be friends with someone who consistently uses punishment in their interactions.

- It is a form of control/power and can be easily misused.
- Sometimes produces aggression in the person being punished.
- Does not produce generalized results.   An individual may stop stealing food from the group home refrigerator after being punished, but the person may continue to steal from sack lunches at work unless the same consequences are used.

Chapter 7

1. Any of the following;
    - Functional assessment. If there is no assessment, we don't know why the behavior is occurring and therefore cannot modify the environment or our approach or identify and teach effective replacement behaviors.
    - Participation by the person served, to the greatest extent possible.
    - Contributions from everyone who supports the individual.
    - Training to ensure systematic and consistent implementation of the strategies in the support plan.
    - Data collection and analysis on a scheduled basis.
    - Celebration when progress is being made.
    - Revisions when progress is not evident.
2. Psychologist – information about learning processes and specific disabilities
Direct Support Staff – first hand experience
Guardian or Parent – experience and unconditional love/acceptance
Case Manager – information about past behavioral support plans
3. F 4. T.
5. F
6. T
7. C
8. A
9. B
10. If improvement in the challenging behavior is not observed, use of specific support strategies begins to erode with time.
    If new challenging behaviors occur as a result of the PBS plan or misapplication of the strategies in the plan.
    If staff have problems implementing the plan as written.

Bibliography

Hastings, R., Rose, D., Horne, S., Rose, J. (2004). Negative emotional reactions to
        Challenging behavior and staff burnout. *Journal of Applied Research in
        Intellectual Disabilities*, 17(3), 219-233.

Hawkins, S., Allen, D., Jenkins, R. (2005) The use of physical intervention with
people   with intellectual disabilities and challenging behavior: The
experiences of service   users and staff members. *Journal of Applied
Research in Intellectual Disabilities,*
        18, p19-54.

Lavoie, R. (2005). *Social competence and the child with learning disabilities*. Retrieved
        June 14, 2006 from http://www.ldonline.org/article/6169

McLaughlin, D. (2005). Quality of rapport as a setting event for problem behavior:
        Assessment and intervention. *Journal of Positive Behavior Intervention,*
7(2),
        68-91.

McKenzie, M., McClean, H., Megson, P., Reid, K. (2005). Behaviors that Challenge.
        Learning Disability Practice, 8(9), p. 16-19.

Michaels, D., Brown, F., Mirabella, N. (2005). Personal paradigm shifts in PBS
experts: Perceptions of treatment acceptability of decelerative
consequence-based   behavioral procedures. *Journal of Positive Behavior
Intervention,* 7(3), 93-108.

Ruef, M., Turnbull, A. (2002). The perspective of individuals with cognitive
disabilities   and/or autism on their lives and their problem behavior. *Research
and Practice   for Persons with Severe Disabilities,* 7(2), 125-140.

Wanless, L., Jahoda, A. (2002). Responses of staff towards people with mild to
moderate   intellectual disability who behave aggressively: A cognitive
emotional analysis.   *Journal of Intellectual Disability,* 46(6), 507-516.

Whittingon, A., Burns, J. (2005). The dilemmas of residential care staff working
with the   challenging behavior of people with learning disabilities. *British
Journal of   Clinical Psychology,* 44, 59-76.