Designing & Implementing Positive Behavioral Supports
Part 1

895.52
THE NORTH DAKOTA STATEWIDE DEVELOPMENTAL DISABILITIES STAFF TRAINING PROGRAM

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How Did the Term ‘Positive Behavioral Support’ Develop?

**Positive Behavioral Support** (PBS) is an **approach** that gradually developed as an **alternative** to aversive strategies used to control or punish problem behavior among people with disabilities living in institutional settings (Lucyshyn et al., 2014). PBS evolved in response to three important models associated with enhanced quality of life for people with disabilities.

1. **Applied Behavioral Analysis.** PBS relies on **scientific principles that govern how people learn to behave.** These principles include the concept of antecedent (what comes before) - behavior (what the person does or says) and consequence (what follows a behavior). **Intervention strategies are effective only to the extent that they are aligned with those principles.** This science is called Applied Behavioral Analysis or ABA (Sugai, et al., 2000). Understanding these principles is essential for any team that hopes to support significant behavioral change. Teaching methods such as shaping, fading, chaining, and prompting as well as methods for measuring and observing behavior also grew from ABA.

ABA is **not** a single approach, but an umbrella term that incorporates hundreds of different strategies. Teams can have confidence that ABA is **not** a clinical or aversive, one-size fits-all model but a flexible, evidence-based approach to understanding human behavior. You can read more about the transformation of ABA at: [https://orbehavioranalysis.files.wordpress.com/2014/01/carr-et-al-2002.pdf](https://orbehavioranalysis.files.wordpress.com/2014/01/carr-et-al-2002.pdf)

2. **Inclusion.** The idea of including people with disabilities in communities had its beginning in two important trends. The term **normalization** was first used in Norway in the 1960’s (Birje) and emerged in the United States (Wolfensberger) in the 1970’s. Normalization is the idea that people with disabilities have a right to access to the same opportunities (home, work, relationships, activities, routines, and lifestyles) as others. Normalization overcame the idea that people with disabilities had to ‘be ready,’ before they could engage in complex community-based activities. Today we understand that regardless of the level of support needed, all people can benefit from and take part in everyday activities in typical
Another term that emerged as a successor to normalization is the term social role valorization (Wolfensberger). This term was created to stress the importance of assisting people who are at-risk of being ignored or less valued by others by helping them to develop important social roles and build social capital at home as well as in the community. Since the term social role valorization is somewhat clinical, it was gradually replaced by the term inclusion. For that reason, positive behavior support focuses on helping people to live and work alongside people who do not have disabilities. The goal is for people to experience a sense of belonging, become members of learning or social groups and enjoy typical academic, vocational and recreational activities in natural settings within the community. Inclusion enhances a person’s opportunity to attend local schools or colleges, purchase homes, rent space, and access community services and resources as well as to use technology such as cell phones and tablets to make life better.

3. Person-centered Active Support. This approach grew out of research that seeks to provide an understanding of how to effectively engage people within their environments (Mansell, 2007). The idea behind this trend is to actively engage people in all aspects of their lives. When support is person-centered, people are consistently engaged in planning and taking part in meaningful activities throughout the day, regardless of their support needs.

These trends (ABA, Inclusion and Person-Centered Active Support) have helped to move intervention away from a medical model (finding out what is wrong with the person) and then providing a corresponding treatment (teaching someone to comply, or using physical restraint and medication to sedate or control people). Positive Behavior Supports are not only aimed at reducing challenging behaviors, but equally importantly, at improving each person’s overall quality of life. In keeping with these changes, the terms we use to describe behavior-change approaches have also evolved from: ‘behavior management,’ to ‘behavior intervention’ and most recently to ‘behavioral support.’

There is a functional relationship between our behavior and environmental events (Miltenburger, 2011). Behavior is generated from electro-chemical signals in the brain which are carried out by our bodies, so behavior must respond to the laws of physics.

What Do We Mean by the Term Behavior?

The term behavior refers to what people do (actions) or say (words). Behaviors are actions that can be observed, described and recorded by others. Behavior is not a general characteristic. For example, if you say, “Neil is tired,” you have not identified a behavior. If you say, “Neil took a nap for five hours,” you have described a behavior. Behavior can be measured (i.e., frequency, duration, intensity). Behavior is systematically influenced by experience.
How Does Positive Behavioral Support Work?

Positive Behavioral Support (PBS) is designed to enhance the interaction between a person, their behavior and the environment in beneficial ways. The goal is to give just enough of the right amount of support for the person to be successful in a variety of circumstances. As a science, ABA has created unique terms to describe behavior change principles. These terms are often unfamiliar or clinical, and at times, may seem to be judgmental or even disrespectful. We have included three definitions in this section to help you understand important content in the rest of the module.

Positive Behaviors: Any actions that support success and personal satisfaction at home, work, family and in community settings. Sometimes positive behaviors are also called adaptive, or appropriate.

Challenging Behaviors: Any actions that interfere with a person’s desire or ability to live a personally satisfying life of their choice and be included in meaningful relationships. Other words used to refer to challenging behaviors are behavior of concern, problem, negative, maladaptive, counter-productive or inappropriate behavior.

Behavior Support Processes: Five important processes are used to provide Positive Behavioral Support (Sugai, 2000).

1. Identify broad person-centered goals and behaviors of concern that may act to prevent achievement of those outcomes.

2. Identify and analyze information to understand patterns of behavior in response to the environment. That means understanding why a person is motivated to use a specific behavior of concern. This analysis is called a Functional Behavioral Assessment or FBA.

3. Select evidence-based strategies that are likely to positively impact patterns of behavior and integrate those strategies into a comprehensive plan, designed to improve the person’s quality of life.

4. Carry out the plan across multiple settings among the primary caregivers, employers and support professionals who intervene in that person’s life, including their families.

5. Monitor the outcomes (results) and adjust the plan as needed to assure timely success.

Behavioral Support Goals: The goal in using Positive Behavioral Support is to help individuals to replace challenging behavior by assisting the person to achieve his or her goals and experience quality of life in a socially acceptable manner.
Chapter 1: Study Questions

1. PBS looks at how the environment and the supports that are in place can be redesigned to enhance the ________________________________ of the individual.

Match the Positive Behavior Support term with its description: (Terms may be repeated).

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Applied Behavior Analysis</td>
<td>___ 2. Supports are based on the assumption that if the person’s needs are met, their quality of life will improve, and challenging behavior will be reduced or eliminated.</td>
</tr>
<tr>
<td>B. Inclusion</td>
<td>___ 3. Introduced concepts of antecedent-behavior-consequence and the use of functional behavioral analysis to determine motivation for behavior.</td>
</tr>
<tr>
<td>C. Person-Centered Active Support</td>
<td>___ 4. Offering service options and support to assist the person to define and live the life they want.</td>
</tr>
<tr>
<td>D. Positive Behavioral Support</td>
<td>___ 5. People with disabilities have a right to access the same opportunities as others.</td>
</tr>
<tr>
<td></td>
<td>___ 6. Teaching methods such as shaping, fading, chaining and prompting behavior as well as measurement techniques.</td>
</tr>
<tr>
<td></td>
<td>___ 7. Participation in integrated environments with people who may not have disabilities.</td>
</tr>
<tr>
<td></td>
<td>___ 8. A focus on self-determination and self-advocacy.</td>
</tr>
</tbody>
</table>

10. Positive Behavioral Support helps individuals to replace _______________________ by assisting the person to achieve his or her goals in a ________________________ manner.

11. Behavior as defined in this module _____ (check all that correctly complete this sentence).
    ___ a. is what people do or say.
    ___ b. involves people’s actions.
    ___ c. describes a characteristic of a person (i.e., tired, energetic, polite).
    ___ d. can be measured (i.e., frequency, duration, intensity).
    ___ e. can be observed, described and recorded by others.
    ___ f. is systematically influenced by events.
    ___ g. can be both positive and negative.

12. Positive Behavioral Support includes methods used to teach, strengthen, and expand ________ behavior and methods designed to ________ opportunities for the display of positive behavior and challenging behavior including changes in systems and the person’s__________________.
Chapter 2: Choosing PBS Over Traditional Behavior Intervention

Objectives

After completing this chapter, you will be able to:

1. Recognize important features of Positive Behavior Support
2. Replace less effective traditional approaches with the more effective PBS.

Replacing Traditional Models of Behavior Intervention

Positive behavioral supports (PBS) are value-based approaches used to reduce or eliminate challenging behavior and build meaningful lifestyles. There are some critical differences between PBS and “behavior intervention.” Carr, et al., (2002) identified nine critical elements of the PBS model. A side-by-side comparison of each model is included in the Appendix A.

To be effective in achieving behavior change, providers need to know how to replace traditional models of Behavior Intervention with Positive Behavior Support. To accomplish this goal, team members need to be aware of specific components that are common to both approaches and assure that PBS is used by various teams. Are you aware of what makes PBS work, and can you tell if the approach your organization uses is still relying on traditional and less effective approaches to behavioral change?

1. Goals for Behavior Change:

Traditional: Goals are narrow and focus largely on defining and eliminating a problem behavior with limited focus on the person’s overall lifestyle and support needs.

PBS: Goals are broad and focus on achieving comprehensive lifestyle changes through the introduction of individualized support.

Behavior does not occur in isolation but in response to life experiences. Many factors define quality of life including:

- Developing social relationships
- Personal satisfaction and happiness
- Productivity and job satisfaction
- Opportunities for choice and control
- Participating in meaningful activities
- Gaining new skills
- Enjoying a safe and healthy lifestyle
- Managing not eliminating risk

The success of a positive behavioral supports (PBS) plan is defined as achieving significant improvements in family life, jobs, inclusion, relationships, living situation, and personal satisfaction. Challenging behavior is considered only to the extent that it interferes with quality of life of the person and those who provide support. The focus becomes one of measuring improvements in daily routines, schedules, social interactions, and other outcomes important to
the person.

2. Support Availability

| Traditional: | Supports are available at a moment in time in response to immediate concerns. |
| PBS: | Supports continue across the lifespan in response to changing circumstances. |

The success of a positive behavioral supports (PBS) plan is defined as the availability of person-centered planning approaches to address the individual’s behavioral support needs over time. The intensity of the supports may change as the individual’s life circumstances change (i.e. graduation, new jobs or relationships, changes in health, retirement), or when environments and people change, or new challenges are encountered. The person’s need for active support continues as well and is not limited by changes in programs or systems.

3. Ecological Validity

| Traditional: | Behavior change programs are largely effective only in controlled settings. |
| PBS: | Behavior change strategies are designed to be effective in natural, real-life settings. |

The success of a positive behavioral supports (PBS) plan is measured by the extent to which the approaches are designed to be implemented in typical settings (home, job, neighborhood) over time. Validity is achieved when programs are carried out in a variety of community-based settings commonly accessed by most people.

4. Stakeholder Participation

| Traditional: | Behavior analysts and psychologists control plan development. They are the experts responsible for conducting the needed assessments and analysis. |
| PBS: | All stakeholders on the team, have equal and shared responsibility for developing the support plan. |

The success of a positive behavioral supports (PBS) plan is measured by the extent to which the person, their family, employer and support providers contribute to plan development. Stakeholder perspective is essential if a plan is to result in improved quality of and significant improvements in behavior over time. Each member of the team has a specific perspective and unique role to play in developing the PBS. All the stakeholders have equal responsibility for...
assuring that assessment and decisions about proposed strategies are effective, and if not working, are modified as needed in a timely manner.

5. Social Validity

**Traditional:** If the experts say the plan should work, the rest of the team needs to carry it out, regardless of their perspective or wisdom. Only people with specialized training carry out the plan.

**PBS:** The perspective of diverse stakeholders, including the person supported, expressed as **buy-in or support for the plan’s implementation** is crucial to its success and acts as a social validation of the approach being used. Without social validation, even the best designed plan is likely to fail.

The success of a positive behavioral supports (PBS) plan is measured by the extent to which the person, their family, employer and support providers invest in consistent implementation of the strategies chosen and believe the strategies will benefit the person with a disability in a variety of life circumstances. Several criteria are useful in deciding if social validity for a specific plan has been achieved. The PBS needs to:

- Be relevant for all situations that apply to this person.
- Be practical – Typical support people are able to carry out the plan.
- Be desirable – Stakeholders believe that the intervention is important.
- Mesh well with values, needs and environments accessed by the individual.
- Be likely to improve the general quality of life and the person’s satisfaction.

6. System Change is Achieved Through Multi-Tiered Interventions

**Traditional:** Plans focus largely on changing a single problem behavior using a single strategy to determine what is impacting behavior change in a controlled setting.

**PBS:** Plans focus on change in multiple settings by using a wide variety of supports.

Behavior change is rarely the application of one technique to one challenging behavior. Behavioral change will not be achieved or maintained unless:

- Environments are restructured and capable of providing needed supports.
- Support persons are adequately trained.
- Interventions are tiered and in place as circumstances change over time.
- Adequate resources (time and people) are available.
- A comprehensive plan addressing responsibilities, methods, and monitoring is adopted.
Tiered interventions use differing amounts of support based on time of day, health, setting demands, length of time since the last reinforcement and other behavior change factors.

7. Emphasis on Prevention

**Traditional:** Plans are *reactive* and used either for crisis intervention or primarily after a problem behavior occurs. The focus is on providing aversive consequences for challenging behavior.

**PBS:** Plans are *proactive* and used to influence behavior before a problem occurs.

The success of a positive behavioral supports (PBS) plan is achieved by focusing efforts on environmental change and skill building, so that the need for reactive, crisis-driven strategies is eliminated or reduced. Many people with intellectual disabilities react poorly to punishment and are unable to associate aversive strategies with making a specific kind of change. It is more effective to use positive approaches to prevent challenging behaviors by intervening when problems are not occurring. That helps to keep maladaptive behavior from being needed. Staff work to create a consistently supportive environment.

8. Flexibility in Research Design

**Traditional:** Ridgely adheres to pure experimental design formats including assessments, intervention and data collection procedures.

**PBS:** Uses both formal and informal assessments, interventions and data collection in a systematic but flexible manner.

The success of a positive behavioral supports (PBS) plan is measured by the extent to which the overall plan design is evidence-based as well as practical.

Pure experimental design is impractical for meeting the behavioral support needs of individuals who live and work in complex community settings. Often, it is impossible to completely control all the variables that may impact individual behavior in non-clinical settings. PBS recognizes the importance of formal assessments (i.e., functional analysis) as well as other data sources including qualitative measures, ratings, interviews, questionnaires, logs, and self-report. While the type of data and method of collection may vary, the expectation remains that data will be collected systematically and used to guide decisions.
9. Multiple Perspectives

**Traditional:** Rests on the discipline of behavioral scientist with limited regard for other perspectives.

**PBS:** Includes diverse approaches that have been successful with the person in the past and cultural norms for each individual based on their age, gender and cultural background.

The success of a positive behavioral supports (PBS) plan rests on the interplay between behavior and environment by honoring cultural differences in family structure, perceptions about disability and adult behavior, language, and communication style to achieve maximum benefit and success.
Chapter 2. Study Questions.

True or False:

1. ____ Agencies that use traditional means of behavior intervention will be just as effective as agencies that use Positive Behavioral Support in achieving significant behavior change.

2. ____ Positive Behavioral Support focuses primarily on defining and eliminating challenging behaviors.

3. ____ Traditional behavior intervention strategies typically focus on a narrow type of goal.

Fill in the Answer:

The success of a positive behavioral support plan rests on the interplay between behavior and ____________________________.

Circle all Components that Apply:

4. PBS primarily involves: (Circle all correct answers)
   ● Using clinical interventions in controlled situations.
   ● Involving typical people in typical settings over time
   ● Teaching replacement behavior through skill development
   ● Using environmental redesign
   ● Focusing attention on the challenging behavior and treating it in isolation
   ● Looking at personal lifestyle and creating supports that covers all aspects of the person’s life
   ● Using individualized approaches for behavior change
   ● Involving behavior analysts and psychologists as the only experts that provide input during plan development.
   ● Ensuring that challenging behavior is not rewarded

5. How long does intervention continue in a comprehensive PBS approach?

6. PBS plans support quality of life in_______ settings and_______ situations.
Chapter 3: Principles of Behavior Change

1. Understand behavior as communication.
2. Identify 3 primary reasons we use behavior to communicate.
3. Identify why and how challenging behaviors are maintained

Behavior as Communication - The PBS approach is based on the assumption that people do not “have” behaviors. Rather, they use behavior for three primary reasons to:

**Share how they feel.** Behavior is not just used to communicate if someone is happy, sad or angry. Behavior is used to display more subtle emotions such as disappointment, humiliation, discouragement, encouragement or glee.

**Get what they need.** Sometimes we call this behavior ‘acting-out.’ A person may use behavior to get help, gain social attention, punish someone for their response to a person’s situation, or communicate a specific need using words, gestures, objects or a whole-body response. Sometimes a person resorts to excessive bargaining or negotiation.

**Avoid something.** Behavior may also be used to avoid something that is difficult or confusing. This can involve turning away, refusing to answer, or leaving or trying to distract someone. It can be used to avoid less preferred people. It can also take the form of repeating activities that are soothing to reduce anxiety.

**We all use behavior to satisfy our needs.** Polite verbal communication is the most appropriate way to handle potential conflicts. Sometimes however, that isn’t the method we choose to convey our message. For people with limited verbal communication abilities, behavior often serves as the only or main way for them to communicate basic needs.

**Why People Continue to Use Challenging Behavior** – Challenging behavior happens over and over if the behavior results in the person periodically getting something he/she wants or avoids something he/she does not want. In fact, intermittent or periodic reinforcement is the most powerful way to assure that a behavior will persist.

Individuals learn over time which behaviors are effective even though those same behaviors may be counter-productive at some level. While other more acceptable behaviors could achieve the same result, and even if the person has shown that they know how to use acceptable behavior, the more acceptable response may not be used because:

- Using those skills may be too complex for the person to remember when upset.
- Using those skills takes more effort to remember or to implement.
• The maladaptive response has been over-learned and occurs automatically.

Even when a person learns a new and more appropriate form of behavior, the more challenging behavior is still in their repertoire and they may revert to that behavior on impulse. Or in some cases, the new behavior is not as effective as the “challenging” behavior in getting an immediate response. Here is an example of how these principles work in a real-world situation.

Susan really likes to sit in the front seat of the van. She gets to sit there when Kim, the van driver, takes her to appointments because there are usually only the two of them in the vehicle. It’s pretty cool. Susan enjoyed sitting up front so much when she went to the doctor on Wednesday morning that she asked Kim if she could sit in the front seat that afternoon when she was getting ready to leave the workshop with several of her coworkers. Kim felt that it wouldn’t be fair to let Susan ride in the front seat, because if Susan did so, the other passengers would wonder why they couldn’t sit there. Kim told Susan that she would have to sit in one of the rows of seats behind the driver’s seat. Susan continued to ask if she could sit in the front seat each of the next five days. Each time she asked, Kim said, “No”.

One day, on the way home from work Susan was sitting next to Rich in the back seat of the van. Rich was singing a country western song while he listened to his CD player. Susan didn’t like the song or Rich’s singing. She asked him to stop, but he continued to sing. Kim stopped at the pharmacy on the way to the group home. “It won’t take long,” Kim said. “Please wait here.” Susan was tired and hot and really wanted Rich to stop singing so, she took his CD player away from him. He tried to get the CD player back, but Susan hung on tight. Kim returned to the van in time to see Rich hit Susan. When Kim saw Rich hitting Susan, she told him to stop and asked Susan if she wanted to sit in the front seat of the van. Susan immediately forgot about the CD player and Rich’s singing. She quickly unbuckled her seat belt and moved into the front of the van.

The next morning, Susan asked Kim if she could ride in the front seat of the van on the way to work. Kim said no, wondering why was still asking for special privileges. As Kim got into the van, she heard a commotion from the back seat of the van. Susan had grabbed Rich’s CD player and hit him in the face before he had a chance to hit her.

In this example, Susan learned a way to communicate or get what she wanted. It may not have been “appropriate;” but it certainly was effective in helping Susan get a ride in the front. Staff may define the behavior as a “problem”, “challenging”, or “negative” behavior, but Susan might define it as something she “had to do.” If Kim does not recognize the factors that served to maintain the behavior she might put a statement like this in her report: “Susan hit Rich for no reason.” Susan had a reason. It just wasn’t a good one.

In Susan’s case, the team might decide to implement a variety of strategies designed to help her get
what she needs in a more appropriate way. Four important strategies have been proven to be effective based on principles of behavior change.

1. **Complete a Functional Behavioral Assessment (FBA).** *Knowing what maintains a behavior is key to changing it.* A functional assessment is conducted to find out the purpose or the function of the behavior. That means what the person gets from using that behavior. To find out, the team takes a careful look at what occurs immediately before, during and after a specific challenging behavior.

   Sometimes, certain people, places or events are viewed as “triggers” for the negative or challenging behavior. Unfortunately, the word “trigger” can imply that certain events or circumstances cause a specific behavior to occur. That is not strictly accurate. A better way to think of it is that some people, places or events, act as a signal to the person that it is time to use the negative behavior. Once we know what serves to maintain a behavior we can work to alter the circumstances so preferred activities and relationships occur without the person having to resort to the negative behavior. Elements that “prompt” the challenging behavior are avoided.

2. **Change the environment:** *Preventing problems before they occur reduces the need to use negative behavior to meet a need.* The team will consider what supports they can put in place to make it less likely that Susan will have a conflict with Richard in the first place. Providing Susan with experiences that make her feel special and more in control and be seated away from Richard may help.

   The team modifies the environment to strengthen appropriate, adaptive behavior. That doesn’t mean that it is necessary to avoid every situation that might trigger a behavioral response or give in to everything a person demands. Instead we organize the environment to prevent problems and increase the likelihood of success. It is also important to focus on what happens between behavioral incidents as well as when challenging behavior occurs.

   The goal in changing the environment is to increase the person’s quality of life and help the individual take control. PBS plans:

   - Build on strengths and preferences.
   - Assist people to develop relationships.
   - Promote healthy lifestyles and wellness.
   - Use routines/predictable schedules to help people feel secure.
   - Assure a range of preferred activities are frequently available.
   - Reduce noise and other sources of environmental irritation.
   - Do activities together rather than insisting that the person do it on their own.
   - Allow for special conditions (i.e., fatigue, illness, injury).

3. **Teach new skills** - *Addressing gaps in skills helps people learn to use replacement behaviors.* In this case, the team might teach Susan specific phrases that she can use to communicate effectively or help her learn to use other community-based transportation ways to get to and from work if she prefers not to ride with Richard. They could also teach her to use an iPod or tablet with her own ear buds.
Challenging behavior often occurs because the person does not know another way to get the desired outcome. Several conditions must be in place for the person to consistently use a more appropriate alternative. These can include:

• The person is taught to use the appropriate behavior under a variety of conditions/circumstances.
• Using the appropriate behavior does not take more effort than using the negative behavior.

When these conditions are met, and the person is consistently getting what he or she needs, he or she no longer needs to act out. A PBS teaching plan considers changing the way events are presented, scheduled, and conducted to meet the needs of the person. The supports are designed to increase the chance of positive behavior and reduce challenging behavior. PBS plans make adjustments for people with disabilities who have difficulty learning by:

• Deciding what to teach based on what the person wants to learn.
• Matching teaching methods to the needs of the learner.
• Including some easy tasks when working on something the person finds difficult.

4. **Reward positive behavior** - *Reinforcement can either strengthen a positive or a negative behavior.* It is up to us to make sure that only the positive efforts are rewarded. In this case, we want to make sure that Susan gets more attention and rewards when she takes turns without protest.

Challenging behavior will continue to occur as long the behavior gets the results the person wants. Successful PBS does not reward challenging behavior. Instead, it clearly connects positive behavior to outcomes that are important to the person. Simply using some type of reinforcement on a hit or miss basis may not be enough to connect the positive behavior to something that is important to the person. By avoiding attention for challenging behavior, these behaviors tend to decrease, and the person learns more adaptive skills. Rewards will be successful when:

• The person consistently gets more of what they want for using the appropriate rather than the negative behavior.
• The team has recognized ALL the reasons why the person used the negative behavior in the first place, not just one or two.
Chapter 3: Study Questions

1. What 3 purposes does behavior serve for people with disabilities?
   a. 
   b. 
   c. 

2. Behavioral change will not be maintained unless:
   a. ______________________ are restructured to meet individual needs.
   b. Support persons are adequately __________________.
   c. People (staff, family, peers) are __________________ to alter their approach to support the change.
   d. Adequate ____________ are available.

3. By focusing efforts on environmental changes and skill building, the need for __________ strategies are decreased or eliminated.

4. While the type and method of collection may vary, the expectation remains that data will be __________ and used to guide __________.

5. Give 3 reasons why a person may not use a new skill that they have been taught as a replacement behavior?
   a. 
   b. 
   c. 

6. A comprehensive plan is developed based on ________________________________.

7. Name 3 items that must be addressed in the plan for behavior change to succeed:
   a. 
   b. 
   c. 
Chapter 4: Roles and Responsibilities in Providing Positive Behavioral Support

Objectives

After completing this chapter, you will be able to:

• Identify who is responsible for PBS within a provider agency.
• Identify your specific role in developing or implementing a plan.
• Work collaboratively with other members of the team.

Understand Shared Responsibility for PBS. Reid and Parsons (2012) emphasize the critical importance of all human service personnel accepting shared responsibility for supporting positive behavior. They contend that all staff within the agency must be aware of the priority of PBS and work collectively to address it. Human resource departments must ensure that necessary staff are hired. Administrators and finance officers must assure that staff training produces the necessary results and that employees have the resources needed to implement various plans.

Supervisors must have the time, skills, and motivation to support direct service professionals in carrying out PBS plans. Responsibility does not lie solely with the people who write the plans, nor does it rest solely on those who are assigned to implement the plans. Because PBS is a shared responsibility, each agency may approach plan development or coordination in slightly different ways. What is important, is to understand what your role will be in the agency where you work and to know how to communicate effectively with other members of the team. The goal is to avoid common challenges when multiple people share responsibility for an outcome.

Plan Development has seven important phases:

1. Determine if a formal intervention plan is necessary.
2. Plan and conduct a functional behavioral assessment.
3. Use the data from the assessment to set goals and select matching intervention strategies.
4. Obtain buy-in from all pertinent stakeholders for the proposed plan.
5. Assure that data collection systems are a match for the plan written.
6. Assure all stakeholders have the needed training and resources to implement the plan
7. Consistently Implement the plan with fidelity
8. Monitor progress and adjusting the plan as needed.

Sometimes, something that is everyone’s responsibility, ends up being no one’s responsibility. During each of these phases, direct support professionals, coordinators and consultants or behavior specialists have a responsibility to assure that the process works smoothly.

What is My Role in Providing Person-Centered Planning Support? Often, a Coordinator and DSP confer, plan and coordinate these types of supports. Administrative support may be necessary to create or find planning resources that can be used with a variety of individuals. Things you may be asked to do include:

• Keep the person with a disability informed about meetings and their purpose.
• Support the person with a disability to invite key stakeholders to a meeting.
• Support the person with a disability to attend and have a meaningful way to participate.
• Provide the person with a disability with the supports needed to make sense of information.
• Provide the person with a disability with support then help weigh choices and options.

The problem-solving chart below is an example of a support that is made available to people with disabilities in preparation for a planning discussion or meeting.

![Decision Line](image)

The important idea here is not that agencies must use these particular resources. The take-away is that people with disabilities and staff benefit when ingenuity and creativity are encouraged and used to support capable environments.

**Planning Functional Assessment:** The Q/IDD and Coordinator typically confer and plan who will initiate which action below and how all team members will be kept informed.

• Make different types of informal assessments available to download as needed.
• Set up an assessment calendar that all stakeholders can access to track progress.
• Include all results in a chart or graph that the team can easily view during planning.
• Assure that the input of multiple stakeholders is obtained throughout the process.

The chart below is an example of how a team collaborated to combine information from multiple assessments and share it in a way that made sense to multiple stakeholders and increase the likelihood that all stakeholders would buy-into and participate actively in the planning process.
Consistently Implement the Plan with Fidelity: Collaboration for plan implementation involves communication between any behavioral consultant, the immediate supervisor and the DSP. Roles that may be assigned include:

- Assure that full and part-time staff have a quick and easy way to access the plan.
- Assure that staff can demonstrate the correct way to respond to different situations.
- Assure that staff can tell which of several possible responses to situations is correct and why.
- Assure that the staff can discriminate between taking data and providing support.

Training Staff to Implement a Behavior Intervention Plan

This activity requires coordination among supervisors, staff trainers, quality assurance specialists, behavior consultants or analysts. Kazemie, (2016) stresses the importance of using evidence-based supervision and training for this process. Decisions that guide training include:

1. Given the person’s needs and characteristics, who has the best possible experience with both the person and the techniques to effectively demonstrate plan techniques to others.
2. Will we need to share strategies so that one person can train others how to use a technique: (one person knows the individual well; another person knows the intervention well).
3. Who has the best rapport and credibility with the staff who will need to be trained?

Just reading through a complex plan is usually not enough for anyone to successfully carry out a behavior intervention plan with fidelity (using evidence-based strategies the way intended). Parson’s and Reid (2012) have described behavioral skills training as encompassing these steps.
1. Describe target skill (what the DSP needs to do).
2. Provide verbal and written information (instruction)
3. Demonstrate the target skill (model)
4. Trainee practice of the target skill (rehearsal)
5. Feedback given to the trainee about their performance during practice
6. Repetitions of steps 4 and 5 until mastery is achieved.

Research shows that using several of these methods may be more effective than a single approach Kazemie, (2016). Rehearsal and feedback are the most effective components.

**Providing Meaningful and Engaging (Capable) Learning Environments**

Because the bulk of time in Positive Behavioral Support is spent acting before a behavior occurs it is important to provide a rich array of positive behavioral support in diverse environments. This is part of our efforts to provide tiered interventions. We know that people are more likely to resort to positive behaviors when environments are not overwhelming, boring, too demanding, or confusing.

We want the person’s experience in any given environment to be meaningful, interesting, enjoyable and provide opportunities for choice and control. QI/DDPs, coordinators, program directors and DSPs need to collaborate closely to assure that environments in which the person spends time are life enhancing. Natural environments often contain many opportunities and resources that are a match for this goal. Structured environments at home or at work may not offer frequent and rich rewards that support cooperation, self-management or participation.

No matter who is the actual director of a specific program, anyone can ask themselves: Would I want to live this way? Would I spend time here if I wasn’t required to do so? Would I have something to look forward to each time I visited? Would I experience a sense of belonging and trust? Another way of looking at this same thing is for the team to ask: **Is this environment capable of meeting the diverse needs of this person with challenging behavior** and if not, what changes should we make?

McGill et all (2009) define capable environments as those which **produce positive outcomes for individuals and their supporters and contribute to enhanced quality of life.** Second, they prevent many (not all) instances of challenging behavior. Characteristics of capable environments, identified by McGill include frequent access to:

1. Positive social interactions
2. Support for communication
3. Support for participation in meaningful activities
4. Consistent and predictable environments
5. Personalized routines and activities are honored
6. Support to establish and/or maintain relationships with family and friends
7. Provision of opportunities for choice
8. Encouragement of more independent functioning
9. Individualized personal care and health support
10. Mindful skilled support providers
11. Accessible space, resources and adaptations
12. Access to evidence-based interventions that are well-delivered

Whether it’s on the job, in a day habilitation program, an apartment setting or a group living arrangement, individuals and staff need to be empowered to look at the environment and consider new opportunities, resources, and structures to assure that environment can provide a meaningful experience for a person with significant behavioral challenges.

A complete chart with details for each characteristic and why it’s important is included in Appendix B. You are encouraged to find out how your agency approaches the development of capable environments and get engaged from your unique perspective within the organization.
Chapter 4. Study Questions

1. Responsibility for assuring that Positive Behavioral Support is consistently available is __________________________ by many people in the organization.

2. Achievement of PBS goals requires that staff __________________________ on obtaining the skills and resources to implement PBS.

3. Supervisors must have the _________, ____________, and _______________ to support direct service professionals in carrying out PBS plans.

4. Match the letter by each staff person to a description of what their role might be in providing positive behavioral support.

<table>
<thead>
<tr>
<th>Staff Person</th>
<th>Possible Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Direct Support Professional</td>
<td>___ Assure that staff meet as needed to design and build capable environments.</td>
</tr>
<tr>
<td>B. Program Coordinator or QIDD</td>
<td>___ Assure that donations are used to provide the resources needed to enhance PBS.</td>
</tr>
<tr>
<td>C. Finance Director</td>
<td>___ Assure that families and guardians are invited to participate in PBS in a meaningful way.</td>
</tr>
<tr>
<td>D. Program Director</td>
<td>___ Check with the team to decide which of several possible evidence-based interventions could meet the needs of a person with a disability.</td>
</tr>
<tr>
<td>E. Immediate Supervisor</td>
<td>___ Demonstrate how to use a specific intervention strategy to different staff.</td>
</tr>
<tr>
<td>F. Behavior Analysis</td>
<td>___ Make a list of what a person’s gestures and vocalizations might mean for other staff to use.</td>
</tr>
</tbody>
</table>

5. Capable environments produce __________________________ for individuals and their supporters and contribute to enhanced quality of life.
Chapter 5: Determining the Need for a Positive Behavior Support Plan

Objectives:

After completing this chapter, you will be able to:

• Take steps to replace blaming with positive action
• Decide who needs positive behavior support
• Decide when a behavior is a problem
• Use guiding questions to prioritize behavior
• Identify 3 general measures of behavior
• Rule out medical explanations for a behavior
• Examine and redesign the environment
• Prioritize PBS Needs

1. Replace Blaming with Problem Solving.

**Attitude matters!** So does keeping a cool head and thinking objectively when a problem behavior is used. Sometimes we blame the person with the “challenging” behavior. Sometimes we blame the staff, who didn’t follow the support plan or who got caught up in a power struggle. You might blame the behavior analyst who wrote a plan that “doesn’t make any sense” or is “totally impractical” or the individual’s parents who just “didn’t set any limits.” At times, we can even blame ourselves: “why didn’t I do this or that?” Blaming doesn’t help to provide positive behavior support.

**PBS begins by looking at behavior objectively and deciding to:**

a. Take positive action to better support the person next time or if that is not successful . . .

b. Gather data and work with the team to decide if a more formal intervention is needed.

**Taking positive action is influenced by the way you view behavior.** Many people tend to react to a challenging behavior. They think: “He or she did this and there should be a consequence for doing that.” We might conclude that based on the way our parents responded to our behavior as a child. Unfortunately, consequences do not teach people what to do instead of using a challenging behavior. People with I/DD may not always respond to a consequence by concluding that they should change what they did from now on. They might decide instead that “you don’t like me.”
Consequences are familiar. They tend to follow a hierarchy and that gives us something to do in the moment. They are also reactive. A reactive response does not position us to provide support before a behavior occurs. A “reactive” response means telling the person what they did wrong in an attempt to correct the behavior after it happened. We might suggest that the person ask for forgiveness (“Tell _____ you are sorry”) or restore the environment to the way it was (“Give Susan her game”). If talking doesn’t work, then we talk more sternly, yell, threaten, take away a privilege or punish in some other way.

In all these examples we are still doing something after the challenging behavior occurs. We are not teaching the person another way of managing their behavior should a similar situation occur. A reactive response is often used to give us a way to “control” a person or a situation and express our emotions. Nathan Ory (2012), challenges us to rethink our goals. A pro-active approach allows us to focus on what we can do before a problem occurs. Here is one example.

Macy often felt irritable. She snapped at staff and her peers at home and at work. She often refused to do simple tasks or help. She was reluctant to get up in the morning. She started to “break” the rules. Supporting her became very frustrating. Staff got together and thought about what would make a ‘perfect day’ for Macy. They scheduled her favorite activities, included some fun surprises and spent a lot of time socializing and doing activities with Macy over the weekend. Staff noticed that the next week, Macy was like a different person. She was kind and polite. She volunteered to help, she got up on time and was willing to following the rules. Instead of reacting to Macy’s negative behavior with a consequence, staff focused on providing Macy more of what she appeared to need. A pro-active rather than a re-active approach resulted in Macy making more of an effort to get along with others.


Provide Systematic Access to Support. Everyone benefits from positive behavioral support. We need to focus on positive approaches with all the people we support. If we provide PBS only to people who use challenging behavior we are not providing PBS at all. How do we make certain everyone receives the support they need?
**Tiered Support:** One way of consistently providing positive behavior support is to establish tiered-support. Having a system, works effectively to prevent staff from offering PBS in a reactive manner.

**Tier One:** Tier One consists of positive supports that are **provided consistently to everyone regardless of their behavior.** These are referred to as **universal supports.** They could include things like a DSP who likes to be with you, access to technology, opportunities to engage in a variety of meaningful activities, adaptive equipment in good repair and a communication system for anyone who does not use words or gestures to communicate. All DSPs are responsible for offering a wide variety of tier-one supports in the location where they work.

**Tier Two:** Some people need more specialized behavioral supports and when those are available, they are successful. These are referred to as **secondary supports.** This could be supports such as a smaller staff-to-person ratio, instruction in how to handle special situations, if/then visuals or pec systems or support for specific mobility challenges. Experienced DSPs are trained to offer secondary supports as needed to several people with similar needs.

**Tier Three:** **Intensive supports** are provided to a very small group of people who need significant support for challenging behavior that places them or other people at risk of harm. They are also referred to as tertiary supports. These might include one-to-one support, de-escalation techniques, the use of evidence-based interventions, a unique reinforcement schedule or therapy. Experienced DSP are trained to offer secondary supports as needed for one or more persons.

**Why Tiered Support?** Having systems in place strengthens the ability of the agency to offer environmental support for behavior in a pro-active manner. It also helps supervisors to strengthen staff’s ability to provide universal support which is what will be needed by most people.

Keep in mind that tiered supports are not static. The same person may need universal support in one environment and intensive support in another. Or a person may need secondary support in the morning and universal support for the afternoon when they are more awake. The quality and consistency of universal supports, helps to reduce the number of people who need level two or level three support.

**3. Decide if a Formal Support Plan is Needed.**

Formal support plans are not an easy or quick fix. They won’t help, unless the team has accurately identified the factors that are maintaining the behavior. Sometimes medical intervention for an undetected diagnosis is a critical need. Other times simple changes to schedules or routines will meet the needs of the individual and eliminate the need for a more intensive support plan. Before developing an individualized plan of support to change behavior, the team needs to systematically evaluate the need for formal tier three intervention. Here is one approach to decision making:
Step 1. Identify One or More Behaviors of Concern. The behavior must be defined in specific, observable and measurable terms before the team can make any decisions. At this stage, the team should address this key question, “What does the behavior look like and sound like?” For more information on defining behavior, refer to Writing Behavioral Objectives and Measuring Behavior and Positive Approaches to Behavioral Support in the ND Community Staff Training Curriculum.

Step 2. Decide Whether a Behavior is a “Problem.” No matter how unusual a behavior may be, very often, similar types of behavior occur in almost everyone.

**Question A:** Is this a behavior that occurs more intensely or frequently than used by people without disabilities? Does the behavior bring the person more negative attention?

Individuals with disabilities may engage in stereotypic, aggressive, or self-injurious behavior, but so do many people without disabilities (i.e. pencil tapping, arguing, nail biting, cursing, annoying habits, not complying with requests of others, and smoking). In some situations, a behavior viewed as problematic by some, is tolerated by others and might even be typical and not a priority for change.

**Question B:** Is this behavior a characteristic of the person’s disability or condition?

Sometimes, what we observe is a characteristic of the person’s disability or condition. For example, an individual with a seizure disorder or traumatic brain injury may have “good” days and “bad” days. On Tuesday, Archie may have been alert, willing to engage in activities and looking forward to a relaxed game of checkers with Harold. However, the following day, or even later the same day, Archie may forget what he was doing, refuse to participate in activities and show no interest in being in the same room with Harold. We may fail to realize that these are not problem behaviors or “non-compliance.” These behaviors occur at an involuntary level and require flexibility in the degree of support provided by staff. Staff may need to be reminded that a specific “behavioral” concern may be a limitation consistent with the individuals’ disability, one that requires specific staff support, but not a plan to modify the behavior.

**Question C:** Does this behavior occur as part of the person’s cultural beliefs or traditions?

Cultural issues are another consideration. Teams should be familiar with cultural practices and priorities and how these differences may impact the person’s behavior and response to people, events, and activities. For example, in some cultures, eye contact is considered disrespectful. In others, men are not allowed to touch women who are not a part of their immediate family. Sometimes the behavior represents a cultural difference rather than a behavioral deficit or excess. Some questions to guide the team in determining if a challenging behavior exists include:

**Question D:** To what extent is this behavior a problem for the individual or other people?
Intervention is justified for behaviors that threaten the well-being of the individual or others, infringe upon the rights of others, result in destruction of property, interfere with the person’s ability to learn or make progress toward obtaining personal outcomes or interfere with opportunities for inclusion and participation in the community? Sometimes it is what the person does not do that is the problem. Does the behavior or lack of a behavior increase the person’s dependence on others? Is there evidence that the behavior is likely to become more serious if there is no intervention?

Step 3. Collect Some Information About the Behavior.

Trying to control the behavior of another person takes a lot of time and energy. It starts to feel like the behavior happens “all the time.” This happens when the only time we interact with the person is when they are displaying a behavior that we find disruptive. But, if we did record the frequency and duration of the behavior, it would be quite a bit less than 24/7. Madsen, Peck and Valdovinos (2015) recommends that we keep track of the frequency and duration of a behavior to see what part of the day the person engages in the behavior(s). The actual amount of problem time may be much briefer than it feels.” This realization is critical for changing how we view behavior.

At this stage, teams are looking for answers to the following questions:

- How often does the behavior occur? (frequency)
- When the behavior occurs, how long does it last? (duration)
- How intense is the challenging behavior? (severity)

If teams are unable to provide confident estimates of the frequency, duration, or severity of the behavior, observations should be conducted to gather baseline data for target behaviors. It is also important to gather anecdotal data and review incident reports to begin to identify patterns in events or circumstances when the behavior occurs and when it did not occur. Events following the behavior should also be recorded. Finally, and equally important, the team may want to identify some replacements behaviors and monitor to see how often those are used now. Sometimes people do the right thing, just not very often. That is different than situations in which someone does not know how to make an adaptive response.

Step 4. Rule out Medical Explanations for the Behavior.

Liberman (2016) reminds us that ‘all behavior is lawful’ or that the actions of our brains always follow the laws of physics. That means that not all behavior is learned and deliberate. Although many behaviors are functional there may be a medical cause for a challenging behavior. The behavior may be a symptom of an undetected physical or psychiatric condition, illness, medication side-effect, or nutritional deficiency.
In his research, Simpson (2018) found that the considerable health needs of people with intellectual disabilities are often under- or undiagnosed, or poorly managed (Balogh et al., 2008; Emerson & Baines, 2010; Morin et al., 2012).

It can be difficult to identify medical causes for behavior when the individual is nonverbal, aggressive, takes several medications, and is labeled with a syndrome that may cause symptoms to present in an atypical manner. Failure to identify these conditions may result in wrongful treatment for conditions people do not have and prevents treatment for unrecognized conditions that negatively affect behavior and the person’s quality of life.

Busy physicians who have limited training and experience with people with developmental disabilities may be at a loss for what and how to screen for medical conditions that may underlie challenging behavior. Numerous guides exist for physicians to follow in diagnosing conditions based on symptomology. However, these may not be referenced by the physician when seeing the patient in their office. Providers can help physicians who are unfamiliar with a person’s underlying condition by providing copies of a relevant checklist for adults with that condition when the doctor meets the patient for the first time.

When a medical reason is found for the behavior, obviously the physician involved will make a recommendation for treatment.

Some conditions do not respond effectively to medication, surgery, or therapies. For example, some individuals with Fetal Alcohol Syndrome and Fetal Alcohol Effect frequently display significant behavioral challenges. While there may be a medical diagnosis, there isn’t a “cure.” In these cases, a PBS plan is the first course of action. Teaching the person adaptive behavior and coping skills is always the goal. In some situations, however, where the person’s impairment significantly impacts the person’s ability to learn from experience, the support plan will need to focus most heavily on ways to structure the individual’s environment and our approach to accommodate the person’s diagnosis. Rather than skill development, at least temporarily, our approach becomes one of looking for ways to “peacefully coexist” (Ory, 2006). This in no way suggests that teams should use the disability to excuse the behavior or avoid teaching coping skills. The key point is that in some situations, accommodating the disability and setting people up for success is a more immediate priority than skill development.

**Step 5. Examine and Redesign the Environment.** Challenging behavior rarely exists without a reason, and that reason often has something to do with the environment. Even when there is an underlying medical cause for a behavior, the person still observes and responds to conditions in the environment as well. Keep in mind the following points offered by Reid and Parsons (2012):

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**Medication can be an effective part of the PBS plan for some individuals.** In these cases, it is critical to share data with the physician – prior to starting the medication and following its introduction. Data needs to be organized for presentation to the doctor in a way that the physician will be able to identify any changes (positive or negative) in the target behavior as well as unintended changes in the person’s physical health and quality of life.
The social and physical environment can promote and support adaptive behavior as well as problematic behavior. Rewarding and individualized environments set the occasion for positive behavior. Some environments make it more likely that challenging behavior will occur. Attempts to change challenging behavior without addressing problems within the environment will almost always be ineffective.

Because environments heavily influence the development of challenging behavior, the initial focus should be to evaluate and, where necessary, improve the person’s environment. Several researchers have identified characteristics that result in a supportive environment. Reid & Parsons (2012):

**Safe.** People must be assured reasonable protection from harm

**Responsive.** Opportunities for reinforcing interactions through participation in preferred activities.

**Habilitative.** Opportunities to learn useful skills that support independence and meet needs.

G. Suess (2002) in “Vantage Point,” Stressed the following:

**Caring relationships** are fundamental to positive, proactive approaches.

**Success** Find ways to make people, successful and provide many opportunities for practice.

**Frequent praise and reinforcement.** Reinforcement brightens the life of the recipient as well as the staff, parent or teacher who provides it.

**Building self-esteem** If a strategy doesn’t build self-esteem, it’s probably not worth doing. Use every opportunity for interaction and make every interaction positive.

**Skill development** needs to be individualized in communication (in all areas), behavior control, sensory and motor skills, self-care, activities of daily living, socialization, vocational.

**Celebrate learning.** Give recognition when individuals reach personal goals and milestones.

**Personal productivity and pride.** Ways for the person to become a valued member of the community.

**Inclusive and meaningful activities** that provide opportunities for choice, fun, and excitement.

**Individualized.** Positive, proactive approaches are focused on individuals. One size doesn’t fit all.

**Constant assessment.** Never assume that the plan will work. Prepare for the unexpected.

**Effective staffing ratios.** The number of staff per shift as quality of staff interactions.

**Creative support teams who communicate well.** Teams can only provide consistent supports when members talk to each other, problem solve, and share strategies that work.

You may want to familiarize yourself with the following modules as they relate to creating supportive and capable environments:

- **Supporting Individuals with Disabilities in the Community** (895.39)
- **Achieving Personal Outcomes. Implementing the Person-Centered Plan** (895.18)
- **Positive Behavioral Supports** (895.51)
6. Prioritize Behavior Intervention Needs

If the use of universal or secondary supports have not resulted in significant behavior change and undetected medical conditions and deficits in the environment have been ruled out as causes or contributors for a challenging behavior, it is time to offer PBS in a more systematic way. Often, there are multiple behaviors that interfere with the person’s quality of life and skill development. In these cases, the team will need to prioritize the behavioral intervention needs of the individual and identify those that need to be supported first. The most significant concerns are any behaviors that have the potential to cause physical injury and those that restrict the person’s opportunities to access integrated environments.

When prioritizing behavioral needs, the following questions may be used to guide discussion.


1. Does the behavior **pose a danger to the person or to others?** How significant is the risk?

2. To what extent will the proposed behavior change **improve the person’s life experience?**

3. **How often** will the appropriate behaviors be used/needed in the natural environment?

4. Does this behavior change have **long standing effects or lead to further skill development?**

5. Will this behavior change **be reinforced by others?**

6. **How likely is the success in changing this target behavior?** Are there evidence-based strategies that have been successfully used? How difficult will it be for multiple stakeholders to implement the strategies?

7. Do we have the **training, expertise and resources** needed? If not, are we likely to be able to get those resources and what will we do until then?

8. Is the behavior change **age-appropriate and consistent with expectations for other people** of the same age, gender and cultural background?

9. Do the **risks of the behavior outweigh the risks of the intervention?** Is the intervention likely to cause harm or disruption to the person with disabilities, co-workers, peers, family members or staff?

10. Are there **relationships between two or more behaviors?** If two or more behaviors are related to the same general problem, is it better modify both at once, or one after another, in a sequence.
11. Does the person have a legal right to engage in the behavior? Will the behavior place the person at risk of violating the rights of others? Is it legal for the team to teach a replacement behavior?

If Jane’s constant complaining is getting in the way of her ability to keep a job or make friends, the team may decide that it is important to support more positive social skills. The complaining may continue because Jane receives attention, lacks appropriate conversation skills and is unaware of how other people view her behavior, the team could work on these related issues at the same time.

Rights refer to what the person can and cannot do as specified by law. No behavior should be taught if the behavior may result in legal problems for the person or the agency. Similarly, no behavior should be changed if the person is legally allowed to engage in that behavior. For example, you cannot teach a person to vote only for the party of your choice.

The area of individual rights is a complex one. Sometimes the individual's right to choose must be weighed against agency responsibilities to provide services.

Does a person legally have the right not to brush his teeth or to brush his teeth as often as he so desires? Yes, of course. However, people receiving services also have a right to personal hygiene care whether they or someone else provides that care. These two rights must be carefully balanced.

There are likely to be additional factors when selecting and prioritizing behaviors and it’s possible to target multiple behaviors at one time. This should be a collaborative effort between the family, the individual (if appropriate), and staff implementing the behavior change strategies.
Chapter 5 Study Questions

True and False

___ 1. In PBS, our goal is to become experts at getting people to comply with our directions.

___ 2. In PBS, we want people with challenging behavior to be self-controlled and use appropriate coping skills during situations that are difficult for them.

___ 3. The best time to intervene is when challenging behavior is not occurring.

___ 4. Positive Behavioral Supports only applies to people with challenging behavior.

___ 5. Before developing plan of support to change behavior, the team needs to systematically evaluate the quality of universal support.

___ 6. Not all behavior is learned and deliberate.

___ 7. In some situations, accommodating the disability and setting people up for success is a more immediate priority than skill development.

Fill in the Blank

8. Some questions to guide the team in determining if a challenging behavior exists include:
   a. Is the behavior____________________________ of other people of the same age, gender, or cultural background?
   b. Does the behavior____________________________ of the individual or others?
   c. Does the behavior infringe upon the____________________________?
   d. Does the behavior result in destruction of____________________________?
   e. Does the behavior interfere with the person’s ability to? ____________________________ toward obtaining personal outcomes?
   f. Does the behavior interfere with opportunities for __________________________in the community?
   g. Does the behavior or lack of a behavior increase the person’s____________________________ on other people?
   h. Will the behavior become more____________________________ if there is no intervention?

9. When a medical reason is found for the behavior, the physician will need     to identify any changes in the behavior as well as____________________________in the person’s physical health and quality of life.

10. Challenging behavior rarely exists without a reason, and that reason often has something to do with the: ____________________________

11. If undetected____________________________ conditions and deficits in the________ have been ruled out as causes for a challenging behavior, it may be time to begin the development of a positive behavioral support plan to address the behavior in a systematic way.
Short Answer

12. Who is responsible for Positive Behavioral Support within a provider agency?

13. When there are several challenging behaviors of concern, which behaviors are considered the most significant and generally have priority for intervention?

14. Give an example of how you help support each of the following characteristics of supportive environments in the people you support:
   - Caring relationships-
   - Success and positive practice-
   - High density of praise and reinforcement-
   - Self-esteem-
   - Skill development -
   - Recognize and celebrate learning-
   - Personal productivity and pride-
   - Engaging and meaningful -
   - Individualized-
   - Constant assessment-
   - Pay attention to staffing ratios.
   - Creative support teams who communicate well
   - Inclusive opportunities and meaningful relationships
Chapter 6: Conducting a Functional Behavioral Assessment

Completing a FBA takes a considerable amount of skill and requires extensive training. This module is designed to give you enough detail so that you can understand what is involved and participate in the process in an informed way.

Objectives:

After completing this chapter, you will be able to:

- List the primary outcomes of functional assessment.
- List assessment strategies that will produce the information you need.
- Identify common setting events for challenging behavior.
- Conduct interviews during functional assessment.
- List advantages and disadvantages of functional assessment methods.
- Identify setting events, antecedents, and consequences
- State three components of a hypothesis statement.
- Write a hypothesis statement.
- Explain how to validate the hypothesis generated during functional assessment.

1. What is a Functional Behavior Assessment (FBA)? An FBA is a specialized assessment that helps the team learn why one or more problem behaviors are occurring within a specific context.

   The primary purpose of an FBA is to: a) determine the why a person uses a specific problem behavior (function) over and over and, b) determine the environmental conditions that signal the person to engage in that behavior.

   The secondary purpose of the FBA is to identify possible replacement behaviors that might be strengthened or introduced in an intervention plan.

2. Why Conduct an FBA? Behavior serves a function. When we say ‘function,’ we mean “why” the behavior is used. Often acting in a certain way is the person’s best attempt to solve a problem and/or communicate an unmet need. Challenging behavior will continue until the person finds a more effective (and sometimes more problematic) replacement behavior to get what they need. Behavior change in a positive direction will occur only when it is clear that the “appropriate” behavior will more effectively and efficiently result in the same outcome.

   Before we can intervene, we must know the reasons and the context in which a behavior is used so that we know how to succeed in changing it. Without that information, we may end up reinforcing the challenging behavior instead of acting to achieve a more positive outcome.

   Identifying the underlying function (what the person “gets” or “avoids” by using the behavior) provides the information the team needs to develop a successful support plan. When the
individual’s motivation for displaying the challenging behavior is considered in the development of the PBS, the plan is much more likely to have long-term success (Reid & Parsons, 2002).

Be aware that the same behavior can serve more than one function (Miltenberger, 2008). For example, a person might learn to yell and scream to avoid taking out the trash (when the yelling occurs the staff leave the room). Later they may yell and scream to get staff people to come over to see what they need. Here the same behavior – yelling and screaming, serves two different functions (escape and getting attention) depending on the situation. Here is another example.

*At work, Mary banged her head on the wall when staff didn’t understand what she was trying to communicate. This allowed Mary to express frustration. It also resulted in staff trying harder to find out what she wanted, and almost immediate staff attention. The behavior served 3 different functions 1) Communicate frustration; 2) Getting better help and 3) Not having to wait.*

3. **What are Some Common Functions of Challenging Behavior?** In 2016, Webster indicated that the six most common functions for behaviors are:

1. To **obtain a preferred item or activity**.
2. To **escape or avoid** a person, a form of sensory input, a setting or activity that seems difficult, embarrassing or confusing.
3. To get **attention** (which comes in many forms), either from significant adults or peers.
4. To **communicate** a want or need.
5. To **reduce anxiety, agitation, boredom or over-stimulation** through repetitive behavior.
6. To **gain control or power**.

All these functions are useful. They help us navigate everyday life. It is just the **form** of the behavior used that may be harmful or inappropriate.

4. **What are the parts of a Functional Behavioral Assessment?** In 2008, Neitzel, J. & Bogin, J. identified **6 primary outcomes** of a FBA:

a. Develop a **clear, description of each challenging behavior(s)** in measurable terms.

b. Identify the **events, times, and situations** in which a challenging behavior is more or less likely to be used (antecedents).

c. Identify **any consequences (what follows)** that may indicate why the person continues to use the challenging behavior (function).

d. Develop one or more **hypotheses statements** that give the best explanation for what is maintaining the behavior.

e. Prove the validity of the hypothesis by **conducting a simple test to prove** which type of interventions increase or decrease the behavior before intervening.

f. **Compile data** from direct observation that supports the summary statements.
5. Consider How Best to Gather Information About Challenging Behavior.

Teams use both highly structured and informal methods for gathering data. Methods need to be valid. For example, research showed that one commonly used checklist designed to help providers identify the function of a behavior produced a hypothesis that was often not supported by data. Data collection methods are only as good as the data recorded. Ordinary behavior can be very complex. Quality standards for conducting a successful FBA include:

a. Use **multiple types of assessments** – never rely on only one checklist or tool.
b. Use your resources by involving **consultants or specialists** in behavior intervention.
c. **Seek advanced training** on how to conduct a FBA though a university or psychologist.
d. **Get input from multiple points of view** to help identify all multiple causes.
e. **Involve the person** with a disability in conducting the assessment where practical.
f. Assure the assessment method and how it is conducted **meets criteria** for that approach.

6. Become Familiar with Standard Tools for Information Gathering. Sometimes both the ‘trigger’ or ‘result’ of a behavior might be something that we can’t directly observe during the window of time needed to conduct an FBA. For that reason, we combine data from several of the following methods.

a. **Conduct interviews** with the focus person and people who know him or her well. This might include family members, friends, direct support providers from all service environments, and the individual. Depending on the behaviors of concern, it may be beneficial to use more than one tool or method (e.g., open ended questions and questionnaires). Consider using a comprehensive instrument to be as thorough as possible. Ask the participants to describe specific situations in which the behavior occurred. Probe for what happened next, and then what happened after that to identify a set of possible consequences for a behavior. Then ask additional questions to try and narrow it down. Try to sort fact from opinion. Try asking a similar question in different ways.
b. **Make direct observations** of the individual in multiple settings and conditions. This can be done using an ABC recording method in which an observer notes any antecedents, the topography of the behavior (what it looks like) and any direct and indirect consequences that follow. Remember consequences are often what happened, or what did not happen and not what was supposed to happen. Staff can be trained to use a similar tool for incident reporting.
c. **Conduct a record review** for pertinent information about the history of the behavior. Look for positive information that may help the person to experience a better quality of life.
d. Conduct **assessments of the social and physical environment** by using an ecological inventory or social/language skill checklist. While indirect methods provide a great deal of descriptive information, direct observations of the individual in the environment(s) where the behavior is occurring are needed to confirm any hypothesis about the motivation or function of the behavior.

The responsibility for collecting data does not rest solely in the hands of one person (i.e., the behavior analyst) but should be shared with the entire team. Reid & Parsons (2002) emphasize the importance of including direct support staff in the functional assessment process. Direct support workers spend the most time with the individual and usually know the person better than anyone. They can provide valuable insight into what motivates the person’s behavior and they can generally provide a detailed description of the situations in which the behavior is most and least likely to occur.

Involving direct support staff early in the process of conducting the FBA helps to build ownership of the PBS plan that will ultimately be developed from the information that is gathered. People are more willing to carry out a plan when they understand the rationale that was used to develop the plan and agree with the procedures included in the plan. If staff do not feel their opinions were considered in the development of the plan, they are more likely to question the effectiveness of the plan and this can detract from their motivation to implement the plan consistently.

6. **Analyze Data from the Functional Behavioral Assessment**

The process generally follows a sequence adapted from Taylor (2003):

1. **Carefully define the behavior(s).** Define the challenging behavior(s) in specific, observable and measurable terms. The team may start with a simple description and then refine that as more information is gathered. Methods previously described in other training modules in North Dakota’s Community Staff Training curriculum (*Writing Behavioral Objectives and Measuring Behavior* and *Positive Behavioral Supports*) can be used to learn how to identify the target behavior.

When defining the behavior targeted for intervention, note **related behaviors**. As the team learns more about the function of the behavior, it may find some mild **precursor behaviors** that typically precede the target behavior. A precursor behavior might be a sign that a person is starting to escalate or getting ready to use the challenging behavior. For example;

*Tom often starts to pace and repeatedly leaves his work area before beginning to yell.*

The team might also discover that there are two or more challenging behaviors that have the same function or reason for occurring. If more than one behavior is identified, the team will
need to decide if the behaviors should be addressed at the same time, or individually. If an intervention plan fails to change the targeted behaviors, it may be necessary to separate them. If it makes more sense to address multiple challenging behaviors individually, the team needs to arrive at consensus on which behavior will receive priority (See Chapter 3).

Identify **appropriate behaviors** that the person commonly or even occasionally uses that serve the same function as the challenging behaviors. If none were identified during the FBA, the team may need to do more work in this area. These behaviors will serve as the best candidates for **replacement behaviors** when the intervention plan is developed (Zarcone, J., Freeman, R., Smith, C., Wickham, D., & Kidwell, P., 2002)

2. **Identify setting events and antecedents that affect the behavior.**

**Setting events** are physical, social or biological events that are in place before a behavior occurs. They do not occur immediately before a problem behavior. They ‘set the stage’ for what is about to occur. That is, they increase the likelihood that a trigger will set off a problem behavior. For example: We are more apt to resist a new activity if we feel tired.

We aren’t always able to directly observe setting events that are responsible for specific behaviors. Setting events can be far removed from the environment where the challenging behavior occurs, but still have a powerful influence on behavior (Iovannone, Anderson & Scott, 2017). The death of a loved one, for example, can manifest as challenging behavior months or years after the loss. A break-up in an important relationship, difficulty at work, or even the loss of a favorite staff person can increase the likelihood of conflict for several days or weeks.

Some common setting events are related to the following factors: (Meandan, Ayvazo & Ostrosky, 2014).

Environmental - Events or things about the setting that effect the behavior, (i.e., noise, lighting, number of people).
- Social – People and relationships (i.e. comments made by others, caregiver approaches or instructions, absence of a favorite person).
- Biological – Illness, hunger, discomfort, fatigue, pain, too cold or too hot, being in a bad mood)
- Programmatic – Lack of meaningful, engaging activities; frustrating or difficult tasks; changes in schedules or transitions.
Antecedents are the events that directly precede challenging behaviors. Once identified, the team can use the information to predict what circumstances might trigger the behavior and identify ways to structure the environment and our approach to avoid these “triggers.” Other approaches include teaching the individual alternative responses to situations that are difficult for them. Specific places, activities, people, or time of day all can be the stimulus for a behavior. To identify antecedents, we try to find out answers to the following questions:

- **When** does the challenging behavior typically occur?
- **Where** does the challenging behavior typically occur?
- **What is going on** when the challenging behavior typically occurs?
- **Who is present** when the challenging behavior typically occurs?
- **What do people do or say immediately preceding** the challenging behavior?
- Are there any **physiological factors** that could be affecting the challenging behavior (i.e., medication, sleep, hunger)?
- Are there any **environmental factors** that appear to precede the challenging behavior (i.e., noise level, temperature, lighting)?
- Are there any **setting events** that may predict the challenging behavior (i.e., transitions, reprimands, demands, attention to others)?

The antecedents to the behavior are predicted using both indirect and direct methods for gathering information. **Indirect methods** include record reviews, interviews or questionnaires, and formal or informal assessments of the physical and social environment. Collecting information through **direct observation** refers to the recording patterns of behavior and events as they are occurring.

Figure 3.1 behavior (Flinn, 2001). The behavioral definitions of the target behavior(s) are listed in the first row and labeled as Behavior A, B, or C. People who know the person well are asked to identify circumstances that might predict the occurrence of each target behavior. Notice the emphasis on discovering when the behavior is least likely to occur AND when it is most likely to occur. Both will be used to develop the person’s PBS plan.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Behavior A</th>
<th>Behavior B</th>
<th>Behavior C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior Definitions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is present?</td>
<td>Most likely to occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Least likely to occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What’s going on (activity)?</td>
<td>Most likely to occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Least likely to occur</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When is the behavior (time of day)?

<table>
<thead>
<tr>
<th>Most likely to occur</th>
<th>Least likely to occur</th>
</tr>
</thead>
</table>

Where (setting)?

<table>
<thead>
<tr>
<th>Most likely to occur</th>
<th>Least likely to occur</th>
</tr>
</thead>
</table>

Other factors (physiological, environmental, etc.) likely to set off the behavior (i.e., demands, transitions).

<table>
<thead>
<tr>
<th>Most likely to occur</th>
<th>Least likely to occur</th>
</tr>
</thead>
</table>

Figure 3.1 Sample Questionnaire - Identifying Circumstances of Behavior (Adapted from Flinn, 2001)

Interviews of people who know the person well are most successful when conducted in ways that promote open communication.

Successful interviewers:

- Avoid judgment and unnecessary interpretation of what is shared.
- Ask clear, open-ended questions.
- Repeat and clarify when needed, but avoid leading.
- Actively listen and reflect on important points to allow the interviewee to expand his or her point of view.
- Allow enough time for the person to thoughtfully consider the questions.

Questions suggested by Cipani (2018) suggest different kind of questions be formed for different possible circumstances that may impact behavior. For Example, below are two sets of questions. One is used to determine if a behavior is maintained by accessing some event or form of reinforcement. Another is used to determine if a behavior is used to escape an event or situation.

Questions for Determining if a Behavior Serves an Access Function

1. **Is the problem behavior maintained by accessing some event, or set of events, directly or through social mediation?** Does such behavior serve to access that event every time or intermittently? Is there a reliable relation between the problem behavior and the presentation of this event? What is the specific object, activity, or event that the client is attempting to access through this behavior?

2. **Are there other behaviors in the client’s repertoire that also can produce this desired event or set of events?** Are they as efficient at producing the specific positive reinforcer as the problem behavior (see Horner & Day, 1991)? Is the problem behavior more likely to produce the desired event than these other behaviors? Which behavior produces the greatest density of specific reinforcement in terms of the event?
3. Does the problem behavior produce more than one positive reinforcer? What are the conditions under which it produces one reinforcer in contrast to another reinforcer? In other words, what are the different antecedent conditions in which the behavior may serve different purposes?

Questions for Determining if a Behavior Serves an Escape Function.

1. **Is the problem behavior maintained by escaping** (or in some cases completely avoiding) some event, directly or through social mediation? Does such behavior serve to escape that event every time, or on some intermittent schedule? Is there a reliable relation between the problem behavior and the termination or postponement of the aversive event(s)? What is the specific object, activity, or event that the client is attempting to escape through this behavior?

2. **Are there other behaviors in the client’s repertoire that also can escape (or avoid)** such aversive conditions and events? Are they as efficient at escaping the aversive conditions as the problem behavior (see Horner & Day, 1991)? Which behavior produces the greatest density of reinforcement upon its occurrence, given the presence of the aversive event (or its impending presentation)?

3. **Does the problem behavior successfully escape most aversive conditions?** Is the behavior successful at escaping many instructional conditions or requests? What are the presenting aversive conditions when such a behavior serves an escape function or purpose? Is there more than one event or activity in which the client uses these behaviors to escape?

Advantages of **indirect assessment methods** like questionnaires and interviews are that they are fairly easy to conduct, and they also don’t require a lot of time (10-15 minutes). However, these methods rely on the memory of the person who is responding to the questions. There is a risk that the person may not remember all the important events or may fail to report factors that seemed insignificant to him due to inexperience or bias regarding the person or the behavior. If the behavior occurs relatively infrequently, and a period of time has gone by since the informant observed the behavior, responses may not be very reliable. There are several ways to address these limitations:

- Interview several people.
- Ask interviewees to complete the form more than one time and compare the results.
- Combine behavioral interviews with direct observation.

These adaptations help assure that indirect assessments will provide information that will enable the team to formulate more accurate hypotheses about the function of the behavior.
**Direct observations** consist of observing the challenging behavior and describing the context (conditions that surround the behavior). Direct observations help to identify the relationship between the challenging behavior and events that happen before or after it. Direct observation also gives the team information about related behaviors and appropriate behaviors that might be used as replacement behaviors when the PBS plan is developed. Direct observation data in some cases can serve as the baseline data that can be compared to the data collected after the PBS plan is implemented.

The **ABC** method of recording (described in the next section) is one of the most common methods of direct assessment. However, it can be extremely difficult and time consuming to attempt to observe the challenging behavior in the natural environment, particularly if the behavior occurs relatively infrequently and in more than one setting. A **scatter plot** (Figure 3.2) can be used to help determine in advance when the challenging behavior is most likely to occur (Miltenburger, 2001). The amount of time in each row depends on how frequently the behavior occurs.

To complete the scatter plot, the observer records at the end of each period whether or not the behavior occurred. If it occurred at a low frequency for this individual (i.e., 1-5 times) during the preceding half hour a diagonal line is drawn through the box. The observer darkens the entire box if the behavior occurs at what has been predetermined to be a high frequency for this individual (i.e., 2-10 times). The observer leaves the box blank if the behavior did not occur.

![Figure 3.2 Scatter Plot](image)

The information from the scatter plot assessment can be used to identify the best times for **direct observations**. In the example in Figure 3.2, it appears that the likelihood for observing the behavior would be highest from 10:30-11:30 each day. It is also beneficial to observe the
person in his natural environments when the behavior is not as likely to occur. This way the team can compare conditions and identify situations that may support appropriate rather than challenging behavior. The scatter plot in Figure 3.2, indicates that between 9:00 and 10:00 am, the observer may be able to identify people, events, and activities that support appropriate behavior.

The scatter plot can be revised to include other variables (i.e., the activity that was occurring during the time period or the people present in the environment). Results from the scatter plot can be used to identify potential environmental modifications that would support more appropriate behavior. A sample Scatter Plot that includes a column for a description of the activity is included in Appendix C.

Identify variables that occur immediately after the behavior (consequences).

Consequences that maintain challenging behavior can be grouped into three categories:

- **Positive reinforcement** – the person accesses or obtains something – i.e., a preferred activity, object, or attention. For some individuals both positive (praise) and negative (reprimands) attention can be reinforcing (increase the likelihood that the behavior will occur again).
- **Negative reinforcement** – the person avoids or escapes something – i.e., the removal of a task, demand, activity, or person.
- **Sensory or automatic reinforcement** – internal or sensory feedback that results from the behavior. This category includes those behaviors that are affected by the individual’s health and well-being (i.e., ear infections, constipation), self-stimulation behaviors, and behaviors that provide automatic reinforcement such as music or reading.

**Figure 3.3** illustrates how the possible functions of challenging behaviors can be broken into two categories, a desire to obtain certain events or to avoid or escape certain events. Sensory or automatic reinforcement is included within the two broad categories depending on if the person wants to obtain the internal stimuli or escape it.
Very often identification of setting events, antecedents and consequences are occurring simultaneously. Interviews, questionnaires, and record reviews discussed in the previous section assist the team to identify both antecedents and consequences. ABC records, which will be described in this section, are also used to collect information about both the antecedents and the consequences.

**ABC recordings** allow the observer to organize observations of interactions of an individual and others in the environment in a way that makes it possible to determine patterns of behavior. ABC records identify:

- **Antecedents** - Factors that precipitate the behavior.
- **Behavior** that occurs following the antecedents and maintained by the consequences.
- **Consequences** - Variables that maintain the occurrence of the behavior.

There are several advantages of ABC recordings over interview and questionnaires. In ABC recordings, the observer records the events as they happen. This documentation is likely to be a more accurate account than those provided from memory during an interview. They are very labor intensive and time consuming. Sometimes there is almost too much information, making it difficult to sort out the significant events. The observer must be trained in how to record behavior descriptively and objectively and be able to discriminate each instance of the challenging behavior so that the events immediately preceding and following can be recorded.

There are several ways to conduct an ABC analysis. The **Descriptive Method** can be completed using a **Continuous Recording** of everything that happens as a narrative. Then the information is coded and reviewed to look for patterns between certain events and behavior. More typically, the observer uses an ABC data sheet. Each time the challenging behavior occurs, the

![Diagram of ABC Analysis](image-url)
observer immediately writes down a description of the antecedent events, the behavior, and the consequence in a three-column form like the one in Figure 3.4.

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3.4: ABC Analysis Form

Antecedents can include physical environmental events and the behavior of others. For example, you are observing John's behavior while he and Sue work on a puzzle. If you observe Sue ask John for a puzzle piece and then observe John give it to Sue, the antecedent of John's behavior (giving the puzzle piece to Sue) was Sue asking John.

In the second column of the ABC Chart, the observer records the subject’s behavior. In the above example, if you were observing John's behavior, you would record "John gave the puzzle piece to Sue," in the behavior column of the chart directly across from the antecedent of his behavior.

In the third column, the observer records the consequences that immediately follow a specific instance of behavior. Consequences can include physical environmental events or the behavior of others. Thus, in the above example, if Sue thanked John after he gave his puzzle piece to her, the consequence of John's behavior would be Sue thanking John for the puzzle piece. The completed ABC Analysis for this example is in Figure 3.5

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue asked John for a puzzle piece.</td>
<td>John gave the puzzle piece to Sue.</td>
<td>Sue thanked John.</td>
</tr>
</tbody>
</table>

Figure 3.5: Completed ABC Analysis Recording Form

The checklist method is a more efficient observation method that combines elements of the Scatter Plot and the ABC Analysis. The data sheet is developed after information about the antecedents, behavior and consequences have been gathered from indirect methods (interviews) or direct observations. Each time the behavior occurs, the recorder notes the time and puts check marks in the columns indicating which behavior occurred, which antecedent event occurred before the behavior and which consequence followed the behavior. The advantage of this type of format is that the observer can record the ABCs quickly, with minimal training and without disrupting the environment (Miltenburger, 2011).

Figure 3.6 is an example of a completed data sheet by Carr, J. & Wilder, D. (1998). On the left of the data sheet are sections for activity, antecedent, behavior and consequence data. The first time the behavior occurs, a check is placed in the first column next to the relevant activity, antecedent, behavior, and consequence. Each successive time the behavior occurs,
the observer moves over one column to the right.

<table>
<thead>
<tr>
<th>Date</th>
<th>2/2</th>
<th>2/3</th>
<th>2/3</th>
<th>2/3</th>
<th>2/3</th>
<th>2/7</th>
<th>2/7</th>
<th>2/8</th>
</tr>
</thead>
<tbody>
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<td>8:00</td>
<td>9:00</td>
<td>2:30</td>
<td>2:45</td>
<td>2:00</td>
<td>2:45</td>
<td>2:20</td>
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<tr>
<td>Meals</td>
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<td>Antecedent</td>
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<td>X</td>
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<td></td>
<td>X</td>
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<td>Work Request</td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Hit Self</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Hit Others</td>
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<td>X</td>
<td>X</td>
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<td></td>
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<tr>
<td>Prop Destruction</td>
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<tr>
<td>Threw Objects</td>
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<td></td>
<td>X</td>
<td>1</td>
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<tr>
<td>Other</td>
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<tr>
<td>Consequence</td>
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<td>Left Alone</td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Reprimand</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Time-out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**Figure 3.6 Data sheet Adapted from Carr & Wilder (1998). Use with permission of the publisher.**

3. Develop a hypothesis.

The data collected from indirect assessments and direct observations gives the team a clearer picture of the challenging behavior and the events surrounding it. After collecting data on several occurrences of the target behavior(s), the information is analyzed for trends. Patterns in the data may suggest conditions in which the behavior is more or less likely to occur and give an indication of the function of the behavior. For example, Carr and Wilder suggest that the team looks for horizontal patterns, when analyzing the type of data sheet illustrated in Figure
3.6. The **most frequent antecedent and setting event** (in this case the activity) for the aggressive behavior in Figure 3.6 are when the individual was ignored and there was no structured activity. The **most frequent consequence** for the behavior is a reprimand (attention from others). The relationship identified through these types of data collection does not prove that the individual’s aggressive behavior is caused by attention from others. However, it provides information needed to develop the hypothesis regarding the function of the behavior and the PBS plan.

You cannot conclusively discover the function of behavior unless a small experiment or **functional analysis** is conducted to test the preliminary hypothesis. Most published research on functional analysis methods relies on experimental design to verify the hypothesis. In community-based settings, **functional behavioral assessments** rely more heavily on the indirect and observation methods (Miltenburger, 2001) described in this manual. In some situations (i.e., where there has been a history of failed interventions), it may be beneficial to conduct a functional analysis to test the effects of different consequences (functions) before developing the PBS. For more information on conducting functional analysis, see resources in the bibliography (i.e., Miltenburger, 2001; Carr & Wilder, 1998).

A hypothesis is a summary statement that describes the relationship between the individual’s behavior and characteristics of the environment when the behavior occurs. It is the team’s best guess about the function of the behavior. It describes (Cilibri, 2018):

- **When the behavior occurs.** (Context) Under what circumstances is the challenging behavior most likely? What? Where? Who? Why?
- **What the person does.** (Description of the behavior).
- **What purpose does the behavior serve?** (Function) What consequences or results predictably follow the challenging behavior? What do they get? What do they avoid?

**Here are some examples of hypothesis statements using this format:**

1. When staff are helping others with household chores or grooming tasks...
2. James sits in the rocking chair in the living room and screams...
3. Until staff come into the living room to find out why James is screaming.

1. When oatmeal is served for breakfast...
2. Susan throws food at others at the table...
3. Until staff remove the oatmeal and bring her a bowl of Fruit Loops.

In developing the hypothesis statement, the team also needs to consider if there are any broader issues that are important influences on the behavior (i.e., schedules, comfort, predictability of routines, level of engagement, relationships, opportunities for choice and control, medical issues, staffing ratios).
4. **Collect observational data to support the hypothesis.**

Since a hypothesis is an “educated guess” as to the function of the behavior, it is important that the team test the hypothesis before developing the PBS plan. This involves collecting observational data under varying circumstances to determine if the assumptions the team made about the behavior are correct. If changing the antecedents or consequences does produce a change in the behavior, the team has the information it needs to begin developing the plan. If the behavior remains the same following changes in setting events, antecedents, or consequences, then there is a need to generate a new hypothesis. A single observation is probably inadequate however. Since the person has some history of success in meeting a need through the problem of behavior, it may be resistant to change.

There are times when it isn’t possible to deliberate and test the hypothesis before designing a PBS. If the individual’s behavior is causing harm to self or others or significant property damage, the team should move into development of the PBS intervention. Data collection during implementation will support or refute the hypothesis and should be used to refine the PBS.

**Summary**

Behavior serves a function and often is the person’s best attempt to solve a problem and/or communicate an unmet need. Functional Behavior Assessment (FBA) is the key to learning why a behavior is occurring within a specific context. The steps for completing a FBA include:

- Define the behaviors (challenging behavior, precursor behaviors, replacement behaviors).
- Identify setting events and antecedents that affect the behavior.
- Identify variables that occur immediately after the behavior (consequences).
- Develop a hypothesis.
- Collect observational data to support the hypothesis.
Chapter 6: Study Questions

1. Reactive procedures, such as time-out, reprimands, and other penalties for engaging in the behavior will only address the _____ of the problem.

2. Behavior change in the desired direction will occur only when it is clear that the “appropriate” behavior will more effectively and efficiently result in __________.

3. FBA seeks to identify the relationship between a _______ and the __________ _________________.

4. When the individual’s _______ for displaying the challenging behavior is NOT considered in the development of the PBS, the plan is more likely to have long-term success.

5. The primary outcomes of a FBA are:
   a. A clear _______ of the challenging behavior(s).
   b. Identification of antecedents (events, times, and situations) that predict when the challenging behaviors _______ and _______ occur.
   c. Identification of consequences that _______ the challenging behaviors – (functions of the behaviors).
   d. _______ or summary statements
   e. _______ from direct observation that supports the summary statements.

6. Notice the emphasis on discovering when the behavior is _____ likely to occur AND when it is _____ likely to occur.

7. Direct observation data in some cases can serve as the _____ data that can be compared to the data collected after the PBS plan is implemented.

8. Direct observation also gives the team information about related behaviors and appropriate behaviors that might be used as __________ when the PBS plan is developed.

9. A __________ can be used to help determine in advance when the challenging behavior is most likely to occur.

10. A _______ is a summary statement that describes the relationship between the individual’s behavior and characteristics of the environment when the behavior occurs.

11. Since a hypothesis is an _______ as to the function of the behavior, it is important that the team test the hypothesis before developing the PBS plan.

12. Write a hypothesis statement for an individual you support. Break it into the three components.
13. What are the sources of information for a functional behavioral assessment?

14. What types of behaviors are identified during a functional behavioral assessment?

15. Give two reasons why it is important to involve direct support staff in the FBA.

16. Give one example of each of the following common setting events for people you support:
   - Environmental –
   - Social –
   - Physiological –
   - Programmatic –

17. List two advantages of indirect assessment methods like questionnaires and interviews and two disadvantages.

18. What are the advantages/disadvantages of ABC recordings over interview and questionnaires?

19. What are the advantages of checklist ABC data collection over descriptive ABC methods?

20. How can the team establish the validity of the hypothesis before developing the PBS Plan?

21. Under what circumstances would it be impossible to take the time to test the hypothesis before designing a Positive Behavioral Support Plan?

**True and False**

22. Sometimes, behavioral interventions to suppress a behavior result in the person learning and using a more problematic replacement behavior.

23. A specific behavior can serve no more than one function or purpose for a person.

24. Interviews of people who know the person well during functional assessments are most successful when conducted using questions that require only a yes/no response.

25. Match the term with its description or example: (Terms can be used more than once)

   Setting Events
   a. Examples include the death of a loved one, the break-up in an important relationship, difficulty at work, or even the loss of a favorite staff person.

   Antecedents
   b. Include variables that occur before the target behavior.

   Consequences
   c. Specific places, activities, people, or time of day all that act as a stimulus for a challenging behavior.

   d. Events that directly precede challenging behaviors.

   e. Variables that occur immediately after the behavior.

   f. The person obtains something – i.e., a preferred activity, object, or attention or avoids or escapes something – i.e., removal of a task or demand.

   g. Internal or sensory feedback that results from the behavior.
Chapter 7: Designing a Positive Behavior Support Plan

Objectives:

After completing this chapter, staff will be able to:

- Identify who should be involved in the development of the Positive Behavioral Support Plan?
- List the three types of proactive interventions included in PBS plans.
- Explain the purpose of using the Competing Behavior Model?
- List four general setting event interventions.
- List 6 interventions to reduce the effect of antecedents that predict the challenging behavior.
- Describe intervention approaches when replacement communication behaviors are needed.
- Discuss interventions when a person has a skill but fails to use it in some circumstances/ settings.
- List three criteria for selecting replacement behaviors.
- List the types of consequence interventions are use in Positive Behavior Support Plans.
- List positive alternatives to suppressing challenging behavior.

1. Purpose of the Module: The knowledge and expertise needed to design positive behavioral support plans that meet the needs of all individuals with challenging behavior served in community programs is beyond the scope of this module. The focus of this chapter is to provide current best practice recommendations regarding critical elements needed in support plans. This will help ensure that those who implement the plan will be able to find the information needed to provide consistent support for effective behavior and respond therapeutically to challenging behavior. The appendices of this module provide a list of resources that you may access to learn more about research on effective behavioral support for specific diagnoses and various design formats recommended for PBS.

2. Who Designs the Positive Behavioral Support Plan?

Anyone who will have an impact on the PBS intervention needs to be represented during the design of the plan. The person with the challenging behavior is the heart of the team. The plan author takes on a facilitator’s role. Other team members will include staff from both the living and employment settings, as well as natural supports including family, friends, and neighbors. Depending on the person’s disability and what was discovered during the functional assessment, the team may also include a speech/language pathologist, psychologist, physical therapist, occupational therapists, and other specialists.

Each team member brings different knowledge, expertise, and his or her personal history and
understanding of the individual. Including everyone who has information about the individual makes it easier to problem solve and generate creative support plans. The purpose of the team is to work together to create innovative approaches, share in the individual’s accomplishments and problem solve when new challenges emerge. This collaborative approach is essential not only to develop the most effective plan but also to build ownership and commitment to the PBS plan that is developed.

3. Prepare to Create a Multidimensional Plan Based on the Functional Assessment

PBS rarely consists of single interventions. PBS plans coordinate multiple strategies that are implemented proactively to reduce future behavioral challenges. PBS builds on the individual’s strengths and support an environment where positive behavior is more likely to occur. Because severe challenging behaviors are frequently maintained by several outcomes or functions, multiple interventions may be required. For example, the plan for one individual could combine redesigning environments, adjusting staffing, rearranging schedules or routines, modifying work, teaching new skills, extinguishing challenging behaviors, and reinforcing replacement behavior.

The PBS plan must address all relevant antecedents and consequences identified in the FBA. Generally, this will include:

- Intervening in any setting events as needed to make challenging behaviors less likely.
- Modifying antecedents that serve as signals that a negative behavior may be needed.
- Teaching socially acceptable replacement behavior (e.g. positive communication, social skills) that serve the same function as the challenging behavior.
- Changing the consequences or reinforcers that maintain the challenging behavior so that they now follow the replacement behavior.

Sometimes teams have trouble selecting interventions based on the function of the behavior. Some teams are used to using a set of strategies that “should work,” without thinking about if they “do work.” Teams need support and guidance to move from a “punishment” approach to focus on positive behavioral supports. Buy-in from all staff is critical to the success of the plan.

Use of the Competing Behavior Model (CBM) and brainstorming processes can help steer the team toward PBS interventions that are directly related to the FBA. Use of the CBM helps teams think about appropriate behaviors that would serve the same function as the challenging behavior. Ideally the positive behavior selected is easier or more efficient than the challenging behavior, but the most critical factor is that the person receives the same reinforcing event (consequence). If the replacement behavior chosen is functionally equivalent to the challenging behavior, it will successfully compete with the challenging behavior. The Research and Training Center on Positive Behavioral Supports (n.d.) illustrates the use of the competing Behavior Model as follows:
The *Competing Behavior Model* involves seven steps: The first four steps represent a four-part summary statement (or hypothesis) that results from a functional behavioral assessment (FBA). These first four parts are listed below and represented in the shaded portions of Figures 4.1 and 4.2:

1. the **challenging behaviors**,  
2. predictor events (**immediate antecedents**) for challenging behaviors,  
3. the **maintaining consequence** of challenging behaviors, and  
4. **setting events** relevant to occurrence of challenging behaviors.

Once these core elements of the FBA summary statement are identified, support planners should determine:

5. the **desired behavior** in the situation (i.e., what behavior(s) do you really want the person to do?)  
6. the **maintaining consequence** for the desired behavior.

Typically, the desired behavior leads to a maintaining consequence that is different from the consequence produced by challenging behavior.

Finally, the team selects (7) a positive alternative behavior (**replacement skill**) that will produce the same maintaining consequence as the challenging behaviors.

These seven parts are plugged into a diagram (see below) that is used for identifying and selecting possible behavior support procedures.

*Figure 4.1: Competing Behavior Model (Adapted from: RRTC on PBS, n.d.)*

- **4. Setting Events**  
- **2. Predictors (Antecedents)**  
- **1. Challenging Behavior**  
- **3. Maintaining Consequence (Function)**  
- **5. Desired Behavior**  
- **6. Maintaining Consequence (Function)**  
- **7. Positive Alternative Behavior (Replacement Behaviors)**

The basic idea in developing a support plan based on the CBM is to make challenging behaviors:  
- **irrelevant** (there is no need to do them),
• **inefficient** (there are easier behaviors in which to engage), and/or
• **ineffective** (challenging behaviors no longer work to produce the desired outcome).

The team endeavors to identify:
- Procedures that will **promote and strengthen** the links between antecedents, desired and replacement behaviors, and their maintaining consequences **AND**
- Procedures that **reduce or weaken** the links between antecedents, challenging behaviors, and their maintaining consequences.

**Brainstorming Interventions**

After completing the *Competing Behavior Model*, Smith, Freeman, Wickham, Zarcone & Kidwell (2002) recommend that teams brainstorm to generate many possible interventions for each category of the hypothesis statement. A chart like Figure 4.2 can be written on flipcharts, whiteboard, or individual worksheets for each team member.

The team starts with the column on the left, **Setting Event Interventions**, and works to the right. The authors recommend that teams spend about 15 minutes on each category. During brainstorming, group members are reminded not to judge or evaluate suggestions. The idea is to list as many ideas as possible.

<table>
<thead>
<tr>
<th>Setting Event</th>
<th>Antecedent</th>
<th>Challenging behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>#4 in Figure 4.1</td>
<td>#2 in Figure 4.1</td>
<td>#1 in Figure 4.1</td>
<td>#3 in Figure 4.1</td>
</tr>
<tr>
<td>Setting Event Interventions</td>
<td>Antecedent Interventions</td>
<td>Replacement Alternative Behaviors</td>
<td>Consequence Interventions</td>
</tr>
</tbody>
</table>

**Figure 4.2 Brainstorming Template (Adapted from Smith, et al, 2002)**

The facilitator prompts members with comments, questions, or examples of interventions. The following prompts are drawn from *Multi-Component Intervention Strategies*, Module 7 of the Kansas Institute for Positive Behavior Online Modules [http://www.kipbsmodules.org](http://www.kipbsmodules.org)
Setting Event Interventions – Setting events can include health and emotional issues including chronic medical conditions, mental illness, medication side-effects, and short-term physiological conditions like constipation, hunger, and fatigue. Environmental conditions including noise, crowded conditions, lighting, and overheating can also affect behavior. Prompts for the team to consider related to setting event interventions include:

1. **What can be done to minimize, eliminate, or neutralize setting events to decrease the likelihood that an antecedent will trigger the challenging behavior?** For example, there are hearing aids designed to muffle the sound from fire alarms or other stimuli that are intolerable for some individuals with autism. These aids help reduce behavioral incidents associated with an aversive noise (setting event) that can’t be eliminated for health and safety reasons.

2. **If it isn’t possible to eliminate the setting event (i.e., illness, change in routine), can expectations for an individual be altered on days that the setting events occur?** If we know that Tom has a hard time when plans change, and it looks like the picnic we had planned for tomorrow will be rained out, can we find something that Tom will find equally exciting as a substitute activity?

3. **Ask if it might help to use prompts or pre-correction strategies to encourage the individual to use the desired behavior or replacement behavior he/she is learning.** If we are teaching Jim to find appropriate ways to pass the time in waiting rooms, we could talk to Jim about all the magazines that the dentist has in his office before we leave. As we walk from the parking area, we could again remind Jim about the magazines so that he will look for the magazines as soon as he arrives.

4. Ask the team members to identify activities, situations, and events that promote positive behavior for this person. What can be done to increase the frequency of these events?

Antecedent Interventions – Antecedents refer to the time of day, environment, people, and activities within a particular setting. Remind the team that antecedents sometimes include the absence of something (i.e., social interaction, meaningful or preferred activities). Sample questions to get team members on the right path include:

1. **How can the antecedent be eliminated so the challenging behavior doesn’t occur?**
2. **If it isn’t possible or appropriate to eliminate the antecedent (as in the case of a grooming task the person finds aversive) how can we make the task less aversive?**
   a. Is there a way to modify the task to make it less aversive (make it simpler, more interesting or meaningful)?
   b. Can we change our approach or the way the task is presented (less directive)?
   c. Are instructions stated positively (“Do walk.” vs. “Don’t run.”)?
d. Would it help to complete an easy task prior to the disliked task?
e. Would revising the schedule increase the likelihood that the desired behavior would occur (morning vs. evening; before preferred activity)?

3. How can we enrich the environment or activity to decrease boredom and reinforce positive activities?
4. How might we increase the level of reinforcement, social interaction, and engagement to meet the needs of this individual?
5. If the individual has trouble waiting, what can be done to help the person tolerate an unavoidable delay?
6. What support can we provide if the individual finds transitions difficult?

**Replacement Behavior and Other Related Social, Communication, or Coping Skills** – At this point, it is important to remind the team of the function of the challenging behavior. The team generated one replacement behavior when they completed the Competing Behavior Model. Ask team members if they want to discuss it in more depth and determine:

1. What additional social, communication, or coping skills would be acceptable replacement behaviors and serve the same function for the individual?
   a. Is the replacement behavior as easy to use as the challenging behavior?
   b. How can we ensure that the replacement behavior will be as effective as the challenging behavior?
   c. How can we provide enough opportunities for practice so the person can learn the skill?
   d. What behaviors will we need to ignore while teaching the new skill?

2. Does the person have the skill, but fail to demonstrate it in some circumstances or settings?
   a. What is different about the settings where the behavior is used or does not occur?
   b. What changes in the environment, approach, activity, or consequences would increase the likelihood the behavior would occur across environments?

3. If communication skills are targeted as replacement behaviors, it is important to identify:
   a. In what circumstances does the individual communicate appropriately?
   b. How can we build rapport with the individual and a desire to communicate?
   c. What communication situations are most likely to trigger challenging behavior?
   d. What are some appropriate communication responses that would serve the same function as the challenging behavior?
      i. Is this response as easy as or easier than the challenging behavior?
      ii. How can we ensure that the person’s attempts to communicate are honored?

**Consequence Interventions** - The goal here is to minimize reinforcement for the challenging behavior and maximize reinforcement for the appropriate behaviors.

1. What can be done to eliminate the consequences maintaining the challenging behavior?
   a. If the function of the behavior is attention seeking, what challenging behaviors will be
ignored? What appropriate behaviors will be attended to?
b. If the behavior is motivated by access to items or activities, what preferred activities can we make available for appropriate behaviors while challenging behavior is ignored?
c. If the function of the challenging behavior is to avoid or escape an event or activity, how can we reinforce the individual for participation? How can we change the activity/event so that the individual is less likely to try to escape it or avoid it (make the activity easier, give the individual a break during the event)? What appropriate escape behaviors will be reinforced?

2. How can we increase reinforcement for desirable behavior?
   a. What are the preferences of this individual (food, activities, games, social interactions)?
   b. If we don’t know the preferences of the individual or there is a limited number of things the person finds reinforcing, how can we expand the person’s menu of reinforcement? What might be some things that the person would like?
   c. What works to redirect the individual to an alternative response (jokes or humor, introduction of novel person or activity, nondirective interaction, encouragement, modeling)?

Selecting Interventions

Following the brainstorming activity, the team reviews the interventions in each category and identifies those that will be the best fit for the person and those who support the individual daily. It’s important to evaluate interventions based on the individual’s person-centered plan and the current and future environments. Some guidelines and questions for team consideration include:

- Which interventions align with the function of the behavior?
- Which of the aligned interventions teach functional replacement skills that will assist the person to achieve his or her personal outcomes?
- Has the team evaluated both the ease of implementation and the likely effectiveness of the intervention? An “easy-to-implement” intervention that is not directly linked to the function of the behavior is not worthwhile.
- Which of the aligned interventions are most likely to promote a replacement behavior that will occur and be reinforced in current and future natural environments?
- Are the replacement skills as easy and effective as the challenging behavior?
- Are the direct support staff, family members, and others who will be implementing the plan committed to the interventions? (If not, it probably won’t be implemented consistently).
- Are the resources (people, schedules, and supplies) needed to implement the intervention available in all environments? What training will be needed to implement the strategies?

Summary

The team selects those interventions aligned with the function of the behavior that appear to have the best contextual fit for inclusion in the individual’s PBS plan. By using the preceding strategies, the final support plan that is developed will be (Heinman, et al, 2014):
**Proactive** – a combination of supports that reduce the likelihood of challenging behavior occurring yet allow the person to be as independent and successful as possible.

**Educational** – builds competencies that allow the person to meet his or her personal outcomes in a more effective, efficient, and appropriate way and enhances the person’s overall quality of life including opportunities to participate in inclusive environments.

**Functional** – consequences are arranged to reinforce the desired and replacement skills and withhold reinforcement for the challenging behavior.

*It isn’t enough to suppress a challenging behavior. We must identify a replacement behavior and teach it, prompt it to occur, and reinforce it when it does.*
1. Who should be involved in the development of the Positive Behavioral Support Plan?

2. List the three types of proactive interventions included in PBS plans:
   a. 
   b. 
   c. 

3. What is the purpose of using the Competing Behavior Model?

4. A support plan based on the Competing Behavior Model, makes challenging behaviors
   a. _____ (there is no need to do them),
   b. _____ (there are easier behaviors in which to engage)
   c. _____ (challenging behaviors no longer work to produce the desired outcome).

5. The team endeavors to identify:
   a. Procedures that will ________ the links between antecedents, desired and replacement behaviors, and their maintaining consequences **AND**
   b. Procedures that_________---the links between antecedents, challenging behaviors, and their maintaining consequences.

   b. 
   c. 
   d. 

7. List six interventions to reduce the effect of antecedents that predict the challenging behavior.
   a. 
   b. 
   c. 
   d. 
   e. 
   f. 

8. If communication skills are targeted as replacement behaviors, it is important to identify:
   a. In what circumstances does the individual communicate______?
   b. How can we build_____with the individual and a______to communicate?
   c. What communication situations are most likely to_____challenging behavior?
   d. What are some appropriate communication responses that would serve the same____as the challenging behavior?
   e. Is this response as____or____than the challenging behavior?
   f. How can we ensure that the person’s attempts to communicate a need are____?
9. When a person has an appropriate replacement skill, but fails to demonstrate it in some circumstances or settings, what two questions does the team need to consider?

10. List three criteria for selecting replacement behaviors.
   a. 
   b. 
   c. 

11. The goal of _______ interventions is to minimize reinforcement for the challenging behavior and maximize reinforcement for the appropriate behaviors.

12. Consequence interventions include:
   a. ___________ the consequences maintaining the challenging behavior.
   b. ___________ the individual for participation in activities he or she finds aversive.
   c. Reinforce appropriate _______ behaviors.
   d. Increase reinforcement for _______ behavior
   e. ___________ the individual to an alternative appropriate response.

13. If the challenging behavior is motivated by access to tangible items or activities, the team identifies what preferred activities or items can be made available for ___ behaviors while challenging behavior is ______.

14. Guidelines and questions for team consideration when selecting interventions:
   a. Which interventions align with the _______ of the behavior?
   b. Which of the aligned interventions teach __________________ that will assist the person to achieve his or her personal outcomes?
   c. Has the team evaluated both the _____ of implementation and the likely _____ of the intervention?
   d. Which of the aligned interventions are most likely to promote a replacement behavior that will occur and be reinforced in ____________________?
   e. Are the replacement skills as _____ and _____ as the challenging behavior?
   f. Are the direct support staff, family members, and others who will be implementing the plan ___________ with the interventions?
   g. Are the resources (people, schedules, and supplies) needed to implement the intervention ___________?
   h. What _______ will be needed to implement the strategies?

15. It isn’t enough to suppress a challenging behavior. We must identify a replacement behavior and______.
   a. teach it
   b. prompt it to occur
   c. reinforce it when it occurs
   d. All of the above
Study Questions Answer Key

Chapter One:

1. Quality of life
2. D
3. A
4. C
5. B
6. A
7. B
8. C

9. Challenging behavior; socially appropriate manner

10. Behavior as defined in this module_____ (All except C).

11. Replacement; increase

12. Positive; increase; decrease; environment

Chapter Two:

True or False:

1. F.
2. F.
3. T

Fill in the Answer:

4. The environment

5. PBS primarily involves: (Circle all correct answers) b, c, d, f, g, i

6. Lifespan

7. Typical or natural; everyday

Chapter Three:

1. a. Access or get something desired; b. Escape or avoid something; c. sensory stimulation

2. Behavioral change will not be maintained unless:
   a. Environments; b. Trained and supervised; c. Committed; d. Supports or resources
3. Challenging behavior

4. Collected systematically; decision-making

5. a. It takes too much effort to use the replacement behavior; b. the person is still being reinforced for using the challenging behavior; c. the person is not being reinforced enough for using the replacement behavior

6. A functional behavior assessment

7. a. Setting events; b. antecedents; c. consequences.

Chapter Four:

1. Shared

2. Collaborate

3. Training; skills and resources

4. In order: D. C. B. F. E. A.

5. Positive outcomes

Chapter 5

True and False

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

Fill in the Blank

8. a. Representative or typical; b. effect the short or long-term welfare; c. rights; d. property; e. make significant progress; f. inclusion; g. negative impact h. challenging

9. a. data; b. person's; c. changes.

10. a. environment
11. a. medical; b. environment

12. the entire team

13. behavior that causes immediate harm to the person or others.

14. a. have the DSP spend quality time with the person; schedule time with family and friends.
b. Make it easy for the person to perform the desired behavior/achieve goals; use evidence-based strategies.
c. Initiate a reinforcement schedule
d. Provide positive attention and opportunities to use strengths.
e. Provide opportunities to learn how to complete new activities and routines.
f. Use charts and graphs or visuals to show progress; schedule fun events when milestones are achieved.
g. Keep a log or journal of accomplishments
h. Match the person’s interests with stimulating activities that are available in natural environments.
i. Provide multiple ways to achieve the function of the behavior.
j. Set up frequent feedback activities with data collection strategies.
k. Assure that the person has sufficient support at times when a behavior is more likely to occur.
l. Hold conversations that highlight what is going well and what individual staff did to help.
m. Schedule time in natural environments and provide support to communicate and enjoy activities with people who do not have disabilities.

Chapter 6:

1. Symptoms.
2. Achieving the function of the problem behavior.
3. Behavior and environment
4. Reason
5. The primary outcomes of a FBA are:
   a. Description or definition
   b. Will and will not
   c. Follow or maintain
   d. Hypothesis
   e. Data
6. More; less
7. Baseline
8. Replacement behavior
9. Scatterplot
10. Hypothesis
11. Estimate

12. When such and such happens, Mary does this and that and the behavior is maintained when she gets some of one thing or the other.

13. Interviews, ABC recordings, scatter plots, frequency scales, checklists.

14. A. problem behavior and replacement behavior

15. a. They know the person the best and will have the best insight; b. Buy-in for the plan.

16. a. Environmental – home, work, community
b. Social – family, friends, staff, community helpers
c. Physiological – Mood, memories, level of alertness, illness, seizures etc.
d. Programmatic – reinforcement, intervention strategies, punishment, etc.

17. Advantages: Easier than direct observation; helps to identify a wider variety of factors
Disadvantages: Assessment bias; may not identify the actual causes.

18. Advantages: Easier to use; Helps to quantify what is observed. Disadvantages: Does not identify items that cannot be observed; Does not identify what is known but not shared.

19. Checklist ABC recording identifies an array of possible antecedents and consequences rather than only those the observer notices.

20. Test the hypothesis by providing different outcomes and determining the impact of each on the behavior.

21. If doing so would result in increased harm to the person or others and be unethical.

**True and False**

22. T
23. F
24. F

25. Match the term with its description or example: (Terms can be used more than once)

Setting Events: A. & B.
Antecedents: C. & D.
Consequences E. & F. & G.
Chapter 7:

1. Anyone who will have an impact on the PBS intervention needs to be represented during the design of the plan.
2. a. Intervening in any setting events as needed to make challenging behaviors less likely.
   b. Modifying antecedents that serve as signals that a negative behavior may be needed.
   c. Teaching socially acceptable replacement behavior (e.g. positive communication, social skills) that serve the same function as the challenging behavior.
3. To steer the team toward PBS interventions that are directly related to the FBA
4. Irrelevant; inefficient, ineffective
5. Promote and strengthen; reduce or weaken
6. a. Minimize, eliminate or neutralize setting events to decrease the likelihood that an antecedent will trigger the challenging behaviors
   b. Alter expectations for the individual on days when setting event occur
   c. Use prompts or pre-correction strategies to encourage the individual to use the desired behavior
   d. Increase the frequency of activities, situations, and events that promote positive behavior for this person.
7. a. eliminate the antecedent
   b. Make the task less aversive
   c. Enrich the environment or activity to decrease boredom and reinforce positive activities
   d. Increase the level of reinforcement, social interaction, and engagement
   e. Support the person to tolerate an unavoidable delay
   f. Support the person during transitions.
8. a. appropriately
   b. rapport
   c. trigger
   d. function
   e. easy; easier
   f. honored.
9. What is different about the settings where the behavior is used or does not occur? What changes in the environment, approach, activity or consequences would increase the likelihood the behavior would occur across environments?
10. a. serve the same function as the challenging behavior
    b. be as easy or easier to use as the challenging behavior
    c. be as effective as the challenging behavior
11. consequence
12. a. eliminate
    b. reinforce
    c. alternative/replacement
    d. desirable
    e. redirect
13. appropriate; ignored
14. a. function
b. functional replacement skills
c. ease; success
d. current and future natural environments
e. easy and effective
f. committed
g. available in all environments
h. training
15. D
Appendices
### Appendix A

#### Comparing Traditional and PBS Models

<table>
<thead>
<tr>
<th>Status</th>
<th>A. Traditional Model</th>
<th>Status</th>
<th>B. Research-Based Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Using Behavior Management</strong></td>
<td><strong>Using Positive Behavioral Supports</strong></td>
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<td>We focus mostly on eliminating problem behaviors in isolation.</td>
<td>We take a comprehensive look at the person’s lifestyle and the individual supports they receive.</td>
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<td>We try a behavior intervention plan but if it doesn’t work we may stop our efforts.</td>
<td>We continue to offer intensive behavioral support across the life span.</td>
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<td>Intervention occurs mostly in residential or day habilitation programs.</td>
<td>Intervention occurs across a wide variety of natural settings including the community.</td>
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<td>Behavior analysts and psychologists are the ‘experts’ responsible for design &amp; plan implementation. Staff report back to the experts and wait for them to do something.</td>
<td>All stakeholders have equal responsibility for assuring that assessment and proposed strategies are effective, or modified as needed in a timely manner.</td>
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<td>Plans are written according to clinical expectations and may not be implemented as written</td>
<td>Plans are supported by all stakeholders and fit the typical demands of the person’s environment.</td>
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<td>Plans often focus on one intervention strategy for one behavior.</td>
<td>Plans provide multiple interventions, resources, training and monitoring to assure success.</td>
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<td>Strategies are implemented during a crisis or after a problem behavior has occurred.</td>
<td>Strategies are implemented during times when a behavior has not occurred.</td>
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<tr>
<td>Plans and data collection tend to follow pure experimental design</td>
<td>Data is collected systematically but often, multiple factors are tracked at one time.</td>
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<td>Either scientists or staff are implementing the plan without much collaboration with the other.</td>
<td>Scientists and other stakeholders are collaborating to achieve the best outcomes.</td>
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## Appendix B

### Capable Environments

<table>
<thead>
<tr>
<th>Features</th>
<th>Performance</th>
<th>Importance</th>
<th>Research</th>
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<tr>
<td><strong>Provide positive social interactions</strong></td>
<td>DSPs like the person and interact (speak, sign, physically etc.) frequently with them in ways that the person enjoys and understands.</td>
<td>Most people want to receive positive social interactions from those around them. When people receive unconditional, positive social interactions they are less likely to display challenging behavior to obtain social interaction; DSPs who establish good relationships with individuals can embed any necessary less positive interactions (e.g. physical care that may be uncomfortable or distressing).</td>
<td>Non-contingent social interaction reduces challenging behavior maintained by attention (Carr et al, 2009).</td>
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<td><strong>Provide support for communication</strong></td>
<td>DSPs communicate in ways the person understands and notice, interpret and respond to the person’s own communications such as body movement, gestures, signs or speech. Support for communication is seen across all areas of the person’s life. Knowledge of communication is shared across environments and with unfamiliar communication partners (e.g. through the use of communication passports).</td>
<td>Most people want to communicate with those around them, especially those they are close to and depend on for support. Challenging behavior is less likely when the person understands and is understood by those around them.</td>
<td>Both receptive and expressive communication are strongly associated with severity of challenging behavior in people with developmental disabilities (Sigafoos, 2000).</td>
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<td><strong>Provide support for participation in meaningful activities</strong></td>
<td>DSPs provide customized assistance for the individual to engage meaningfully in preferred domestic, leisure, work activities and social interactions. Assistance meaningfully employs speech, manual signs, symbols or objects of reference as appropriate.</td>
<td>Most people (with and without learning disabilities) like to be busy. Challenging behavior is less likely when the person is meaningfully occupied. Skilled support ensures that people can participate at least partially even in relatively complex activities. This helps learn to cope with demands and difficulties that might otherwise provoke challenging behavior.</td>
<td>Person-centered active support reduces the severity of challenging behavior (Beadle-Brown, Hutchinson, &amp; Whelton, 2012).</td>
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<td><strong>Provide consistent and predictable environments.</strong> Honor personalized routines and preferences.</td>
<td>DSPs support the person consistently so that the person’s experience is similar no matter who is providing the support. DSPs use a range of individualized communication and other approaches (e.g. visual timetables, regular routines) to ensure that the person understands as much as possible about what is happening and about to happen.</td>
<td>Most people value consistent and predictable support. Challenging behavior is more likely when the person is supported inconsistently or when in transition between one activity/environment and another activity/environment.</td>
<td>Activity schedules decrease challenging behavior in children and young people with autism spectrum disorders (Lequia et al, 2012).</td>
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<tr>
<td><strong>Provide support to establish relationships with family and friends and social roles.</strong></td>
<td>DSPs understand the lifelong importance to most people of their family, and the significance of relationships with others (partners, friends, acquaintances etc.). DSPs actively support all such relationships while helping individuals mitigate any risks that sometimes arise in close or intimate relationships.</td>
<td>For most people relationships with family and friends are a central part of their life. Challenging behavior is less likely when the person is with family members or others with whom they have positive relationships. Families often share caregiving responsibilities with DSP.</td>
<td>Challenging behavior is less likely where there is good rapport between individuals and their care-givers (Magito-McLaughlin &amp; Carr, 2005).</td>
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<td><strong>Provide opportunities for choice</strong></td>
<td>DSPs ensure that the individual is involved as much as possible in deciding how to spend their time and the nature of the support they receive from the relatively mundane (e.g. choice of breakfast cereal) to the rather more serious (e.g. who supports them).</td>
<td>Most people value the opportunity to decide things for themselves. Challenging behavior is less likely when the person is doing things that they have chosen to do or with people that they have chosen to be with.</td>
<td>Offering choices between activities reduces challenging behavior of people with autism spectrum disorders (Rispoli, et al., 2013).</td>
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<td><strong>Encourage more independent functioning</strong></td>
<td>DSPs support the individual to learn new skills, to try new experiences and to take more responsibility for their own occupation, care and safety.</td>
<td>Most people like to be independent. The development of new skills and independent functioning enables the individual to have more control over their life.</td>
<td>Teaching individuals functional communication skills reduces the occurrence of challenging behavior (Kurtz et al, 2011).</td>
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<td><strong>Provide personal care and health support</strong></td>
<td>DSPs are attentive to the individual’s personal and healthcare needs, identifying pain or discomfort, enabling access to professional healthcare where necessary and tactfully supporting the person to cope with healthcare treatments.</td>
<td>Most people attach the highest possible value to “good health” and want to receive personal support in dignified ways through choice and control. Challenging behavior is less likely when the individual is healthy and not in pain or discomfort.</td>
<td>Challenging behavior is more likely when individuals are in pain or suffering from a number of different health conditions (Kennedy &amp; O'Reilly, 2006).</td>
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<td><strong>Provide an acceptable physical environment</strong></td>
<td>DSPs support the individual to access and maintain environments which meet the individual’s needs/preferences in respect of space, aesthetics (including sensory</td>
<td>Most people want to live and work in safe, attractive environments where they feel at home. Challenging behavior is less likely in the absence of environmental “pollutants” (e.g. excessive noise).</td>
<td>Exposure to poverty increases the risk of conduct problems in children with intellectual disabilities (Emerson et al, 2010).</td>
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<td><strong>Access to mindful, skilled direct support professionals</strong></td>
<td>DSPs understand both the general causes and specific influences on the person’s use of challenging behavior. They draw on the expert knowledge of the individual’s family and friends to improve their understanding. They reflect on, and adjust, their support to prevent and/or quickly identify circumstances that may provoke challenging behavior.</td>
<td>Most people who are in situations where they require support, want any care-givers to attend to and know what they are doing. Challenging behavior is less likely when DSPs understand its causes and do not take it as personally directed at them even when it is intentional.</td>
<td>Training family care-givers in mindfulness leads to reductions in the challenging behaviors of their autistic children (Singh et al, 2006).</td>
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<td><strong>Provide effective management and support</strong></td>
<td>DSPs are managed and/or supported by supervisors with administrative competence and the skills to lead all aspects of capable practice.</td>
<td>Most people want to be confident that their care-givers (if they need them) are, themselves, well supported and can get help when they need it. Challenging behavior is less likely when DSPs are well-managed, led and supported.</td>
<td>A combination of extended short breaks and intensive positive behavior support reduces challenging behavior in children and young people with intellectual disabilities (Reid et al, in press).</td>
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<td><strong>Provide an effective organizational context</strong></td>
<td>Support provided by DSPs is delivered and arranged within a broader understanding of challenging behavior that recognizes (among other things) the need to ensure safety and quality of care for both individuals and DSPs.</td>
<td>Most people want to receive evidence-based, well planned supports. Challenging behavior is less likely when positive behavior support informs the culture of families, service providers and service commissioners.</td>
<td>Agency-wide positive behavior support integrates interventions at organizational and individual level to reduce challenging behavior of both typically developing and disabled children (Horner et al, 2010).</td>
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*Taken from an article on Capable Environments by McGill, Bradshaw, Smyth, Hurman and Roy.*
Appendix C

ACTIVITY SCATTERPLOT DATA SHEET

Student Name: ___________________________ School: ___________________________ Grade: ______
Observer(s): ____________________________

Student: ___________________________ Month: ________________

Describe Behavior:
(be specific, ex: list behaviors such as hitting, kicking, spitting, NOT Aggression)

Instructions: Fill in the date at the top of the chart. List the student’s daily activities in chronological order in the left column. For each activity, fill in the box according to the key provided. If you were unable to collect data, leave the box blank.

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