

# Designing & Implementing Positive Behavioral Supports

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## Designing and Implementing Positive Approaches to Behavioral Support

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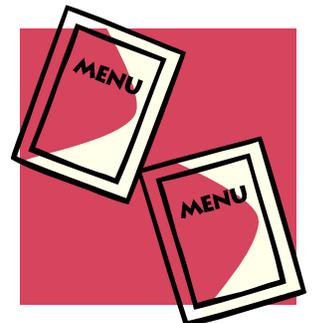
# Designing and Implementing Positive Approaches to Behavioral Support

## Introduction

This training manual is the third in a series of training materials on Positive Behavioral Supports developed by the North Dakota Center for Persons with Disabilities. *Positive Approaches to Behavioral Support* and *Writing Behavioral Objectives and Measuring Behavior* provide the foundation principles for the content of this module.

Positive Behavioral Supports (PBS) evolved in the field of developmental disabilities through the blending of three major philosophies and approaches (Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, Anderson, Albin, Koegel, & Fox; 2002):

- Applied Behavioral Analysis – PBS would not exist today without the foundational research establishing the concepts of antecedent-behavior-consequence and the use of functional analysis to determine the motivation for a behavior. Teaching methods such as shaping, fading, chaining, promptings and methods for measuring and observing behavior all have their roots in applied behavioral analysis. PBS incorporates these methods and takes them to the next level to meet the realities of providing behavioral support in community settings.
- Normalization/Social Role Valorization/Inclusion – Normalization and social role valorization were terms that began in the 1980's and referred to the ideal that people with disabilities have a right to access the same opportunities (home, work, relationships, activities, etc.) as others. Social Role Valorization's primary goal is ensuring that people who are in danger of being devalued are assisted to develop valued social roles thereby increasing the likelihood that they will be respected and included in the life of their community. Participation in integrated environments with people who may not have disabilities is emphasized (i.e., working at real jobs in the community; membership in organizations, social clubs, and recreational activities; purchasing a home or renting an apartment).
- Person-Centered Supports – Intervention plans that are person-centered emphasize community participation, meaningful relationships, opportunities for choice, support for roles that lead to respect from others, and skill development. The focus is on self-determination (choice, decision-making, problem solving, personal goal setting, and self-advocacy). Rather than telling people what to do or offering a menu of service options, person-centered supports assist the person with disabilities to define the life they want. The emphasis is on assessing strengths rather than weaknesses. Supports are need driven and based on the assumption that if the person's needs are met, the quality of life will improve and challenging behavior will be reduced or eliminated.



Combining these three approaches into a system of comprehensive support reflects a general trend in the field of human services away from behavior modification's traditional focus on pathology (finding out what is wrong with the person) and control. PBS looks at how the

environment and the supports that are in place can be redesigned to support skill development, self-determination and personal outcomes of the individual.

PBS approaches are used to help an individual change his or her lifestyle in a direction that gives the person and the people in his or her life (family, friends, coworkers, etc.) the opportunity to enjoy an improved quality of life and develop meaningful relationships. This comprehensive approach makes challenging behavior unimportant and ineffective by assisting the person to achieve his or her goals in a socially acceptable manner.

## **Terms and Assumptions**

Throughout the module, terminology will be used to describe behavior. It is difficult to talk about behavior without using words that may seem judgmental, clinical or what some would call disrespectful. A few definitions are included in the introduction to clarify the intent in the rest of the manual. A glossary in the back of the module includes a more comprehensive listing of terms used throughout the manual.

**Behavior** – What people do or say. Behavior involves people’s actions; it is not a static characteristic of a person. For example, if you say, “Bill is lazy,” you have **not** identified a behavior. If you say, “Bill slept on the couch for five hours this afternoon,” you **have** defined behavior. Behaviors can be measured (i.e., frequency, duration, intensity). Behavior can be observed, described and recorded by others. Behavior is lawful – it is systematically influenced by events. There is a functional relationship between our behavior and environmental events (Miltenburger, 2001). Behavior can be both positive and negative.



- **Positive Behavior**- Includes all those actions or skills that increase the likelihood of success and personal satisfaction in home, work, family, and community settings. Other terms used to label positive behavior in this module include adaptive, appropriate, and effective.
- **Challenging Behavior** - Includes all actions or skills that get in the way of the person’s ability to live a personally satisfying life and be included in relationships that are meaningful to him or her. Other words used to label challenging behavior include problem, negative, maladaptive, and inappropriate.

**Positive Behavioral Support** - All methods used to teach, strengthen, and expand positive behavior and methods designed to increase opportunities for the display of positive behavior and minimize challenging behavior including changes in systems and the person’s environment.

## **Abbreviations**

Throughout this module we will use the following abbreviations for words or phrases used repeatedly:

- PBS: Positive Behavior Support
- FBA: Functional Behavioral Assessment

## Introduction Study Questions

1. PBS looks at how the environment and the supports that are in place can be redesigned to support \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ of the individual.

Match the foundation philosophy for Positive Behavior Supports with it's description: (Terms can be used more than once.)

- |   |  |
|---|--|
| A. Applied Behavior Analysis                        | _____ 2. Supports are need driven and based on the assumption that if the individual's needs are met, the quality of life will improve and challenging behavior will be reduced or eliminated. |
| B. Normalization/Social Role Valorization/Inclusion | _____ 3. Introduced concepts of antecedent-behavior-consequence and the use of functional analysis to determine the motivation for a behavior.   |
| C. Person-Centered Supports                         | _____ 4. Offering a menu of service options and supports assist the person with disabilities to define the life they want.   |
|   | _____ 5. People with disabilities have a right to access the same opportunities (home, work, relationships, activities, etc.) as others.   |
|   | _____ 6. Teaching methods such as shaping, fading, chaining, prompts and methods for measuring and observing behavior.   |
|   | _____ 7. Participation in integrated environments with people who may not have disabilities is emphasized.   |
|   | _____ 8. The focus is on self-determination (choice, decision-making, problem solving, personal goal setting, and self-advocacy).  |
9. Positive Behavioral Support makes \_\_\_\_\_ behavior unimportant and ineffective by assisting the person to achieve his or her goals in a socially acceptable manner.
10. 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 static characteristic of a person (i.e., lazy, energetic, polite).
  - \_\_\_\_\_ d. can be measured (i.e., frequency, duration, intensity).
  - \_\_\_\_\_ e. can be observed, described and recorded by others.
  - \_\_\_\_\_ f. is lawful – it is systematically influenced by events.
  - \_\_\_\_\_ g. can be both positive and negative.
11. 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 1: Positive Approaches to Behavioral Support

## Objectives

After completing this chapter, staff will be able to:

- Identify critical features integrated in Positive Behavioral Support approaches.
- Explain the components necessary to maintain behavioral change achieved through Positive Behavioral Supports.
- List three reasons why challenging behavior persists.
- State the goal of Positive Behavior Supports.
- List ways to modify the environment to nurture appropriate, adaptive behavior.

## Comparing PBS to Traditional Models of Behavior Intervention

Positive behavioral supports (PBS) are value-based approaches to address challenging behavior. Some people mistakenly believe that PBS is a radical departure from other systems of support, i.e., applied behavioral analysis. In reality, PBS builds on the long history of behavioral research. There are some critical differences between PBS and traditional approaches to “behavior management.” Key among them is a shift away from therapy that involves mechanical or clinical interventions in controlled situations. Instead, PBS is a comprehensive community-based approach that focuses on skill development and environmental redesign. Carr, et al., (2002) identified nine critical features integrated in PBS approaches:

**Comprehensive Lifestyle Change and Quality of Life** - A major difference between positive behavioral supports (PBS) and more traditional approaches is that instead of focusing our attention on the challenging behavior and treating it in isolation, PBS looks at the lifestyle of the person and **creates individualized supports that cover all aspects of the person’s life.**

Many factors define quality of life including:

- Social relationships
- Personal satisfaction, self-confidence and happiness
- Employment productivity and job satisfaction
- Self-determination, opportunities for personal control and choice
- Opportunities for choosing and participating in meaningful leisure activities
- Independent living skills
- Healthy lifestyle and safe environment



Success of a positive behavioral supports (PBS) plan is defined as 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 support him or her. The focus becomes one of measuring improvements in daily routines,

schedules, social interactions, and other outcomes important to the person. **The primary supports involve rearranging the environment and skill development to improve one's situation.**

Life Span Perspective - **In a truly comprehensive PBS approach, intervention never ends.** As the individual's life circumstances change (i.e. graduation from high school, new job, retirement), environments and the people in it will change. As problems in the environment or the person's response to these changes surface, the supports may need to be modified or new strategies added. Positive behavioral supports (PBS) uses person-centered planning approaches to address the individual's behavioral support needs over many years.

Ecological Validity – PBS plans support quality of life in natural settings and real-life situations. PBS approaches involve **typical people** (parents, teachers, co-workers, job coaches) in **typical settings** (home, job, neighborhood) **over time**. Progress is often measured in decades rather than months or years.

Stakeholder Participation – Traditionally, behavior analysts and psychologists have been the experts responsible for assessing the scope of the “problem,” defining the issues, designing interventions, and monitoring the implementation of the behavior management strategies. In PBS all members of the support team (i.e., the person with disability, family, friends, roommates, job coaches) participate as partners in developing the support plan. **All of the stakeholders have an active role in assessment and decisions about proposed strategies.**

Social Validity – There is a basic understanding that PBS approaches need to:

- Be relevant for all situations that apply to this person.
- Be practical – Typical support people will be 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 individual's personal satisfaction.



Systems Change and Multi-Component Intervention - **A defining feature of PBS approaches is its focus on changing problem situations or environments, not problem behavior.** Behavior change is rarely the application of one technique to one challenging behavior. Further, behavioral change will not be maintained unless:

- Environments are restructured.
- Support persons are adequately trained.
- People (staff, family, peers) are motivated and committed to alter their approach to support the change.
- Adequate resources (time and people) are available.
- A comprehensive plan addressing responsibilities, methods, and monitoring is adopted.

Emphasis on Prevention – Agencies committed to providing positive behavioral support (PBS) believe that the best time to intervene on challenging behavior is when the behavior is not occurring. Responding to the individual’s needs in the absence of the challenging behavior serves to prevent the behavior from occurring. **By focusing efforts on environmental changes and skill building, the need for reactive, crisis-driven strategies is eliminated.** This feature of positive behavioral supports (PBS) contrasts markedly with more traditional approaches that emphasize aversive consequences for challenging behaviors.

Flexibility with Respect to Research Design – While PBS is founded on the lessons learned through decades of behavioral research, it views pure experimental design impractical for meeting the behavioral support needs of individuals who live and work in complex community 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.**

Multiple Theoretical Perspectives – PBS views research as ongoing collaboration between scientists and stakeholders. PBS considers the systems where the challenging behavior occurs and where supports will be provided. In addition, it is clear that change is rarely a matter of a single technique but a reallocation of resources (time, people, etc.).



Another important framework that must be considered in designing PBS approaches relates to the multicultural nature of the society in which we live. A support plan that does not respect the culture of the individual and his or her family is doomed to failure. Cultural differences pertaining to family structure, perceptions about disability and child rearing, language, and communication style are cornerstones of effective support plans.

### **Behavior is Communication**

The PBS approach is based on the assumption that people do not “have” behaviors. Rather, they use behavior to:

- ***Share how they are feeling.*** Think about the last time someone criticized your cooking, your weight, or your appearance. What behaviors did you use to tell the person that you did or didn’t appreciate the viewpoint they just shared with you?
- ***Tell what they want.*** Have you ever needed to tell someone something, when they were across the room during an important meeting? During the Sunday sermon, how do you let your spouse know that your 18 month old needs a diaper change? If you are really hungry and your spouse is taking forever to pick out the perfect greeting card for a relative whom you dislike, how do you let him or her know that you want them to hurry?
- ***Avoid someone or something.*** If it is your day off and you are looking forward to going fishing all day. The phone rings and you are pretty sure it is a coworker who frequently asks you to sub for



her. What behavior do you use to avoid going to work? Pretend it is your mother-in-law's birthday. She has never been very supportive of you, in fact quite critical of your work and appearance. What behaviors do you use to limit the amount of time you have to spend with her on her birthday?

We all use behavior to satisfy our needs. In each of the scenarios mentioned, verbal communication would be the most mature way to handle each of these situations. Sometimes for a variety of reasons, however, that isn't the method we choose to convey our message. For people with limited verbal communication abilities, behavior serves as the only or main way for them to communicate the most basic needs.

Challenging behavior does not happen over and over unless the person periodically gets something he/she wants or avoids something he/she does not want. Individuals with challenging behavior have learned over time that their behavior is effective - it gets them what they want. While there may be other more acceptable behaviors that could achieve the same result, the individual may not have the skills needed to use the more "appropriate" behavior. In some cases, he or she may have used these "appropriate" methods previously, but they were not as effective as the "challenging" behavior. Here is an "over simplified" example that might help explain this way of thinking about behavior:

*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 seat 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 when Susan would get tired of asking for the privilege of sitting up front. As Kim went around to get 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 get what she wanted. It may not have been considered “appropriate” by Kim or Rich; but it certainly was effective for Susan. We will define it as “problem”, “challenging”, or “negative” behavior, but Susan will define it as “adaptive” and “functional.” More than likely the behavior analyst will read a statement like this in Kim’s report of the event: “Susan hit Rich for no reason.”

### **What’s the Goal?**

Rather than focusing on the challenging behavior and trying "to fix" people, positive behavioral supports (PBS) help people find better ways to get their needs met. The goal of PBS is to create a life full of preferred activities and relationships. It is not a single-shot approach. Teams examine ways to **1) alter the environment, 2) teach new skills, and 3) appreciate positive behaviors** in order to encourage behavioral changes. The goal is to create individualized, inclusive supports and a life that:

- Is filled with a variety of daily activities.
- Includes a network of valued relationships.
- Reflects personal preferences.
- Promotes dignity.



### **Functional Assessment-Discovering the Purpose**

A functional assessment is conducted to find out the purpose of the behavior. What people, places or events “trigger” the negative or challenging behavior? These factors are altered so preferred activities and relationships occur. Elements that “prompt” the challenging behavior are avoided.

### **Altering the Environment**

The support plan modifies the environment to nurture appropriate, adaptive behavior. That doesn’t mean that it is necessary to avoid any situation that might trigger a behavioral incident or give in to everything the individual requests. The focus is on organizing the environment for success. The Beach Center on Disability (1998) recommends that teams focus on what happens between behavioral incidents as well as when challenging behavior occurs. The goal of support plans should be to increase the person’s quality of life and help the individual take control. PBS plans:

- Build on strengths and preferences of the individual.
- Assist people to develop relationships.
- Promote healthy lifestyles and wellness.
- Use routines and a steady and predictable schedule to help people feel secure.
- Include a range of preferred activities on a daily and weekly basis.
- Reduce noise and other sources of environmental irritation.
- Allow for special conditions (i.e., fatigue, illness, injury).

## **Teach New Skills**

Challenging behavior often occurs because the person does not know another way to get the outcome he desires. When the person learns the appropriate behavior, he 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.

## **Appreciate Positive Behavior**

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. By avoiding attention for challenging behavior, these behaviors decrease and the person learns more adaptive skills.

## **Summary**

The results of positive behavioral supports (PBS) lead to independence for people with disabilities. The focus is on supporting the individual to be more:

- Capable of predicting and understanding people and events.
- Effective at communicating needs.
- Socially capable.
- Connected with family and friends.

## Chapter 1 Study Questions

1. Positive Behavior Supports primarily involve: (Circle correct answers - more than one answer is correct):
  - a. mechanical or clinical interventions in controlled situations.
  - b. involve typical people (parents, teachers, co-workers, job coaches) in typical settings (home, job, neighborhood) over time
  - c. skill development
  - d. environmental redesign
  - e. focusing our attention on the challenging behavior and treating it in isolation
  - f. looks at the lifestyle of the person and creates supports that covers all aspects of the person's life
  - g. individualized approaches
  - h. behavior analysts and psychologists as the only experts that provide input during plan development.
  - i. ensuring that challenging behavior is not rewarded
2. How long does intervention continue in a comprehensive PBS approach?
3. PBS plans support quality of life in \_\_\_\_\_ settings and \_\_\_\_\_ situations.
4. What 3 purposes does behavior serve for people with significant disabilities?
  - a.
  - b.
  - c.
5. Behavioral change will not be maintained unless:
  - a. \_\_\_\_\_ are restructured.
  - b. Support persons are adequately \_\_\_\_\_.
  - c. People (staff, family, peers) are \_\_\_\_\_ to alter their approach to support the change.
  - d. Adequate \_\_\_\_\_ are available.
  - e. A comprehensive plan addressing \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_ is adopted.
6. By focusing efforts on environmental changes and skill building, the need for \_\_\_\_\_ strategies is decreased or eliminated.
7. While the type and method of collection may vary, the expectation remains that data will be \_\_\_\_\_ and used to guide \_\_\_\_\_.
8. Why does challenging behavior continue?
9. What is the goal of Positive Behavior Supports?
10. List ways to modify the environment to nurture appropriate, adaptive behavior.

## Chapter 2: Determining the Need for a Positive Behavioral Support Plan

### Objectives

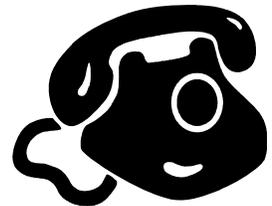
After completing this chapter, staff will be able to:

- List questions teams need to consider when determining if a challenging behavior exists.
- Describe steps the team should take before implementing a formal behavioral support plan.
- Tell examples of how they help support therapeutic environments in the people they support.
- Identify who is responsible for Positive Behavioral Support within a provider agency.
- Explain how to prioritize challenging behavior when several behaviors of concern exist.

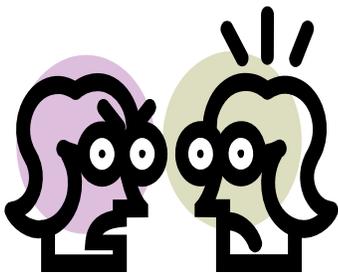
As a team develops a behavior support plan, many decisions have to be made to make sure that the plan will meet the specific needs of the person. The team must ask itself first, if a treatment is necessary. If so, the team is charged with developing a plan that is likely to be positive, effective and the least restrictive option.

### Attitude Matters

When you pick up a file that is two inches thicker than the rest of the files in the cabinet, what thought goes through your mind? When you get a phone call from frantic staff on the weekend or late at night, how do you respond? When you settle down with a cup of coffee to read the incident reports from the day before, what questions come to mind? It's common in each of these situations to fall back on knee-jerk responses and the automatic reaction to blame someone. Some people in these situations blame the person with the "challenging" behavior. Sometimes they blame the staff, who didn't follow the support plan or the staff person 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."



Blaming won't really help anyone do a better job supporting positive behaviors. Positive behavioral supports start with the way staff view behavior. Most people have learned to be reactive toward challenging behavior. That is, apply a consequence when the challenging behavior occurs. That may be the way your parents disciplined you and it might be the way that you disciplined your own children. A "reactive" response means telling the person what they did wrong. Sometimes it involves requiring the person to either 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, or punish in some way. But, we do something **after** the person "misbehaves."



When we are thinking about behavior from a "reactive" attitude it reflects a goal or need to "control" the person. Nathan Ory (1995) challenges us to rethink our goals to control the behavior of those we support. "In the long term, we don't want to become experts in the control of behavior." Nor do we want to become experts at getting people to comply with our directions.

Instead, Ory suggests that what we really want from persons with challenging behavior is for them to be self-controlled and demonstrate appropriate coping skills during situations that are difficult for them.

### **Who Needs Positive Behavioral Support?**

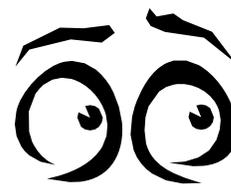
Another mistake we make when we start to think about positive behavioral supports is that we think PBS only applies to people with challenging behavior. It is only human nature to think about the person that demands our attention most frequently or causes us the most frustration. However, if we only think about PBS in terms of people with struggles (or make us struggle), we have missed one of the critical underlying principles of PBS: **The best time to intervene on challenging behavior is when the behavior is not occurring.** This is true for folks who have challenging behavior as well as those who do not. **We need to focus on positive approaches with all of the people we support.**

### **Who is Responsible for Positive Behavioral Support?**

Reid and Parsons (2002) emphasize the critical importance of personnel throughout a human service agency 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. Because overcoming challenging behavior requires that the environments be well designed and managed from a social, physical, and staffing perspective, administrative and financial officers must be involved. Human resource departments must ensure that necessary staff are hired. Supervisors must have the time, skills, and motivation to support direct service staff 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. When responsibility is fragmented, there is little likelihood that all the components necessary to support positive behavior will be developed and maintained.

### **Is There a Need for a Formal Support Plan?**

Behavioral support plans are designed to make things better for the person with the challenging behavior as well as others in the environment. Formal support plans are not an easy or quick fix. In some cases, they won't help, because they aren't addressing the cause of the behavior. Sometimes medical intervention for an undetected diagnosis is the critical need. Other times simple changes to schedules or routines will meet the needs of the individual and eliminate the need for the challenging behavior. As such, before developing an individualized plan of support to change behavior, the team needs to systematically evaluate the need for formal PBS intervention specific to an individual. Here is one approach to decision making:



**Step 1. Identify the Behavior.** 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?” All team members must share a clear and exact understanding of the behavior so that they can agree on when the behavior is present. For more information on defining behavior specifically and descriptively,

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 the Behavior is a “Problem.” No matter how unusual a behavior may be, very often, similar types of behavior occur in almost everyone. 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 actually tolerated by others and might even be typical and not a priority for change.



Sometimes, staff get caught up in what they view as “behavioral” concerns. In actuality, these are not behavioral issues, but characteristics of the individual’s disability or condition. For example, an individual with Alzheimer’s disease or other forms of dementia are known to have “good” days and “bad” days. On Tuesday, Archie may have been able to feed himself, get to the bathroom on time, and enjoy a relaxed game of checkers with Harold. However, the following day, or even later the same day, Archie may forget how to get the spoon from the bowl to his mouth, be incontinent, and not want to be in the same room with Harold. Sometimes staff, frustrated and overwhelmed by the “challenging” behavior, fail to realize that these are not behavioral issues at all. Instead, they are



behaviors that require flexibility in the degree of support provided by staff. Staff who do not understand the behavioral manifestations of a disability, whether it is Alzheimer’s disease, a mental illness, autism or a cognitive disability 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.

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:

- Is the behavior significantly different from other people of the same age, gender, or cultural background?
- Does the behavior threaten the well being of the individual or others?
- Does the behavior infringe upon the rights of others?
- Does the behavior result in destruction of property?
- Does the behavior or lack of a behavior interfere with the person’s ability to learn or make progress toward obtaining personal outcomes?
- Does the behavior or lack of the behavior interfere with opportunities for inclusion and participation in the community?

- Does the behavior or lack of a behavior increase the person’s dependence on other people?
- Will the behavior 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,” partly because the only time we interact with the person is when they are displaying a behavior that we find disruptive. But in reality, if we actually did record the frequency and duration of the behavior, it would be quite a bit less than 24/7. George Suess (2000) in *Shift Happens* recommends that we keep track of the frequency and duration of a behavior to see what part of the day the person actually engages in the behavior(s). He reminds human service workers that, “People are good most of the time; they are NOT ‘bad all the time.’ The actual amount of problem time is much briefer than it feels.” Suess contends that 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 at this stage to look at existing anecdotal data and incident reports about the behavior 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.



Step 4. Rule out Medical Explanations for the Behavior. In the introduction of this manual, an assumption was stated – “Behavior is lawful.” But not all behavior is learned and deliberate. Gedye (1998) cautions against the belief that all challenging behaviors are intentional attempts to inflict pain, communicate messages, solicit attention, or provide self-stimulation. Early in the decision process, the team must consider whether there is a medical cause for the challenging behavior. The behavior may be a symptom of an undetected physical or psychiatric condition, illness, medication side-effect, or nutritional deficiency.

In her research, Gedye found reports of people with developmental disabilities with undiagnosed medical conditions and adverse effects of medication in 11- 75% of the cases studied. Gedye states, “Correct diagnosis of a primary problem that causes a secondary problem (the behavioral concern), is crucial in treating people unable to self-report.” It can be extremely difficult to identify medical explanations for behavior when the individual is nonverbal, aggressive, takes several medications, and labeled with a particular syndrome that may cause medical conditions to present in an atypical manner. Failure to identify these conditions, however 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. Physicians at the Circle of Health Clinical Services to Persons with Developmental Disabilities in Buxton, Maine developed a list of *Nonverbal Complaints/Cues* to unexpected biomedical problems. Ryan, R., Salbenblatt, J., Sundheim, S., & Blackledge, M. (1997) developed a list of specific behavioral descriptions and the apparent biomedical causes found in their chart reviews (See Appendix B). They gave the following general recommendations regarding behavioral symptoms of medical conditions:

- Any of these symptoms can be a clue to a psychiatric or other biomedical problem.
- The same symptom in the same person can mean something different every time it happens.
- ALL symptoms “mean” something.
- The pain one can control is usually preferred over the pain one cannot control.
- Itching is excruciating.
- Many people don't know they can ask for help, or have been conditioned not to ask for help.
- Other signs of pain (besides a change in behavior) may be less blatant.
- Chronic pain is autonomically different than acute pain.
- Medications and/or trauma history may alter autonomic reactions to pain.
- Watch for 1) what is touched, 2) what is numbed, and 3) what is avoided by a movement.

Gedye (1998) organized a catalog of clues to help clinicians determine medical conditions that underlie seven major behavioral concerns: aggression, self-injury, screaming, sleep and eating disturbances, dementia, and falls. She recommends that clinicians narrow the search by identifying conditions for which to test and factors to rule out. For each of the “Presenting Concerns,” she provides the following:

- Common forms or descriptions
- Variations
- Distinguishing features
- Factors that may worsen the condition
- Persons who may be at risk (certain syndromes, characteristics, medical histories, medications)
- Suggestions for collecting information
- Medical testing/screening
- Possible biochemical/anatomical involvement



When a medical reason is found for the behavior, obviously the physician involved will make a recommendation for treatment. 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 “see” any changes in the target behavior as well as unintended changes in the person's physical health and quality of life.

Some diagnoses aren't effectively treated with medication, surgery, or therapies. In some situations, the condition will require us to modify the environment or our approach to meet the needs



presented by the diagnoses. 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 medical "cure." In these cases, a PBS plan to teach replacement behaviors 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. When it becomes apparent that a person's behavior is problematic for himself and/or those around him and there is not a medical explanation for the behavior, there is a tendency to focus on developing a treatment plan to deal with the challenging behavior as quickly as possible. But, we are getting ahead of ourselves if we start with a plan to change the person's behavior. Challenging behavior rarely exists without a reason, and that reason often has something to do with the environment. Keep in mind the following points offered by Reid and Parsons (2002):

- The social and physical environment can promote and support adaptive behavior as well as problematic behavior.
  - Therapeutic environments set the occasion for positive behavior.
  - Non-therapeutic environments make it more likely that challenging behavior will occur.
- Attempts to treat 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.

*Characteristics of a Therapeutic Environment. There are many perspectives regarding what constitutes a therapeutic environment. However, most have common themes. One example is the Beach Center on Disabilities' Quality of Life Indicators described in Chapter One. Other authors' definitions of therapeutic environments include:*

Reid & Parsons (2002):

- **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 allow people to live as independently as possible and to fulfill their desires without engaging in challenging behaviors.

Suess (2000):

- **Caring relationships** are fundamental to positive, proactive approaches.
- **Success and positive practice.** Our job is to find ways to make the people we support, successful and provide many opportunities for practice.
- **High density of praise and reinforcement.** Reinforcement brightens the life of the recipient as well as the staff, parent or teacher who provides it.
- **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, but in general the following priorities for skill development should guide teams in their planning - communication (in all areas), behavior control, language development, sensory and motor skills, self-care, activities of daily living, socialization, vocational.
- **Recognize and celebrate learning.** Give recognition when individuals served reach personal goals and important learning milestones.
- **Personal productivity and pride.** Find ways for the person to become a valued member of their community.
- **Engaging 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.
- **Pay attention to staffing ratios.** Consider how many staff per shift as well as what staff are doing while they are present.
- **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.
- **Inclusive opportunities and meaningful relationships.** Friendships double our joy and divide our problems. What opportunities are available to individuals receiving supports?



Because several modules in the Community Staff Training Curriculum focus on therapeutic environments, this module will not go into any of these characteristics in great depth. However, if you have not already read the following modules, you may want to familiarize yourself with the modules as they relate to creating therapeutic 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)
- *Developing Communicative Interactions* (modules 895.24-895.27)

## Prioritizing Behavior Intervention Needs

If undetected medical conditions and deficits in the environment 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. In some situations, 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 issues are always 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 issues should be considered (Adapted from CIRSI (1987):

- The effect the behavior may have on the short or long-term welfare of the person. The higher the probability of detrimental consequences to the person, the higher the priority of the behavior.

If a team is deciding whether to develop an intervention to decrease hitting or reshape infrequent dishwashing, the team weighs the short and long-term consequences of hitting (which may include injury to the person and others resulting in the termination of a supported living arrangement or employment placement and/or legal problems) against the short and long-term consequences of infrequent dishwashing (which may include reliance on others to engage in dishwashing). It's not difficult to decide which has top priority.

- The effect the behavior may have on the short or long-term welfare of others. The higher the probability of detrimental short or long-term consequences to others, the higher the priority of the behavior.

*If a team is deciding whether to solve loud stereo playing during the early morning hours or nail biting first, the team will compare the short and long-term consequences of loud stereo playing during the early morning hours (which may include sleepless nights, headaches, and irritability for the neighbors or housemates and possible eviction for the person making all the noise) with the detrimental short and long-term consequences of nail-biting (which may include annoyance to others and embarrassment for the nail-biter). Loud stereo playing during the early*



morning hours, therefore, would be considered the top priority.

- The relationship between two or more behaviors. If two or more behaviors are related to the same general problem, it may be beneficial to modify their level of occurrence at the same time or one after another, in a particular sequence.

*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 reasons for complaining may include attention seeking, lack of appropriate conversation skills, poor self-concept, depression, and/or lack of positive relationships. It might be appropriate to work on several of these related issues at the same time.*

- The usefulness of the behavior (also known as functionality). A behavior is functional if it results in some appropriate, practical outcome for the person.

Knowing how to pay for groceries or hammer a nail are both functional behaviors. This is the main justification for teaching independent-living skills. It is functional for someone to engage in these without being dependent on others for assistance.



- The individual's rights. 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 have to be carefully balanced by the team.*

- Normalization. This refers to teaching behaviors that are similar to those of community members. Not only should the behaviors be similar; their frequency, duration, time and place of occurrence should match the "norm" of the community. Behavior that is similar to community standards will help foster inclusion and relationships.



If John brushes his teeth only twice a week, that behavior probably needs to be increased to a more appropriate level. If Susie brushes her teeth six times per day, brushing probably needs to be decreased. **But what is an appropriate level?** It is the typical rate for most community members, probably most practically achieved through team decision.

## Chapter 2 Study Questions

### True and False

- \_\_\_\_\_ 1. In Positive Behavioral Supports, our goal is to become experts at getting people to comply with our directions.
- \_\_\_\_\_ 2. In Positive Behavioral Supports, we want people with challenging behavior to be self-controlled and demonstrate appropriate coping skills during situations that are difficult for them.
- \_\_\_\_\_ 3. The best time to intervene on challenging behavior is when the behavior is not occurring.
- \_\_\_\_\_ 4. Positive Behavioral Supports only applies to people with challenging behavior.
- \_\_\_\_\_ 5. Before developing an individualized plan of support to change behavior, the team needs to systematically evaluate the need for formal Positive Behavioral Supports.
- \_\_\_\_\_ 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 \_\_\_\_\_ from 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 or lack of a behavior interfere with the person's ability to \_\_\_\_\_ toward obtaining personal outcomes?
  - f. Does the behavior or lack of 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 therapeutic environments in the people you support:
  - a. Caring relationships-
  - b. Success and positive practice-
  - c. High density of praise and reinforcement-
  - d. Self-esteem-
  - e. Skill development -
  - f. Recognize and celebrate learning-
  - g. Personal productivity and pride-
  - h. Engaging and meaningful -
  - i. Individualized-
  - j. Constant assessment-
  - k. Pay attention to staffing ratios.
  - l. Creative support teams who communicate well-
  - m. Inclusive opportunities and meaningful relationships-

## Chapter 3: Conducting a Functional Assessment

### Objectives

After completing this chapter, staff will be able to:

- List sources of information for a functional behavioral assessment.
- Identify common setting events for challenging behavior.
- Explain how to conduct interviews during functional assessment.
- List advantages and disadvantages of various functional assessment methods.
- Explain how to validate the hypothesis generated during functional assessment.
- List the primary outcomes of functional assessment.
- State three components of a hypothesis statement.
- Write a hypothesis statement.
- Explain why it is important to involve direct support staff in the functional behavioral assessment.
- Identify setting events, antecedents, and consequences

Challenging behavior can seem overwhelming at times, especially if we focus all of our efforts and emotions on the symptoms of the challenging behavior. Obsessing on the behavior itself will provide little useful information on effective interventions. Reactive procedures, such as time-out, reprimands, and other penalties for engaging in the behavior will only address the symptoms of the problem. Therefore, the challenging behavior will continue until the person finds a more effective (and sometimes more problematic) replacement behavior. Behavior change in the desired direction will occur only when it is clear that the “appropriate” behavior will more effectively and efficiently result in the same outcome.

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. Identifying the underlying cause (what the person “gets” or “avoids” through the behavior) provides the information the team needs to develop a support plan. PBS plans are then designed to teach and support replacement behaviors that serve the same function as the challenging behavior. While an individual might have “challenging behavior,” the function is not usually considered inappropriate (Quinn, M., Gable, R., Rutherford, R., Nelson, C., Howell, K. 1998). For example, seeking attention is not a “challenging behavior” in and of itself. It is human nature to want attention. Most of us have found appropriate, or at least socially acceptable ways to get attention from friends, family, coworkers, and others. When a person lacks the skill to receive attention for appropriate behavior, however, he or she will do the best they can to get it another way.



### FBA- Functional Behavior Assessment

Functional Behavior Assessment (FBA) refers to a process for obtaining information about a behavior. FBA seeks to identify the relationship between a behavior and the events that occur

before, during and after. Behaviors are examined in terms of the purposes and functions that the behavior serves for the individual.

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). The primary outcomes of a FBA are (Hieneman, Nolan, Presley, DeTuro, Gayler, & Dunlap, 1999):

- A clear description of the challenging behavior(s).
- Identification of antecedents (events, times, and situations) that predict when the challenging behaviors will and will not occur.
- Identification of consequences that maintain the challenging behaviors – (functions of the behaviors).
- Hypotheses or summary statements that include:
  - Description of each behavior in specific, measurable terms.
  - Types of situations in which each behavior occurs.
  - Outcomes or reinforcers maintaining each behavior.
- Data from direct observation that supports the summary statements.

## **Sources for Gathering Information**

Many sources of information can be used to gather information for a FBA. Some are highly structured and others are more informal. Since there are several causes for behavior, it is best to gather information from several points of view and across a range of settings and activities. It is also important to remember that the same behavior may serve more than one function or purpose for the same person. Because the trigger or result of a behavior might be something that we can't observe, interviews of the focus person and people who know him or her well are combined with direct observations.



Indirect assessment methods include record reviews, interviews, and questionnaires completed by people who know the person well. These people 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 formats, questionnaires, comprehensive instruments).

Assessments of the social and physical environment described in Chapter 2 are another form of indirect assessment. While these 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 person's 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.



A second reason for involving direct support staff early in the process of conducting the FBA is to build in 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 are in agreement 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.

## **Steps for Completing a Functional Behavioral Assessment**

There are a variety of approaches for conducting a FBA. But the process generally follows a sequence adapted from Taylor (2003):

1. Carefully define the behavior(s). The **challenging behavior** must be defined in specific, observable and measurable terms. 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 more about how to identify the target behavior.

When defining the behavior targeted for intervention, it is also important to 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. 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 two or more behaviors tend to occur at the same time it might make sense to address them together. However, if the 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 2).

It is also important for the team to observe for **appropriate behaviors** that the person demonstrates that serve the same function as the challenging behaviors. 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** refer to variables that occur before the target behavior. 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 (Gable, R., Quinn, M., Rutherford, R., Howell, K., & Hoffman, C., 1998). 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. Other setting events include the relationship and medical factors described in Chapter 2.

Some common setting events are related to the following factors: (Flinn, 2001; Zarcone, et al, 2002).

- Environmental - Events or things about the setting that effect the behavior, (i.e., noise, lighting, number of people).
- Social – Variables directly related to people (i.e. comments made by others, caregiver approaches or instructions).
- Physiological – Illness, hunger, discomfort, too cold or too hot.
- Programmatic – Lack of meaningful, engaging activities; frustrating or difficult tasks; changes in schedules or transitions.

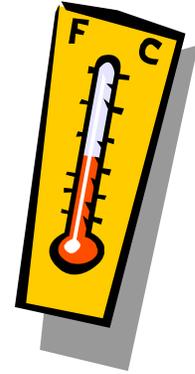


**Antecedents** are the events that directly precede challenging behaviors. Once identified, the team can use the information to predict what circumstances might trigger the behavior and identify ways to structure the environment and our approach to avoid these “triggers.” Other approaches include teaching 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 challenging behavior.

During Step 2 part of the functional assessment, 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 in the development of the person’s PBS plan.

Situation		Behavior A	Behavior B	Behavior C
	<b>Behavior Definitions</b>			
Who is present?	Most likely to occur			
	Least likely to occur			
What’s going on (activity)?	Most likely to occur			
	Least likely to occur			
When is the behavior (time of day)?	Most likely to occur			
	Least likely to occur			
Where (setting)?	Most likely to occur			
	Least likely to occur			
Other factors (physiological, environmental, etc.) likely to set off the behavior (i.e., demands, transitions, delays)?	Most likely to occur			
	Least likely to occur			

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.



A sample interview format, the *Interview Guide for Functional Assessment* can be found in Appendix C. Additional questions suggested by Hieneman, et al (1999) that are not covered in Figure 3.1 include:

- What are the person's strengths, skills and interests?
- What are the person's most significant challenges and areas of greatest difficulty?
- What people, things, and activities does the person like most/least?
- How would you describe the individual's challenging behaviors? Which are most problematic? How often do they occur?
- Why does the person do it?
- Can you tell when the person is going to exhibit the target behavior? How?
- Do you think there is any medical explanation for this behavior?
- Does the person have better and more appropriate ways to ask for help? Cope with difficult situations? Communicate?
- What do you do when the person does this behavior?
- What do you do when the person engages in a more appropriate behavior?
- Does this behavior allow the person to get things/avoid things? If so, what?
- What would you recommend be done to support this person?



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 completes the form. There is a risk that the person may not remember all of the important events. In other cases, the interviewee 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. However, 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 actually 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 time 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.

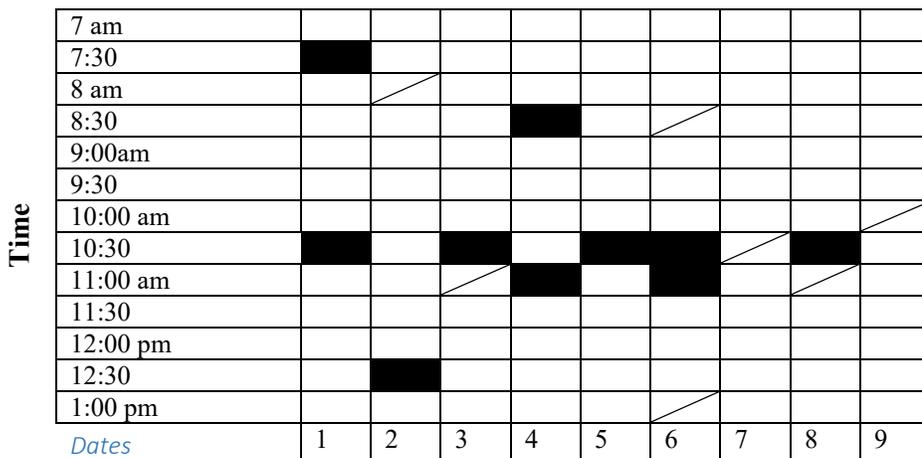


Figure 3.2 Scatter Plot

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 or her 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 D.

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

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

- Positive reinforcement – the person 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 whether or not the person wants to obtain the internal stimuli or escape it.

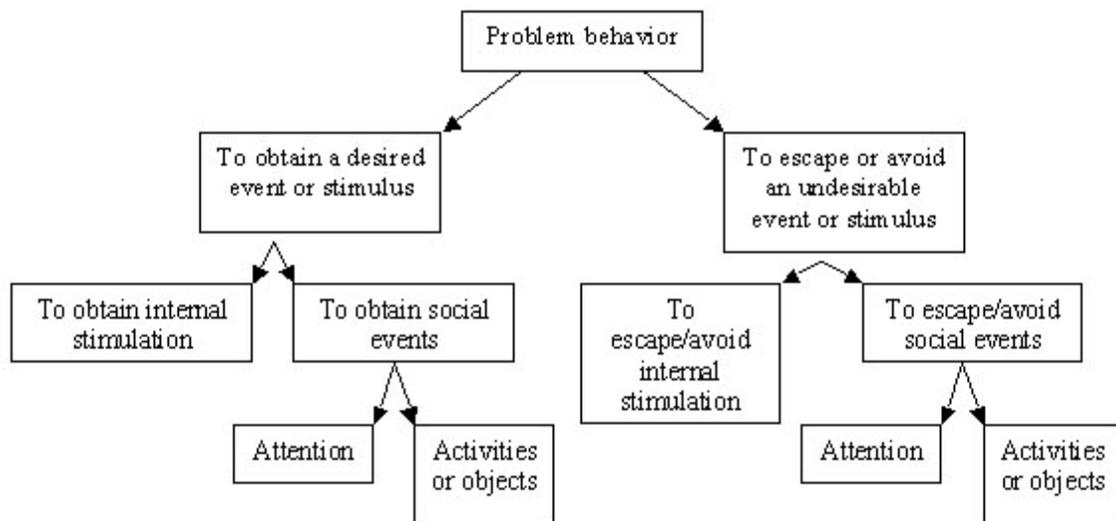


Figure 3.3. Zarcone, et al, 2002

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. But 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 must be able to discriminate each instance of the challenging behavior so that the events immediately preceding and following the behavior 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 observer immediately writes down a description of the antecedent events, the behavior, and the consequence in a three-column form similar to the one in Figure 3.4.

Antecedent	Behavior	Consequence

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

Antecedent	Behavior	Consequence
Sue asked John for puzzle piece.	John gave the piece to Sue.	Sue thanked John.

Figure 3.5: Completed ABC Analysis Recording Form

The **checklist method** is a more complex, but efficient observation method that combines elements of the Scatter Plot and the ABC Analysis. The data sheet is developed after information about the behavior and the events that typically precede it and the circumstances that follow it 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, and without disrupting the activities in the environment. Also, people who are typically present in the environment can collect the information with minimal training (Zarcone, et al, 2002; Miltenburger, 2001).

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.

Date	2/2	2/3	2/3	2/3	2/3	2/7	2/7	2/8	
Time	1:30	8:00	9:00	2:30	2:45	2:00	2:45	2:20	
Activity									Total
Meals			X						1
None		X			X		X	X	4
Watching TV						X			1
Work				X					1
Other	X								1
Antecedent									
Ignored	X	X			X		X	X	5
Social Request				X					1
Unclear			X						1
Work Request									0
Other						X			1
Behavior									
Hit Self									0
Hit Others			X	X	X		X	X	5
Prop Destruction	X					X			2
Threw Objects		X							1
Other									
Consequence									
Left Alone									0
Redirection	X				X	X			3
Reprimand		X	X	X			X	X	5
Time-out									0
Other									0

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

#### 4. 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 actually 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 (Hieneman, et al, 1999):

- 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).

## 5. 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. Gable, et al (1998) recommends five to seven observations of each change in conditions or consequences to establish the validity of the hypothesis.

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 3 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 functional behavioral assessment.
16. Give one example of each of the following common setting events for people you support:
  - a. Environmental –
  - b. Social –
  - c. Physiological –
  - d. Programmatic –
17. List two advantages of indirect assessment methods like questionnaires and interviews and two disadvantages.
18. What are the advantages and disadvantages of ABC recordings over interview and questionnaires.
19. What are the advantages of checklist ABC data collection over descriptive ABC recording methods?
20. How can the team establish the validity of the hypothesis before developing the Positive Behavioral Support 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 specific individual.
- \_\_\_\_\_ 24. Interviews of people who know the person well during functional assessments are most successful when conducted using questions that require only a yes or 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 4: Linking the Functional Behavioral Assessment with the Positive Behavioral Support Plans**

### **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 Positive Behavioral Support plans.
- Explain the purpose of using the *Competing Behavior Model*?
- List four general setting event interventions.
- List six interventions to reduce the effect of antecedents that predict the challenging behavior.
- Describe intervention approaches when communication skills are targeted as replacement behaviors.
- Discuss interventions when a person has a skill but fails to demonstrate it in some circumstances or 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.

The knowledge and clinical expertise needed to design positive behavioral support plans that meet the needs of all individuals with developmental disabilities and challenging behavior served in community programs is, of course, beyond the scope of this training module. The purpose of this chapter is not to teach everything that plan authors need to know to be successful in designing PBS interventions for people who have a history of challenging behavior. Neither is the intent of the module to prescribe a single format or template for behavioral support plans. The appendices of this module provide a list of resources that plan authors may access to learn more about research on effective behavioral support for specific diagnoses and various design formats recommended for PBS.

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.

### **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.

### **Multidimensional**

PBS approaches rarely consist of single interventions that, if applied consistently, will magically eliminate a specific challenging behavior. Instead, PBS plans coordinate multiple strategies that are implemented proactively to reduce future occurrences of behavioral challenges. PBS approaches build 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 PBS plan for one individual could combine redesigning environments, adjusting staffing, rearranging schedules or routines, modifying approaches, teaching new skills, extinguishing challenging behaviors, and reinforcing replacement behaviors.

### **Based on Functional Assessment**

Because PBS interventions respond to the motivation behind the challenging behavior, the support plan will address both the source of the challenging behavior and the behavior itself. Generating hypotheses statements regarding the function of the behavior is the first step (See Chapter 3). Then the team uses one or more of the following proactive interventions to promote positive behavior and eliminate the need for the challenging behavior:

- Changing setting events or antecedents in some way to make challenging behavior less likely.
- Teaching more acceptable replacement behaviors (i.e., positive communication and social skills) that serve the same function as the challenging behavior.
- Changing the consequences or reinforcers that have been identified as maintaining challenging behavior.

Sometimes teams have trouble selecting interventions based on the function of the behavior, even when members have been heavily involved in the functional assessment to discover why the person demonstrates the behavior. Moving from a “punishment” mentality to focusing on positive supports and preventing challenging behaviors requires a significant shift in philosophy and behavior for some team members. It may take time and some successful experiences with more proactive supports to convince them to abandon the less effective reactive methods that they have used in the past.



While waiting for a shift in attitude, the *Competing Behavior Model* and brainstorming processes can help steer the team toward PBS interventions that are directly related to the FBA. The purpose of using the model is to help 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.

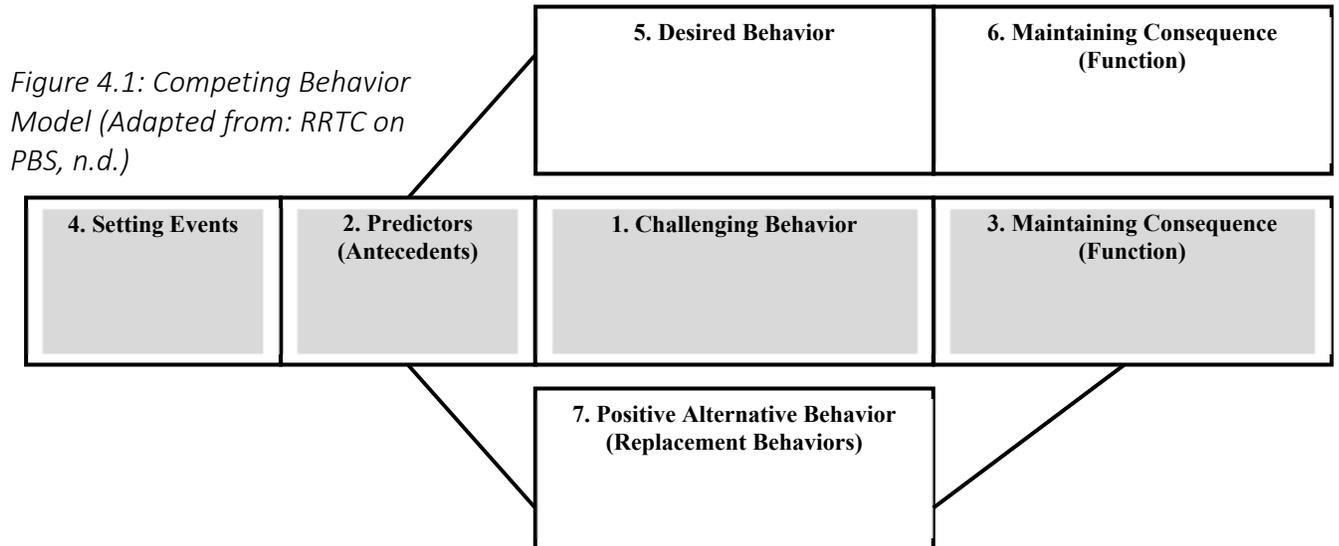
Once these core elements of the FBA summary statement are identified, support planners should determine:

- (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 result in a diagram (see below) that is then used for identifying and selecting possible behavior support procedures.



The basic idea in developing a support plan based on the *Competing Behavior Model* 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, Zarccone & Kidwell (2002) recommend that teams brainstorm to generate many possible interventions for each category of the hypothesis statement. A chart similar to 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.

<i>Setting Event</i>	<i>Antecedent</i>	<i>Challenging behavior</i>	<i>Consequence</i>
#4 in Figure 4.1	#2 in Figure 4.1	#1 in Figure 4.1	#3 in Figure 4.1
Setting Event Interventions	Antecedent Interventions	#7 in Figure 4.1 Replacement Behavior & Other Related Social and Communication Skills	Consequence Interventions

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

If the team is having trouble getting started, the facilitator may have to prompt 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/>].

**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 and where it 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 the need 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 (extinction)?
  - 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 challenging behavior is motivated by access to tangible 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?
3. 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 on a daily basis. 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 that seem promising?

### 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, 1999):

- **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 occurs.*

## Chapter 4 Study Questions

1. Who should be involved in the development of the Positive Behavioral Support Plan?
2. List the three types of proactive interventions included in Positive Behavioral Support 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:
  - Procedures that will \_\_\_\_\_ the links between antecedents, desired and replacement behaviors, and their maintaining consequences **AND**
  - Procedures that \_\_\_\_\_ ---the links between antecedents, challenging behaviors, and their maintaining consequences.
6. List four general setting event interventions:
  - a.
  - 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 are 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 \_\_\_\_\_ to 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

### Introduction

1. skill development, self-determination, and personal outcomes
2. C
3. A
4. C
5. B
6. A
7. B
8. C
9. challenging
10.  a. is what people do or say  
 b. involves people's actions  
 c. describes a static characteristic of a person  
 d. can be measured (i.e., frequency, duration, intensity)  
 e. can be observed, described and recorded by others.  
 f. is lawful – it is systematically influenced by events.  
 g. can be both positive and negative
11. positive, increase, decrease, environment

### Chapter 1.

1. b, c, d, f, g, i are all correct.
2. In a truly comprehensive PBS approach, intervention never ends.
3. natural, real-life
4. Get something, avoid something, communicate
5.
  - a. Environments
  - b. trained
  - c. remotivated and committed
  - d. resources (time and people)
  - e. responsibilities, methods, and monitoring
6. crisis or reactive
7. collected systematically, decisions
8. The person periodically gets something he/she wants or avoids something he/she does not want.
9. Positive Behavioral Supports (PBS) help people find better ways to get their needs met. The goal of PBS is to create a life full of preferred activities and relationships.
10. Ways to modify the environment:
  - Build on strengths and preferences of the individual.
  - Assist people to develop relationships.
  - Promote healthy lifestyles and wellness.
  - Use routines and a steady and predictable schedule to help people feel secure.
  - Include a range of preferred activities on a daily and weekly basis.
  - Reduce noise and other sources of environmental irritation.
  - Allow for special conditions (i.e., fatigue, illness, injury).

## Chapter 2

1. F
2. T
3. T
4. F
5. T
6. T
7. T
8. Some questions to guide the team in determining if a challenging behavior exists include:
  - a. Significantly different
  - b. threaten the well being
  - c. rights of others
  - d. property
  - e. learn or make progress
  - f. inclusion and participation
  - g. dependence
  - h. serious
9. data, target, unintended changes
10. environment.
11. medical, environment
12. Personnel throughout a human service agency accept shared responsibility for supporting positive behavior.
13. Behaviors that have the potential to cause physical injury and those that restrict the person's opportunities to access integrated environments.
14. Answers will vary with the support environment and the people supported.

## Chapter 3

1. symptoms
2. the same outcome.
3. behavior; events that occur before, during and after.
4. motivation
5. The primary outcomes of a FBA are:
  - a. description
  - b. will, will not
  - c. maintain
  - d. hypotheses
  - e. Data
6. least, most
7. baseline
8. replacement behaviors
9. scatter plot
10. hypothesis
11. educated guess

12. Answers will vary The hypotheses statements needs to include:
  - a. Description of each behavior in specific, measurable terms.
  - b. Types of situations in which each behavior occurs.
  - c. Outcomes or reinforcers maintaining each behavior.
13. Interviews of the focus person and people who know him or her well are combined with direct observations.
14. (a) challenging or target behaviors, (b) precursor and related, and (c) appropriate behaviors that may be targeted as replacement behaviors for the challenging behavior.
15. (1) 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.
  - (2) They often know the person best and have valuable information to help in developing the plan.
16. Give one example of each of the following common setting events for people you support:
  - a. Environmental – Answers will vary but should describe events or things about the setting that effect the behavior, (i.e., noise, lighting, number of people).
  - b. Social – Answers will vary but should describe variables directly related to people (i.e., comments made by others, caregiver approaches or instructions).
  - c. Physiological – Answers will vary but should describe issues related to physical well-being, (i.e., illness, hunger, discomfort, too cold or too hot).
  - d. Programmatic – Answers will vary but should include factors such as lack of meaningful, engaging activities; frustrating or difficult tasks; changes in schedules or transitions.
17. **Advantages Interviews**
  - a. They are fairly easy to conduct.
  - b. They also don't require a lot of time (10-15 minutes).

**Disadvantages:**

  - a. Rely on the memory of the person who completes the form. There is a risk that the person may not remember all of the important events.
  - b. Interviewee may fail to report factors that seemed insignificant to him due to inexperience or bias regarding the person or the behavior.
  - c. 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.
18. **Advantages ABC**
  - a. In ABC recordings documentation is likely to be a more accurate.

**Disadvantage**

  - a. They are very labor intensive and time consuming.
  - b. Sometimes there is almost too much information, making it difficult to sort out the significant events.
  - c. The observer must be trained in how to record behavior descriptively and objectively and must be able to discriminate each instance.
19. **Advantages Checklist:**
  - a. the observer can record the ABCs quickly, and without disrupting the activities in the environment.

- b. people who are typically present in the environment can collect the information with minimal training
- 20. Observe change in conditions or consequences several times to establish the validity of the hypothesis before developing the plan.
- 21. 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.
- 22. T
- 23. F
- 24. F
- 25. Terms
  - a. Setting Event
  - b. Setting Event or Antecedent
  - c. Setting Event or Antecedent
  - d. Antecedent
  - e. Consequence
  - f. Consequence
  - g. Consequence
  - h. Consequence

#### Chapter 4

1. Anyone who will have an impact on the PBS intervention including the person with the challenging behavior, direct support staff, the plan author, and specialists involved in supporting the individual.
2. Three types of interventions:
  - a. Changing setting events or antecedents in some way to make challenging behavior less likely.
  - b. Teaching more acceptable replacement behaviors (i.e., positive communication and social skills) that serve the same function as the challenging behavior.
  - c. Changing the consequences or reinforcers that have been identified as maintaining challenging behavior.
3. The purpose of using the model is to help teams think about appropriate behaviors that would serve the same function as the challenging behavior.
4. a) irrelevant, b) inefficient, and c) ineffective
5. promote and strengthen; reduce and weaken
6. a) Minimize, eliminate, or neutralize setting events to decrease the likelihood that an antecedent will trigger the challenging behavior.  
 b) Alter expectations for an individual on days that the setting events occur.  
 c) Use prompts or pre-correction strategies to encourage the individual to use the desired behavior or replacement behavior he/she is learning.  
 d) Increase the frequency of activities, situations, and events that promote positive behavior for this person.
7. a. Eliminate the antecedent so the challenging behavior doesn't occur.  
 b. Modify the task or activity to make it less aversive (make it simpler, more interesting or meaningful)

- i. Modify staff approach or the way the task is presented (less directive)
  - ii. State instructions positively (“Do walk.” vs. “Don’t run.”)
  - iii. Complete an easy task prior to the disliked task
  - iv. Change the schedule to increase the likelihood that the desired behavior would occur (morning vs. evening; before preferred activity)
- c. Enrich the environment or activity to decrease boredom and reinforce positive activities.
- d. Increase the level of reinforcement, social interaction, and engagement to meet the needs of this individual.
- e. Provide supports when there is an unavoidable delay.
- f. Support the person during transitions.
- 8.
  - a) appropriately
  - b. rapport, desire
  - c. trigger
  - d. function
  - e. easy, easier
  - f. honored
- 9.
  - a) What is different about the settings where the behavior is used and where it does not occur?
  - b) What changes in the environment, approach, activity, or consequences would increase the likelihood the behavior would occur across environments?
- 10. The behavior must:
  - a. Must serve the same function for the individual
  - b. Be as easy to use as the challenging behavior
  - c. Be as effective as the challenging behavior?
- 11. Consequence
- 12. Consequence interventions include:
  - a. Eliminate
  - b. Reinforce
  - c. escape
  - d. desirable
  - e. Redirect
- 13. appropriate; ignored
- 14. Consideration when selecting the interventions include:
  - a. function
  - b. functional replacement skills
  - c. ease, effectiveness
  - d. current and future natural environments
  - e. as easy, effective
  - f. committed
  - g. available in all environments
  - h. training
- 15. D