A Positive Behavior Support Approach for Developmental Disabilities

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Positive Behavior Support

Is it possible for an individual to change their behavior?

- **Anyone who has broken a New Year's Resolution appreciates the difficulty of behavioral change. There is no single solution that works for everyone.**
- **We often expect individuals to immediately change a behavior that they have used over a lifetime with repetition and reinforcement.**
- **We need to remember that we are striving for *progress* toward new behaviors, rather than perfection in getting rid of the old ones.**

Positive Behavior Support

Medical Model

- Maladaptive behaviors are conceptualized as a sign of an underlying disease process, rather than serving a function.
- That is, it often assumes that “abnormal” behavior is a symptom of a diagnosis. For example, “Joe acts out because he has schizophrenia. That is just how he is.”
- Expert-driven.

Positive Behavior Perspective

- A comprehensive approach that views behaviors as goal-directed and interconnected with physiology, situational context, social and cultural factors, as well as a person’s thoughts and feelings.
- Consumer- and family-centered.

Defining Positive Behavior Support

Support for Positive Behavior

Positive Behavior = desirable, adaptive, and prosocial
Support = Encouraging, increasing, and strengthening

Versus

Non-Positive Behavior Support

Use of aversive, humiliating, or stigmatizing interventions

PBS term was adopted by Rob Horner in 1990
George Sugai developed PBIS for schools in 1987

Positive Behavior Support in *Practical Terms*

Functional Assessment
Information gathering process

Comprehensive Interventions
Preventative techniques, intensive strategies, crisis plans

Lifestyle Enhancement
Person-centered planning

Team Approach
Collaboration to support the process

Applied Behavioral Analysis
and
Positive Behavior Support

Traditions of "Applied Behavioral Analysis":

- Analyzes the interaction between purposeful behavior and a changeable environment.

Positive Behavior Support:

Sources are ABA plus…

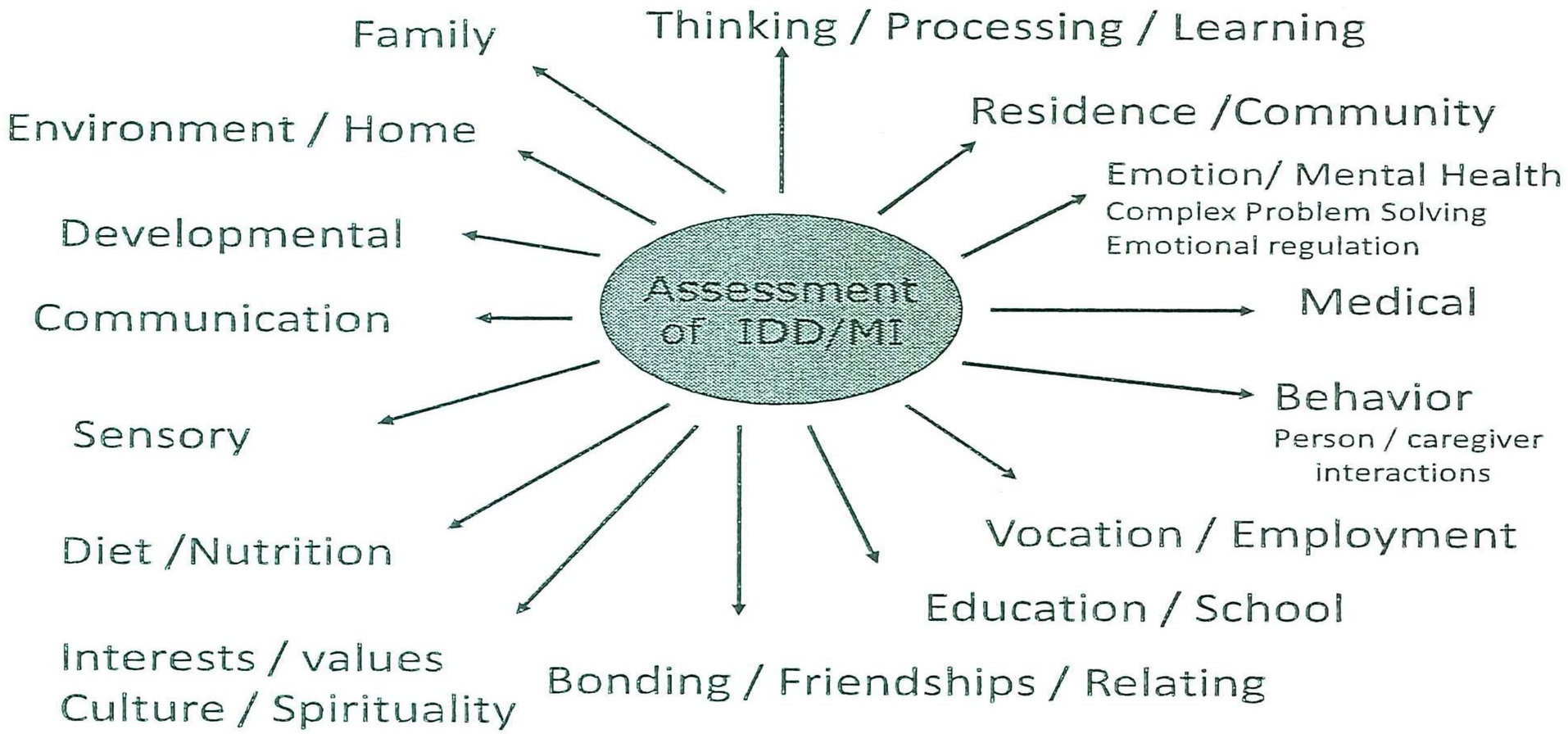
- Normalization and Inclusion Movement
- Person- and Family-Centered Values
- Contributions from scientific disciplines: Medicine, Biology, Developmental Psychology, Systems Theory, and Empirical Research

Positive Behavior Support

Hallmarks of PBS:

- Proactive teaching of expectations and acceptable behaviors
- Building on existing appropriate behaviors
- Monitoring problem behaviors
- Data-driven decisions and evaluation of effectiveness
- Intense efforts for support
- Improving quality of life
- Integrity with implementation and responsiveness

Holistic Approach for Individuals with ID/DD/MI



Treatment Paradigm

Level of Intellectual Disability	Possible Treatment Modalities
Mild	• Psychotherapy • Psychoeducation • Positive Behavioral Supports
Moderate	• Skills Building • Positive Behavioral Supports
Severe-to-Profound	• Positive Behavior Support with an emphasis on environmental strategies

Stage of Change Model

Slide 1 of 2

****Applies to Individuals, Families, or Systems***

Precontemplation:

Characterized by denial, poor awareness, or rebellion.
Goal is to raise consciousness without confronting or to create a discrepancy between goals and behaviors.

Contemplation:

Ambivalent or mixed feelings. Reflect both sides by weighing pros and cons. Explore *function* (purpose) of the behavior. Avoid dwelling on the consequences of the behavior.

Preparation:

Taking proactive steps about imminent change.
Verbal commitment to a concrete plan within 30 days.

Stage of Change Model

Slide 2 of 2

Action:

Demonstrate a commitment to a plan in real life.

Maintenance:

Staying changed at least for 6 months.
Focus on relapse prevention skills.

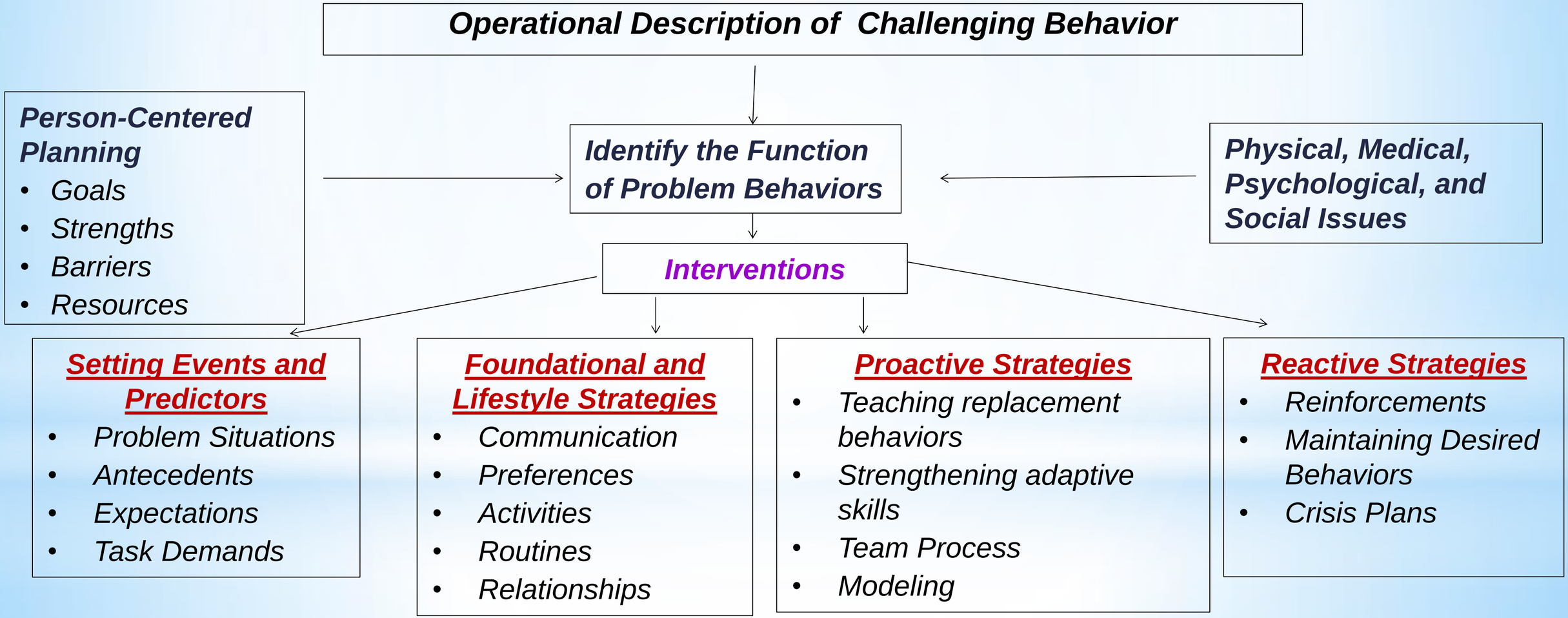
General Considerations:

Change *into* and *out* of behaviors.
Vacillate between stages and phases of each.
Transition from *Contemplation-to-Action* tends to be most difficult.

Avoid mismatches between individual's readiness to change and the intervention offered!

Positive Behavior Support Flowchart:

Case Conceptualization



Positive Behavior Support

Components of Functional Assessment

Setting Events and Vulnerabilities

- Situations in the environment combined with an individual's deficits
- May include broader setting events (e.g., unstable blood sugar, undiagnosed seizure activity, untreated sleep problems, medication side effects)
- *We can make setting events positive!*

Antecedents and Triggers

- What occurred immediately before the behavior? Fast versus slow precipitants?
- *External* (e.g., conflict with peer) versus *Internal* antecedents (e.g., psychosis, loneliness)
- Lifestyle issues (e.g., lack of relationships, problems accessing preferred activities)
- The *"universal trigger"* is often *"enforcing rules,"* rather than giving flexible guidance

Positive Behavior Support

Components of Functional Assessment

Precursors

- What noticeable actions in body language came before the behavior of concern? (e.g., pacing, pressured speech, rolling their eyes, clinching their fists)

Maintaining Consequences

- What occurred immediately after the behavior of concern?
- How did the caregivers respond? Is there inadvertent reinforcement?

Functional Assessment of Behavior

Behavior serves a particular function for the individual, which we determine through a *Functional Assessment of Behavior.*

Examples of Broad Categories:

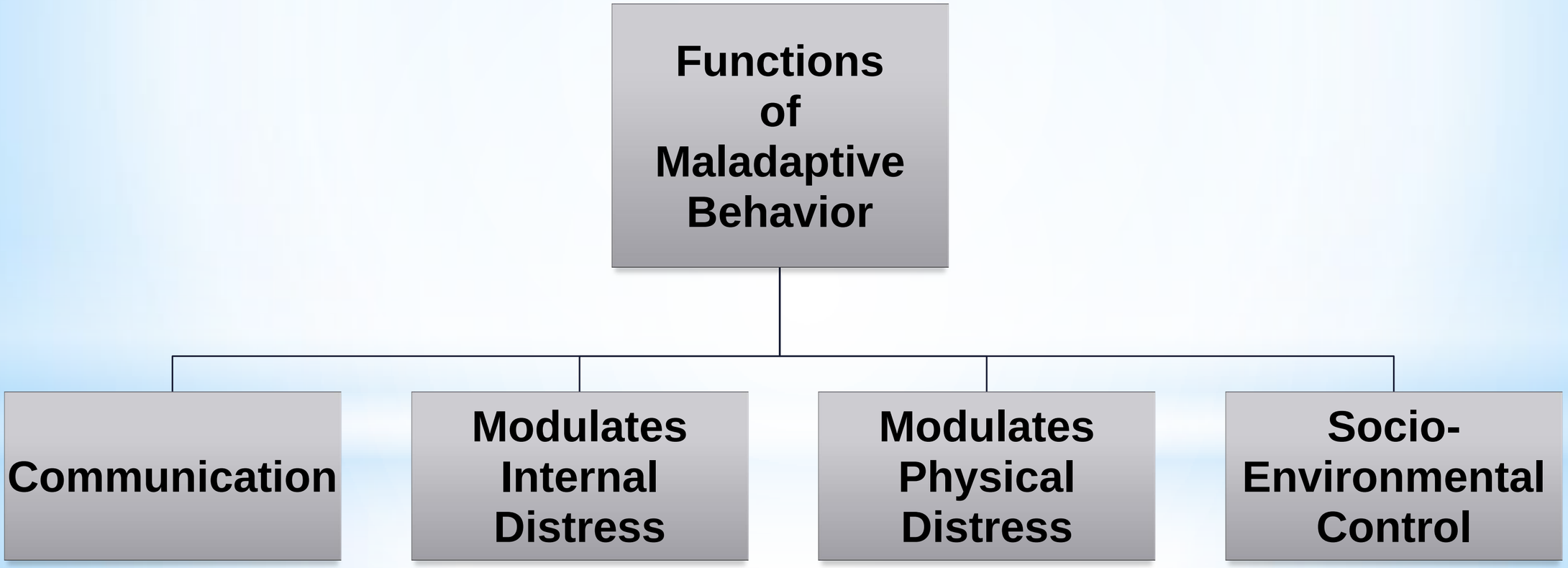
Positive or Negative Reinforcement

Intrapersonal Reinforcement (e.g., positive emotion) or Interpersonal Reinforcement (e.g., help-seeking behavior)

Functional Assessment of Behavior

Better Understanding Why Individuals with Developmental Disabilities Engage in Maladaptive Behaviors

(Robert Souvner, 1991)



Key Points in the Functional Assessment of Behavior

Focus on identifying ways to teach adaptive behaviors, as part of an FBA, *because it helps to render maladaptive behaviors unnecessary and irrelevant.*

There is often a misapplication or an over-application of attention-seeking, manipulation, and escape as functions of behavior.

Better Understanding Challenging Behaviors:
Learning to Ask the Right Questions!

- ***Is the challenging behavior a symptom of a medical problem? A thorough and recent physical examination including lab work is essential.***
- ***Is it a side effect of medication?***
- ***Is the challenging behavior part of a chain (cascading effect)?***
- ***Is it the result of skills deficits?***
- ***Is the quality of the person's life acceptable in terms of relationships, personal choices, and living situation?***

Positive Behavior Support

Caregiver Qualities

* Supportive
* Respectful
* Strengths-based
* Collaborative not controlling
* Empowering
* Giving choices
* Building self-esteem

**Key factor in resilience for traumatized children:*

A person who believes in them

Positive Behavior Support

Good Approaches

Person-centered:

- Respects dignity (e.g., person-first language, individual strengths, informed consent)
- Not a “cookbook” approach

Focus on Positive Changes in the Environment:

- Identify ways to consistently support new skills across settings
- Eliminate negative consequences, coercion, and restrictions

Collaborative:

- Caregiver training for competency is key to effectiveness

- When clinically-indicated, keep everyone involved as part of the interdisciplinary team (e.g., individual-served, family members, psychotherapist, psychiatrist, occupational therapist, job coach)

- Develop feedback loops between direct care staff, caregivers, the team, and the behavioral provider

Positive Behavior Support
Helpful Techniques

Language

- **Clear, Consistent, and Concrete**

Directives

- **Present requests and tasks in smaller parts that are accomplishable (e.g., only clean half of room as a start)**

Choices

- **Offer two to three choices (that lead to a similar outcome) to provide the person with a sense of control (e.g., completing a chore, de-escalation, etc.). *Be mindful that bargaining may lead to confusion or agitation.***

Immediate Reinforcement

- **Give explicit verbal praise within 30-60 seconds, rather than delaying it.**
- **Use *Compassionate Inquiry* to build a positive sense of self (e.g., What does ____ say or tell us about you?)**

Daily Routine with Critical Scheduling

- **Less preferred activities followed by more preferred activities to increase motivation. For example, "*When/After/First you take a shower, then we go to lunch.*"**

Positive Behavior Support

Terminology

Targeted Positive Behaviors:

To achieve, instill, increase, and maintain

- Emotional regulation through coping strategies, self-soothing, healthy diversions, and other opportunities to learn self-control.
- Become more *adaptive* by building independence, autonomy, mastery, confidence, and self-direction.
- Prosocial skills and participation in activities (e.g., recreational, social, community).

Positive Behavior Support
Terminology

Behaviors of Concern:

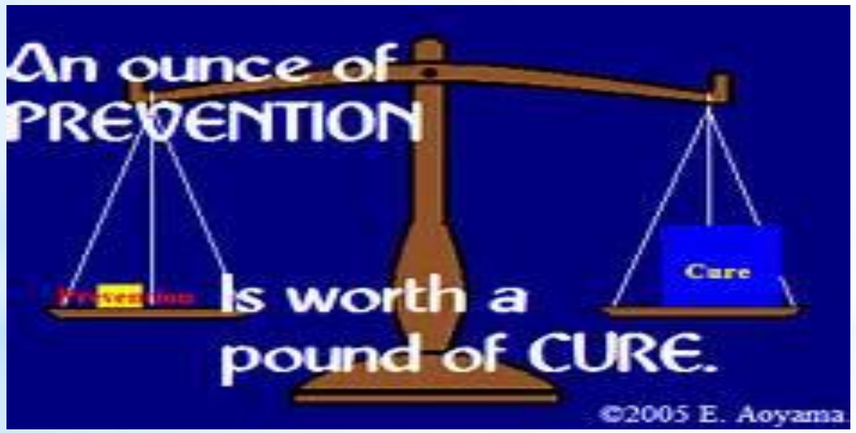
- *Those to decrease or eliminate.*

- These include verbal outbursts, physical aggression, property destruction, perseveration, poor boundaries, and refusals.

Criteria for a Behavior of Concern

- Poses a risk to the health and safety of the individual and others.
- Interferes with his or her growth, development, or progress.
- Interferes with his or her ability to make decisions and to achieve goals.
- Results in a psychotropic medication being prescribed to modify the behavior.

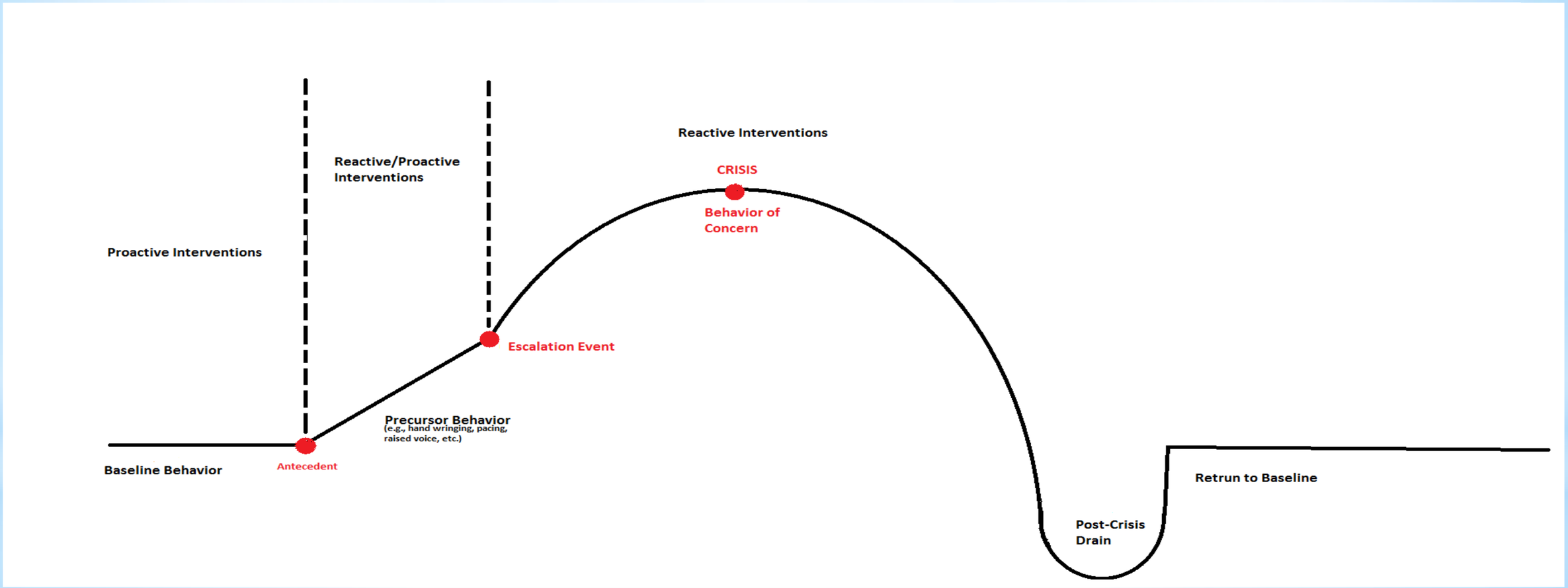
Proactive vs. Reactive Interventions



Benefits of Proactive versus Reactive

A	B	C
Proactive		
Interventions to prevent problem behavior	Emphasis on teaching alternative behaviors	Positive reinforcement of desired behaviors
Reactive		
Limited focus on antecedent interventions	Little focus on teaching new behavior	Punitive response to negative behavior

Proactive vs. Reactive
Intervention Points



Proactive Interventions

The Importance of Setting and Reviewing Expectations

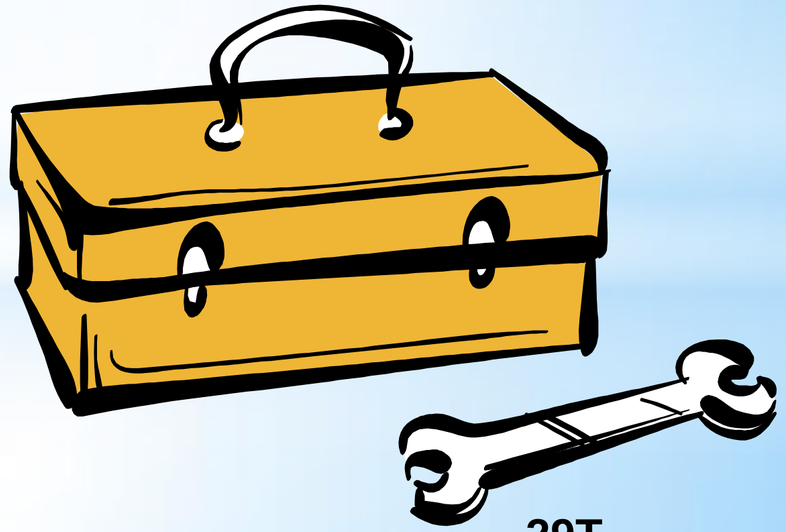
- Directions given and reviewed at regular intervals. They should be very specific and easily convey the expected behavior.

- Tell the person what you want them to do, rather than what you do not, using affirmative language.
  - *"Use a low or inside voice," instead of "Stop talking so loudly"*
  - *"Keep your hands down," rather than "Don't hit"*
  - *"Feet on the floor," as opposed to "Don't kick"*
  - *"Only take things that we will pay for," not "Stop stealing things from the store"*

- Learning problems and memory deficits may interfere with understanding and remembering what constitutes "appropriate" behavior.
- Learning occurs in small steps, so have realistic expectations.
- Be consistent with language across settings.

PROactive Interventions
Toolbox

- **Be Familiar with the Behavior Support Plan!**
- **Avoid Triggers and Eliminate Provocations**
- **Positive Setting Events: Prompting and Cueing**
- **Set Expectations Proactively**
- **Well-Understood and Predictable Daily Routine**
- **Adherence with a Written or Picture Schedule**



PROactive Interventions
Toolbox

- Concrete Directions to Compensate for Impairments
- Be Person-Centered and Context-Sensitive
- Use Sensory Modalities
- Multimodal Approach: Visual Aids and Hands-on Modeling
- Build a Team Approach
- Planned attention and breaks at regular intervals
- Rotating through a variety of “fresh” activities

PROactive Interventions
Toolbox

- **Active Listening to wants and needs**
- **Affirmative Communication**
- **Meaningful and Non-Contingent Activities for Quality of Life!**
- **Natural Supports with Family, Friends, and Volunteers**
- **Access to “Quiet” Space with Preferred Items (e.g., headphones, reading materials)**

Positive Behavior Support
Reactive Interventions

- Caregivers' actions **after** a behavior of concern occurs.
- For limited use about 5 to 10% of the time. ***Reactive strategies should never be the on plan!***
- These should be used to help situations from escalating. For example, redirecting away from triggers, prompting alternative behaviors, using distractions, or establishing control when there is harm to self or others.
- Reactive interventions may include crisis response teams, hospitalization, and respite.
- Reactive interventions are affected by state-dependent learning. We may lose up to 25 IQ points when upset.
- Use Multiple Modes: Verbally-mediated, Visual-spatial, Modeling, and Contextually-driven

Reactive Interventions

Empathic Validation

<u>Acknowledge</u> Perspectives:

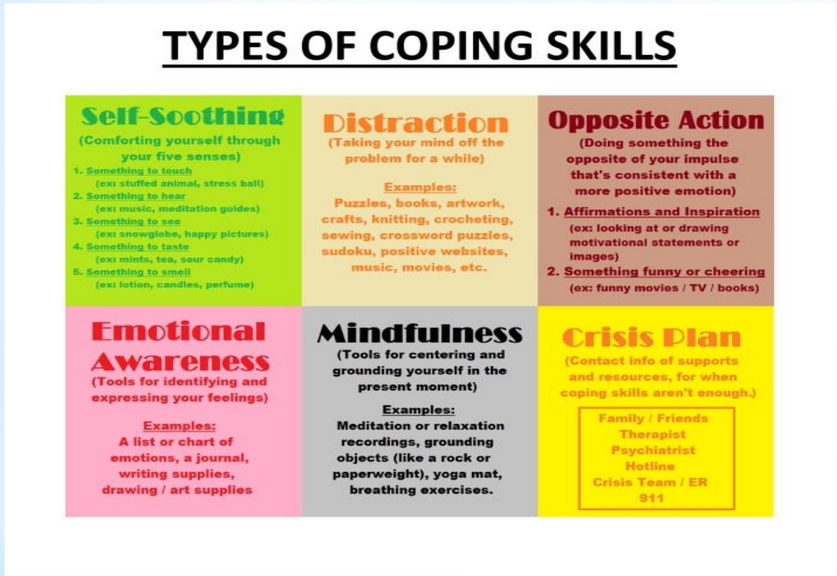
- Active listening by being attuned
- Accurate reflection to defuse negative emotions
- ***Validation means acknowledgement, not necessarily agreement***
- Repeat information back to confirm your understanding
- In the Crisis Cycle, *sufficiently* validate before corrective feedback with redirecting, limit setting, or finding solutions.

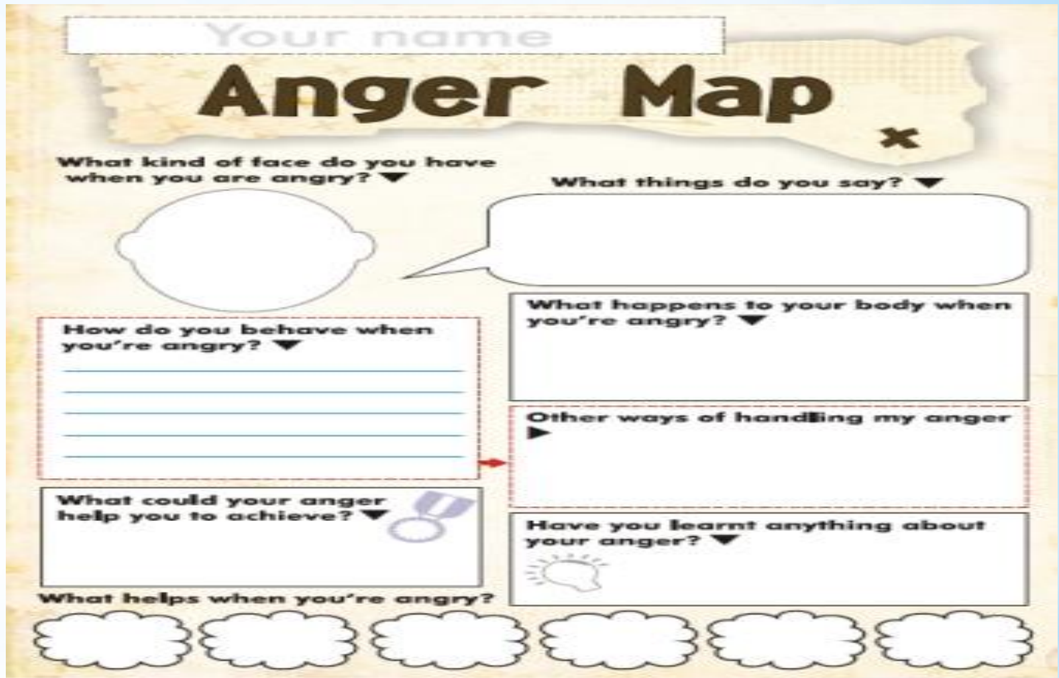
Remember the <u>Context</u>:

- Know the situation (e.g., “It sounds like you’re tired because you didn’t sleep well last night”)
- Understand the individual’s “story” (e.g., “I know this time of year is difficult because it’s the anniversary of your dad’s passing.”)

Proactive and Reactive Coping Strategies

Be Specific not Generic!

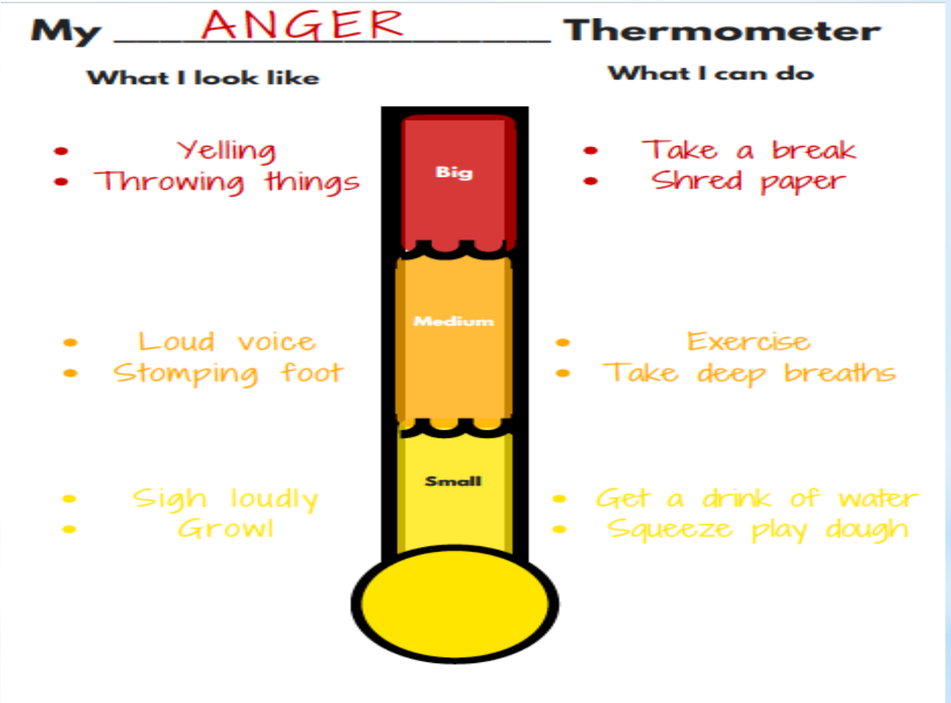




Be mindful that asking someone with poor impulse control to explore or verbalize feelings of anger might lead them to act on their emotions!

Proactive and Reactive Coping Strategies

Targeting Cognitive Strengths: Visual versus Verbal



Positive Behavior Support

Overarching Goal

Our aim is the presence of targeted adaptive and prosocial behaviors through teaching, not just the absence of challenging behavior.

Positive Behavior Support

Guidelines for Replacement Behaviors

1. **Serve the Same Purpose:**
   - ❖ Using assertiveness skills to put feelings into polite words to improve communication.
2. **Get Reinforcement as Soon or Sooner:**
   - ❖ Self-soothing with ice pack, rather than self-injurious behavior.
3. **Receive as Much or More Reinforcement:**
   - ❖ Caregivers quickly attend when a person says “again please”, as much as if he had expressed himself with an outburst.
4. **Just as Easy or Easier to Do:**
   - ❖ Following directions in one-to-two steps at a time is easier than discontining a task.

Positive Behavior Support

Problems with Adverse Consequences

Attempting to control behavior through adverse consequences. It is different than natural and logical consequences.

May include the following:

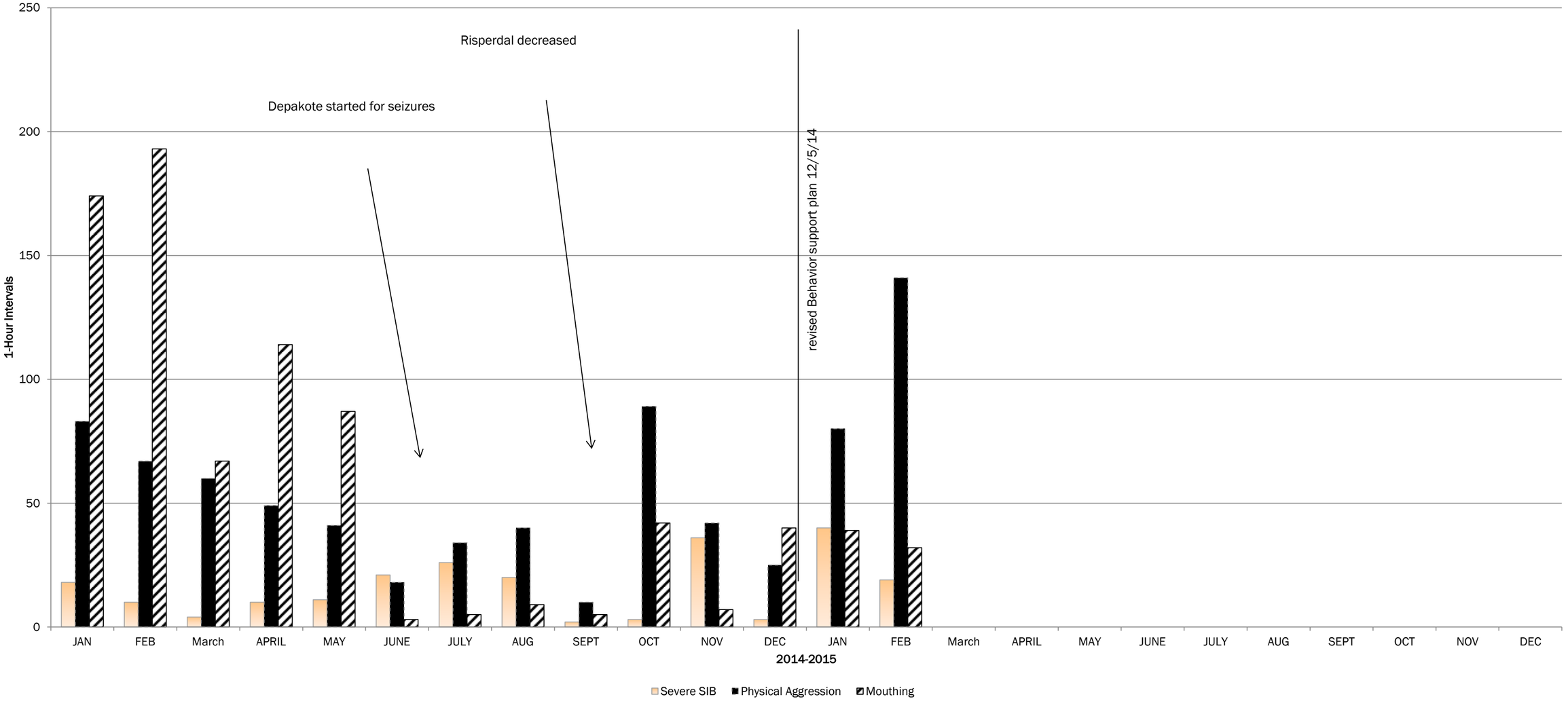
- **Ignoring (spontaneous and planned)**
- **Taking away rights and privileges**
- **Response cost (removing reinforcements)**
- **Forcing apologies**
- **Threatening restraint or seclusion**

When minor coercion that was once effective ceases to work, those inclined to use it tend to increase their level of coercion, rather than decrease it.

Measuring Effectiveness:
Why Collect Data?

- Generate a “data probe” to determine the most salient problem behaviors to address
- Clarify the frequency, rate, intensity, and duration of challenging behaviors
- Identify precipitants
- Compare intervention data to baseline data
- Track changes over time with **“annotation”** such as the response to behavioral interventions, medication changes, and caregiver fidelity with the plan

Good Graphing Example



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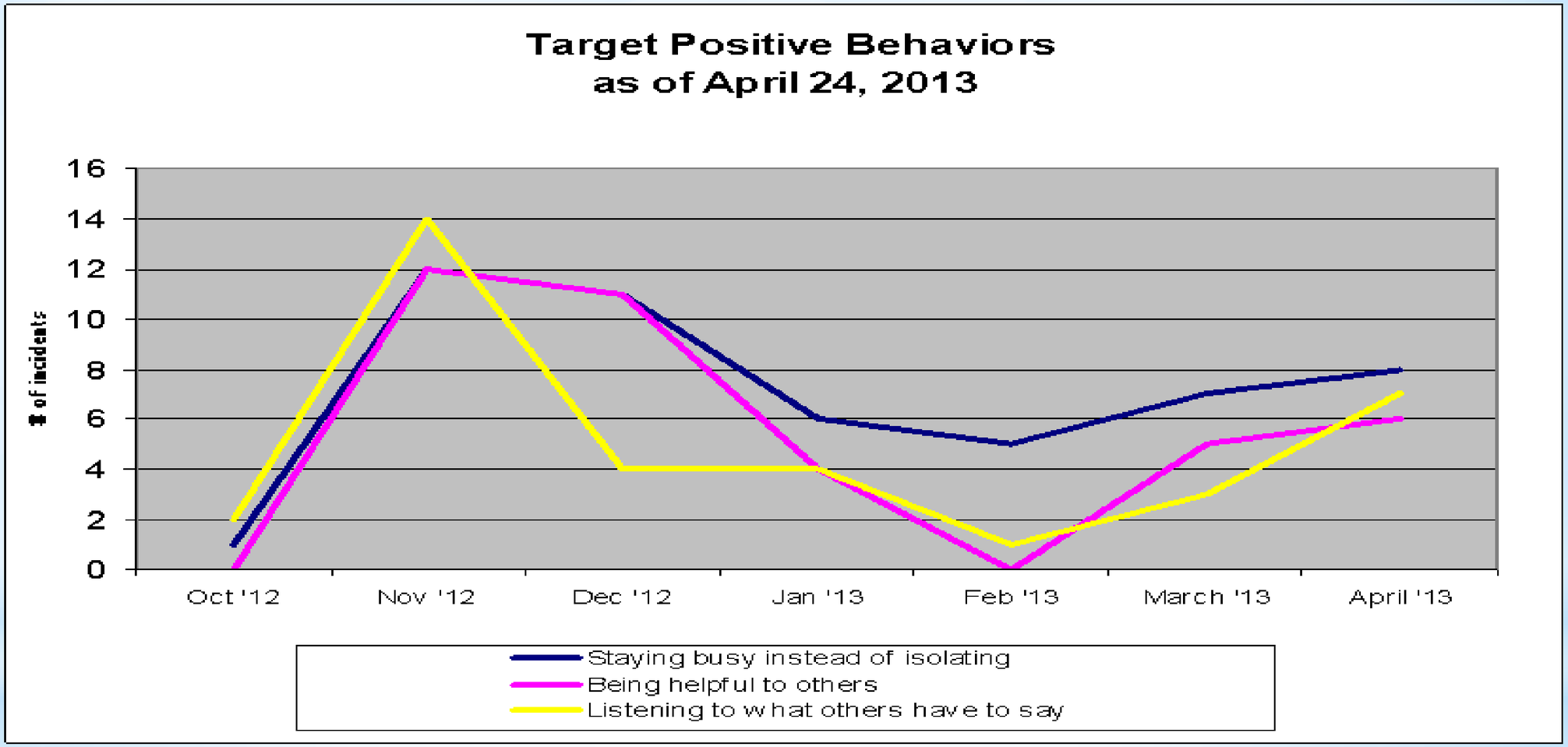
Target Positive Behaviors
as of April 24, 2013
# of incidents
16
14
12
10
8
6
4
2
0
Oct '12
Nov '12
Dec '12
Jan '13
Feb '13
March '13
April '13
Staying busy instead of isolating
Being helpful to others
Listening to what others have to say

Applying Our Learning
Questions for Practice Examples

What are the key behaviors of concern?

What are the functions of the challenging behaviors?

What behavior support strategies, especially proactive, might you suggest?

Applying Our Learning
Practice Example One

Mr. Jones has severe cognitive deficits. He is non-verbal. He has <u>no</u> history of being aggressive or destructive. One evening, he begins throwing the furniture in his group home. He was taken to the local emergency room by his staff and seen by a crisis specialist. Mr. Jones was admitted to the hospital and given a provisional diagnosis of psychosis.

Applying Our Learning
Practice Example Two

Ms. Smith is a woman in **her thirties who is diagnosed with autism. She does not communicate much with words, but has strong opinions about her likes and dislikes. For many years, Ms. Smith attended a local regional center. She always refused to participate in group activities and community outings, during which she would scream, throw things, and occasionally disrobe. The center's staff was incredibly frustrated by her behavior. There were numerous meetings about ways to address Ms. Smith's inappropriate behavior, but nothing worked.**

Applying Our Learning
Practice Example Three

Jesse is a 14-year-old high school freshman who receives special education. He is the older of two siblings with a younger sister who is 12. He lives with his parents and sibling in an intact home. He has been diagnosed with Mild Intellectual Disability and Autism Spectrum Disorder.

Jesse has problems communicating, especially when he gets distressed. He has also been diagnosed with depression and ADHD. He is prescribed Adderall, Paxil, and Risperdal, but the effectiveness of the medications is questionable. Jesse has experimented with marijuana given to him by his cousin, which Jesse feels helps him to focus better and feel less depressed.

Applying Our Learning
Practice Example Three (Continued)

Jesse has been having difficulties at school including being bullied. Lately, he has refused to go to school. Jesse claims he has no friends and thinks he will be a "failure in life." His only goal is to stay at home and play video games late into the night, describing it as his "only escape." When his family tries to get him to go, he has become verbally aggressive toward his mother and sister.

On one recent occasion, Jesse struck out and hit his father. Both parents were scared and unsure what to do next. Emergency Mobile Psychiatric Services were called. His parents tried consequences (e.g., taking away his phone and PlayStation), but it seems to have made Jesse's behavior worse, as he feels "controlled." His family would like Jesse to go to counseling to discuss his developmental disabilities and his school stresses, but he has adamantly refused.