

PART 1: Implementing positive behavior supports: A family-centered model for young children with serious challenging behaviors

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Overall Purpose of Session

- Describe importance of addressing challenging behaviors in early childhood
- Describe positive behavior support as an approach for resolving challenging behaviors
- Describe a model of early intervention for enhancing family strengths as an approach for reducing challenging behaviors and promoting beneficial child and family outcomes
 - "Individualized Support Project"
 - Originally designed for children with ASD, but it has been applied with many other populations of children with challenging behaviors

**Positive Behavior Support:
Some Web Sites**

- www.pbis.org
- www.apbs.org
- <http://flpbs.fmhi.edu.usf>

**PBS and Young Children:
Some Web Sites**

- www.challengingbehavior.org
 - Technical Assistance Center on Social-Emotional Interventions
- <http://www.vanderbilt.edu/csefel/>
 - Center on the Social-Emotional Foundations for Early Learning

Importance of Problem Behaviors

- Barrier to Inclusion, Community Participation, and Social Opportunities
- Most Significant Impediment to Education
- Present Physical & Emotional Risk for Individual and for Families, Teachers, Other Professionals, Peers and Friends
- -----
- Need to Prevent/Resolve Problem Behaviors as Early and as Thoroughly as Possible

It is important to appreciate that problem behaviors seriously detract from the developmental opportunities and quality of life of children, and they also have significant effects on the lives of the children's family members....

More on Brendan and his family later,but now let's consider a model of intervention that was developed to help children and families affected by challenging behaviors

Individualized Support Project

- A model of family-centered early intervention for children with disabilities (e.g., autism spectrum disorder).
- Emphasizes the building of a strong family context in order to promote longitudinal progress and child and family well being

Distinctive Features of ISP

- Fully individualized w/ focus on individual child-family systems
- Designed to reach wide diversity of children and families (including those in rural areas)
- Adjunctive and short-term (w/ follow up)
- Emphasis on building family capacity for longitudinal benefits
- Focus on building positive repertoires of adaptive behavior, and preventing serious problem behaviors

Goals of ISP

- Promote all aspects of child's intellectual, language, social and emotional development
- Reduce/eliminate problem behaviors
- Develop foundations for *longitudinal* prevention of problem behaviors
- Facilitate enhancement of family strengths, skills, cohesion and confidence
- Make supports individualized and accessible for all children and families, regardless of geographic, economic, or cultural circumstance

Conceptual Foundation: Positive Behavior Support

- Communication-based intervention to resolve and prevent problem behaviors
- Supported, social participation in inclusive settings
- Comprehensive family support

Procedural Ingredients - 1

- Communication-based intervention (functional communication training)
 - Developing functional alternative to problem behaviors
 - Developing functional, generative language
- Comprehensive support plans
 - Instruction, prevention, enrichment, physiological well being, etc.

Procedural Ingredients - 2

- Supported, Successful Inclusion
 - Need to develop competencies and comfort in complex social contexts
 - Importance of successful, participatory, and enjoyable experiences
 - Importance of expectations
 - Inclusion can occur in many circumstances

Procedural Ingredients - 3

- Individualized, Comprehensive Family Support
 - Families are individual systems with individual strengths and challenges
 - Families are the essential resource
 - Families have multiple support needs

Rationale for Family Involvement and Family Support

- Families are dominant and enduring influence on all aspects of child development
- Families have deep and unique knowledge regarding their child and their child's history, preferences and environments
- Families are the sole owners of knowledge regarding their own family system

Families can be most effective in supporting their child if they are (relatively) free from unrelated demands and stress, if their strengths can be nurtured, if they have access to resources, and if they have the advantage of time to devote to their child's development

All families have strengths and all families have needs, ---- and those strengths and needs are different across families

A short menu of family support options

- Information
- Training and coaching
- Respite
- In-home assistance
- Counseling
- Planning
 - Child's services
 - Financial
 - Etc.
- Friendship
- Access to social and medical services

Effective family support requires a strong parent-professional partnership

- Building a trusting relationship
 - Time, honesty, respect, demonstration of commitment
- Assisting family in accessing needed supports
- Engage in planning processes (e.g., person-centered planning)
- Help family participate as real partners in developing plans for interventions and supports
- Provide efficient and valid procedures for evaluation and monitoring

Strong, confident, competent families who are able to be deeply involved with their children are the greatest contributors to child progress and child well being

Background of ISP

- Preschool Training Project (Dunlap & Robbins)
 - West Virginia, Kentucky, Ohio - demonstration
 - mid 1980s
- Individualized Support Project (Dunlap & Fox)
 - Florida – demonstration and outreach
 - mid 1990s
- ISP Outreach
 - late 1990s
- Application of Model for Part C (toddlers) (Fox & Dunlap)
 - Early 2000s

Some Outcomes (brief summary)

- Enhanced Intellectual and Social-behavioral Development
- Reduced Problem Behavior
- Inclusive School Placements
- Increased Skills (e.g., problem solving and advocacy) of Families
- Longitudinal Effects
- Extent of Progress Related to Family and Community Resources

Operational Features

- Recruitment and Enrolment
- Staffing ---- Early Intervention Specialists
- Home and Community Based
- Process
 - Assessment and Planning --- 1 month
 - Intensive Intervention and Support – 3-5 months
 - Transition – 1 month
 - Longitudinal Support

ISP – Model Components

- (1) Comprehensive Assessments
- (2) Functional Assessment of Problem Behavior
- (3) Team-building, Goal Setting
 - Person-Centered Planning
- (4) Individualized Support Plan
- (5) Communication-based Intervention
- (6) Family Support
- (7) Longitudinal Support

Functional Assessment

- A process for developing understanding of how behavior is related to environment
- Focus on function of problem behavior and context in which it occurs and does not occur
- Usually very simple with young children
- Leads directly to intervention/support plan

Person-Centered Planning

- Focus on total person
- Builds circle of support
- Builds shared vision of support
- Builds positive, hopeful, constructive collaboration
- Ongoing problem solving process

Person-centered Planning in ISP

- Conducted first immediately following initial assessments
- Conducted again after initial phase of focused intervention (4-5 months)
- Conducted thereafter on a periodic and as-needed basis (e.g., in preparation for transitions)

ISP – Model Components

- (1) Comprehensive Assessments
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CASE EXAMPLE – JOE B.

- 2 years old
- autism; nonverbal
- severe, prolonged tantrums
- holding cracker, pop tart, diaper

Joe's Family

- Nila
- Joe Sr.
- Vincent - 3 yrs old
- Extended family - estranged

Functional Assessment

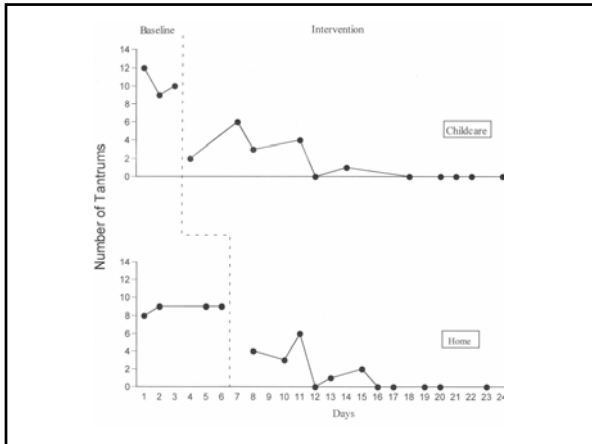
- Escape demands
- Avoid transitions
- Access tangibles (e.g., diaper)

Support Plan

- In home and child care
- 1) Make Environment Understandable
 - clear directives
 - consistent expectations
 - picture schedule
- 2) Antecedents
 - intersperse demands
 - signal transitions

Support Plan - 2

- Establish Communication
 - "no"
 - express choices - (pictures)



Family Support

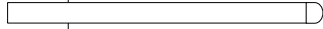
- Assistance with extended family
- Self-advocacy
- Respite and in-home assistance

ISP - Summary

- Family-centered, adjunctive early intervention model focused on longitudinal behavior support goals
- Emphasizes
 - Functional communication
 - Social inclusion – competence and comfort
 - Family support; enhancing family comfort, confidence, and capabilities

Let's Revisit Brendan, Madelyn and John

2 months later,
After PBS



Brendan's Support Plan

- Assistance with comprehending the environment
 - Picture schedules
 - Social Stories
- Clear instructions and expectations
- Careful teaching of skills in routines
- Assistance with communication and self-control
- Etc..



Questions, Comments, Discussion



PART 2 Implementing Positive Behavior Support: A Model for School-aged Children

Presented at the
Help Group
Summit 2008
Los Angeles, CA



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Purpose of Presentation

- Describe issues related to problem behaviors, particularly for children at very high risk for exclusion and school failure (e.g., children with ASD).
- Present a model of prevention and a model of positive behavior support (PBS)
- Discuss directions for effective implementation of PBS, and a systems approach for addressing problem behaviors

Agenda

- Introduction
- Autism and Problem Behaviors
 - Changing Perspectives
- A Model of Prevention
- Overview of PBS
 - Foundations, Features, etc.
- Directions and Conclusions

4 Main Messages

- The best way to address serious problem behaviors is with a proactive, multi-tiered (hierarchical) framework of prevention and intervention
- A sensible and effective approach to intervention is positive behavior support
- A vital challenge is to help systems (e.g., schools) establish responses to problem behavior that are: (a) fully incorporated into the system, (b) effective, and (c) sustainable

Autism and Problem Behaviors

Some Basic Understandings

Autism Spectrum Disorder(s)

- A diverse syndrome involving problems with the development of communication and social relatedness... as well as restricted interests and perseverative and stereotypical patterns of behavior
- ASD encompasses a great range of abilities and disabilities
- For instance, some children with ASD have very serious risks for problem behavior; others have relatively mild risks

Problem Behaviors

- Destructive Behaviors
 - Aggression; SIB; Property Destruction
- Disruptive Behaviors
 - Long tantrums; Loud, Repetitive Noises; Running, etc.
- Irritating & Interfering Behaviors
 - "self-stim;" repetitive and perseverative speech or actions, etc.

Importance of Problem Behaviors

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- Need to Prevent/Resolve Problem Behaviors as Early and as Thoroughly as Possible

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Some Changing Perspectives on Autism and Problem Behaviors

- ### Early (1st Generation) Perspectives
- Problem Behaviors are part of autism
 - Not "diagnostic," but "characteristic"
 - Intervention *is* contingency management
 - Reinforcement (DRO) for desired behavior (or absence of problem behavior)
 - Time out, extinction, or punishment for problem behavior

1st Generation Effects

- Often, short-term beneficial effects
- But usually without maintenance or generalization
- Occasionally ineffective, leading to escalating intensity of rewards and negative consequences

Changing (2nd Generation) Perspectives

- i. Problem behaviors are not part of autism
- ii. Problem behaviors: (1) are maladaptive ways of responding to inadequacies in the environment, (2) occur due to lack of socially-adaptive skills for controlling environment
- iii. Children with autism are at high risk for developing problem behaviors due to difficulties with learning, communication, and perception

Changing Perspectives (continued)

- > Intervention involves PREVENTING problem behaviors from developing or occurring by:
 - i. Arranging the environment so that problem behaviors are unnecessary (and desired behaviors are encouraged), and
 - ii. Teaching skills needed to navigate and control the social environment

3rd Generation Challenges

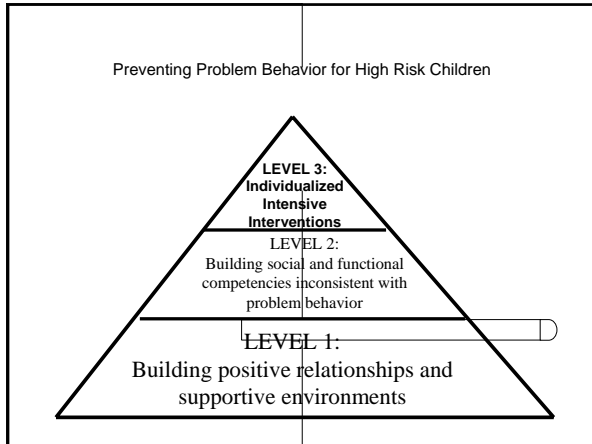
- Developing Strategies for Incorporating Effective Prevention Practices into the Systems that Affect our Service Delivery

Prevention

A multi-tiered framework for preventing problem behaviors and building social, communicative and emotional competence

Multi-tiered Frameworks

- Increasingly common (e.g., community health; school-wide PBS)
- Basic framework has 3 levels:
- (1) **Universal strategies** --- for everybody; low intensity prevention practices; primary prevention
- (2) **Targeted strategies** --- for particularly high risk groups; higher intensity; secondary prevention
- (3) **Indicated strategies** --- for individuals already affected by problem; usually intensive and individualized; tertiary prevention



Prevention – Universal (Level 1)

- Positive Relationships
 - Nurturing, caring, secure
 - Enhances influence of adult caregiver
- Physical and Emotional Health
 - Physical health and nutrition
 - Social-emotional well being
 - Safe, responsive, “friendly” and stimulating environment

Prevention – Environmental Practices

- Adult-child interactions
 - Positive attention
- Organized environment
- Structure, routine, schedule
 - A comprehensible environment
- Instruction
 - Useful communication
 - Social skills & Behavioral expectations

Building Functional Competencies

- For children at risk for challenging behavior:
 - Parent training classes
 - Social-emotional teaching curricula
- Groups strategies (classroom models) with direct focus on teaching and motivating social interaction
- Intervention supports for enhancing motivation and engagement

Examples of Level 2 Strategies for Children with ASD

- Specialized classroom models
 - LEAP (Strain and colleagues)
 - Project DATA (Schwartz and colleagues)
 - Walden (McGee and colleagues)
- Family and community-centered models
 - Pivotal Response Training (PRT) – (Koegel, Schreibman, etc.)
 - Etc.

Intensive Individualized Interventions

- Are used for children with persistent and severe challenging behavior
- Are used when children do not respond to preventive practices, child guidance procedures (e.g., redirection), or social-emotional teaching strategies

**Children at the
“top of the triangle”**

- Children with multiple, severe risk factors
 - Intellectual-Communicative Disability (e.g., autism)
 - Exposure to substances, violence, depression, poverty, etc., etc.
- To resolve or prevent challenging behaviors, these children require intensive, individualized, well-designed interventions over extended periods of time

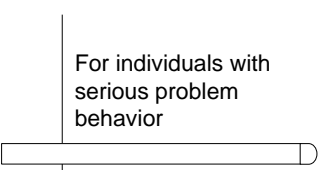
Implications of the Prevention Model

- *Some* children will respond well to high quality implementation of Level 1 (universal) procedures
- *Some additional* children will respond well to high quality implementation of Level 2 procedures
- The *remaining children* will require implementation of Level 3 procedures

- The proportion of children with ASD who require some Level 3 procedures may be high, but we can presume that the implementation of high quality Level 1 and 2 procedures will mitigate the intensity with which the Level 3 procedures need to be implemented.

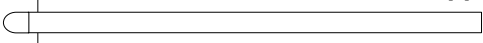
Positive Behavior Support

For individuals with serious problem behavior



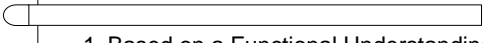
Level 3 - Positive Behavior Support

- An approach for resolving problem behaviors and helping people lead enhanced lifestyles that is based on person-centered values, empirical data and a multi-disciplinary scientific orientation
- A pragmatic, data-based problem-solving approach for improving quality of life in natural, everyday contexts
- A preventative approach emphasizing teaching and environmental redesign



Features of PBS (Level 3)

1. Based on a Functional Understanding of Behavior
 - Person-centered planning; Functional Assessment
- 2. Focused on Producing Meaningful Outcomes
 - Reductions in problem behavior; New skills; Social contacts and relationships; Opportunities; Lifestyle improvements
3. Focused on Skill Development and Empowerment



Features of PBS

4. Focused on Improving the Context
 - . External and internal environment
5. Comprehensive
 - . Continuum of Need; Multiple Components; Multiple Settings; Multiple Care Givers
6. A Process of Partnership & Collaboration
 - . "Collaborative" rather than "expert" model

Some Historical Background

- Began in mid-1980s, as response to common use of aversive techniques to control behavior
 - Mainly with individuals with autism and/or severe disabilities
- Expanded rapidly to other populations and contexts
 - Early intervention, EBD, typically-developing children
 - Individual and larger units --- SW-PBS

Continuing Growth

- International organization (APBS)
- Journal (JPBI)
- Many state initiatives
- Federal statute (IDEA) and numerous state laws
- National networks (especially around SW-PBS)
- Ongoing refinement and expansion

Positive Behavior Support: Some Web Sites

- www.pbis.org
- www.apbs.org
- <http://flpbs.fmhi.edu.usf>

Prevent-Teach-Reinforce (PTR)

- A standardized and manualized school-based model of PBS for the most challenging students
- Currently completing large scale evaluation in Florida and Colorado
- The implementation manual is being prepared for publication (Brookes Publishing Co.)

PBS – Components

- (1) Team-building, Goal Setting
 - Person-Centered Planning
- (2) Functional Assessment of Problem Behavior
- (3) Individualized Behavior Support Plan
- (4) Implementation
- (5) Evaluation

Team Building and Goal Setting (1)

Establishing the context for developing and implementing the support plan

Goal Setting

- Recruit team members and establish functional team-based support
- Be sure team members have the same short and long term objectives (vision)
- May consider process of “person-centered planning,” especially if child has multiple or severe disabilities requiring extensive and long-term support and intervention

Person-centered Planning in our Early Intervention-Autism Programs

- Conducted immediately following initial assessments
- Conducted again after initial phase of focused intervention (3-5 months)
- Conducted thereafter on a periodic and as-needed basis (e.g., in preparation for transitions)
- Purpose: build and maintain “team,” agree on goals (vision)

Functional Assessment (2)

(or “functional behavioral assessment”)

A process for developing an understanding of a child’s challenging behavior and, in particular, how the behavior is related to and governed by the environment (or events in the environment)

FA Methods

- Formal and informal
- Rigorous and precise, or relatively brief
 - Balanced in accordance with severity, chronicity, and complexity
- Always individualized; Always includes direct observation
- Purpose is to provide information for individualized support plan
 - Context in which behavior occurs and does not occur
 - Function (purpose) of behavior
 - Consequences (e.g., reinforcers) that currently are used

Hypothesis Statement

- A summary of FA information that reflects your understanding of how environment influences the occurrence of behavior
- “In (X situation), the child will display (Y behavior) in order to (obtain Z outcome)”
- For instance, “When presented with demanding fine motor activities, Jill will tantrum in order to escape the demands”

Implications of Functional Assessment

- The information about CONTEXT tells us what to change in the environment --- what to remove or ameliorate, and what to add or enhance
- The information about FUNCTION tells us what to teach, especially as replacement behaviors
- The information about CONSEQUENCES tells us how to add and reduce reinforcers and other consequences

PTR Assessment (Functional Behavioral Assessment)

- A team-based method for obtaining assessment information
- A series of questions for each team member to answer and then discuss as a group
- Addresses Antecedents (context), function (for teaching) and consequences

The "PTR" Strategy

- P = Prevent
- T = Teach
- R = Reinforce
-
- Each component is included in the behavior support plan; Each component has its own assessment protocol

PTR Assessment: PREVENT

- ❖ 1. Are there *times of the day* when problem behavior is *most likely* to occur? If yes, what are they?
- ❖ 1a. Are there *times of the day* when problem behavior is *least likely* to occur? If yes, what are they?
- ❖ 2. Are there specific activities (for example, independent work, arithmetic, recess, transitions) that problem behavior is *very likely* to occur? What are the activities?
- ❖ 2a. Are there specific activities (for example, independent work, arithmetic, recess, transitions) that cooperative and prosocial behavior is *very likely* to occur? What are the activities?

- ❖ 3. Are there *specific children or adults* who are associated with a high likelihood of problem behavior? If so, who are they?
- ❖ 3a. Are there *specific children or adults* who are associated with a high likelihood of desirable, prosocial behavior? If so, who are they?
- ❖ 4. Are there specific circumstances that are associated with a high likelihood of problem behavior? For example:
 - ❖ Particular demands or requests?
 - ❖ Type of task or activity?
 - ❖ Task difficulty?
 - ❖ Other?

- ❖ 5. Are there conditions in the *physical environment* that are associated with a high likelihood of problem behavior? For example:
 - ❖ Too warm or too cold? Too crowded? Too much noise? Too chaotic? Other?
- ❖ 6. Are there circumstances *unrelated to the immediate setting* that occur on some days and not other days that may make problem behavior more likely?
 - ❖ Illness (Headache? Congestion? Allergies?) Sleep deprivation?
 - ❖ Stressful or difficult relations with friends or at home? Other?

PTR Assessment: TEACH

- ❖ 1. Does the problem behavior seem to be exhibited in order to gain attention from peers?

If so, are there specific peer(s) whose attention is solicited?

- ❖ 2. Does the problem behavior seem to be exhibited in order to gain attention from adults?

If so, are there particular adult(s) whose attention is solicited?

- ❖ 3. Does the problem behavior seem to be exhibited in order to obtain objects (toys, materials, food) from peers or adults?

If so, what objects are solicited?

- ❖ 4. Does the problem behavior seem to be exhibited in order to delay a transition from a preferred activity to a non-preferred activity?

If so, what is the transition?

- ❖ 5. Does the problem behavior seem to be exhibited in order to terminate or delay a non-preferred (difficult, boring, repetitive) task or activity?

If so, what is the task or activity?

- ❖ 6. Does the problem behavior seem to be exhibited in order to get away from a non-preferred child or adult?

If so, who is the non-preferred child or adult?

- ❖ 7. What social skill(s) could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?

- ❖ 8. What problem solving skill(s) could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?

PTR Assessment: REINFORCE

- ❖ 1. What consequence(s) usually follow the student's problem behavior? (For example, is the behavior followed by reactions from classmates? Does the behavior result in a reprimand from teachers? Does the behavior lead to removal from an instructional activity or delay of a transition?)
- ❖ 2. Does the student enjoy praise from teachers? Does the student enjoy praise from some teachers more than others?
- ❖ 3. What is the likelihood of the student's positive behavior (e.g., on-task behavior; cooperation; successful performance) resulting in acknowledgment or praise from teachers?

- ❖ 4. What is the likelihood of the student's problem behavior resulting in acknowledgment (e.g., reprimands, corrections) from teachers?
- ❖ 5. What school-related items and activities are most enjoyable to the student? Is there a special item or activity that the student engages with during free time? What items or activities could serve as special rewards?

Summary of Functional Assessment

- A process of information gathering, ending with:
 - a clear definition of challenging behavior
 - the specific context in which the behavior occurs and does not occur (antecedent, triggers, setting events, etc.), and
 - A good idea of the purpose (function) of the challenging behavior

Behavior Support Plan (3)

- Develop plan based on information from functional assessment
- Use information from “hypothesis statements”
- Develop plan as a collaborative process with key stakeholders (family, teachers, etc.) centrally involved
 - Use teaming, facilitation and consensus processes
- Be creative

Core Elements of a Support Plan

(Linked to Assessment Information)

Prevention Strategies – Arrangements of antecedent environment

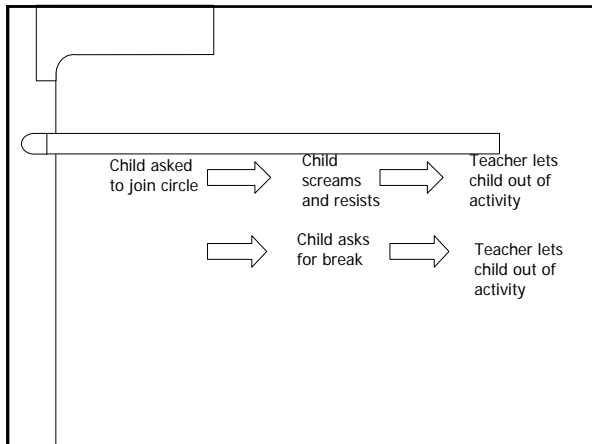
Teaching Strategies – Building skills to teach throughout the day to replace the problem behavior

Reinforcers – Providing effective reinforcement schedules (note --- this is the contingency management component)

+ Evaluation strategies

Teaching Replacement Skills

- Teach alternative behavior to challenging behavior (must serve the same purpose, or function, as challenging behavior)
- Replacement skills must be efficient and effective (i.e., work quickly for the child)
 - Consider skills that child already has
- Make sure the reward for appropriate behavior is consistent
- Teach replacement skills during time the child is not having challenging behavior; teach throughout the day



Replacement Skills

- Can be in any form (e.g., words, gestures, pictures) that is effective
- Should be appropriate to developmental level (but more efficient than the challenging behavior!), and consistent with overall plan for language development
- Use natural teaching opportunities throughout day

Core Elements of a Support Plan

(Linked to Assessment Information)

Prevention Strategies – Arrangements of antecedent environment

Teaching Strategies – Building skills to teach throughout the day to replace the problem behavior

Reinforcers – Providing effective reinforcement schedules (note --- this is the contingency management component)

+ Evaluation strategies

Implementation

- Making arrangements to insure that plan is implemented as intended
 - All team members agree
 - Provision of training, as needed
 - Provision of prompts, scripting, etc.
 - Fidelity checks (evaluation)
- If implementation is inadequate, may need to revise plan

Evaluation

- All support plans should have some form of evaluation, so team knows if plan (or parts of a plan) is working as intended
- Evaluation can focus on desired outcomes AND on extent to which elements of plan are being implemented
- Evaluation should NOT be complicated or effortful, but it should be valid...and valued

Summary

Closing Messages

- Preventing and resolving problem behaviors is extremely important....
 - Because of the implications for the quality of life of individual and all those who are close to the individual
 - Because of opportunities that can be compromised if problem behaviors persist

What We Need to DO

- Early Identification ---
- Provide ALL identified children/families with supports for Level 1 prevention strategies
- Provide ALL child care and pre-K classrooms with supports for implementing Level 1 prevention strategies

Need to Do (continued)

- Disseminate the rationale and logic of the multi-tiered prevention framework as well as specific procedures associated with all levels.
- Conduct research to validate and refine prevention model

What We Need To Do – 3 -

- Provide for training and direct technical assistance so that all children/families have access to effective supports in designing and implementing PBS plans
 - In early intervention programs
 - In schools
 - In community agencies
 - For initial implementation and for ongoing support and evaluation

- Develop, evaluate and disseminate standardized models of PBS to enable large numbers of school practitioners to implement strategies with sufficient fidelity to be effective

The Big Challenge

- Developing service systems that incorporate features needed for sustainable implementation of effective prevention and intervention practices
 - EI programs, schools, community agencies
 - Features include policies, leadership, resource allocation, data-based decision making AND data-based accountability, etc.

END

- THANKS!!!!
- Questions/Comments/Discussion
