

Positive Behavior Support

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By

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Presentation Objectives

- To learn and apply a systematic approach to understanding behavior.
- To identify proactive rather than reactive strategies to address challenging behaviors.
- To explore the use of visuals to support an intervention plan.
- To practice assessing the function of behavior and develop an intervention plan.

PBS

- Developed from the science of Applied Behavior Analysis (ABA).
- An individualized approach for developing effective interventions for children with challenging behaviors.
- Interventions are based on understanding the function/purpose of the challenging behavior.
- Use of positive strategies to prevent the occurrence of challenging behavior while teaching the child new skills

Why PBS

- · Backed by research and endorsed by CSEFEL
- A way to understand behavior without blaming parent or child
- Includes a process to prevent and replace behaviors
- Blends well with other intervention models
- Can be broken into simple steps and modified according to families' needs
- Often brings rapid results that can be empowering for parents and child

What Behaviors can be Addressed Using PBS

- Challenging Behaviors: behaviors that interfere with the child's learning or the learning of other children, hinders positive social interactions and relationship, or harms the child, peers, adults, or family members (Bailey & Wolery, 1992).
- PBS can be used to address a wide range of challenging behaviors including:
 - Aggression
 - Tantrums
 - Defiant and Oppositional Behavior
 - Self-Injurious Behaviors
 - Safety Concerns
 - Non-Compliance
 - Development of Adaptive Living Skills

The Process of PBS

- 1. Building a behavior support team
- 2. Developing a Functional Behavior Assessment (FBA)
- 3. Developing a hypothesis
- 4. Developing a Behavior Intervention Plan (BIP)
- 5. Implement the behavior strategies and techniques and evaluate the success of the plan

Building a Behavior Support Team

- Establishing rapport with family members/participants
- View from a structural point of view
 - Who is available
 - Who is the main caregiver
 - Who is invested in the child's life

Support Team Cont...

Healthy Development Services

- Speech and Language Pathologist
- Occupational Therapist
- Care coordination team
- Developmental Specialist

School

- Teacher/Teacher Aid
- School Counselor - Social Workers
- 50

-Caregiver

-Siblings

- -Grandparents
 Daycare provider
- Extended Family
- Extended Fa - Community

What is a Functional Behavior Assessment?

"The process of gathering information that can be used to maximize the effectiveness and efficiency of behavioral support."

(O'Neill, et al.,1997)

Developing a Functional Behavior Assessment (FBA)

- · Assess the Family History
 - Past-Trauma Events
 - Critical Events
 - Medical Issues
 - Mental Health Issues
 - Review Previous Records From Other Team Members
- Assess for Environmental Factors

Developing a Functional Behavior Assessment (FBA)

- Data Collection Tools:
 - ABCs Data Sheets (Antecedent, Behavior, Consequence)
 - Motivation Assessment Scale (MAS)
 - Interviews and Direct Observation
 - CBCL, PSI, DECA and ASQ's

Developing a Hypothesis

Summarizes what is known about the behavior, triggers, and maintaining consequences and offers an informed guess about the purpose of the challenging behavior (O'Neill, et al 1997).

Hypothesis Cont...

- Things To Keep In Mind When Developing A Hypothesis:
- Chronologic Age Of Child
- Family Dynamics
- · Caregiver-Child Relationship
- · Situational Factors
- Family Mental Health History
- · Temperament Traits
- History Of Trauma
- · Culture and Traditions
- Parent Stress
- · Developmental Issues
- · Parenting Skills

Developing a Behavior Intervention Plan (BIP)

What is a BIP?

"Behavior intervention plans are the professional documents that define what we expect to do in our efforts to change the likelihood of undesirable behavior in a person and how we will monitor our effectiveness" (O'Neill, et al., 1997)

BIP Cont...

- Essential Components
 - Prevention strategies
 - Replacement skills
 - New ways to respond to the challenging behavior

Preventative Strategies

- Building a positive relationship with the child
- Realistic expectations
- Understanding temperament
- Promoting healthy social-emotional development
- · Provide structure
- Caregiver's own self-regulation

Structure

- Routines
- Rules
- Healthy Limits
- Traditions
- Predictability
- Organization
- Clear Transitions
- Appropriate Expectation

Relationship

- Positive Interactions
- Eye Contact
- Emotionally Available
- · Appropriate Physical Contact
- · Responsive To Child





Replacement Behaviors

- Teach effective communication
- · Teach new skills
 - social stories
 - task analysis
 - modeling
- · Teach self regulation
 - -emotional vocabulary and coping skills
- Increase resiliency factors

Responding To The Challenging Behaviors

- Caregiver's self-regulation
- Prompt replacement skills
- Redirect challenging behavior
- Logical consequences
- FLIP IT -Devereux

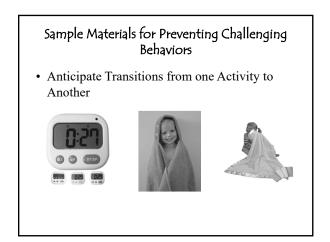
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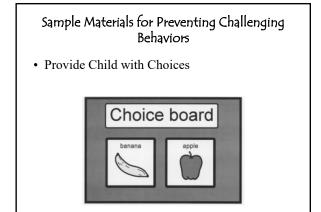
Implement the Behavior Strategies and Techniques and Evaluate the Success of the Plan

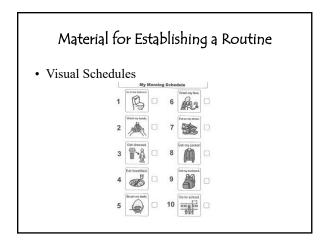
- Model to parents how to implement behavior strategies and techniques
- Review the BIP and coach parents on a weekly basis in order to assess progress and make any modifications if necessary

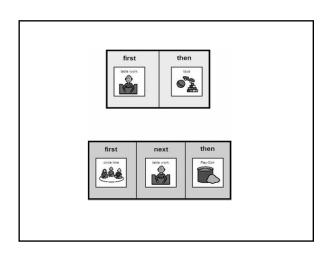


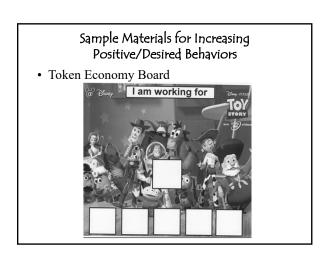
Samples of Visual Support











Vignette

Richie is a 3 year old Mexican-American boy who lives in a two bedroom apartment with his biological parents, 6 year old sister and maternal grandmother. Both parents work full time. Family was referred to Motiva behavioral services by Healthy Development Services. During the intake, Mother reported concerns with Richie's aggressive and tantrum behaviors. Mother reported being unable to go out in the community (e.g., parks, restaurants, malls, etc.) due to Richie's challenging behaviors and reported feeling overwhelmed.

Father was unable to come in for the intake but Mother reported that Father will be coming to as many sessions as possible.

Mother did not report any complications during the pregnancy nor delivery. Mother also did not report any developmental concerns or history of trauma. When Mother was asked about how Richie communicates his wants and need, Mother shared that he uses his words but that she seems to be the only one that understands him. When Mother was asked if she was concerned about Richie's speech development, Mother said that she was not concerned because her husband did not speak well until he was six.

When asked about the child's feeding and sleeping routine Mother reported no concerns. Mother reported that the child usually goes to bed when the rest of the family goes to sleep (between 10-11p.m) and that he is a "good eater".

Both parents emigrated to the U.S. from Mexico 8 years ago. Father is an Electrical Engineer and was given the opportunity to move to the U.S. through his job. Mother completed high-school in Mexico and she is currently working in retail. When the family moved to the U.S. they did not know anyone and their English was limited. The maternal grandmother moved with the family 3 years ago and she has been helping with childcare ever since.

ASQ3

Communication: black Gross Motor: white Fine Motor: white Problem Solving: gray Personal-Social: black

White: Development appears to be on schedule Gray: Provide learning activities and monitor Black: Further assessment with a professional may be needed

ASQ SE-2

• Cutoff for a 36 month old child is 105

Total Score: 115 (score above cut off)

DECA

• Initiative: Area of Straight

• Self-Regulation: Area of Need

• Attachment: Area of Need

• Total Protective Factors: Area of Need

• Total Behavior Concerns: Area of Need

MAS

• Attention and Tangible were the highest socres.

CBLC

• Sleep Problem: Borderline Clinical

• Aggressive Behavior: Clinical

• Emotionally Reactive: Borderline Clinical

PSI

• Defensive Response: 20%ile

• Parental Distress: 86%ile

• Parent-Child Dysfunctional Interaction: 86%ile

Difficult Child: 88%ileTotal Stress: 74%ile

16-84%ile= non clinical 85-89%ile= borderline 90-99%ile= clinical

Hypothesis

• What else do we need to know?

• What factors do you think contribute to the behaviors?

BIP

Program Goals

- To improve parent-child relationship
- Replace challenging behaviors
- To help the child build the skills necessary to be successful across different settings
- To provide parents with the skills necessary to address their child's challenging behaviors
- Link families to any other needed services

