



Module 2: Positive Behavior Support Planning

Remember your ABC's!



Key Elements

Positive behavior supports are a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment.

Behavior supports are all around us! How does your calendar help you organize your day and know where to be? When the timer goes off on the microwave, what should you do next? When the traffic light turns from yellow to red, how should you react? We all use supports to get through our day.

So, what qualifies as behavior? Behavior is anything you can see a person doing. Behavior is how we respond to our environment. Behavior can be observed, measured, and repeated. Behavior can describe both desirable and undesirable actions.

When we think about developing positive behavior supports for individuals with ASD, we need to think about the function of the person's behavior. Remember, behavior is communication. What is the individual trying to tell us with their behavior?

There are two primary functions of behavior:

1. To gain access to something desirable-this can be social attention or interaction, an item, an activity, or sensory stimulation
2. To escape from or avoid something undesirable-this can also be social attention or interaction, an item, an activity or some kind of sensory stimulation

We can think of this interaction as push and pull.....am I pushing something away or pulling something toward me? It's important to remember that the same behavior can serve multiple functions. For example, I may scream to obtain attention but I may also scream to escape from an activity. It is important to determine the function of the behavior to develop an appropriate intervention or support.

We can use the A→B→C model to help us develop positive behavior supports for individuals with ASD.

A→	B→	C
Antecedent	Behavior	Consequence
Events that occur immediately before the behavior	The observable, measurable activity	Events that occur immediately after the behavior

The antecedent can be altered to increase or decrease the occurrence of the behavior. The consequence can be altered to increase or decrease the likelihood that the person will demonstrate the behavior again.

Here’s an example:

Antecedent	Behavior	Consequence
My seat belt alarm dings	I buckle in my seat belt	The dinging noise stops
Carter is given a visual prompt to empty the trash cans at work	Carter empties the trash cans	His job coach says “nice work”
Emma’s housemate turns off the TV	Emma yells at her housemate	Emma’s housemate turns the TV back on

We can maximize success for individuals with ASD by the way we set up the environment to support learning and understanding. We can also maximize success for individuals with ASD by controlling how we react to their behavior.

Before developing a positive behavior support plan, we need to define the behavior we are trying to teach or to change in observable, measurable terms. We also need to assess the behavior and determine the frequency, intensity or duration of the behavior.

A good definition of behavior describes specific actions a person does. It does NOT describe motivations, emotions, or opinions. The definition should be specific enough that if a stranger were to read the definition and watch the individual, they would be able to point out the behavior each time. A good behavior definition should include:

- ★ What the behavior looks like.
- ★ How often the behavior occurs.
- ★ How intense/severe the behavior is.
- ★ How long the behavior lasts.

The following is a good example of a behavior definition because it is clear, objective and describes exactly what the individual does:

- Mason will form his right fist into a ball and strike the surface of the table with an audible sound.

The following is a poor example of a behavior definition because it does not tell us anything about what the 'hitting' looks like. How does she hit? How hard is it? What/who does she target when she hits? Also, being "mad" is not behaviorally defined. We need to know exactly under what circumstances the behavior occurs rather than attributing it to an emotion or feeling.

- Isabella hits when she is mad.

We also need to think about setting events. These are things in a person's life that affect how he/she interacts with people in the environment. For example, medical conditions can be setting events. If an individual is not feeling well because he/she has a toothache or a headache, behavior may be affected. If a person does not get enough sleep at night, or too much sleep, behavior may be affected. If a person has a bad experience right before he or she sees you, the way that he/she interacts with you may be affected. It's very important to take into consideration possible setting events that can affect an individual's behavior.

You may also have heard of the term "reinforcement." Reinforcement occurs when the person's behavior increases based on the presentation of a thing or event. In the example above, if praise from his job coach increases the likelihood that Carter will continue to empty trash cans, then praise is a reinforcer for Carter's behavior. If praise from his job coach doesn't increase the likelihood that Carter will continue to empty trash cans, then praise is not a reinforcer for Carter's behavior and we need to find something else. We all have different preferences, so it's very important to find out what the individual likes and can possibly be used as a reinforcer to increase a desired behavior. You may have heard of this referred to as a preference assessment. Please see Module 5 for examples of how to conduct a preference and reinforcer assessment.

For more information about positive behavior support, please reference DDA Policy 5.14 at <https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf>.



Activity

1. Do these statements clearly define observable behavior?
 - Noah hits himself when he's angry.
 - Olivia asks for a break all of the time.
 - Ethan gets upset when you ask him to do something he doesn't like.
 - Ava doesn't listen.

2. Think of one challenging behavior and one skill deficit. Define these two behaviors using observable and measurable criteria.
3. Using the ABC Chart attached, complete the A-B-Cs for the following examples. The behavior (B) is underlined:
 - a. Oliver was eating breakfast. He threw his spoon across the room, looked at staff and laughed. Staff approached Oliver and said “Oh, do you need help with that?”
 - b. Mia was riding in the car. She attempted to open the car door. Staff stopped the car.
 - c. Create an example A-B-C for an individual in your care.
4. What is the possible function of the behavior in each of the statements below?
 - a. Aiden loves walking outside. It has started to rain and he cannot find his coat. Aiden starts to yell.
 - b. Charlotte has not seen her mother in several weeks. When she walks in the house, Charlotte hugs her mother.
 - c. Elijah has a difficult time interacting with others. During a group activity time, Elijah goes to his room.
 - d. Even when engaged in an activity, Harper will chew on her fingers. She is starting to get callouses.



Tips and Strategies

- Define behavior in observable, measurable terms. Someone else must be able to read the description of the behavior and be able to easily identify when it is and is not happening. If a dead man can do it, it's not behavior!
- Behavior is communication! Remember that the function of behavior is either to obtain something desired or to avoid something undesirable.
- A first step to determining a pattern of behavior and developing positive behavior supports is to collect A-B-C data.
- Conduct a preference or reinforcer assessment to determine what the person likes and may be used to motivate him/her.



Resources and References-Module 2

Websites

Association for Positive Behavior Support

<http://www.apbs.org/>

National Professional Development Center on Autism Spectrum Disorder

<http://autismpdc.fpg.unc.edu/>

Positive Behavior Support: Evolution of an Applied Science

<http://www.apbs.org/files/PBSevolutions.pdf>

Books

Cooper, J., Heron, T., & Heward, W. (2007). *Applied behavior analysis*. New Jersey: Pearson Education.

Luiselli, J.K. (Ed.) (2011). *Teaching and behavior support for children and adults with autism spectrum disorder: A practitioner's guide*. New York: Oxford University Press.

Miltenberger, R. (2008). *Behavior modification*. Belmont, CA. Wadsworth Publishing.

O'Neill, R. E., Albin, R. W., Storey, K., Horner, R. H., & Sprague, J. R. (2015). *Functional assessment and program development for problem behavior: A practical handbook* (3rd edition). Stamford, CT: Cengage Publishing Company.

Storey, K., & Post, M. (2015). *Positive behavior supports for adults with disabilities in employment, community, and residential settings: Practical strategies that work*. Charles C. Thomas, Publisher: Springfield, IL.

Journal Articles

Carr, E. G. (2007). The expanding vision of positive behavior support: Research perspectives on happiness, helpfulness, hopefulness. *Journal of Positive Behavior Interventions*, 9(1), 3-14. doi: 10.1177/10983007070090010201

Horner, R. (2000). Positive behavior supports. *Focus on Autism and Other Developmental Disabilities, 15*(2), 97-105. doi: 10.1177/108835760001500205

Iwata, B., Wallace, M., Kahng, S., Lindberg, J., Roscoe, E., Conners, J., Hanley, G., Thompson, R., & Worsdell, A. (2000). Skill acquisition in implementation of functional analysis methodology. *Journal of Applied Behavior Analysis, 33*, 181-194.

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Luiselli, J.K., St. Amand, C., MaGee, C., & Sperry, J.M. (2008). Group training of applied behavior analysis knowledge competencies to community-based service providers for adults with developmental disabilities. *International Journal of Behavioral Consultation and Therapy, 4*(1), 41-47. <http://psycnet.apa.org/journals/bct/4/1/41.pdf&productCode=pa>

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