

Positive Behavior Support: An Individualized Approach for Addressing Challenging Behavior

by Lise Fox

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What Is Functional Behavioral Assessment?

In high-quality early childhood programs, most children will respond to the teacher's use of social skills instruction, redirection, and prevention strategies (e.g., environmental arrangement, catching children being good, etc.). For many children with challenging behavior, the teacher is able to address the child's needs and teach the child the expectations of the classroom. Unfortunately, there are a few children who do not respond to the teacher's efforts. These children continue to exhibit challenging behavior despite well-designed classroom environments and the use of developmentally appropriate teaching and child guidance practices. The following example illustrates this dilemma.

Jack teaches in a Head Start center with eight classrooms. His center has been NAEYC accredited for the past six years. Jack has a bachelor's degree in early education and serves as a mentor to new teachers at the center. This year, Jack has been very worried about the challenging behavior of one of the children in his class. Amy is a 4-year-old child with some language delays and significant problem behavior. Amy hits other children, pulls hair, bites, destroys toys and materials, and resists redirection by hitting, screaming, and scratching adults.

This is the first time that Amy has been in a group care setting. In the first months of her enrollment, Jack thought that Amy just needed to learn the classroom expectations and get used to being with other children. Now it is January, and Amy's behavior has not improved. Jack has tried

talking with Amy's parents, establishing a home/school plan to remind Amy of the classroom rules, and has asked the Head Start mental health consultant to provide recommendations. Currently, the mental health consultant works with Amy for 30 minutes each week. Unfortunately, Amy's behavior is unchanged. Jack is ready to "throw in the towel," for he isn't sure at this point if he can meet Amy's needs. After much discussion, the mental health consultant and Jack decide to try a new approach to working with Amy, Positive Behavior Support.

Positive Behavior Support may be the solution for Jack and Amy. Positive Behavior Support, or PBS, is a process that provides teachers and families with a way to understand and address a child's persistent challenging behavior.

What Is Positive Behavior Support?

Positive Behavior Support (PBS) is for children who persist in challenging behavior and do not respond to general child guidance procedures. PBS is an approach to developing effective and individualized interventions for children with severe challenging behavior. PBS was developed both from the science of applied behavior analysis and the values of child-centered approaches to learning. In PBS, interventions are designed based on understanding the purpose of the challenging behavior. The positive strategies used to change behavior include teaching new skills, preventing the occurrence of challenging behavior, and supporting the child in achieving meaningful, long-term outcomes.

How Does PBS Work?

PBS begins with bringing together a team of individuals who are concerned and knowledgeable about the child. PBS is most effective when families and teachers work together and use the process across all environments. In this approach, challenging behavior is viewed as having meaning or serving a purpose for the child. A process called functional assessment is used to determine the purpose or function of challenging behavior (see *What Works Brief* on functional assessment on page 7). Once the function of the behavior is identified, the team develops a behavior support plan. The behavior support plan includes (1) specific strategies for modifying the curriculum, environment, activity, or interactions with the child to prevent occurrences of the challenging behavior; (2) specific teaching procedures to teach the child a new skill to use in place of the challenging behavior; and (3) strategies to ensure that new skills are learned and acknowledged, and that challenging behavior is not maintained.

In Jack's classroom, PBS was implemented for Amy. The first step was to bring together the team of interested, concerned adults. Jack and the mental health consultant worked together to convene a team including Amy's parents and Jack's teaching assistants. The team met one day during lunch and talked about Amy's behavior, the need to understand her behavior, and the importance of finding effective strategies to teach her new skills. Amy's parents were very eager to develop strategies for interacting with Amy because they were experiencing similar challenges at home.

The second step of the PBS process was to conduct a functional assessment. The functional assessment process included observing Amy during her routines at school and home. Each member of the team wrote down what happened before Amy's challenging behavior and what happened after each challenging behavior episode. The team got back together and reviewed the information that they had collected.

The team learned from their observations that Amy was most likely to engage in challenging behavior when a child tried to play with a toy that Amy had chosen or when another child entered into her play space. When Amy attacked the child by hitting, biting, or grabbing a toy, the teacher would comfort the hurt child and then take the hurt child to another center or activity. Thus, Amy would be successful in getting that child to leave the activity or leave the toy. The team also realized that when Amy attacked adults who were redirecting her (usually to help her make a transition to a new activity), the adult would leave Amy alone when she began scratching or hitting. Amy was very successful at getting her own way. The team discussed these observations and determined that Amy was using her challenging behavior to avoid sharing toys or engaging in activities that she did not like. Amy's parents described similar experiences of challenging

behavior at home. Amy would attack her mother when she asked Amy to do simple tasks like put her plate in the sink or pick up her toys. Amy would also bite and pinch her parents when they tried to help her make the transition from a desirable activity (e.g., playing in the park) to an activity that she did not want to do (e.g., get in the car to go home).

The team developed a behavior support plan based on their new understanding of Amy and the function or purpose of Amy's challenging behavior. The following prevention strategies were used: warning Amy of transitions with a countdown cue (e.g., "five more minutes, three more minutes, one minute, time for circle"); watching Amy carefully during center time and facilitating peer interaction when peers approached Amy; and setting a timer for Amy that showed her how long she could play with a highly desired object before offering the toy to another child. In addition to these strategies, the team modified activities and transitions that were difficult for Amy. For example, at circle time, the teachers added a choice board that allowed Amy to pick the song that would be sung on arrival at circle.

The support plan also included new skills to teach Amy. If the goal was that Amy would no longer need to use challenging behavior, she needed to learn some new ways to get her needs met. The team

decided that Amy needed to learn how to take turns with peers and how to comply with transition requests. They set up play situations with peers where Amy could be taught to take turns. The team also made a schedule for Amy (a laminated piece of cardboard with fasteners that held photographs) of the activities of the day. The schedule was reviewed with Amy each day and prior to each activity. The fasteners allowed for changes to be made in the schedule (e.g., by adding new photos or drawings) and allowed Amy to peel off each photo upon completion of the activity and place it in a finished envelope. A similar schedule was created for activities at home. The schedule helped Amy anticipate transitions and could be used to cue Amy with countdowns.

The final piece of the support plan involved changing the way adults responded to Amy when she exhibited challenging behaviors. The team decided that when Amy was aggressive to another child, Amy would be guided to another play area. The adult might say, "Amy, you are having a hard time playing blocks, you need to pick a new activity." After a few minutes and when Amy was calm, the adult would allow Amy to return to the block area with the adult supporting Amy and her peers' social interaction. The team also decided that when they told Amy that it was time to change activities, the adult

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needed to follow through with the request. Each team member agreed to use these strategies consistently.

Will PBS Really Work for Children?

Research has shown that this approach can produce rapid changes in behavior with significant changes in challenging behavior when the plan is implemented consistently. PBS works because the behavior support plan prevents challenging behavior from occurring, teaches the child new skills, and includes strategies to make sure that challenging behavior is no longer effective for the child. The support plan will only work if all three pieces (prevention strategies, instruction in new skills, and responses to behavior that ensure that challenging behavior is not effective) are implemented. The effectiveness of this approach is also dependent on “buy-in” from the team, the consistency with which the support plan is implemented across all environments, and the team’s commitment to ongoing support of the child.

Isn’t PBS Just “Giving in” to the Child?

PBS is for children who persist in challenging behavior and do not respond to general child guidance procedures. In PBS, caregivers meet children where they are. For example, if the child throws a tantrum to get out of an activity, PBS is used to teach the child a socially appropriate way to request a break. In addition, if a child has a tantrum to leave an activity, caregivers will examine that activity to see if it can be made easier or more enjoyable for the child. When the child learns that activities are enjoyable and that he or she can request a break using appropriate behavior, the challenging behavior will no longer be needed to serve that purpose by the child.

The plan developed for Amy worked very well. In examining Amy’s behavior, the team realized that Amy had delays in her social skills and needed long-term

support. The teachers learned from Amy’s parents that Amy did not have many play opportunities with other children outside of school. The team talked about different strategies that could be used to support Amy’s social development. Amy’s parents suggested that they would try and get Amy to places where she could play with other children (e.g., park, cousin’s house, gymnastics class). Jack offered to help Amy develop friendship skills with other children in the classroom and introduce Amy’s parents to the parents of children Amy seemed to like. Amy’s parents were also interested in child care options for Saturday when they both frequently worked. At the time, Amy was cared for by her 15-year-old brother who watched television with her most of the day. Jack recommended a Saturday program at the Children’s Museum and offered to call and see if they might be able to provide a scholarship for Amy. ☺

Where Do I Find Information on Implementing This Practice?

See the CSEFEL Web site (<http://www.vanderbilt.edu/csefel/>) for additional resources.

Boulware, G. L., Schwartz, I., & McBride, B. (1999). Addressing challenging behaviors at home: Working with families to find solutions. *Young Exceptional Children*, 3(1), 21-27.

Janney, R., & Snell, M. E. (2000). *Teachers’ guides to inclusive practices: Behavioral support*. Baltimore, MD: Paul H. Brookes. (Available at <http://www.brookespublishing.com>.)

Kaiser, B., & Raminsky, J. S. (1999). *Meeting the challenge. Effective strategies for challenging behaviours in early childhood environments*. Ottawa, Canada: Canadian Child Care Federation. (Available through NAEYC; see <http://www.naeyc.org>.)

Neilsen, S. L., Olive, M. L., Donovan, A., & McEvoy, M. (1998). Challenging behaviors in your classroom? Don’t react, teach instead. *Young Exceptional Children*, 2(1), 2-10.

What Is the Scientific Basis for This Practice?

For those wishing to learn more about the topic, the following resources provide additional information:

Blair, K. C., Umbreit, J., & Bos, C. S. (1999). Using functional assessment and children’s preferences to improve the behavior of young children with behavioral disorders. *Behavioral Disorders*, 24(2), 151-166.

Carr, E. G., Horner, R. H., Turnbull, A. P., Marquis, J. G., McLaughlin, D. M., McAttee, M. L., Smith, C. E., Ryan, K. A., Ruef, M. B., Doolabh, A., & Braddock, D. (1999). *Positive behavior support for people with developmental disabilities: A research synthesis*. Washington, DC: American Association on Mental Retardation.

Dunlap, G., & Fox, L. (1999). A demonstration of behavioral support for young children with autism. *Journal of Positive Behavior Interventions*, 1(2), 77-87.

Kamps, D. M., Ellis, C., Mancina, C., Wyble, J., & Greene, L. (1995). Case studies using functional analysis for young children with behavior risks. *Education and Treatment of Children*, 18(3), 243-260.

Kern, L., Ringdahl, J. E., Hilt, A., & Sterling-Turner, H. E. (2001). Linking self-management procedures to functional analysis results. *Behavioral Disorders*, 26(3), 214-226.