

# Positive Approaches to Challenging Behaviors

June 16, 2022

Stacie J. Lane, BCBA, MSW

Behavior Specialist, Money Follows the Person Center for Disabilities and Development University of Iowa 319-330-0598

stacie-lane-obrien@uiowa.edu

# **Positive Approaches to Challenging Behaviors**

#### **Table of Contents**

Course Outline	Section 1
Basic Supports	Section 2
Basic Supports	page 1-10
Positive Behavior Supports (PBS)	Section 3
Basic Supports Tools	Section 4
Sensory Integration Inventory	page 1-3
Action Planning Worksheet	page 4
Crisis Plan Form	page 5
Putting It All Together – 5 Questions	page 6
Positive Behavior Supports Tools	Section 5
<ul> <li>Functional Behavioral Assessment Interview Procedure</li> </ul>	page 1
Functional Behavior Assessment Interview Form	page 2-4
Behavior Rating Form	page 5
Daily Behavior Record Procedures	page 6
Daily Behavior Record	page 7
Procedures for Observable Behavior Worksheet	page 8
Observable Behavior Worksheet	page 9
A-B-C Function Procedures	page 10
A-B-C Worksheet	page 11
A-B-C Worksheet plus Behavior Support	page 12
Behavior Effect Form	page 13
Challenging Behavior Support Form (blank)	page 14
Challenging Behavior Support Form (completed)	page 15
<ul> <li>Setting Up a Structured Picture Schedule and Procedure</li> </ul>	page 16-17
Super Schedule Staples	page 18
Choice Assessment	page 19
Assessment of Effectiveness Form	page 20-22
Glossary	Section 6

# **Positive Approaches to Challenging Behaviors**

By Stacie J. Lane

#### Overview

- 1. Positive Behavioral Supports
- 2. Basic Supports Needed for Success
- 3. Behavioral Assessment
  - a. A-B-Cs of Behavior
  - b. Classes of Reinforcement
- 4. Hypothesized Function
- 5. Matching Supports with the Function
- 6. Preventing Challenging Behaviors by Enhancing Quality of Life

#### **Basic Supports Needed for Success**

#### History and Psychosocial Stressors

#### 1. Medical concerns

- Has the person had a physical to rule out any medical issue occurring?
- Review of psychotropic medications and their side effects.
- Does the person have any eating concerns?
- Is the person sleeping well?
- Does the person have any hearing or vision concerns?

#### 2. Diagnosis

- What is the person's diagnosis?
- Will this diagnosis affect the way staff should interact with the person?
- There are different things to consider when working with someone who has Autism vs. Oppositional Defiant Disorder vs. a Brain Injury.

#### 3. Past life events

- What strategies were used in the past with the person? Were they successful?
- Has the person been in institutional care?
- Does the person have a history of drug use?
- What type of restrictions have historically been put into place for the person?
- Does the person have a history of abuse? If so, how does that affect them today?

#### 4. Sensory Defensiveness

- Sensory integration can be defined as the ability of the central nervous system to organize and process input from different sensory channels to make an adaptive response. Hearing, vision and smell are all senses we can name. As we go through the business of daily living we are all bombarded with a variety of sensations. Some catch our attention and some do not. Of those that do catch our attention, there are some that we respond to and others we disregard. The ability to manage all of this input depends on a working sensory integrative system. If we manage well and the response helps us meet a need, then the response is adaptive. People who have developmental disabilities as a result of brain damage tend to have major problems handling the many sensations that other people without processing problems take for granted. They may become Sensory Defensive.
- Has a sensory inventory been completed for the person? (sensory inventory)
- Has a sensory diet been put into place? E.g., Wilbarger protocol (sensory brush)

#### **Basic Supports Needed for Success Continued:**

#### **Environmental Considerations**

- 1. Home Environment What type of environment does the person do well in?
  - Quite vs. a lot of stimulus?
  - A lot of space?
  - What type of roommates and how many?
  - Bright lights vs. dim lights?
  - What types of colors?
  - Etc.
- 2. Work/School Environment What is the environment like? Does it meet the person's needs as described above?
- 3. Staff Interactions How are staff interacting with the person?
  - What type of staff interactions does the person relate best to? E.g., Firm vs. soft approach, calm vs. loud approach, fun, low key, etc.
  - Does the person respond better to male or female staff?
  - Are staff reflective and honest about strengths and weaknesses in behavioral situations?
  - Do staff seeks to improve and are enthusiastic about trying new strategies?
  - Do staff work in partnership with the person supported?

# - The question is not what to do when Joe hits, but, what can be done to prevent Joe from wanting to hit in the first place?

- 4. Current Rights Restrictions
  - Are there restrictions in place that need to be removed?
  - Are there restrictions that need to be put into place to keep the person safe?
  - Routine and Schedules
- 5. Routine and Schedules (flow chart for creating a schedule)
  - Does the person need a structured routine?
  - Does the person need a specific schedule?
  - If so, what type of schedule? E.g., Written, verbal, pictures, etc.
  - How does the person use the schedule?

#### **Basic Supports Needed for Success Continued:**

#### **Triggers**

Triggers are events or situations that routinely precipitate challenges for the person.

They are problems that have yet to be solved for that person

Identify triggers can make problem behaviors highly predictable.

Eliminate triggers whenever possible. When not possible, work with the person to overcome and adapt to those triggers.

#### **Staff Training**

Are all staff trained on the person's supports prior to working with that person?

#### **Does the Behavior Need to Change?**

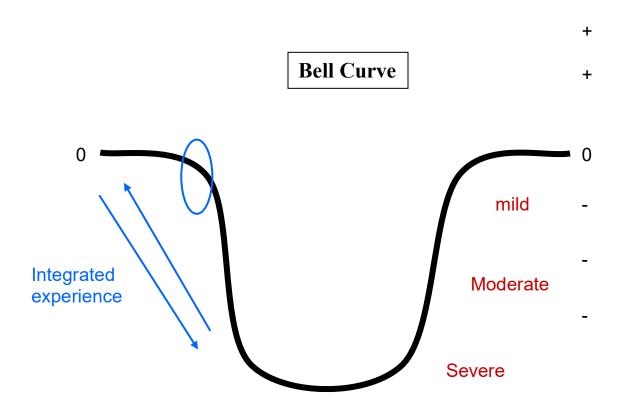
#### Is it a destructive behavior?

- 1. Is it dangerous to the person?
  - Consider the severity of the danger: Is there tissue damage? E.g., bruising, hair pulled out, bleeding, etc. If so, all staff will need training to keep everyone safe. If not, begin looking at basic supports.
- 2. Is it dangerous to others?
  - Consider the severity of the danger: Is there tissue damage? E.g., bruising, hair pulled out, bleeding, etc. If so, all staff will need training to keep everyone safe. If not, begin looking at basic supports.
- 3. Is there property destruction? What is the severity?
  - Is it damage to the person's own possessions? If so, can they afford to replace them? If not, can they live without them?
  - Is it damage of others possessions? Is so, can the person afford to replace it?
  - Is it damage to their structural environment? If so, is it severe enough for the person to possibly lose their housing?

#### Is it a problem behavior?

- 1. Is it preventing the person from advancing to more independent opportunities?
- 2. Is the behavior a disruption to the program?
- 3. Is the behavior jeopardizing the person's placement?

#### **Managing Crisis Situations**



During a crisis is not the time to look at teaching skills. You may inadvertently reinforce a negative behavior, but you are not going to be able to teach positive skills at this time.

- "0" is where we want people to be.
- A (-) is when the person is not going to be able to learn new skills. Staff need to support the person to bring them back up to a "0" to learn new skills.
- Too far (+) can also be dangerous for some people.
- How staff respond will determine if the person moves closer or farther away from the "0"
- Integrated experience The concept that behaviors and attitudes of staff impact behaviors and attitudes of individuals, and vice versa.
- Crisis Plan development is key to getting all staff working together and consistently. *(crisis plan)*

Managing Crisis Situations Cont.

## **Staff Responses**

- Don't take it personally!!!!!
- Be supportive and collaborative vs. authoritative
- "Acceptance is different than approval"

Knowing what to do in a crisis situation decreases staff fear and anxiety, injuries, and ultimately decreases staff turnover

#### **Teaching and Encouraging Desirable Behavior**

Additional skills you may need to teach the person to learn to manage their own behavior:

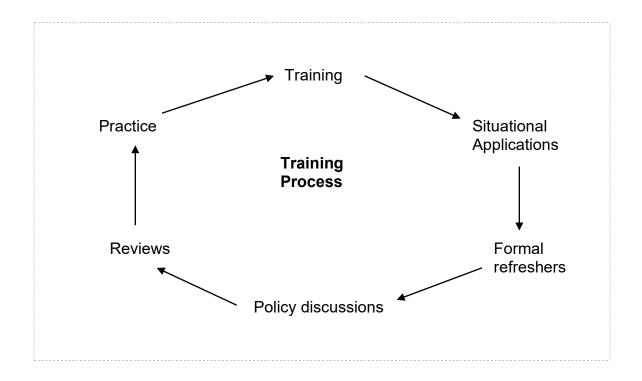
- Social Skills example would be using social stories
- Emotional Skills an example would be to use feeling words and/or pictures
- Decision Making Skills working on problem solving, helping the person to understand the outcomes of different choices, Dr. Greene's Collaborative Problem Solving approach
- Mental Adaptability an example could be structured routines and picture schedules.

# Preventing Challenging Behaviors by Enhancing Quality of Life

- Eliminating "Silly Rules" when possible. (Silly Rules))
- How do we know what a person's Hopes, Dreams, and Wishes are?
   By having a good relationship with the person and knowing that person well.
- How do we help that person realize their Hopes, Dreams, and Wishes?
   Let the person explore all of their hopes, dreams, and wishes. Not up to us to tell them know or stop them from trying something. Let them go as far as they can and figure it out.

Have fun and be creative with the person!

#### **Train the Trainer**



Training in Positive Behavioral Supports (PBS) is a process, not a one time event.

This is a starting point to lay the foundation for continued review and practice.

Train the Trainer continued.....

#### **Training**

#### **Explain**

- keep it short
- vary the format
- use examples
- use visual aids

Demonstrate - Show participants how each concept looks and feels. Role play and give specific examples of how presence, language, tone, volume, and cadence effect behavior.

Participate - Have participants role play and show that they understand the concepts and can use them as mentioned above.

Revisit Explanation - Repeat, Repeat!

#### Situational Applications

Address unique situations that occur by tailoring your approach within the framework of PBS.

- Teaching staff how to rationally detach
- Teaching staff the impact of the integrated experience
- Assuring all staff know consumer's triggers and behaviors or Threats a person might use to express frustration.

#### Refreshers

Schedule formal PBS refresher training sessions every 6-12 months.

#### **Policy Discussions**

- Review of agency policy in relation to the concepts being taught today using PBS.
- Change policies
  - if not in alignment with PBS
  - to use consistent language with PBS
- Review of policies with staff

Train the Trainer continued.....

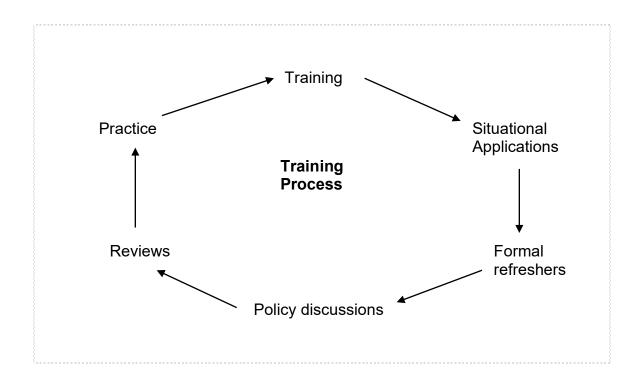
#### Reviews

- Review of PBS concepts at staff meetings
- Review and analysis of incident reports with staff
- Review of interventions being used and if they are affective. (Assessment of effectiveness)

#### Practice

- Role play how staff are using each specific intervention
- Demonstrate the use of schedules, sensory interventions, de-escalation techniques, and others.
- Role play presence, tone of voice, cadence, volume

#### AND BACK TO TRAINING . . . . . . .



#### **Positive Behavior Supports**

Traditional Discipline vs. Positive Behavior Supports (PBS)

Traditional Discipline Focus	Positive Behavior Supports Focus	
Topography of Problem Behavior	Cause of Problem Behavior	
Reducing Inappropriate Behavior	Increasing Appropriate Skills	
Eliminating Problem Behavior	Replacing Problem Behavior	
Punishing Problem Behavior	Reducing Reinforcement of Problem Behavior	
Promise of Rewards for NO Problem Behavior	Reinforcing Replacement Behavior	
Sees Problem Behavior as a Problem	Sees Destructive Behavior as  Communication	
Observer or Object of Offensive Acts	Investigator of Environmental Influences	
Documenter of Deviant and Destructive	Documenter of the Relationship	
Behaviors	between the Individual and Environment	
Job is one of	Job is one of	
Police Officer of Problem Behavior	Provider of Preferred Possibilities	

#### **Behavioral Assessment**

- In order to address a challenging behavior, we need to define what a behavior is.
  - Observable (We will know it when we see it)
  - Measurable (We can measure it so will can know if it is effected)
  - Inter-observer Agreement (We can agree that it happened when it occurs)

**Example:** Jeremy hits his head with his hand.

Non-example: Jeremy does self-injurious behavior.

#### A-B-Cs Antecedents/Behavior/Consequences

- It is important to know what happens before and after a behavior so we might know how the environment may be related to the behavior.
  - What happens before the behavior occurs (A or antecedent)?
  - What is the behavior (**B**)?
  - What happens after the behavior occurs (**C** or consequence)?

#### A-B-C example

- Antecedent- Dinner is announced by staff.
- Behavior- Jeremy tantrums.
- Consequence- Jeremy is coaxed to come to the table.

#### **Classes of Reinforcement**

Behaviors continue to occur for one of two reasons.

- To gain something that is desired.
  - (Positive reinforcement)
    - To gain attention.
    - To gain access to preferred items and activities.
    - Increase stimulation
- To avoid something that is aversive.
  - (Negative reinforcement)
    - To avoid attention.
    - To avoid/escape aversive items and activities (e.g., work).
    - Decrease Stimulation

	Positive	Negative
	Something is Added	Something is Removed
Reinforcement (Behavior Increases)	Preferred Stimuli Given	Aversive Stimuli Removed for Appropriate
Punishment (Behavior Decreases)	Aversive Stimuli Given for Inappropriate	Preferred Stimuli Removed for Inappropriate

Stimuli = Items or Activities (e.g., Toy, Bath, Money, Rap Music, Attention)

#### **Positive Negative**

- Time-out is a common consequence.
- What if negative reinforcement (avoidance) is desired and we use time-out?
- What if positive reinforcement (attention) is desired and we provide a lecture about how wrong the behavior is and then we have to go apologize etc.

#### **Hypostasized Function**

• If we look carefully at the environment in which the behavior occurs, we can understand what the behavior is communicating (Function).

Antecedent	<b>B</b> ehavior	<b>C</b> onsequence	<b>Fun</b> ction
			(Hypothesis)
Staff helped another	Knocked plant on carpet.	Had to help clean up	Positive Reinforcement
consumer.		mess.	(Attention)

Hypothesize a function based upon you're A-B-C data Indicate if you suspect a positive or negative function (Use Behavioral Effect Form) This informs the support you design

If you what the person is communicating with the problem behavior, select an alternative behavior that gets what the person wants.

## **Matching Assessment to Supports**

#### Functional Communication Training (FCT) Carr and Durand (1985)

- Identify the function of problem behavior
- Teach recognizable communicative response to produce a specific outcome
- Reinforcement for problem behavior is placed on extinction
- Communication replaces problem behavior because they serve the same function

### **Selecting Replacement Behavior**

- Topographies to consider.
  - Verbal (Would you please do that for me?) or (pa-paaa)
  - Visual cue (picture card)
  - Sign (ASL)
  - Assistive tech (microswitch)
  - Gesture

- To be effective the communication must:
  - Must match function
  - Must be efficient (easy to do)
  - Must be effective (result in reinforcement)
  - Problem behavior on extinction
- Must be efficient.
- Is it easier to bang head?
  - Do they know how?
  - Can they easily do it?
  - Is it dependable?
  - Is it understandable?
- Must be effective
  - Must result in desired reinforcement.
  - Must be immediate?
  - During teaching many opportunities may be needed.
  - Shaping
- Once target behavior and communicative response have been identified.
- Select teaching setting and instructor.
  - Relevant settings
  - Relevant individuals
- Contrived or naturalistic teaching.
- First Mastery then Generalization!

# **Sensory Integration Inventory**

Tactile: the individual's use of and reactions to the sense of touch

Directions: Mark each category with one of th	e following
$\underline{\underline{\mathbf{N}}}$ if never has the behavior,	
O if the behavior happens occasionally and	
$\underline{\mathbf{F}}$ if the behavior occurs frequently.	
<b>Dressing Issues</b>	Social Behaviors
Resistance to layers of clothing	Looks fearful, angry or uncomfortable
Pushes up pant legs, sleeves or shirts	when touched or approached
Strips off clothing	Withdraws or hits when <b>peers</b>
Refuses to undress	reach toward them or are nearby
Frequently adjusts clothing as if it	Withdraws or hits when staff reach
binds or is uncomfortable	toward them or are nearby
Wraps self in clothing or bedding	Rubs spot after being touched
Insists on having something wrapped	Exhibits clingy behavior
around finger, wrist or arm	Tries to handle or touch everything
Avoids or irritated by certain	or everyone
materials or textures	Avoids hand contact with objects
Indicates distress when barefoot	or people
Insists on being barefoot	
Other Activities of Daily Living	Personal Space
Spits or rejects certain food textures	Insists on large personal space
Resists grooming (circle which ones)	Seeks small spaces to calm or
a. washing face e. tooth brushing	comfort themselves.
b. combing hair f. nail trimming	Prefers to be in a corner, under a
c. cutting hair g. bathing	table or behind furniture.
d. washing hair h. shaving	
<b>Self Stimulatory Behaviors</b>	Self-Injurious Behaviors
Persistent hand mouth activity	Scratches
Mouths objects or clothing	Pinches
Rubs or plays with spit	Rubs
Persistently has hand in pants or pocket	Hits or slaps
Sits on hands or feet	Pulls Hair
Pushes or rubs body against objects,	Bites hand, wrist or arm
walls or people	
Insists on holding an object in hand	
Rubs finger(s) against hand or other fingers	

# **Proprioception:** the unconscious perception of movement and spatial orientation

Directions: Mark each category with one of the following

<ul> <li>N if never has the behavior,</li> <li>O if the behavior happens occasionally and</li> <li>F if the behavior occurs frequently.</li> </ul>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Motor Skills  Is clumsy or awkward in movement Does not position self in middle of Furniture or equipment Is awkward when getting on or off furniture or equipment Is physically rough with people and objects Pinches when attempting to grip Touches or holds objects lightly Does not shape hand to hold objects or Looks at hand to reach accurately or	General Reactions  Difficulty with transitions between activities, places or people Unpredictable emotional outbursts Slow to recover or hard to calm when upset Does not respond to pain, touch, sound, smell or light Makes repetitious "vocal" sounds Distractible, short attention to tasks Hypersensitive to touch, sound, smell or light Delayed response to social communications, light, smell or Difficulty orienting to others or new activity
Self Stimulatory Behaviors	Self-Injurious Behaviors
Flaps hands, claps, jumps, hops, stamps to an unusual degreeWalks on ToesPulls against objects clenched in teethPresses or bands heels or wristsClimbs in inappropriate placesPushes or leans heavily against people orFurnitureGrinds/clenches teethBites objects/other	Butts head or body against stationary objects Bands head Slaps/hits self Bites hands/writs/arms
Muscle ToneLacks defined body contoursTires easilyPassive unless encouraged to assist in movementDemonstrates a weak gripSpeech is slurred or mumbled	

# Vestibular System: detects motion and generates reflexes that affect eye movements, posture and balance

Directions: Mark each category with one of the following

N if never has the behavior, O if the behavior happens occasionally and F if the behavior occurs frequently.	
Muscle Tone Needs assistance when moving from sitting, lying, or standing Uses arms to assist self when moving from sitting, lying, or standing Props head or leans when sitting or standing Collapses onto furniture	Bilateral Coordination Uses mainly one hand at a time Avoids reaching from side to side Timing uneven in when using both hands or feet
<b>Self Stimulatory Behaviors</b>	<b>Emotional Expression</b>
Rocks body	Displays insecurity in open high spaces (looking over railings, or in glass elevators)
Wags head	Tenses or becomes irritable when
Rotates or twirls body Waives or flicks fingers near eyes	moved
Paces	Becomes upset at changes in room arrangements
Walks with a bouncing gait	Looks anxious when moving
Has spurts of running	from place to place
Equilibrium Responses	Spatial Perception
Loses balance easily	Bumps into objects
Falls or trips often	Has difficulty going through doorways
Holds onto staff, railing, wall	_Exhibits hesitancy on stairs or ramps
Persistently sits on floor	Descends or ascends stairs or ramps
Has slow or no response to protect self	without alternating feet
<b>Posture and Movement</b>	
Displays S curve posture	
Holds arm flexed, away from body or turned	into body
Shuffles feet when walking	
Uses wide based placement of feet to stand	
Swings shoulders side to side while walking	
Holds head and neck in stiff positions	
Resists being moved by others Avoids or needs assistance to reach things at	haights above their head
Avoids of needs assistance to reach things at Avoids activities that require lots of moveme	
11. Stab activities that require 10th of moveme	

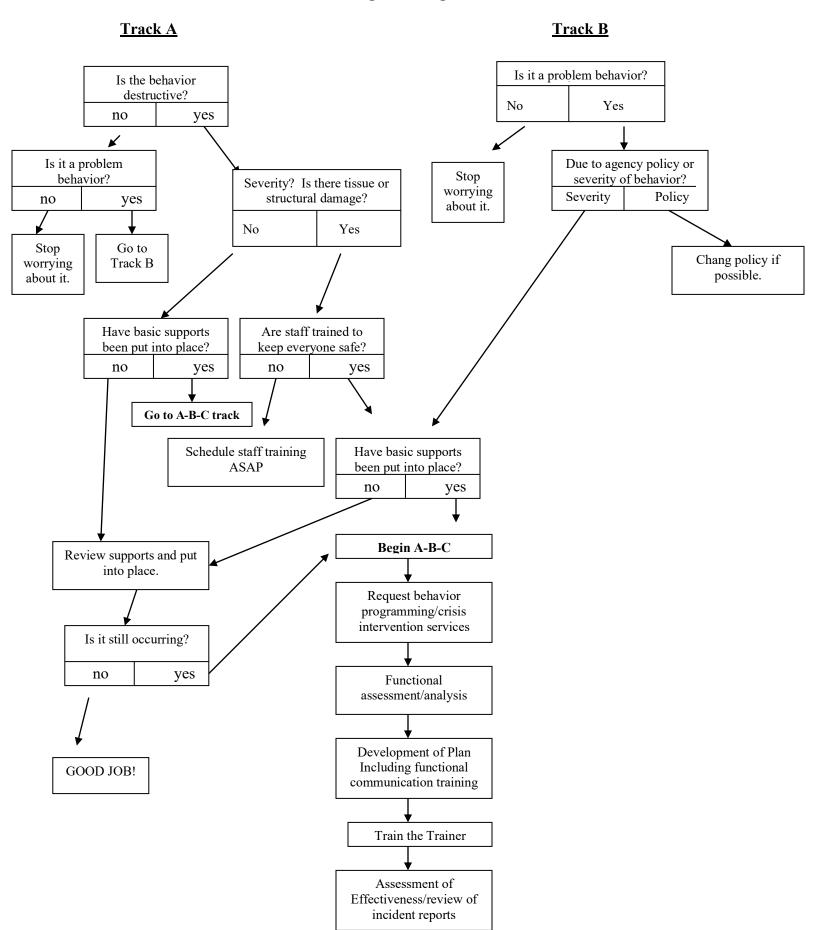
Action Planning			
What needs to be done?	When will it be done? (Timelines)	Who will do it?	

# Crisis Plan

	Strategies for helping if the situation escalates while at home.			
•	<ul> <li>Ignoring the behavior and not the person:</li> <li>During any of these scenarios, only one person at a time will be interacting with         If staff need to switch, they can. If</li></ul>			
If	:	Staff will:		
If	<u>:</u>	Staff will:		
If	:	Staff will:		

Staff will:

If\_



# Functional Behavioral Assessment Interview Procedures

- **1.** This form is designed to gather descriptive data that would help inform assessment and support provision.
- **2.** This form should be completed by individuals that have contact with the person, including the individual receiving support.
- **3.** Feel free to answer "**not observed**" or "**not applicable**" when appropriate.
- **4.** Use information to increase availability of preferred items and activities.
- **5.** Use information to increase functional communication.
- **6.** Use information to increase exposure to novel experiences.
- **7.** Evaluate results across forms for patterns in situations that may warrant further assessment or support (e.g., 4 out of 5 respondents indicated that problem behavior is related to difficult demands when no attention is available).
- **8.** Consider using the "Behavior Rating Form" and the "Daily Behavior Record" to obtain additional information.
- **9.** For assistance in interpreting the results of this form (e.g., identifying potential function of challenging behavior, functional communication training) contact John F. Lee at Iowa.ABA@gmail.com

## **Functional Behavioral Assessment Interview Form**

	Information Pro			
Interviewer	Interv	new method		
	nown the person? ow much time did you			
What are the person'	's favorite things to do			
How often does she/l	ne get to engage in th			
Who are some of her	/his best friends?			
How often does she/I	he get to see these fri	ends?		
Name some individua	al strengths			
	she/he currently do th			
What activities might	be an opportunity for	those strengths? _		
What forms of comm	unication does she/he	use?		
Is special effort or tra	aining required by the		nmunication?	
Does she/he have a	universally understand	able (UU) or an idi	osyncratic signal (IS	) to
communicate the foll	owing:			
Example: Yes. (UU) r	nods head or says "yes	<u>s"</u> or <u>(IS) high pitch</u>	ed squeak and hop	
Yes				
No				
	nunication modes does			
written words, pictur	e cues, body language	e, visual schedule) _		

Does she/he exhibit any disruptive behaviors? (e.g. screaming/task refusal) List behaviors
Does she/he exhibit any destructive behaviors? (e.g., aggression, self-injury, or proper destruction) List behaviors
Are medications taken that effect behavior? How?
Are there sleeping or eating issues that effect behavior?
Are there other medical or physical problems that effect behavior (e.g. allergies/acid reflux/constipation)?
During which activities does she/he have many problem behaviors?
During which activities does she/he have few or no problem behaviors?
Does she/he show any behaviors that signal a problem behavior is likely to occur? (e.g loud humming, foot tapping, pacing)
Does she/he have verbal communication that provides a warning problem behavior ma soon occur?
How would she/he react to the following situations?
Left alone with no preferred items for 15 minutes?
Left alone with preferred activities?
With attention from a non-preferred person?
The person is required to complete an easy and preferred task?
During which activities does she/he have many problem behaviors?

The person is required to complete an easy but non-preferred task?
The person is required to complete a difficult task?
Would it make a difference in any of the above demand situations if attention/assistance is not available?
A preferred activity has to be discontinued to transition to a less preferred activity?
A preferred item or activity is unavailable?
A preferred person is unavailable?
A setting which contains intense sensory stimulation (e.g., mall, fire drill, class hallways)?
List one event that is almost guaranteed to produce severe problem behavior
List one event that is almost guaranteed to reduce severe problem behavior
Does she/he use a schedule? What type?
Is the schedule predictable on a daily basis?
Is a timer used for scheduled activities?
How many items are typically on the schedule?
Does the schedule include access to preferred activities?
Does the schedule include Free Time or Choice Time?
What would the perfect setting look like for her/him?
What is something you think others should know about her/him?

# **Behavior Rating Form**

Date	Name	Reporter	Setting
1 = Major beh 2 = Minor beh	forms this activity avior problems occur of avior problems occur or problems occur dur	during this activity	
Playing	with toys appropriately	У	Going to restaurant
Playing/	interacting with staff		Going to church
Playing/	interacting with sibling	gs/family members	Going shopping
Playing/	interacting cooperative	ely with peers	Going to someone's home
Picking	up toys/items		Riding in car/bus
Getting of	dressed		Asks for items appropriately
Getting \	undressed		Asks for help appropriately
Brushing	g teeth		Entertains self when alone
Washing	g hands		Other:
Taking b	oath		Other:
Using to	ilet		
Mealtim	es		
Going to	bed		
Staying	in bed		
Arriving	at work/school		
Leaving	work/school		
Changin	g activities at work/scl	hool	
Working	g one on one with adult	t	
Working	g in small group with a	dult	

# **Daily Behavior Record Procedures**

- 1. This is designed to be used over the course of 1 week to determine if patterns of challenging behavior emerge.
- 2. This tool can also be used to identify times and activities that are not associated with challenging behavior.
- 3. This tool can be used over longer periods of time or with specific care providers over a limited time.
- 4. Records should be kept each day for one week. Try to keep all interactions and environments as typical as possible for best assessment results.
- 5. "How often?" is an optional code if you want to note the frequency of a behavior.
- 6. "Activity involved" relates to an antecedent (e.g. asked him to get dressed, staff member busy filling out paperwork)
- 7. "Problem behaviors" should be noted as observable (e.g. throwing toy, biting hand. See the "Observable Behavior Worksheet" for further information.
- 8. "What did you do about the behavior?" relates to the consequence after the behavior (e.g. time-out, social story)
- 9. If the observed individual has a communication system, use the sheet that has "What communication occurred?" and note the communication and an A, B, or C to note if the communication occurred during the antecedent (A), with the behavior (B), or after the behavior (C).
- 10. After the week note patterns related to problem behavior (e.g. always between 8-9:30 a.m., whenever asked to turn TV off, usually after asking for Sam)
- 11. Try to identify possible functions of problem behavior related to the A-B-C contexts.
- 12. Design intervention based upon data to prevent challenging behavior.
- 13. Record for more time or repeat when problem behavior reemerges.

# **Daily Behavior Record**

Name	Date	e	Recorder	

Time of Day	How often?	What activity was involved	What problem behavior occurred?	What communication occurred?	What did you do about the behavior?
Morning			occurred.	occurred.	behavior.
5:00-5:30 am					
5:30-6:00 am					
6:00-6:30 am					
6:30-7:00 am					
7:00-7:30 am					
7:30-8:00 am					
8:00-8:30 am					
8:30-9:00 am					
9:00-9:30 am					
9:30-10:00 am					
10:00-10:30 am					
10:30-11:00 am					
11:00:11:30 am					
11:30-12:00 pm					
Afternoon					
12:00-12:30 pm					
12:30-1:00 pm					
1:00-1:30 pm					
1:30-2:00 pm					
2:00-2:30 pm					
2:30-3:00 pm					
3:00-3:30 pm					
3:30-4:00 pm					
4:00-4:30 pm					
4:30-5:00 pm					
5:00-5:30 pm					
5:30-6:00 pm					
Evening Evening					
6:00-6:30 pm					
6:30-7:00 pm					
7:00-7:30 pm					
7:30-8:00 pm					
8:00-8:30 pm					
8:30-9:00 pm					
9:00-9:30 pm					
9:30-10:00 pm					
10:00-10:30 pm					
10:30-11:00 pm					

#### This record will help us understand the times and situations related to problem behavior. Here is a sample entry:

Time of Day	How often?	What activity was involved	What problem behavior occurred?	What communication occurred?	What did you do about the behavior?
3:30-4:00 pm		Picking up toys	Refused to pick up, screamed, bit hand		Gave up, picked up toys myself

#### **Procedures for Observable Behavior Worksheet**

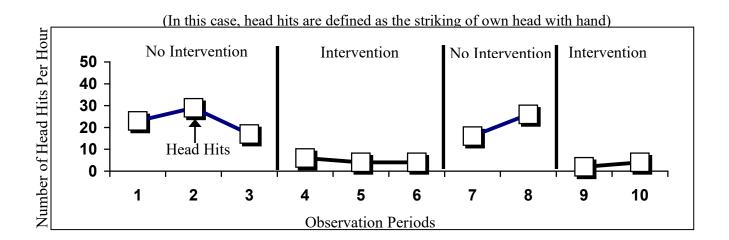
This worksheet is designed to help an individual to identify a behavior that can be targeted for a behavioral intervention.

A behavior that is the target for intervention must be observable and measurable.

Use the form below to practice identifying behaviors that are observable and measurable.

The behavior must be observable and measurable so we can compare pre-intervention levels of the behavior to post intervention levels of the behavior to know if the intervention made a difference in the target behavior (see example below).

Once the behavior has been behaviorally defined you can enter the target behavior into the Functional Behavior Support Form.



# **Observable Behavior Worksheet**

When a challenging behavior occurs it often evokes an emotional response. However, if a behavior is going to be addressed with a behavior support, you first need to describe it in a way that someone else can observe, measure, and agree that the behavior has occurred.

In the exercise below, check yes or no by each sentence if the behavior meets the criteria of an observable and measurable behavior.

1.	Yes	No —	Jamie acts immature.
2.			Sam bites his fingernails.
3.			Fred displays threatening behavior.
4.			Sean snaps his fingers
5.			Jerry wants his cards.
6.			Diane grunts.
7.			Jeremy yells much louder than people talk.
8.			Lisa listens carefully.
9.			Jim does not like light
10.			Jim shuts light switches off.
11.			Kate is disrespectful
12.			Kate yells "NO" when asked to check her schedule
13.			Jake loves attention.
14.			Jake says "Hello" to everyone he sees.
			below, follow the last few examples of describing a behavior emotionally and then in did measurable terms.
15.			
16.			
18.			

#### **A-B-C Function Procedures**

- Use this tool to document the context surrounding an occurrence of challenging behavior.
- These occurrences can, and should, be documented soon after an incident involving destructive behavior as possible.
- Have all individuals that witnessed the occurrence independently document the context.
- Data can also be taken from incident report record review(s).
- Antecedent information might include:
  - o staff member occupied with another person
  - o Video game batteries ran out
  - Asked to brush teeth

#### Behavior information might include

- Banging hand on table
- o Threw iPod
- Hit staff with fist

#### Consequence information might include

- Staff reminded individual of consequences if the pounding continued
- o Staff directed individual to pick up iPod before new batteries would be provided
- Staff directed individual to time-out area (Sam's bedroom)

#### Function information might include

 Your best guess as to what the person exhibiting the challenging behavior may have wanted to get out of the situation. (e.g. to get out of brushing his teeth)

Additional points to consider regarding "Function"

- 1. The function is likely to be predicted by the antecedent (e.g. when presented with a division math problem).
- 2. The person may or may not have gotten what you think they wanted. The function is maintained by the consequence; however, the consequence that maintains a behavior may not always follow the behavior (e.g. casting a fishing line, pulling a slot machine handle).

# **A-B-C Worksheet**

Name	Staf	f	Date	e

	Antecedent	<b>B</b> ehavior	Consequence	<b>Fun</b> ction
Situation 1				
Situation 1				
Example Only in the AM dose, always takes in afternoon!	Time to take his meds.	Hit staff, knocked pills and water on floor.	Crushed meds put in oatmeal.	Avoided swallowing pills. (Negative Reinforcement)

Name	Staff _		[	Date	
	Antecedent	<b>B</b> ehav	ior	Consequence	<b>Fun</b> ction (Hypothesis)
Situation (Context)					
Example Can NEVER loave alone for a coopel!	Staff helped another consumer.	Knocked plant o	on carpet.	Had to help clean up mess.	Positive Reinforcement (Attention)
		Behavioi	r Support		
Supportable state	ment:		• •		
Prevention (Ante	cedent)		Problem	Response (Consequence)	
To increase			To reduce	ee	
we will			we will		
Positive support for the identified situation will include:					
Example Behavior Support					
Supportable state	ment: Joe may use property des	struction (e.g. knockin	g over plant	t) to gain access to attention.	
Prevention (Antecedent) Teach pressing microswitch.  Response (Consequence) Lower quality/amount of attention					lity/amount of attention
	e quality attention for using swite				
Positive support for the identified situation will include: Providing a microswitch with staff picture and a message saying "Please talk with me" when staff are not present. Respond with quality attention when switch is used. Provide little or neutral attention for property destruction. Provide frequent reminders that attention will be given if the switch is used. Provide praise "Thanks for telling me you want to talk!" when switched is used.					

Behavior Effect Form	Positive +	Negative -	
Positive/Negative Reinforcement/Punishment	Something is Added	Something is Removed	
Reinforcement	Preferred Activity Added:	Disliked Activity Removed:	
Behavior <b>f</b> Increased	Behavior Increased:	Behavior Increased:	
Punishment	Disliked Activity Added:	Preferred Activity Removed:	
Behavior ↓ Decreased ▼	Behavior Decreased:	Behavior Decreased:	

# **Challenging Behavior Support Form**

Challenging behavior
Typical A-B-C of challenging behavior
Potential reinforcement that maintains challenging behavior
Hypothesized function of challenging behavior
Replacement behavior
Reinforcement for replacement behavior that will serve the same function
Teaching program for replacement behavior
New response to challenging behavior

## **Challenging Behavior Support Form**

## **Challenging behavior**

Hand biting

## **Typical A-B-C of challenging behavior**

DSP busy with another person/Hand biting/Staff reminders not to bite & inspects hand

## Potential reinforcement that maintains challenging behavior

Positive reinforcement in the form of gaining attention

## Hypothesized function of challenging behavior

Joseph bites his hand to get attention

## **Replacement behavior**

Pressing voice switch that says "I need you"

## Reinforcement for replacement behavior that will serve the same function

DSP will enthusiastically praise Joseph for telling them he needs them and spend a minute or two attending to Joseph.

## **Teaching program for replacement behavior**

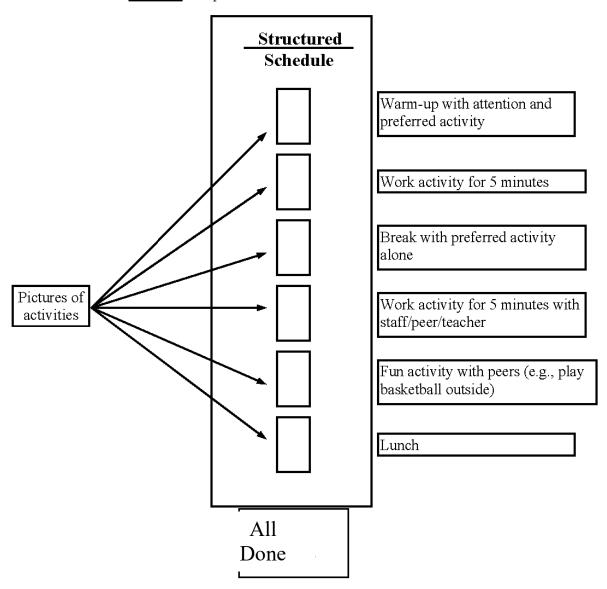
DSP will tell Joseph that they will be doing an activity (e.g. reading a book) and if he wants them he should use the switch and they will come over. Model switch use as needed initially, generalize to others after Joseph masters switch use with DSP.

## **New response to challenging behavior**

Hand biting will be ignored or neutrally blocked. Any attention will be minimal and restricted to a reminder to use the switch if Joseph wants attention.

### Setting up a Structured Picture Schedule

This schedule is a proactive approach to behavior management. Below is an **example** of a picture schedule:



### **MATERIALS NEEDED:**

- 1. Pairs of pictures of activities (one for the schedule and the other to be placed next to the activity)
- 2. An "all done" box/envelope where \_\_\_\_ can put the pictures of activities when completed.
- A timer
- 4. A pair of transition cards (e.g., picture of the schedule, laminated piece of colored construction paper).

#### PROCEDURE:

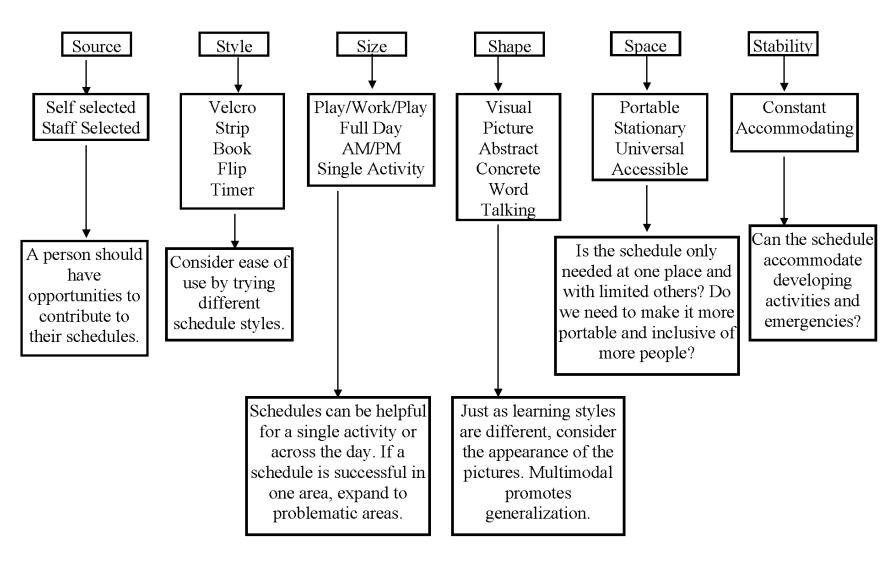
- 1. Identify a specific time of day to practice using the picture schedule. This should not be the most problematic time of the day because it may be more difficult for learning to occur at that time. Choose a time that is easy to remember (e.g., 1 hour before lunch).
- 2. Identify at least 4 different activities to schedule during the 1-hour practice session. These activities should be both play and work tasks. The activity list should include some activities that are done alone (e.g., playing Nintendo) and other activities that are done with others (e.g., playing basketball or cards). Activities that include adults should be scheduled after the activities that the individual does alone. By scheduling the activities in this way, the individual receives adult attention only after playing alone for a brief period of time.
- 3. Choose preferred activities with the help of the individual, it is helpful to for the person to be involved throughout. These activities can then be used as rewards during the scheduled practice session. Set up the schedule using pictures of work and play activities. We recommend using Polaroid pictures for the picture schedule. Each picture on the schedule should have a matching picture. The second picture should be placed next to the activity.
- 4. Choose a specific place to create the schedule. A left to right or top to bottom format is best.
- 5. Choose a specific cue or transition card to signal that it is time for the person to check the schedule. It might help if this cue is different from the pictures on the schedule (e.g., a laminated square of colored construction paper).
- 6. Ask the person to place the transition card in the "done" box and pick up the first picture on the schedule. Ask him/her to take the picture to the activity and begin the activity. These activities should be different with respect to time and quantity. That is the tasks should last different lengths of time and include different amounts of work or play. A timer can be used when possible.
- 7. When the individual is finished with one activity, he/she should follow the same steps (described in #6) to start the next activity.
- 8. If the person displays problematic behavior during a transition or during an activity, minimize all attention provided for the behavior and redirect the individual to finish the activity or return to the schedule.
- 9. It is important to schedule highly preferred activities immediately after less preferred activities. At first, it may be necessary to provide the individual with more frequent access to preferred activities and to make "play alone" times short (e.g., 5 minutes).
- 10. This schedule can be modified to include different work and break activities during the individual's day.

#### General Information on the TEACCH Program

- The TEACCH program organizes the individual's physical environment, develops picture schedules (see above) and work systems, makes expectations and directions clear and explicit, and uses visual materials. To obtain more information on the TEACCH program, consult your local Area Education Agency or obtain information from the TEACCH website at The University of North Carolina at <a href="http://www.teacch.com">http://www.teacch.com</a>.
- A goal for using the program with an individual is to incorporate more visual aids (e.g., Polaroid pictures of the person engaging in activities and/or written words) in the individual's daily schedule at school and at home. The goal is for these visual cues to provide additional structure and organization in order to help the individual understand what is expected of him/her.

## Super Schedule Staples

## Shape up your schedule



## **Choice Assessment**

A choice assessment is a quick and easy way to determine what items or options an individual will choose to engage. This helps an individual understand the available options and provides them with a degree of investment in the outcome. It also provides a measure of relative preference (e.g. "I don't like any vegetables but I really hate broccoli. So I'll choose peas.").

### **Steps:**

- 1. Select the available options or items ahead of time. Examples would be: "Do you want to read with me or play by yourself?" "Do you want to pick up your toys or do these worksheets?" "Now that we are done with music do you want to write or do math before we take a break?"
- 2. Try to set it up the same way every time. "Juan, come here I have a choice for you. Do you want to do ... or ...?" or "Let's go check the choice board."
- 3. Be ready to address emergent situations. Child wants to add an alternative to your choices. You can (a) indicate that their alternative is not a choice now but may be at a later time, or (b) incorporate their option (e.g. "Sure we can read but you will also need to do some writing or math first."
- 4. Mention before, during, and after the choice activity what is going to occur once the activities are completed (i.e. dinner, play break, bed, etc).

### **Some suggestions:**

- a) A person's preferences change over time. On occasion offer more varied options to see something you did not expect emerges as a preferred item or activity.
- b) You can bias a person's choice by adding something extra to one choice (e.g. "Do you want to draw by yourself or count the toys with me).
- c) You can use choice in structured schedule building. "Ok we have these four work tasks and these fives short play breaks, what would you like to do first? What do you want to do next?"
- d) For escape motivated individuals you can structure the choices so they get out of more than they have to do. "Pick two of these 5 tasks and if you do well on them we won't do the others today."
- e) You can build up to less preferred choice making after you have established a desire to do the choice making process using more preferred choice items and activities. However, it is a good idea to expose an individual to some of the undesirable alternatives on occasion so they understand those items may be involved in future choices.
- f) This handout is designed to provide suggestions and recommendations to help individualize a choice assessment to your needs and to make it possible to extend the applications of the choice assessment to other situations that may benefit from a choice component.

contribution

## **Assessment of Effectiveness**

The purpose of this instrument is to assess the extent to which the elements of the support plan fit the environment you are working in. You are asked to rate (a) your knowledge of the elements of the plan, (b) your perception of the extent to which the elements of the support plan are consistent with your personal values, and skills, and (c) your (or your organization's) ability to support implementation of the plan.

Supported person		_ Date:	Your Na	ame:			
Your Relationship:			Your Role in the Creation of the Plan:				
Please provide your perceptions of the specific elements of the support plan. Thank you for your and assistance.							
Knowled	Knowledge of elements in the Support plan  1. I am aware of the elements of this support plan						
1. I am aware of the elements of this support plan							
Strongly	Moderately	Barely	Barely	5 Moderately Agree	Strongly		
2. I know	w what I am ex	pected to do to	implement t	his support plan			
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
Skills nee	eded to implen	nent the Supp	ort plan				
3. I have	the skills need	led to impleme	ent this suppo	rt plan			
Strongly	Moderately	Barely	Barely	5 Moderately Agree	Strongly		
4. I have	received all tra	aining that I no	eed to be able	to implement th	is support plan		
No tra	nining needed _		4	5	6		
Strongly Disagree	Moderately Disagree	Barely Disagree	Barely Agree	Moderately Agree	Strongly Agree		
Values ar	re consistent w	ith elements	of the suppor	t plan			
5. I am c	comfortable imp	plementing the	e elements of	this support plan			
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		

6. The elements of this support plan are consistent with the way I believe people should be treated							
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
Resources	available to in	nplement the p	<u>olan</u>				
7. I have (	or my school/o	rganization pro	ovides faculty/s	staff) the time n	needed to implement this support plan		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
8. I have (support	•	rganization pro	ovides) the fun	ding, materials,	and space needed to implement this		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
<b>Support</b>							
9. I have (plan	or the school/o	rganization pro	vides) the sup	port needed for	effective implementation of this support		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
	the organizati ort plans	on's manageme	ent is) commit	ted to investing	in effective design and implementation		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
Effectivene	ess of Support	<u>plan</u>					
11. I believe	e the support p	lan will be (or i	s being) effect	tive in decreasii	ng challenging behaviors		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
12. support plan will help prevent future occurrences of problem behaviors for this person							
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		

1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
Support pla	an is in the be	st interest of t	he child/perso	<u>on</u>			
14. I believe	e this support p	olan is in the be	st interest of the	his person			
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
15. This sup	pport plan is lik	cely to assist the	is person to be	more successf	ul at home and in the community		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
16. The inte	ended outcome	s of this suppor	t plan will res	ult in a better q	uality of life for this person		
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
The Suppo	The Support plan is efficient to implement						
17. Implementing this support plan will not be stressful							
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
18. The amount of time, money and energy needed to implement this support plan is reasonable							
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		
19. One additional specific question or concern that needs consensus is							
1 Strongly Disagree	2 Moderately Disagree	3 Barely Disagree	4 Barely Agree	5 Moderately Agree	6 Strongly Agree		

13. I believe the support plan will teach critical and important skills to this person

## **Glossary of Terms**

#### **ABCs of Behavior**

An easy method for remembering the order of behavioral components: Antecedent, Behavior, Consequence.

## **Active Support**

Providing assistance to individuals with intellectual or developmental disabilities, or brain injuries, to ensure they are engaged and actively participate in their own support. Active support may include helping an individual learn to communicate needs using socially appropriate behavior. The process of active support includes activity planning, support planning and training.

#### **Active Treatment**

Providing support and services to individuals with intellectual or developmental disabilities, or brain injuries, to ensure they are engaged and actively participate in their own support. The process of active support includes activity planning, support planning and training, and requires individuals to meet specific goals within a specific time period.

#### Antecedent

Events that occur before the behavior. Antecedents may or may not influence a behavior. When behavioral responses to antecedents are linked to desired consequences, these antecedents can serve as a signal to the person to engage in certain types of behavior (called discriminative antecedents). Once this relationship is learned, the person may continue to engage in the behavior following the antecedent, even if the behavior is no longer reinforced.

#### Aversive

Unpleasant or disliked. For example, a person does not like or will avoid an aversive situation, task or punishment.

#### **Baseline**

A beginning measure against which progress can be compared

#### **Behavior**

Something someone does that is both measurable and observable. Something is measurable when you can count it or express it in numbers. It is observable when you can see it, hear it, or otherwise use your senses to monitor when it happens.

## **Behavior Support Plans**

Plans developed to let support people (staff, family, friends and others) know how best to identify, track, prevent, and respond to an individual's challenging behaviors. These plans should have an emphasis on teaching new more appropriate skills for communicating needs. These may also known as behavior management plans, or behavior intervention plans, however, the term support is meaningful and may be evidence that the plan has an emphasis on positive behavior support as opposed to simply "managing" behaviors.

## **Challenging Behavior**

Behavior that is harmful to self or others, is consistently or extremely disruptive, results in serious or repeated property destruction or consistently interferes with the achievement of personal goals. Sometimes called: problem behaviors, undesired behaviors, or socially inappropriate behaviors.

#### Coercive/Coercion/Coerce

Lure, trick, or manipulate someone to do something. An action or decision that is forced and not made freely.

## Consequence

Something that happens after the behavior, as a result of the behavior, that influences the likelihood that the behavior will happen again in the future. Consequences can be things that occur naturally, or things that are planned and provided by DSPs or others to enhance or decrease the likelihood of future behavior. Also see Reinforcer and Punisher.

## **Consequence Management**

Using consequences to change behavior. Ensuring that desired behaviors are reinforced and challenging behaviors are not reinforced, or when appropriate, are punished.

## **Contingent/Contingency**

In behavior support, contingent means that a behavior must be displayed before a consequence will be delivered. The delivery of consequence is dependent on the display of the behavior. Contingencies are consequences that are a planned or natural result of engaging in a behavior. Natural contingencies, are those that happen directly as a result of the behavior and do not rely on other people to deliver them or are commonly delivered by others in that situation.

#### **Deprivation**

Deprivation means to be without something that is either necessary or preferred.

### **Dialectical Behavior Therapy (DBT)**

A therapeutic methodology for treating individuals with multiple personality disorder. DBT combines standard cognitive-behavioral techniques for emotional regulation and reality-testing with concepts of mindful awareness, distress tolerance and acceptance.

#### **Duration**

How long something lasts.

#### **Extinction**

No longer reinforcing a behavior that was previously reinforced, with the expected result of reducing the occurrence of the behavior. Usually extinction is thought of something that happens as part of a plan to reduce challenging behaviors, but extinction can apply to desired behaviors, if there is not enough reinforcement for the behavior over time.

### **Frequency**

The number of times something happens. A characteristic of a positive social relationship would include reasonably high frequency: seeing or interacting with each other often enough to establish a real relationship.

#### Function

The purpose something serves. What is does. In applied behavior analysis, the two basic functions of challenging behaviors are considered to be 1) to obtain something desirable; and 2) to avoid something that is undesirable.

#### **Functional Assessment**

Methods and strategies used in the person's daily environment that help us understand the antecedent(s) that predict challenging behaviors and the consequences that maintain challenging behaviors. Using a definition of the behavior that is observable and measurable, functional assessment seeks to discover the function the behavior serves (that is, what the person obtains or avoids) by looking at: 1) When, where, and with whom behaviors are most and least likely to occur; and 2) What consequences maintain these behaviors. The results of a functional assessment are used to develop a hypothesis statement, which in turn is used to develop a behavior support plan. The hypothesis statement can be further tested through functional analysis if needed.

#### Generalization

Being able to apply a skill or knowledge to a variety of different situations.

### **Hypothesis**

A theory that explains a set of facts and that can be further tested. A hypothesis statement regarding challenging behaviors is a summary statement that defines the problem behavior(s) and identifies: the events that reliably predict the occurrence and nonoccurrence of the behavior; the consequences that maintain the problem behavior; and the function of the behavior. A hypothesis statement would be the outcome of formal functional assessment procedures. While not every hypothesis statement needs to be developed through a formal functional assessment process, all behavior support plans should contain a well-thought-out hypothesis statement.

## **Integrated Experience**

The concept that behaviors and attitudes of staff impact behaviors and attitudes of individuals, and vice versa.

#### **Intensity**

The strength or force of something.

#### Maintenance

Being able to perform a skill or task, over time, without additional teaching.

#### Negative

In the context of understanding the consequences to behavior (reinforcement and punishment), negative means removing something from the environment and can apply to both the types of consequences. In common language, it means something bad or undesirable. Be careful not to confuse the two definitions.

#### **Negative Reinforcement**

Taking something out the environment that makes it more likely that a behavior will occur, such as turning off the radio when someone asks.

#### **Positive**

In the context of understanding the consequences to behavior (reinforcement and punishment), positive means adding something to the environment and can apply to both the types of consequences. In common language, it means something good or desirable. Be careful not to confuse the two definitions.

#### **Positive Reinforcement**

Adding something to the environment that makes it more likely that a behavior will occur, such as telling someone they did a good job.

## **Positive Behavioral Supports**

The use of ongoing methods of support that prevent or diminish the use of challenging behaviors, through emphasis on quality of life, person-centered supports, and the proactive teaching of skills for success.

#### **Preferences**

Things that one prefers or likes best.

#### **Preventative**

Trying to stop something before it happens.

## **Primary Reinforcers**

Reinforcers that do not require learning in order to be effective because there is a biological drive behind them. Examples include: food, drink, relief from pain, sleep, etc. For people who have not learned to be motivated by social events (such as a smile or praise in response to a behavior) it may be necessary to use primary reinforcers. However, it is desirable to find or develop secondary reinforcers because primary reinforcers are things that people should have access to without needing to "earn" them and because of their use may not be practical or may add to stigma.

#### **Proactive**

Consistently planning for and responding to daily events in a manner that sets the stage for success and achievement of goals. Anticipating and intervening prior to a problem. Making changes in support strategies to prevent challenging behaviors.

#### **Prompting**

Verbal, visual, or physical reminders and supports to help the person understand or remember how to perform a skill, over and above a discriminative stimulus (which is a naturally occurring prompt in the situation).

### **Punishment**

The relationship between a behavior and a consequence, in which the presentation of the consequence decreases the likelihood that a behavior will occur again in the future. Punishment can be positive (something is added to the environment) or negative (something is taken out of the environment).

#### Reinforcement

The relationship between a behavior and a consequence, in which the presentation of the consequence increases the likelihood that a behavior will occur again in the future.

Reinforcement can be positive (something is added to the environment) or negative (something is removed from the environment)

#### Reinforcer

Any event, action, activity or object that when consistently used as a consequence for a behavior, increases the likelihood of that behavior occurring in the future.

### **Self-Injurious Behaviors**

(SIB) behaviors that are harmful to oneself, including deliberate self-injury, such as hitting oneself, or behaviors that indirectly cause injury or harm, such as repeatedly rubbing an area of skin until it bleeds.

### **Self-Stimulation or Stereotypic Behaviors**

These are repetitive, sometimes odd-looking behaviors that people engage in such as rapid flapping of hands, sniffing objects inappropriately, pacing, spinning, or rocking. They can become challenging behaviors when they are harmful or limit the person's ability to obtain or maintain a high quality of life.

## **Setting Event**

Events, situations, or experiences that influence the likelihood that challenging behaviors will occur in response to a stimulus. The presence of setting events will make challenging behaviors more likely to occur. These events can be social, environmental, or physical events (for example, being asked to sit next to someone who is disliked, being in a room that smells of paint fumes, being tired.). Setting events can be present at the time the behavior occurs, although they may or may not be obvious (for example, having a headache or being in an unfamiliar place, may make a person more likely to feel frustrated and therefore, more likely to engage in challenging behaviors). They can also be things that occur earlier or in another environment but still have an effect on the behaviors (for example, being late for the bus and feeling rushed earlier in the day, may leave a person feeling irritated or worried and lead to undesirable behaviors).

#### **Shaping**

Prompting and rewarding behaviors that are more like the desired behavior at each step, with the desired outcome being to teach a new behavior.

#### **Social Stories**

A teaching tool for those who work with individuals with intellectual and developmental disabilities. Social stories prepare individuals with disabilities to feel comfortable in a variety of experiences, environments or situations by describing them ahead of time, in a story, and suggesting appropriate responses and behaviors for the different experiences or situations.

**Stereotypic Behaviors** (See Self-Stimulation or Stereotypic Behaviors)

### **Stimulus (singular)/Stimuli(plural)**

An event(s) or object(s) present in the environment, or internally, that may affect a person's behavior. These include things that are sensed (smelled, heard, seen, felt, tasted) as well as interactions and situations (e.g., being approached by someone or being yelled at) that have been consistently linked to certain consequences, and therefore, may have an effect on behavior.

### **Support**

Assistance, encouragement, emotional help, guidance. Assistance from others that a person needs in order to maintain best health, stay connected to others, maintain employment, or otherwise participate in the activities of life. Supports can be formal or informal and paid or unpaid. Paid supports are sometimes called "Services."

#### **Time Out**

A behavior intervention that includes taking someone out of the current situation in order to stop the challenging behavior or temporarily limiting access to reinforcers in the environment. In many cases this will be the short-term (minutes) restriction of a desired item, or the short-term removal of the person from the environment. This practice should only be used in emergencies or when developed as part of an approved behavior control plan.

#### **Token**

Something that can be exchanged for something else, e.g., a poker chip, check mark or sticker.

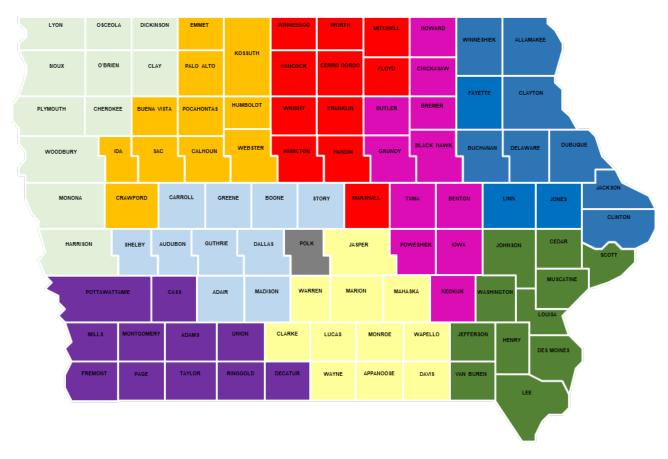
## **Topography**

The physical or natural features of a behavior—what the behavior looks like.

## **Triggering Events**

Events that occur before a challenging behavior that may cause the behavior to occur.

# **Transition Specialist Service Areas**



# **Transition Specialist Contact Information**

Lindsey Robertson	Operations Manager	Lindsey-Robertson@uiowa.edu	515-577-9935
Joseph Fernau	Behavioral Specialist	Joseph-Fernau@uiowa.edu	319-591-1452
Stacie Lane	Behavioral Specialist	Stacie-Lane-Obrien@uiowa.edu	319-330-0598
Tyler Hansen	<b>Employment Specialist</b>	Tyler-Hansen@uiowa.edu	641-417-9998
Dawn Villhauer-Murley	Transition Specialist	Dawn-Villhauer-Murley@uiowa.edu	712-887-1167
Jennifer Johnson	Transition Specialist	Jennifer-Johnson@uiowa.edu	563-349-8268
Gina Makarios	Transition Specialist	Gina-Makarios@uiowa.edu	319-559-0175
Jo Schumacher	Transition Specialist	Johanna-Schumacher@uiowa.edu	515-460-0917
Julie Adams	Transition Specialist	Julie-J-Adams@uiowa.edu	563-940-6629
Kari Musselman	Transition Specialist	Kari-Musselman@uiowa.edu	712-830-7297
Kendra Walde	Transition Specialist	Kendra-Walde@uiowa.edu	515-402-5166
Wendy Petersen-Buley	Transition Specialist	Wendy-Petersen-Buley@uiowa.edu	712-370-0901
Jennifer Muto	Transition Specialist	Jennifer-Muto@uiowa.edu	515-491-7492
Amanda Pollard	Transition Specialist	Amanda-Pollard@uiowa.edu	414-617-6094