



**The Mandt System®**

Putting People First

# Conceptual

## **Chapter 5**

### Conceptual Skills

Positive Behavior Support

Recommended training time averages 2 -3 hours



# Table of Contents – Positive Behavior Support

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INTRODUCTION.....	136
BEHAVIOR - WHAT IS IT? .....	137
BEHAVIOR - ANOTHER VIEW.....	139
THE ANTECEDENT - BEHAVIOR - CONSEQUENCE MODEL .....	139
AVOIDING POWER STRUGGLES .....	142
SETTING EVENTS .....	143
RELATIONSHIPS .....	145
PUTTING IT ALL TOGETHER.....	146
POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS (PBIS) .....	147
LISTENING TO BEHAVIOR.....	150
REINFORCEMENT.....	152
PUNISHMENT .....	153
CRISIS CYCLE AND BEHAVIOR SUPPORT INTERVENTIONS.....	154
CONCLUSION .....	155
GLOSSARY OF TERMS.....	156
SELF-STUDY QUESTIONS.....	158

# Introduction

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Most, if not all of the people and organizations utilizing The Mandt System® serve individuals who may, from time to time, display behavior that poses a threat of harm to themselves or others. The Mandt System® was designed to be part of an overall strategy to serve individuals, incorporating the use of some type of behavioral intervention designed to teach individuals how to manage their own behavior.

This chapter provides an overview of the topic of behavior and behavior support. It gives a thumbnail sketch of important topics and does not go into a great deal of depth, given the time constraints. It was designed to teach staff how to **implement** behavior support plans, not how to write them. The Mandt System® does offer more in-depth training on this topic in other training sessions. For information on these, please call our office.

The subject of behavior has been studied for hundreds of years, but it was not until the early twentieth century that “Applied Behavior Analysis” became a separate field of study. Pavlov, Watson, Thorndyke, Skinner, Sullivan, Bandura, and Maslow are some of the names associated with the early study of behavior. Currently there are numerous leaders in the field of Applied Behavior Analysis, which itself is broken into several different streams. There are many different theories and applications involving the use of Applied Behavior Analysis, and The Mandt System® uses the application and approach known as Positive Behavior Interventions and Supports. Some of the leaders in this field are Robert Horner and George Sugai (University of Oregon), Glen Dunlap and Don Kinkaid (University of South Florida), Rud and Ann Turnbull (University of Kansas), William I. Gardner (University of Wisconsin), and many others. (See Trainer Resource CD for additional information.)

SPECIAL NOTE: This chapter has been written to help people with little or no backgrounds in psychology understand the topic. Many of the terms have been modified to help people better understand the concepts. While the terminology may not be consistent with the Association for Behavior Analysis (ABA), care has been taken to ensure that the content is consistent with ABA standards.

## Learning Objectives:

This chapter of The Mandt System® is designed to be used as part of the Conceptual Level Course. It is the intent of The Mandt System® that upon completing this chapter the students will have:

1. Defined the term “behavior.”
2. Defined the term “support.”
3. Described and evaluated the potential strengths and weaknesses of the intervention strategies introduced.
4. Evaluated the differences between reinforcement and punishment.
5. Developed an understanding of antecedents, behavior, and consequences in explaining the nature of behavior.
6. Described the effect of setting events on behavior.
7. Recognized the importance of identifying antecedents of behavior in positive behavioral support.
8. Developed an understanding of Positive Behavior Support in reducing difficult behavior.

## Behavior - What is it?

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The following information is a synthesis of definitions of behavior in *A Functional Analysis and Positive Behavior Support Training Manual* developed by the Rhode Island University Affiliated Program in 1996 and training material developed by the Behavior Support Advisory Committee to the Ohio Department of MR/DD in 2004.

Before we talk about behavior support, it is important to define our terms. In The Mandt System® behavior is defined as:

- A way of communicating hopes, dreams, fears, anxieties, preferences, and priorities to others;
- A way of meeting needs;
- An attempt to cope with demands from others, control impulses, conform to generally accepted social conduct, and/or influence the environment;
- A way of avoiding people, places, or tasks;
- The result of pain, hallucinations, medical issues;
- The result of complex neurological and sensory processes.

This definition is taken from a draft of the “Behavior Support Rule” in Ohio. This definition is dynamic in that behavior is understood as an interaction between these six functions and that the “role” of each function may change over time, between interactions, etc.

**Communicating:** The purpose of most, if not all behavior is to communicate something. Language is the most common form of communicative behavior, but it is not the only way in which we communicate. The study conducted by Professor Albert Mahrabian, Ph.D. (referenced in Chapter 2 of the Relational Course) identified behavior or nonverbal communication as comprising 55% of the credibility we have when we communicate with others. When people are frustrated, anxious or tense, their behavior changes. Likewise, when people are satisfied, overjoyed and relaxed, their behavior changes.

When evaluating the behavior of others, it is extremely important to listen to the communication that is occurring, rather than just to focus on the behavior itself. One of the beliefs of The Mandt System® is that we should support people, not just their behaviors. As such, we want to listen to the behavior, not just baseline it, assess it, diagram it, and respond to it.

**Meeting Needs:** We all use behavior in one way or another to meet our own needs or to assist other people to meet their needs. The term “behavior” has come to be seen in an almost negative light. When we talk about behavior, we often talk about those behaviors that may have resulted in harm to self or others. In truth, everything we do is behavior!

**Coping:** All people experience demands from others in the form of requests, directions, suggestions, etc. One of the functions of behavior is to cope with these demands and to respond to them in ways that meet the needs of the people making the requests, etc., and in ways that meet our own needs as well. Teaching individuals how to cope with demands from others is one of the most important skills you can give to the individuals with whom you interact.

**Avoiding:** Most, if not all of us, have used behavior in the past to avoid a task, or a person we did not want to be near, or a place to which we did not want to go. Avoidance behavior is one of the terms often used to describe “maladaptive behavior.” We need to understand that for most people, avoiding is a necessary way to protect them emotionally, psychologically, or physically.

**Controlling Impulses:** Most, if not all, people experience impulses. We buy things on impulse, say things on impulse, and do things on impulse. Learning to control our impulsive desires is a critical step in human development. As we learn to “behave” we learn to control our impulses.

**Conforming to Generally Accepted Social Behavior:** We all live in social groupings such as families, neighborhoods, towns, cities, etc. Many people have different expectations of themselves in work settings, social settings, family settings, etc. We learn how to behave differently in different settings by paying attention to the behavior of others, the feedback we receive on our own behavior and the rules (both explicit and implicit) within our social groups. There are some behaviors that are generally frowned upon in all settings. Some behavior may be considered appropriate in a relaxed social setting while the same behavior may be inappropriate in a more formal setting.

**Influencing Our Environment:** Many people struggle with finding a balance between responding to the expectations of others and being the one who sets the expectations. Some people are quite content to respond, while others chafe at what they see as unrealistic demands. One of the purposes of behavior is to influence the environments in which we live, work, and play. Being in charge, being the leader, is important to some, but not important to others. Our personalities are an important factor in this area.

**The Result of Pain, Hallucinations, and Medical Issues:** Many of the people served in organizations that use The Mandt System® are affected by mental health needs, or have long-standing medical issues. Their behavior may be the result of the side-effects of medication, or a side-effect of a medical condition such as hypoglycemia (low blood sugar) leading to behavior which appears to be similar to that of inebriation.

**The Result of Complex Neurological and Sensory Processes:** Behavior is the result of a complex system of processes. The simple behavior of lifting your hand to your mouth while holding a piece of food or a cup with a drink in it and guiding it to your mouth is incredibly complex. People affected by developmental disabilities, chronic mental illness, substance abuse, acquired brain injury, and other impairments may have limited or enhanced neurological and sensory processes. People who experience pain (migraine, toothache, scoliosis, kyphosis, etc.) may have levels of pain, which result in behavior change.

NOTES:

## Behavior - Another View

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Some view behavior as an attempt to get or get away from a stimulus, desired object, etc. At its most basic level, all behavior can be interpreted in this manner. For instance, people sometimes eat because they are hungry (get away from the stress of hunger). At other times, people eat because they desire a specific taste or texture. And at other times, people eat because of both influences.

They are hungry and they prepare or order specific foods both to get away from the stress of hunger and to get the desired taste, texture, etc. While this approach may seem simple, it can be a helpful tool in the assessment process. People do not “have behaviors.” Rather, people use behavior for specific reasons. Using this model can help to identify what those reasons might be, especially when the individual cannot tell others the reason for his behavior due to a language difficulty or difficulty expressing thoughts, emotions, ideas, etc.

### The Antecedent - Behavior - Consequence Model

Using the terminology of The Mandt System®, an **antecedent** is a stimulus or trigger. It is not necessarily a negative or undesirable event. Antecedents are the things that we want to get away from, or they can be the things we want. For example, a picture of a chocolate chip may trigger the thought “Oh boy, I want that!”

“**Behavior**” is our response to the antecedent. Again, people do not have behaviors; they use behaviors for specific reasons. A person who experiences a stressful event at work may want to take the next day off (get away from) or he may want to deal with the stress and achieve his goal in spite of the stressful event (get a desired outcome).

When people get what they want, or get away from something they don’t want, their **consequence** is perceived to be positive. It gives people the information they need to evaluate the effectiveness of their behavior in achieving their goal. When the consequence is perceived to be positive, the likelihood that they will use that same behavior with a similar antecedent is increased.

Likewise, when people do not get what they want, or do not get away from what they don’t want, it gives them the information they need to evaluate the effectiveness of the behavior. If the behavior did not help them get, or get away, from the stimulus, then the consequence is perceived to be negative, and the likelihood that the person will use that behavior again given a similar stimulus is decreased.

The purpose of a consequence is to let the person know how effective or ineffective his behavior was in helping him to achieve his goal. All of us have had the experience of wanting something, using a behavior to get it, and then changing our behavior in the future because what we did was not effective, or not as effective as it could have been.

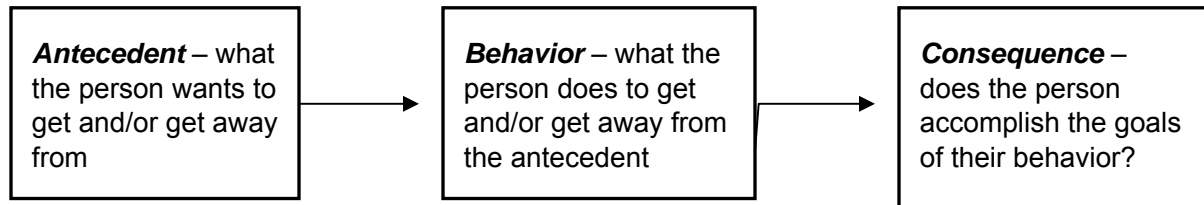
When we are working in the various roles we play in relation to the people we serve, at times we feel it is necessary to impose a consequence. We need to remember that the purpose of a consequence is to help people to change their behavior in the future. A consequence can also be a “reinforcer” but it should be understood as being in a different class.

*One of the major differences in our approach to the topic of “behavior” is that we want to focus on **changing the future, not punishing the past**. Most of the time, when people think about “consequences”, they think about “punishment.” The focus is on what the person did, not on how to help them use behavior in a different way in the future.*

Consequences are the result of behavior. There are three general types of consequences:

1. **Natural Consequences** occur with no human interaction or involvement. If you go out in the rain you get wet. If you don't eat breakfast you may be hungry and lack energy. No other people are involved in natural consequences.
2. **Logical Consequences** occur as a logical result of behavior. If you hit someone, he may hit you. If your children stay out past a curfew given them, you may take their car keys away. The key is that the consequence is logically connected; there is a direct linkage between what a person did and what someone else did as a result of the behavior.
3. **Contrived Consequences** are “contracts” that say “If you do \_\_, then \_\_ will happen”. For instance, if you are late for work, you may get a letter of reprimand. If you are late with a payment, a fee may be imposed. The key here is “informed consent.” Generally speaking, a contrived consequence cannot be imposed without your prior consent. When you get a driver's license, you agree to drive by the rules, and if you don't, you understand what could happen. The rules are explained beforehand. When a contrived consequence is imposed without informed consent, then the person will feel punished and react negatively.

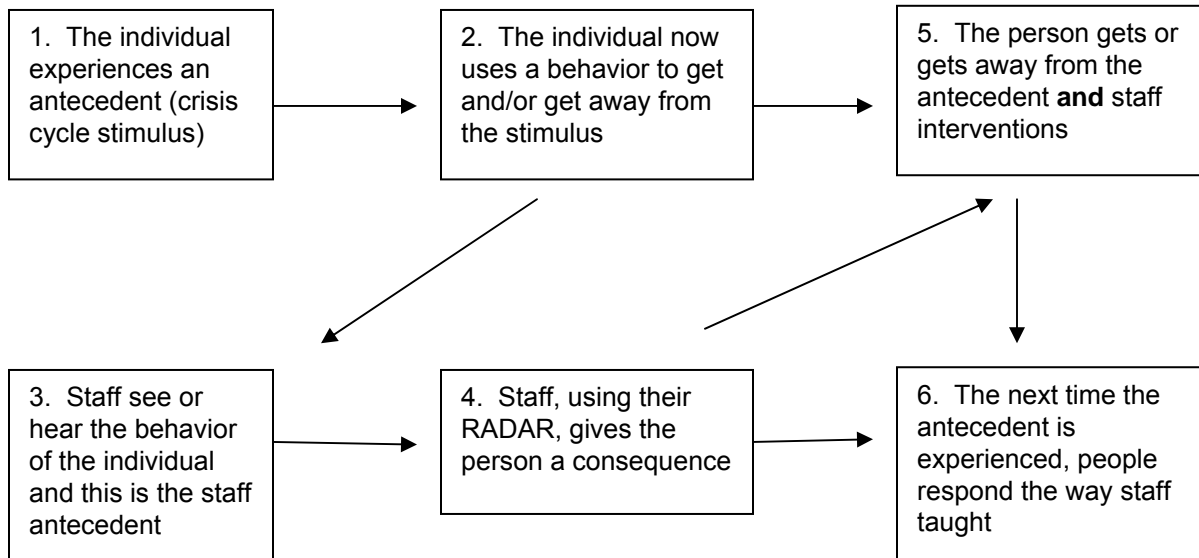
Here is an example of how the A-B-C model can be applied:



NOTES:

## Avoiding Power Struggles

When a staff person is relating with an individual served, often the staff will not see or hear the antecedent. He will see or hear the behavior of the individual, which becomes the antecedent for the staff person. If staff does not look for the antecedent(s), they may become involved in a power struggle. We want to teach staff how to avoid power struggles. This dynamic can be diagrammed as follows:



1. Antecedents can be internal to or external from the individual served. If they are internal, they will be difficult to assess. If they are external, staff may not have observed them. One tip from Chapter 1: Always keep your R.A.D.A.R. on!
2. The individual will **use** a behavior or set of behaviors to either get and/or get away from the antecedent. It is important to re-state the premise that people use behavior; they do not “have” behavior.
3. Staff will probably see or hear or feel the behavior of the individual. In many cases, this is the first opportunity to respond to the behavior of the individual.
4. The staff response is the critical element here. In many cases, staff responds as if the antecedent were the behavior of the individual. In actuality, their behavior was in response to an antecedent. If staff uses a behavior without identifying the antecedent, they may get into a power struggle or they may accidentally reinforce a behavior. **The only reason for staff to respond immediately to a behavior of an individual is to provide for safety!** In the absence of safety issues, we always have time to find the antecedent!
5. The consequence perceived by the individual has to contain some element of factual feedback that lets the person know how effective (or ineffective) their behavior was in helping them to achieve the goal(s) of their behavior. If their behavior was effective and it was not harmful to self or others, staff may want that behavior to be repeated, in which case they would reinforce the behavior. If the behavior was not effective and/or resulted in harm, the staff response should be either to ignore the behavior, or give factual feedback pointing out how the person can change their behavior in the future. Punishment is not recommended!

6. The next time the same antecedent is present, the response of the individual will hopefully be what staff tried to teach or reinforce. If so, the staff consequence will be perceived as positive and staff will use that same behavior again. If not, staff need to remember that consistency is important and they may need to “hang on” or they may need to meet and discuss, with the individual, a new strategy, keeping in mind that the purpose of behavior support is to help people achieve the goals of their behavior in ways that do not harm themselves and/or others.

When we as staff focus only on the behavior of the individual and do not look for the antecedent, we can easily become caught up in a power struggle. It is critical that we learn to look for the antecedents, and not just focus on the obvious.

**IMPORTANT:** If the behavior of the individual (antecedent for the staff) causes, or could reasonably be expected to cause, harm to the individual and/or others, then immediate intervention using the least amount of interaction necessary to keep people safe must be used to maintain the safety of all involved.

## Setting Events

We all know people who respond in different ways to the same antecedent. This difference results in confusion on our part. We want people to respond in the same or similar ways to the same antecedent, because this results in predictability, consistency, and security for us.

Setting events occur outside the A-B-C model. For instance, if someone is late for work and got a speeding ticket on the way to work, he will be more apt to react to a situation emotionally rather than respond to a situation by thinking through it and choosing his behavior.

Put another way, a setting event moves someone from Baseline Phase to the Stimulation or Trigger phase in the crisis cycle. Then, when he comes to work and experiences some kind of stress, he moves to the Escalation phase rather than moving from the Baseline Phase to the Stimulation Phase. People who display behavior that is inconsistent either with their past behaviors in similar circumstances, or with the behavior that would be usually expected by the individual’s peers in similar circumstances, are sometimes diagnosed with Intermittent Explosive Disorder or some other psychiatric diagnosis. It is important to search for setting events in such instances, in that, until the setting events are addressed, the behavior will continue.

Another way to think about this is that setting events “set people up” to respond differently to the same antecedents they encounter on a daily basis.

## Behavior Support

Support is (1) the ongoing process of providing the least amount of structure necessary for individuals to live, learn, work, and play independently, and (2) a set of interventions designed to help people use their own strengths to meet their own needs. This definition is important for several reasons:

1. Support is an ongoing process. It is seldom a one-time intervention. Some people need support minute by minute, while others need far less frequent supportive interactions.

2. Support provides the least amount of structure to empower individuals to live, learn, work, and play independently. Many people react negatively when they are given more structure than they need, because they may feel controlled or confined.
3. Support uses the strengths of individuals to help them meet their needs. Ours is a strengths-based and not a needs-based model of behavior support. Models that focus on needs and design programs to address perceived weaknesses sometimes ignore the strengths people have that, properly structured, could assist and support them to meet their own needs.

Similar approaches to behavior support may be found in facilities/agencies. For example, “Supported Living” and “Supported Employment” are models that are used in settings serving individuals affected by developmental disabilities, acquired brain injury, and chronic mental illness. “Person Centered Planning” and “Essential LifeStyle Planning” are two other models that utilize a similar approach in helping individuals to live, work, and play independently with the support of others, whether paid or unpaid.

#### NOTES:

## Relationships

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When we are using any of the nonphysical or physical techniques in The Mandt System® we are doing so in the context of a relationship between ourselves and the individual(s) we are serving. By working hard at developing trustworthy relationships (Relational Chapter 1) with the people we serve and our co-workers, we establish the base from which we can use our technical skills, whether nonphysical or physical.

Behavior Support is another tool to improve relationships. It is only as effective as the people using the tool. By putting into practice the beliefs discussed in Relational Chapter 1: **(A) that people should be seen as people first, not focusing on their diagnosis or disability; (B) that we should interact with others using the values of dignity and respect at all times, (C) by learning to manage our own behavior first and then co-manage the behavior of others** - we will build relationships that are healthy. In healthy relationships we can assist and support others to manage their own behavior.

Relationships are a measure of social integration. Think of people you or your organization serve that pose the most difficulties, the most challenges to others. How many non-paid people relate with this individual? The fewer relationships a person has, the greater the likelihood that this person will carry a deviant label within her or his culture.

We do our work in the context of relationships. Without them, we cannot do our work. No matter our title or role or expertise or experience, we do our work by relating to and with others. It stands to reason, then, that the better our relationships, the more effective our technical skills, our tools, will be in helping individuals to get and/or get away from what they want.

The relationships which staff have with each other and with the individuals served can be thought of as “models for how to behave.” When individuals served see staff managing their stress and acting calmly, they learn how to do the same when they feel stress. Likewise, when staff is upset, yelling at each other, or making snide comments, the individuals served learn to do the same. Modeling is a very powerful tool in learning how to behave.

In his book Circle of Friends, (Perske, 1988) Bob Perske tells powerful stories of people whose lives were changed (and behaviors changed) through the simple process of building a circle of friends. This approach is a model of non-hierarchical communication and has worked in school settings, work settings, and residential settings. When the only people who interact with individuals served are paid to do so, it sends a powerful message, one that tears people down. However, when folks spend time together and are not paid to do so, it sends an equally powerful message, but one that builds people up, instead of tearing them down.

In Chapter 1, "Building Healthy Relationships," there was a quote from Dr. Peter Breggin of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) in which he stressed the importance of building healthy relationships and the impact of these relationships on individuals served. In that same article, he wrote: *"By focusing on creating healthy relationships, organizations have been able to build trust between and among all the stakeholders in an organization. It is easier to de-escalate with someone you know and trust than with someone you either do not know and do not trust, or someone you know and do not trust."* (Bowen, 2005)

## **Putting it All Together**

The Mandt System® will give you the relational base in the Relational chapters to (1) assess where you and the other person are in The Crisis Cycle, (2) choose which interaction best supports the individual where she or he is at the moment, and (3) co-manage with the individual to assist him to de-escalate.

If you have chosen an interaction that is not, for some reason, effective at helping the individual to de-escalate, the Conceptual and Technical chapters give you the technical skills to support, limit, redirect, or restrain the individual. **THE RELATIONAL CHAPTERS ARE THE MOST IMPORTANT ONES WE TEACH!** The relational base is the framework from which the technical skills in the Technical chapters are used. We do not work with organisms or patients or clients or customers or consumers or individuals served. We work with and for people whose behavior is affected by some type of illness, disability, or situation.

NOTES:

# Positive Behavior Interventions and Supports (PBIS)

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Northern Arizona University has developed an excellent overview of Positive Behavior Interventions and Supports which says, in part:

## “WHAT IS POSITIVE BEHAVIOR SUPPORT?”

*“Positive Behavior Support (PBS) is an approach to helping people improve their difficult behavior that is based on four things:*

- A. An **Understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
- B. A **Belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
- C. The **Application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
- D. A **Conviction** to continually move away from coercion - the use of unpleasant events to manage behavior.

*Coercion involves attempting to control the behavior of others through threat of, or escape from unpleasant events. Coercion minimizes the dignity of the other person, often provokes retaliation, and sometimes causes physical and emotional harm. One example of coercion involves overpowering someone and physically forcing him to do something he doesn't want to do. If he doesn't comply, he is forced and continues to be forced until he gives up fighting. A common and relatively minor example includes taking privileges away from a person when she misbehaves. However, even minor coercion can be harmful in that it can take away from the dignity, autonomy, and sense of self-control of the other person.”*

Retrieved from <http://www.nau.edu/~ihd/positive/ovrvw.html> April 2, 2005

This term is used to describe a set of behavioral interventions and supports that focus on who the person is, not just on what the person does. This approach has been in use since 1985, but did not gain widespread acceptance until the early 1990's. The term is used in the Individuals with Disabilities Education Act of 1997 (IDEA) to describe what must be done when a student is identified as being “behaviorally challenged.”

PBIS does not mean that only “positive” interventions are used as opposed to “aversive” interventions, although many times that is the case. Rather, PBIS is characterized by:

1. An understanding that behavior is communication.
2. An assessment of the behavior, focusing on the purpose or intent of the behavior. What did the person want to accomplish by utilizing the behavior? If the assessment does not reveal a purpose, a purpose is hypothesized. (Best guess is another term.)

3. A “bio-psycho-social” assessment of the individual, including
  - an assessment of the individual’s physical health, neurological condition, any genetic factors that may be involved, medications taken
  - an assessment of the individual’s psychological health, including (if appropriate) Intelligence testing, mental health assessments, previous interventions including psychotropic medications, mental health hospitalizations, etc.
  - an assessment of the individual’s social environments, including family contacts, friends, work relationships, leisure preferences, etc.
  - An assessment of the behavior relative to the individual’s disability (if any), and whether or not the behavior was a manifestation of the disability. (required in educational programs)
4. A behavior support plan that focuses on helping the individual get and/or get away from what he does and/or does not want, without harming himself or others.
5. Continuous re-evaluation of the plan by the Team (which includes the individual served and/or his legal guardian).

## Assessments

We have already learned that behavior is communication, and that behavior can be seen as an attempt to get and/or get away from a stimulus or trigger. The term bio-psycho-social assessment is in wide use and is briefly explained above. It is important that all three areas are assessed, as human beings are complex creatures whose physical, mental, and social components are always interacting. As human beings, we are more than the sum of our parts, but we must understand as much of our “parts” as we can in order to provide meaningful and effective supports to the individuals with and for whom we work.

Direct Support Professionals – the people who work directly with individuals in all settings – often receive requests for information needed by the Behavior Analyst, Behavioral Consultant, or other professional, so they can complete their assessments. It is important to give them accurate, concise and precise information so they can do the best possible assessment. A behavior plan is only as effective as the assessment on which it is based. With accurate, precise and concise information, an effective plan can be developed.

The Motivation Assessment Scale (MAS), developed by V. Mark Durand, Ph.D. and Daniel B. Crimmins, Ph.D. (1988), was designed to “find out why people’s problem behaviors persist by assessing the influence of social attention, tangibles, escape, and sensory consequences on problem behavior. The MAS asks questions about the likelihood of a behavior problem occurring in a variety of situations, such as when presented with difficult tasks.” (Durand and Crimmins, 2001, About the Motivation Assessment Scale)

One of the concepts many people struggle with is that of “intelligence.” An IQ test does not reveal or predict how much a person can learn, but how a person learns. It shows how people perceive, process, store, retrieve, and reproduce information. It is important to remember that intelligence is as stated in The Measurement of Adult Intelligence “the global capacity to act purposefully, to think rationally, and to deal effectively with the environment.” (Wechsler, 1939) In his later book, The Measurement and Appraisal of Adult Intelligence (1958), Wechsler went on to say that “Intelligence is an aspect of the total personality, rather than an isolated entity.” Robert J. Sternberg (1990), Howard Gardner (1990), and others have further reframed the idea of intelligence to an understanding of “multiple intelligences.” Their reframing builds and expands on the original definition of intelligence from David Wechsler.

In many states/provinces, IQ scores are used to establish initial and continuing eligibility for services. When working with and for individuals affected by developmental disabilities, it is important to understand that an IQ score is, if anything, a floor and not a ceiling. It is a descriptive view of how people process information, and not a predictive tool about how people behave. It will give you the information you need to design teaching tools and interventions that can best be utilized by the individual.

When giving information to the Behavior Analyst or Behavioral Consultant, we want to emphasize that “intelligence” is a floor, not a ceiling. It is a way of thinking about how people learn, not about how much they can learn. People who have high IQ’s or people who have low IQ’s may both have limitations in what they can do. We sometimes have increased or decreased expectations of others based on “intelligence,” and we want instead to focus on how to best support people where they are in what they are doing.

Part of doing an assessment is “baseline.” This term refers to the process of collecting information about a specific “target behavior” that has been identified. Usually, this target behavior will be one that either is disruptive to others, is harmful to self or others, or keeps the person from attaining his or her goals.

When doing a baseline, staff will usually be asked to provide information on:

- ❖ The frequency of a target behavior (how often it happens)
- ❖ The duration of a target behavior (how long it lasts)
- ❖ The intensity of a target behavior (on a scale of 1-5, how hard did the person hit/slap/kick, etc.)

Baseline data collection is normally done over a period of days, and in different environments. For instance, a child who picks at his skin at school may have a baseline done which shows that the behavior does not occur at home. This is important information, because it may help teachers understand the behavior may have the function or purpose of getting away from a specific task or demand. Sample baseline data collection sheets are part of the addenda at the end of this chapter.

In addition to doing baseline data collection, it is important to do an environmental assessment. The more information given to the Behavior Analyst or Behavior Consultant, the better the finished plan may be. Here are some sample questions to ask when conducting an environmental assessment:

- ❖ Who is in the room/area/home with the individual?
- ❖ How do they interact with the individual?
- ❖ What, if any, history do they have with the individual? Any history of prior conflict or relationship?
- ❖ Is there any over or under stimulation? (i.e., too much or not enough light, noise, space, heat, etc.)?
- ❖ Have there been any recent changes in the environment (death of a person in the social environment, someone moving in or out, change of work place, etc.)?

Before completing the assessment, the person(s) responsible for completing the assessment and other team members, including the individual served and/or his legal representative, must come to a conclusion as to the purpose of the behavior. As discussed earlier, all behavior has a purpose. There may be times when the purpose is not readily evident, especially when dealing with internal stimuli such as pain, hallucinations, fear, anxiety, etc. In such cases, it must be remembered that the behavior has a purpose; it is simply hidden from view at the moment.

A helpful technique in such times is to ask the question “what would make me engage in this behavior? What must I be feeling inside to make me \_\_\_\_\_.” By brainstorming together as a team, you may be able to discover many different reasons for the behavior. The Team needs to discuss and prioritize these reasons, because this will be the starting point for any behavior intervention and support.

It may be necessary to complete other assessments, such as neurological, medical, OT, PT, Speech and Hearing, etc., based on the information received during this phase of the development of the plan.

**Important:** An assessment does not necessarily lead to a plan. For instance, an individual affected by autism was working in a supported employment setting. He did very good work, but refused to leave when his shift was over, becoming physically aggressive towards the job coach and others. An assessment revealed that he was very task oriented, liked to have things organized, and needed to complete each task before going on to the next. The Behavior Specialist timed how fast he completed his work, and then got a piece of cardboard, fashioned it to look like a stop sign, and placed it in the approximate place that dishes would be completed at the time his shift ended. The individual was told that the rest of the dishes were the responsibility of the next dishwasher. The individual was task, not time oriented. By making this adjustment, the individual was able to complete his part of the dishes and leave when his task was complete. A behavior intervention was utilized, but a plan was not needed over the long term.

In conducting assessments, it is important to dispel the “myths” that are associated with disabilities and behavior. When people say that a person is doing something because he “has the mentality of a four-year-old” or because he “is mentally retarded,” they become blind to the real antecedents and assume that the antecedent is the diagnosis.

Another term people often use is “s/he is only doing it to get attention.” In our view of this topic, we believe that as people who have been paid to enter into a relationship with a person (Chapter 1 and Chapter 3), you are paid to pay attention to people. If they have to use behavior to get your attention, perhaps your RADAR was not on!

## Listening to Behavior

The emphasis in The Mandt System® chapter on conflict resolution (Chapter 3) is that we want to communicate authentically and assertively, with dignity and respect in order to de-escalate conflicts. We want to make sure we are listening to the facts and the feelings that are present in most communications. If we do not resolve the feelings, they will become setting events for the next behavioral interaction.

For instance, if you take something that belongs to me, and I feel that you have violated my privacy and hurt my feelings, then I need to have more than just my keys given back to me. The relationship needs to be restored. Listening to facts and feelings (Reflective Listening in Chapter 2) will empower us to better respond to the situations we encounter. We will then be in a better position to support people, not just their behaviors.

If we do not pay attention to the emotions at hand, they will probably be carried over to the next behavioral interaction and influence that interaction. Think about your life. When you have been upset in a conflict and the facts were resolved but not your feelings, what did you do with them? Most people carry them forward like baggage, waiting to be opened at the first opportunity. This same dynamic occurs in the area of behavior and behavior support.

Historically, we have focused only on the facts at hand – what people did – when dealing with specific behavioral concerns. As human beings, we have a complex range of emotions that are almost always involved in what we do, and always involved when things are done to us. If we feel that we have been taken advantage of, hurt in some way, had our rights violated, etc., then these emotions will come into play when we choose our behaviors. That is why it is critical that we listen to the emotional content of behavior as well as to the factual content of behavior.

## **Intervention Strategies**

After conducting an assessment and determining the purpose of the behavior, the next step is to identify a replacement behavior for the individual to use. It is not enough to say “don’t do that!” We must help people to find other behaviors that help them get and/or get away from the stimulus (antecedent) without hurting themselves or others. This, in a nutshell, is the purpose of a behavior support plan.

There are a multitude of intervention strategies in the field of Applied Behavior Analysis, and the list of resources will guide you to specific web sites that contain more information on this topic.

**Antecedal Interventions** are those that focus on changing antecedents. For instance, moving someone from the back of the classroom to the front may help him or her hear and see better. Changing seat assignments so two people who do not like each other do not have to look at each other all day at work or school is an antecedent intervention. Redirecting people to different tasks or topics at the first sign of escalation is another antecedent intervention. Changing lighting/heating/cooling are other examples of ways to intervene at the antecedent end of the A-B-C model.

**Behavioral Interventions** are designed only to protect in cases where the behavior of individuals may cause imminent harm to themselves and/or others. Behavioral interventions are not designed to teach, but only to provide for safety. They are usually imposed in the Escalation, Crisis or De-escalation phases of the Crisis Cycle (Chapter 1).

**Consequential Interventions** focus on giving people a specific consequence when a specific behavior is displayed. For instance, if a person yells loudly, he may be given a verbal prompt to use a quiet voice, or if he refuses to work, he may be told that he will not earn money.

Consequences are best utilized when they are:

- Given immediately after a target behavior
- Are specific (avoid generalizations such as “good job” – tell people exactly what they did that was “good”)
- Contain feedback that lets them know how their behavior helped or hindered in getting or getting away from the antecedent

Token economies are often used as a way of giving people direct feedback on the usefulness of their behavior. If a person displays a desired behavior, he earns a token that can be used to purchase an item from a menu of reinforcers. Payday is an example of a token economy. Most people are paid if they come to work, do what is generally expected, and conform to generally accepted standards (policies and procedures) in the work place.

**Differential Reinforcement of Incompatible Behaviors (DRI)** identifies replacement behaviors that are incompatible with the target behavior. Those replacement behaviors are then taught and reinforced. For example, a person who picks at his skin could be taught to play cards, stack objects, and sort objects - any task involving the hands. He cannot pick at his skin at the same time he is engaging in the replacement behavior.

**Important:** This is only one type of differential reinforcement program; there are at least four others. A DRI program is usually a temporary intervention until the purpose of the original behavior can be assessed. In the example above, it is important to prevent the person from picking his skin (in a positive fashion) and it is important to find out the reason he was picking his skin in the first place.

Generally speaking, antecedent interventions are more effective than consequential interventions. If a person experiences a stressful antecedent and uses behavior to get away from the stress, and consequently staff uses a verbal prompt, the stress is still there! Consequential interventions push on one end of the model, while antecedents push on the other, with the person in the middle.

Interventions that rely heavily on consequential programs must use a consequence that lets the person know that his behavior did not help him achieve his goal. That is the function of a consequence. We learn by our mistakes as well as our successes. When we get information that lets us know that our behavior “worked,” we repeat the behavior. There is a functional difference between a consequence and a “reinforcer.”

## **Reinforcement**

A reinforcer gives people not only information about their behavior, but an extra reason to use it or not to use it, as the case may be. For instance, when your child picks up his room, his consequence is that he has a clean room. If that is important, a reinforcer is not needed. If, however, that is not important, then the reinforcement of “you can watch a video when your room is clean” is an extra reason to clean the room. Generally speaking, the use of reinforcement is more effective at changing behavior than the use of punishment.

Reinforcement can be as simple as “good job” and as complex as a program that awards a selected reinforcer on a randomly selected basis. The keys to using reinforcement are:

- ❖ Use things/people that are important to the individual.
- ❖ Vary the timing of the reinforcement. Generally speaking, a random reinforcement schedule is the most effective at maintaining a desired behavior. If people do not know when they will be given a reinforcer, they tend to display the behavior more consistently than when they know they will get it every time, or when they will get it only every third time.
- ❖ Fade the reinforcement. If behavior occurs only when a reinforcer is given, then the behavior is not working for the individual; that is, it is not helping him get what he wants or get away from what he doesn't want. The behavior is being done simply for the sake of getting the reinforcer. When you think about it, most of your behavior occurs because you do and/or do not want something, to be with someone, etc. Most people do not depend on any kind of reinforcement schedule; they use behavior because it works for them. Reinforcement strategies can be used to establish or teach people a new behavior.
- ❖ **IMPORTANT:** When we only reinforce behavior on a contingent basis, we turn people into performers. It is helpful to use what is known as non-contingent reinforcement periodically. That is, people should get to do things they like simply because of who they are, not because of what they have done. One individual affected by a developmental disability put it this way: “Don't tell them what you like, because they will use it against you and make you work for it.”

## Punishment

Punishment is the intervention that is used more than all others, and it is the most ineffective at changing behavior. Most of the research shows that punishment is ineffective. If it worked, there would be fewer prisons! Think about your own life as a child – were you punished? If so, did you get sneakier? Most people say yes!

We want to return to the concept of the antecedent – what people want to get and/or get away from. The purpose of Positive Behavior Support and Intervention is to help people to get and/or get away from the antecedent in ways that do not harm them and/or do not hurt others. Punishment does not do that.

There is a well known chart that is often used to describe how reinforcement and punishment work. The chart presented on the next page is a modification of representations on the subject of punishment and reinforcement. We have removed many of the more technical terms:

<b>Present (Give to the Student)</b>	<b>Remove (Take away from the Student)</b>
Increases the likelihood that a specific behavior will be repeated	Decreases the likelihood that a specific behavior will be repeated
Something the person likes (favorite activity, book, etc.)	Something the person does not like (task, sound, etc.)
<b>Reinforcement</b>	<b>Reinforcement</b>
Something the person does not like (task, sound, etc.)	Something the person likes (favorite activity, book, etc.)
<b>Punishment</b>	<b>Punishment</b>

When staff say “Well, aren’t you going to give them a consequence”, what do they really want to give to the person? Most likely, they want to give a punishment to this person. In most cases, people want to punish by taking something away from the person. Taking something away in order to punish people is the most effective way to destroy the relationship and the least effective way to change behavior.

NOTES:

## Crisis Cycle and Behavior Support Interventions

It is important to understand how behavior works when people are experiencing stress, and how to use the principles discussed in this chapter.

PHASE	CLIENT BEHAVIOR	STAFF BEHAVIOR
<i>BASELINE</i>	Things are just fine; people are doing the things they like to do; people may be excited but no fear of people being hurt exists.	Pay attention to what is going on; baseline this behavior so you can get an idea of what people like to do when there is little or no stress.
<i>STIMULATION</i>	Something has happened to move the person to this phase, either internally (fear, anxiety, pain, hallucinations) or externally (noise, light, task demand, etc.). Discomfort/distress are factors here.	Find the antecedent! Then help the person to get away from the antecedent, or remove the antecedent itself. Don't just focus on the behavior the client used to let you know something happened.
<i>ESCALATION</i>	The person uses more intensive behaviors to let you and others know that he is in distress or discomfort. He may be using verbal aggression to attempt to remove the antecedent.	Offer options from the baseline developed in the Baseline phase. These options may divert/distract the individual temporarily. Set limits using a DRI approach, and use a firm but positive tone of voice.
<i>CRISIS</i>	The person is now using behavior that may pose a threat to himself or others.	Establish Safety!! When people are in stage 3 of the crisis cycle, they are so focused on distress/discomfort that learning cannot take place.
<i>DE-ESCALATION</i>	The person is now calming down; verbal and nonverbal behavior may still indicate discomfort/distress but safety is not at risk.	Using options developed in the Baseline phase, spend time with the client. Diversion, distraction, etc. may be effective.
<i>STABILIZATION</i>	The person has returned to a more normal (for him) emotional and physical state. This is evidenced by verbal and/or nonverbal behavior.	At this point, you <u>may</u> want to talk about reinforcement and/or consequences. Remember that punishment will likely re-escalate the situation.
<i>POST-CRISIS</i>	The person is very tired, depending on the amount of time and intensity of the crisis.	Observe the client on a periodic basis, at times not as structured as de-escalation.

## Conclusion

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Before proceeding to the next chapter, review the learning objectives found at the beginning of this chapter. Do you feel that you have accomplished each of the objectives listed there? If not, mark the objective(s) that you feel uncertain about and review the section of the lesson that corresponds to that objective. When finished, review the terms listed in the glossary. Since the chapters build upon one another, it is essential that you feel you have mastered the relational and conceptual skills presented in this chapter before proceeding to the next.

Congratulations! You are at the end of this chapter, but there is certainly much more to learn on this topic. Our intent was to give you a brief overview of the topic of Behavior and Behavior Support. Remember that it is your behavior as a staff person that will decide if situations are escalated or de-escalated, and people built up or torn down. Choose your behavior wisely!

Remember, one of the most important goals you can strive for in your job, home, or community is to develop a relationship with people, meet their needs, treat them with dignity and respect, as well as helping them keep their own dignity and respect for themselves.

## Glossary of Terms

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**Antecedent** – The antecedent is a person, place, or thing which a person wants to either get and/or get away from.

**Baseline** – Baseline refers to the process of collecting information about a specific target behavior. It usually includes the frequency, duration and intensity of the target behavior.

**Behavior** - A way of communicating hopes, dreams, fears, anxieties, preferences, and priorities to others; a way of meeting needs; an attempt to cope with demands from others, control impulses, conform to generally accepted social conduct, and/or influence the environment; a way of avoiding people, places, or tasks; the result of pain, hallucinations, medical issues; the result of complex neurological and sensory processes.

Behavior can also be defined as what people do to get and/or get away from a desired or undesired person, place, or thing.

**Consequence** – A consequence gives factual feedback about the effectiveness of the behavior in attaining the goal (antecedent) of the behavior. A consequence can include punishment or reinforcement.

**Contingent** – The word contingent describes the relationship between a behavior and a subsequent action, usually a reinforcement or a punishment. For instance, if a plan says that when John brushes his teeth or does his homework, he will earn a reinforcer, the action of giving the reinforcement is called a contingent reinforcement.

**Contrived Consequence** – A contrived consequence is one that is agreed upon beforehand. It may take the form of a written or verbal contract, and the person then knows that if she does “A”, then “B” will happen.

**Logical Consequence** – A logical consequence is logically connected; there is a direct linkage between what a person did and what someone else did as a result of the behavior

**Natural Consequence** - A natural consequence occurs with no human interaction or involvement.

**Positive Behavior Interventions and Supports** – “Positive Behavior Support (PBS) is an approach to helping people improve their difficult behavior that is based on four things:

- A. An **Understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
- B. A **Belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
- C. The **Application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
- D. A **Conviction** to continually move away from coercion - the use of unpleasant events to manage behavior.”

Retrieved from <http://www.nau.edu/~ihd/positive/ovrvw.html> April 2, 2005

**Punishment** – The purpose of punishment is to decrease the likelihood that a specific behavior will be repeated in the future. Punishment occurs when someone is given something they do not like, or when something is taken away from them that they do like.

**Reinforcement** – The purpose of reinforcement is to increase the likelihood that a specific behavior will be repeated in the future. Reinforcement occurs when someone is given something they like, or when something they do not like is taken away from them.

**Setting Events** - setting events “set people up” to respond differently to the same antecedents they encounter on a daily basis.

## Self-Study Questions

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These self-study questions are provided to give you an opportunity to gauge your understanding of this chapter. Some or all of these questions will be used on the final exam.

1. **Fill in the Blanks** (one word each): Generally speaking, \_\_\_\_\_ is more effective at changing behavior than punishment. (p 152, S28)
  
2. **Fill in the Blanks** (one word each): To avoid getting into a power struggle staff need to look for the \_\_\_\_\_ of the behavior of the individual served before they respond to the behavior of the individual. (p 142, S 10)
  
3. **Fill in the Blanks** (one word each): The purpose of a consequence is to give \_\_\_\_\_ on the effectiveness of the behavior the person used to try to get and/or get away from the antecedent. (p 139, S6)
  
4. Check off the components of Setting Events: (p 143, S12)  
  
 Setting Events occur within the A-B-C model  
 Setting Events are hidden from view  
 Setting Events set people up to respond differently to the same antecedents they encounter on a daily or usual basis  
 Setting Events have no effect on behavior
  
5. **Circle the correct answer(s) that apply:** Support is defined as: (p 143-144, S13)
  - a. The use of the greatest amount of structure to help people.
  - b. The least amount of structure needed to help people live, learn, work and play.
  - c. A way of using the strengths of people to meet the needs of people.
  - d. Focusing on what people do not do well in the planning process.
  
6. **Circle the correct answer(s) that apply:** The Mandt System® teaches that changing the antecedent may be the most effective way of supporting people, not just their behavior because: (p 142-143, S10)
  - a. Antecedents drive behavior; as long as the antecedent is there people will try to use behavior to get and/or get away from the antecedent.
  - b. When we change the antecedent, we are helping the person to get and/or get away from the antecedent in ways that do not harm themselves and/or others.
  - c. Changing the antecedent is always effective.
  - d. When we focus on antecedents, we can keep interactions from becoming incidents and more easily remove the stimulus from the person.

7. **Circle the correct answer(s) that apply:** The University of Northern Arizona, as quoted in The Mandt System®, says that Positive Behavior Support is:  
(p147, S18-19)
- a. An **Understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
  - b. A **Belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
  - c. A **Reason** to use restraint as a consequence for non-compliance;
  - d. The **Application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
  - e. A **Conviction** to continually move away from coercion - the use of unpleasant events to manage behavior.
8. **Circle the correct answer(s) that apply:** Behavior is defined as: (p 137-138, S3)
- a. Something people use to get and/or get away from a desired or undesired person, place or thing.
  - b. Something people have.
  - c. Always negative.
  - d. Communication and the result of complex neurological and sensory processes.