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Positive Behavior Support in Psychological Science and Education[1]

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There has been a growing interest in the use of positive behavior supports (PBS) in addressing the clinical challenges of people that have intellectual and developmental disabilities. PBS is not a new concept, a new "treatment" for challenging behavior, a new science, professional field, or academic subject. PBS is a conceptual system that blends broad elements of applied behavior analysis (ABA), social role valorization (SRV), person-centered planning, and changes to the structure of service delivery systems. The use of PBS is not limited to people with disabilities nor confined to a defined set of procedures or methodology. Legislation and state regulatory agencies now mandate the use of strategies based in PBS to address problems facing the education system. The ideologies and philosophical beliefs of PBS are examined, including their relationship to ABA and values-based approaches to human services. Clinical considerations for promoting more effective, socially acceptable, and empirically valid approaches to addressing challenging behavior are provided.

Keywords: Positive behavior supports, applied behavior analysis, positive reinforcement, behavior disorders, intellectual disabilities, social role valorization, person-centered planning

Over the last 25 years there has been a growing interest in the use of PBS in addressing the clinical challenges that sometimes occur among people having intellectual and developmental disabilities. Early published articles (e.g., Horner Dunlap, Koegel, Carr, Sailor, & Anderson, 1990; McGee,

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Menolascino, Hobbs, Menousek, 1987; Meyer & Evans, 1989) centered primarily on non-aversive behavior management and "gentle teaching" rather than what most practitioners now consider PBS, but ultimately sought to eliminate the use of punishment, aversive consequences, and "dehumanizing" behavioral interventions. This large scale movement ultimately resulted in the formation of the Association for PBS (APBS), the Journal of Positive Behavioral Interventions, and an international conference, now in its tenth year. Numerous educational curricula have been developed to promote PBS across a variety of settings and age groups. Examples include Positive Beginnings, a guide for working with children and their families published by the Florida PBS Project; and the American Association for Intellectual and Developmental Disabilities (AAIDD) curriculum.

The movement in PBS has been convincing enough to influence federal and state law. The Individuals with Disabilities Act (IDEA), established in 1997 and amended in 2004, states that interdisciplinary teams "consider" the use of PBS in addressing challenging behavior and mandates the use of functional behavior assessment to address challenging behaviors that result in long-term school suspensions or expulsions. Broad implementation of PBS at the statewide level, both in and out of the educational system, has become standard practice both nationally and internationally (Rotholz & Ford, 2003; Sailor, Dunlap, Sugai, & Horner, 2010).

Definitions of PBS vary widely (Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, Anderson, et al., 2002; Horner et al., 1990; Warren, Edmonson, Griggs, Lassen, McCart, & Turnbull, 2003). Haring and De Vault (1996) describe PBS as interventions that consider the contexts within which challenging behavior occurs, address the functional properties of behavior, can be justified by the outcomes, and are acceptable to the person, the family, and others. The APBS defines PBS as a "set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment". Others describe it more as a general approach or social movement in the evolution of service delivery systems (Mulick & Butter, 2005; Wacker & Berg, 2002).

Some authors consider PBS to be "an applied science that uses educational methods to expand an individual's behavioral repertoire and systems change methods to redesign an individual's living environment to first, enhance the individual's quality of life and, second, to minimize his or her problem behavior" (Carr et al., 2002, p. 4). PBS is based on valued outcomes, validated procedures from behavioral science (and to a lesser extent, biomedical science), and changes in the structure of

service delivery systems. The technology of PBS is not limited to addressing clinical problems in those with intellectual and developmental disabilities (Durand & Carr, 1985) and has successfully been applied to academic performance, violence, and disciplinary measures across entire school systems (Anderson & Kincaid, 2005; Crone & Horner, 2003; Sugai & Horner, 2002; Warren et al., 2003). PBS is not a specific curriculum, plan, protocol or procedure and is not intended for a specific group of people or type of setting; it is a general approach that focuses on prevention of challenging behavior, based on a few key intervention methodologies.

PBS as an applied science, a professional field, or an academic discipline is not without critics, and many view it as a less rigorous, diluted version of ABA (Mulick & Butter, 2005). ABA, like other sciences, values truth over the political or cultural beliefs held by certain advocacy groups or human service organizations (Johnston, Foxx, Jacobsen, Green & Mulick, 2006). Mixing science with values can be problematic, from both a theoretical and empirical standpoint, and will continue to generate great debate among scholars. Regardless of these conflicting perspectives, a science based approach to behavior change and values-based education are, and will continue to be, necessary components of contemporary human service organizations.

PBS: A Blending of ABA, SRV, and Person-Centered Planning

Applied Behavior Analysis

ABA is the scientific approach to improving socially significant behavior (Baer, Wolf, & Risley, 1968; Cooper, Heron, & Heward, 2007). It evolved from the philosophy of behaviorism and methodologies developed in basic experimental research. When using techniques based in ABA, the practitioner must be able to demonstrate that the systematic application of a specific independent variable was responsible for behavior change, and not some other extraneous variable(s). It uses knowledge of basic behavior principles (viz., positive and negative reinforcement/punishment) to identify variables that contribute to challenging behavior, develop specific intervention procedures, and evaluate the effects of those procedures. ABA, like, PBS, is interested in developing not just a technology of behavior, but one that is effective, accountable, and humane. Early practitioners in ABA were, at best, narrow in focus. The emphasis on consequences, typically punitive ones, over setting events, antecedent factors, and techniques based in reinforcement (Bailey & Burch, 2005) contributed to negative, and sometimes hostile, attitudes toward ABA and its predecessor, behavior modification. These attitudes have caused some practitioners within PBS to distance themselves

from ABA, a move that has caused many behavior analysts to be critical of PBS for its failure to recognize and acknowledge the science behind the technology.

Social Role Valorization

SRV is the name given to a set of ideas superseding the principle of normalization. It is widely used in the development of community-based services for people with developmental and mental health challenges. The definition of SRV has changed over time, but the most recent version is stated as "The application of empirical knowledge to the shaping of the current or potential social roles of a party (i.e., person, group, or class), primarily by means of enhancement of the party's competencies and image, so that these are, as much as possible, positively valued in the eyes of the perceivers" (as cited in Osburn, 2006, p. 4). SRV is not prescriptive in the sense that it directly states what should be done to address challenging behavior or what would constitute "moral behavior" in any specific instance. Instead, it stresses the importance of creating and supporting valued roles for people in their society, and does this through the analysis of social valuation and devaluation. The premise of SRV is that people's welfare depends primarily on the social roles they occupy. People in roles valued by society will generally be afforded "the good things in life", but people in devalued roles will typically be treated poorly. It seeks to alleviate and prevent the negative social imagery, distancing, rejection, and long-term wounding inherent in being a member of a devalued group. The core belief is that if a person's competencies and image are enhanced, they are more likely to have social roles valued by society (Lemay, 1995).

Person-Centered Planning

Person-centered planning is a logical extension of SRV. It brings together the people that know the person well to help plan a better life. It does so without the professional "authority" or technical language that has traditionally dominated interdisciplinary team meetings. It requires active listening and skills in the interpretation of the messages being communicated, and results in goals based on the person's interests, talents, preferences, and dreams. Participation is voluntary and often entails long-term time commitments on the part of those involved. Planning meetings are conducted by both graphic and process facilitators that guide the group using several core principles, including community inclusion, personal autonomy, making social contributions, and building relationships (Holburn, Jacobson, Vietze, Schwartz, & Sersen, 2000; Lyle-O'Brien, O'Brien, & Mount, 1997). Person-centered planning increases the likelihood that lives improve directly

because of the extensive amount of time and care put into the process, which includes specific tools such as MAPS, PATHS (O'Brien, Pearpoint, & Kahn, 2010), Essential Lifestyle Planning (Smull & Sanderson, 2005), and Personal Futures Planning (Mount, 1992, 2000).

Establishing a Successful Program in PBS

Develop Rapport, Solicit Preferences, and Conduct a Lifestyle Analysis through Person-Centered Planning

Establishing a positive relationship is one of the most fundamental tasks of any clinician, particularly those that work with people that display challenging behavior. Many people using services have been institutionalized, isolated, segregated, and marginalized in ways most people cannot conceive. Human service professionals often undervalue the importance of establishing good working relationships with the people they support. Given the inherent imbalance of power between service recipient and service provider, working closely with and getting to know a person are necessary first steps in the development of the therapeutic relationship. Establishing oneself as a reinforcing person, knowing how to present instructions and the difference between instructions and requests can often alleviate many of the problems encountered in direct service environments before they begin.

In a true PBS framework, human service organizations place great emphasis on soliciting the preferences of the people they serve. Interdisciplinary teams are careful not to dictate "who" people should be, "how" they should think, or the "way" they should live their lives. PBS acknowledges that there are times when teams have to respectfully limit choices and times when people using services will benefit from receiving negative feedback about their behavior (Reid & Parsons, 2007). People using services want fairly ordinary things; to choose where and with whom they live, to plan their own meals, to have access to snacks and drinks whenever possible, have adequate opportunities for physical, recreation, and leisure activities, and to have meaningful, functional, and productive things to do with their time (Barol, 1996; Hingsburger, 1996). People that are able to express their preferences and lifestyle choices generally make for happier people, and seldom display severe behavior problems (Neely-Barnes, Marcenko, & Weber, 2008). If they have difficulty expressing preferences, observe them closely to help make those things clear.

Conduct Functional Behavior Assessments and Engineer the Environment to Set the Occasion for

Successful Performance

PBS does not seek to "get rid of behavior problems" inasmuch as it wants to understand their function (i.e., what they get people, or what it gets them away from). PBS seeks to know what people do; when, where, how often, and under what stimulus conditions. Functional behavior assessment provides these answers. Commonly, charts or checklists are used to gather and interpret this information and data is displayed graphically. It may include temporal analysis (setting events, antecedent, behavior, and consequent factors), with challenging behavior defined operationally, including examples and non-examples. Once information has been gathered, it can be determined if there are any triggers that precede problem behavior and/or any reinforcers maintaining the behavior.

Reid & Parsons (2007) outline four important aspects of any living environment; soliciting preferences from those receiving services, that it looks typical, individualization, and evidence that preferences are taken into consideration. The cause of challenging behaviors is not found inside the person, unless it's a direct result of a medical condition, but in the physical or social environment. If the cause can be found in the environment, the solution can also be found in the environment. The right psychotropic medication plan, counselor or therapist, behavior plan, or other clinical support cannot fix the wrong environment, so consideration must be directed carefully, evaluating both the physical and social environment where challenging behaviors are occurring (Sovner & DesNoyers-Hurley, 1985).

Teach Functional Skills and Functional Communication Training

Those providing support for individuals with disabilities need to know how to teach, and those designing teaching plans must have an understanding of what constitutes a functional skill. A functional skill is defined as one that is needed often, results in independence, is age appropriate, and/or replaces a challenging behavior (Reid & Parsons, 2007). Good teachers in disability services do little speaking when teaching, in order to avoid prompt dependence. They are familiar with basic skills in ABA such as how to use various types of prompts, shape behavior, correct errors, and chain simple skills together to form more complex skills. It is imperative that those providing support know how to collect good data, analyze patterns or trends in behavior, and both document and communicate clinical concerns objectively. When behavior is analyzed objectively, it is then possible to structure environments in ways that minimize exposure to triggers and modifies potentially reinforcing responses to challenging behavior.

There is widespread understanding that challenging behavior serves a communicative function and must be examined closely in its environmental context (Carr & Durand, 1985; Durand, 1999a). To some, challenging behaviors are viewed simply as an attempt at communication regarding an unmet need, a result of loneliness, or because the person has few, if any, meaningful relationships (Pitonyak, 2005). Most would agree that one of the most fundamental needs of people with intellectual and developmental disabilities is directly related to learning a functional means of communication. Spoken language is preferred, but picture exchange systems, communication boards, and electronic devices can be equally effective (Bondy & Frost, 2001; Durand, 1999b).

Use High Rates of Positive Reinforcement and Praise

The controversy over aversive treatment procedures has led to a shift toward using behavior change techniques based in antecedent manipulations and positive reinforcement. Human service delivery systems in general, and ABA in particular, have traditionally been expert-driven rather than person centered. The approaches were unnecessarily controlling rather than collaborative, and seemed to work "over" rather than "with" people (Hingsburger, 1996). Some believe the treatment of challenging behavior cannot be accomplished using techniques based only in reinforcement, while others believe that it can only be changed using reinforcement, antecedent strategies, and when used with values-based education and person centered planning.

Reinforcers should be individualized, provided contingent upon positive alternative behavior, and withheld for a short time after challenging behaviors occur. They are most effective when provided immediately after a behavior occurs, varied to avoid the effects of satiation, provided in natural settings, and are age appropriate. Reinforcement procedures must be attempted and new skills taught before moving to less positive alternatives. Reinforcement and the use of praise should be the most important and often used skill among those providing support to individuals with challenging behavior. Sadly, most people do not use praise often, or well. They don't have problems thinking positive things about individuals they support, they have problems saying those things (Hingsburger, 1996). It seems evident that the use of praise does not always come naturally to those supporting people with disabilities and they often require specific teaching in what, when, and how to praise.

Conclusions

Though some continue to believe that ABA has limited utility in human services, its scientific basis

and evidence-based methodology have become an indispensable part of quality improvement and performance activities, as well as meeting the needs of funding sources that are increasingly requiring justification for service effectiveness. PBS is not a new science; the only science behind PBS is based in ABA. That fact alone does not lessen the significance of what PBS has to offer. There is an obligation on the part of clinicians to emphasize reinforcement over punishment, especially since so many challenging behavior problems can be corrected with simple solutions (i.e., by "listening" to what the person is trying to communicate in the best or only way they know how). A solid foundation in PBS requires training both in ABA and values-based and person-centered approaches to human services. Life goals can and should be determined by the people using services, whenever possible. When it's not possible, then teaching should be directed at making it possible (viz., teaching a functional means of communication).

Unlike ABA and behavior modification, PBS appeals to a much wider audience. Consistent with the concept of self-determination and recent legislative changes to service delivery systems (i.e., "wrapping" the system around the needs of the person, rather than trying to fit the person into existing services), PBS attempts to tailor support to the person, their unique lifestyle and personal desires. The movement in PBS is successful because it partners with people, rather than directing them, and focuses on enhancing competencies that set the occasion for the development of more socially valued roles. PBS is not a threat to ABA; it's simply an application of its technology. It's not surprising that federal and state regulatory requirements have widely embraced PBS and a commitment to person-centered planning and values-based training. Incorporating PBS into the vision, mission, and values of organizations will facilitate wide scale adoption of its ideology and methods, but only when administrative and financial policies are in place for supporting these efforts.

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Поддержка позитивного поведения в психологической науке и образовании

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В последнее время растет интерес к использованию поддержки позитивного поведения в работе с людьми, имеющими интеллектуальные нарушения и нарушения развития. Поддержка позитивного поведения не является новой концепцией, «терапией» проблемного поведения, новой наукой, профессиональной сферой или предметом изучения. Поддержка позитивного поведения объединяет в себе широкий спектр элементов из прикладного анализа поведения (ABA), социально-ролевой валоризации (SRV), личностно-центрированного планирования, а также изменений в структуре систем оказания социально-психологических услуг. Поддержка позитивного поведения может использоваться не только в работе с инвалидами; она не связана жестким набором процедур и методов. В настоящее время законодательные и контролирующие государственные органы придерживаются идеи внедрения стратегий, основанных на поддержке позитивного поведения, для решения проблем в системе образования. Рассматриваются идеологические и философские предпосылки поддержки позитивного поведения, включая связь с прикладным анализом поведения и с ценностно-ориентированными подходами к оказанию социальных услуг. Приводятся клинические рекомендации для применения более эффективных, социально приемлемых и эмпирически надежных подходов к коррекции проблемного поведения.

Ключевые слова: поддержка позитивного поведения, прикладной анализ поведения, позитивное подкрепление, поведенческие нарушения, нарушения интеллекта, социально-ролевая валоризация, личностно-ориентированное планирование