



ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

Newsletter

Volume 5, No. 1

2007

Association for
Positive Behavior
Support

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APBS Board Update

Glen Dunlap

As APBS continues to grow, the APBS Board of Directors has focused recent efforts on two important areas. The first is the development and implementation of a comprehensive strategic plan (or “work plan”). Board members, as well as additional members of APBS, have worked since July to refine elements of the work plan, which is organized under five major areas: (1) Board functioning; (2) Communications with APBS members and the field; (3) Finances; (4) PBS content; and (5) Annual conference. The work plan will serve as the guiding structure for the annual board meeting in March.

A second major area of discussion has been the infrastructure of APBS. Up to this point, the organization has been operating on a very limited budget with an Executive Director funded at only .05 FTE and other personnel hired only to achieve the bare necessities. In order to produce greater impact, deliver increased member services, and serve as a more vigorous entity in support of the APBS mission, it is necessary for the infrastructure to grow accordingly. This important topic will be addressed as part of the work plan at the March conference in Boston.

As always, the Board is eager to incorporate member input into these issues, and we encourage member par-

ticipation at the Board meeting and at all other times throughout the year.

Practical Strategies for Supporting Families in the Use of Positive Behavior Support

Amy McCart & Diane Bannerman Juracek, University of Kansas

Intervention that is both effective and family-friendly is hard to come by. Having practitioners in the home is burdensome; thus, some families hesitate or do not ask for in-home support. By the time families seek support, the behavior often is at a crisis point. Implementing positive behavior support (PBS) within the family unit requires practitioners to understand and incorporate contextual variables that impact family life. Dunlap and colleagues (2001) report that having families participate in the PBS process, including functional assessment, is necessary, given their knowledge, ability, and commitment to the individual facing the behavioral challenges. In the following paragraphs, we provide suggestions, taught to us by trial and error (emphasis on the “error”), for successfully conducting a functional assessment in the family context.

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Relationship Development, Assessment, and Crisis Intervention

The first few visits with the family are important opportunities for establishing a lasting relationship. Relationship development is critical for gathering accurate information and developing an intervention that will be effective and implemented. Some strategies we have found to be useful in developing and maintaining positive relationships with the family include: (a) spending time with each member of the family (individually and as a group); (b) recognizing family birthdays, anniversaries, and other events (e.g., bringing treats or a card); (c) respecting areas of privacy; (d) accepting offers of beverages or meals when appropriate; (e) attending children's extracurricular activities and celebrations when asked; and (f) being available to listen and help during crisis times.

Following the formation of a relationship, the next step for some families may be crisis intervention. For example, support may be needed to teach parents how to protect a child from her brothers' hits and kicks or to help with environmental modifications in the backyard of a child who is endangering herself by climbing fences. The practitioner's help in allaying initial crisis situations protects family members, reduces stress, and strengthens relationships (Boettcher, Koegel, McNerney, & Koegel, 2003). When crisis is alleviated, the functional assessment process and behavior support plan development can be addressed in earnest.

Functional Assessment in the Family Context

A thorough functional assessment is key in determining why the behavior is occurring and to develop an effective behavior support plan (Freeman, Baker, Horner, Smith, Britten, & McCart, 2002; Johnston & O'Neill, 2001; O'Neill, et al., 1997; Repp, Felce, & Barton, 1988). Practitioners may be tempted to intervene immediately without an assessment process. We caution against this approach and instead recommend a straightforward and time efficient functional assessment including direct observation, indirect assessment, and when possible, a brief, in-home functional analysis. A review of the

process of functional assessment is beyond the scope of this paper (but see O'Neill et al., 1997). We instead provide tips for conducting a "family friendly" functional assessment.

Indirect Assessment

Indirect assessment must be adapted to be efficient and effective within individual family contexts. Families often have difficulty filling out long questionnaires and undergoing repeated interviews. Brief interviews with family members (individually and together) provide good information about what events may evoke and maintain the behavior, how best to meet the needs of the child, and how to boost family quality of life. Brief questionnaires may assist families to gather their thoughts on issues surrounding the problem behavior. Some useful tools include: (a) Family Friendly Functional assessment Interview (Bannerman Juracek & McCart, 2001), (b) Functional Assessment Interview (O'Neill et al., 1990), (c) Home Environment Management Plan (McCart & Wolf, 2005), and (d) Motivation Assessment Scale (Durand & Crimmins, 1985). These assessments, when paired with quality of life assessments (see www.beachcenter.org), can often lead to a better understanding of when and why the behavior is occurring.

Direct Observations

When planning for direct assessment, the practitioner should plan to observe for at least 10–15 hours during several visits on different days and in all contexts where problem behavior is a concern (Lucyshyn, Kayser, Irvin, & Blumberg, 2002). This is a large number of hours; yet we feel it is critical to developing relationships and having a clear understanding of the contextual variables that impact the family unit. Family comfort during observation is very hard to achieve. One family member reported that it felt a bit like "being on a reality TV show." Another option for direct observation is the use of a video camera. With the permission of family members, a small unobtrusive video camera may be turned on during routines an observer otherwise might have difficulty accessing (e.g., bedtime rou-

tine), allowing for less intrusive observation. Being sensitive to families' uneasiness about direct or video observation and taking steps to make them feel more at ease is critical to ensure that data collected during functional assessment are useful.

Functional Analysis in the Family Home

The functional analysis is the third component of the functional behavioral assessment process and involves manipulation of antecedents, consequences, and setting events to determine whether the hypothesized function of the behavior is correct. Conducting a functional analysis (O'Neill et al., 1997; Repp, & Horner, 1999) is always challenging, but particularly so in the family home. After direct observation and indirect assessment, the family is more than ready for a concrete plan to be implemented. It has been our experience that implementing a brief functional analysis at the first phase of the positive behavior support plan can be an effective way to test the dominant hypothesis regarding the function of behavior. This more family-friendly approach allows the family to begin implementation, *while* testing the initial hypotheses regarding the function of problem behavior. For example, if a teenager goes to her room after school rather than spending time with the family, a hypothesized function may be to avoid interactions with her parents and/or gain access to a preferred activity (instant messaging with her friends). To test this hypothesis, the first phase of the PBS plan might allow her to "instant message" her friends in the kitchen, but not in her room. The test may be implemented for several days with data collected on the number of interactions responded to, and initiated by, the teenager with family members. If interactions increase, there is evidence to support the hypothesis that she secluded herself in her room to chat with her friends and not to avoid interacting with family. This simple test of the hypothesis about why the behavior is occurring helps the family and practitioner to shape the behavior support plan in pursuit of positive outcomes and invests the family in the problem-solving process, while simultaneously teaching them the skills to systematically test other behavioral hypotheses as needed.

Contextual Fit of the Plan to the Family Dynamic

"Interventions fail to be implemented and sustained when they do not fit the daily routine of the family; that is, when the intervention cannot be incorporated into the daily routine, or when the intervention is not compatible with the goals, values, and beliefs of the parents" (Bernheimer & Keogh, 1995, pg. 424). Well-written, evidence-based positive behavior support plans often go unused because the practitioner fails to adequately address how best to match the plan to the family. Allen and Warzak (2000) suggest that prior to program implementation, practitioners analyze the contingencies that might increase or reduce the likelihood of parental adherence to the plan in natural family settings. Questions used to generate this analysis might include: (a) What are the typical schedules and routines of the family? How can the plan be adapted to fit within those routines? (b) Will the plan allow the needs of siblings (extracurricular activities, snuggle time) and spouses (time together, support with daily chores) to be met? (c) Is the plan easy/hard to implement, quick/time-consuming? (d) Can the plan implementation result in positive consequences for adherence? (e) Are there other behavioral, social, or medical needs that may interfere with the family's ability to implement this plan? (f) Do the family members agree with the plan and understand the behavioral principles (e.g., reinforcement, extinction) on which the procedures are based? (g) Are there people, resources, and supports (in all environments relevant to the child) committed to addressing the behavior? (h) Are there strategies that a family member does not feel will work or that he/she cannot or will not implement? If practitioners are able to answer and address the questions and challenges of contextual fit, they likely will have a support plan that will be implemented.

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For examples of family-friendly indirect assessments or data collection systems contact Drs. Amy McCart (amccart@kc.rr.com) or Diane Bannerman Juracek (dibannermanjuracek@clockansas.org).

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