



ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

Newsletter

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Association for
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APBS President's Update

With our conference just around the corner, many of us are beginning to prepare the presentations, posters, and other tasks we are responsible for completing during March 25–27, 2010. We have 97 volunteers already signed up for the conference. Ilene Alvarez has been sending us reminders to register for the conference by February 20th to obtain the early bird discount and to reserve our hotel rooms by the same date to take advantage of the conference rates. This year, the APBS conference is in St. Louis, Missouri, and those of us in the Midwest states are looking forward to serving as hosts for those of you from other states and countries.

A number of you have asked why we have some individuals presenting as keynote speakers this year when they have already participated in keynote presentations in the past. While all our keynotes have been special, this year will be unique because we are paying formal tribute to **Dr. Edward G. Carr (Ted)**, one of the founders of APBS. Ted's endless energy and enthusiasm is one reason APBS exists today, which makes this year's keynote an historical event as we acknowledge the enduring contributions of one of the founders of APBS.

To honor Ted Carr's legacy, the conference committee and APBS Board have organized a number of activities and events at the conference. Glen Dunlap, Mark Durand, Rob Horner, and Ann Turnbull will be sharing the role of keynote this year, with the intent of remembering Ted from the different perspectives of those who knew him best. We will also be giving two awards

in Ted's honor at the conference. One, an initial researcher award, will be given to a person identified by an APBS committee as someone who has made a significant initial contribution to the field. The other will be a research award provided to an individual who has presented a scientific or practical application of PBS at the poster session on Thursday evening, March 25, 2010. In addition, immediately after the poster session, Glen Dunlap will be hosting an opportunity for friends to share memories and reflect on everything Ted accomplished in his lifetime. Please join us in celebrating Ted Carr's memory. We look forward to seeing you at the conference!

Please note: Nominations for The APBS Board are now open! Keep our leadership strong: nominate yourself or another excellent candidate by June 30, 2010.

APBS Board Elections: Nominations Requested

Nominations are being solicited from the APBS membership for open seats on the Executive Board. Any member of APBS in good standing may nominate another member (or themselves) to run for the board. Board terms run for 3 years. The APBS nominations committee will establish a slate of candidates based upon the information provided with each nomination. Nominations must include the following items:

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(APBS Board Elections, continued from page 1)

1. The Nomination Application for APBS Executive Board of Directors form (located at www.apbs.org).
2. A letter or e-mail from the person being nominated, agreeing to run for the board.
3. A professional vita or personal description of the individual being nominated.
4. A nomination paragraph of no more than 250 words that will appear on the ballot to be submitted to the membership for the final vote.

All nominations (including all required information) must be received by **June 30, 2010**. Nominations received after this date will be considered invalid.

Nominations: Send via e-mail to Tim Knoster (tknoster@bloomu.edu).

Questions? Contact V. Mark Durand (vdurand@mail.usf.edu) OR Tim Knoster

Positive Family Intervention: Addressing Parental Thoughts to Promote PBS

Meme Hieneman, V. Mark Durand,
Shelley Clarke, Laura Casper,
Kristin Knapp-Ines, Suzanne Milnes,
Melissa Rinaldi, & Kristin Christodulu

Positive Family Intervention Project, University of South Florida–St. Petersburg & State University of New York at Albany

Research suggests that positive behavior support (PBS) can be an effective approach for reducing child problem behavior and improving the lives of families (Dunlap, Newton, Fox, Benito, & Vaughn, 2001; Frea & Hepburn, 1999; James & Scotti, 2000; Maughan, Christiansen, & Jensen, 2005; Serketich & Dumas, 1996). Unfortunately, parents do not always complete the training or consistently use the behavioral strategies. Estimates are that between 40 and 60% of parents drop out of traditional behavioral parent-training programs (Kazdin, 1996), although data from studies of PBS are rare (Durand & Rost, 2005).

A number of factors may affect the likelihood that community-based interventions, such as BPT, will be used and will produce the desired outcomes. These in-

clude children and families' needs and characteristics; availability of resources, time, and social support; and the relevance and practicality of the interventions (Hieneman & Dunlap, 2000, 2001). These are important considerations, but another explanation may have been overlooked. Durand (2001) completed a longitudinal investigation of variables associated with the escalation of problem behavior in young children and found that the most important predictor of future problems was *parental pessimism* (i.e., when parents felt incapable of changing their child's challenging behavior, the behaviors worsened over time).

To better understand and address this phenomenon, we conducted a program of research combining (a) parent education in PBS with (b) a cognitive-behavioral approach to overcoming negative self-talk called *optimism training* (Seligman, 1998). This combined approach is referred to as *positive family intervention* (PFI; Durand, 2007; Durand & Hieneman, 2008a, 2008b; Durand, Hieneman, Clarke, & Zona, 2009; Hieneman, Knapp-Ines, & Durand, 2008). The purpose of this article is to provide an overview of this program, illustrating its features with a case example.

Positive Family Intervention

The PFI research program was designed to compare outcomes (e.g., changes in child behavior, attrition, parental pessimism) for two groups: parents participating in PBS-only sessions and parents who also received optimism training. Regardless of the condition, all parents attended eight individual weekly sessions. These sessions were 90 minutes in length and followed a consistent protocol (Durand & Hieneman, 2008a, 2008b). During each session, the therapist reviewed the key concepts, presented case examples, guided the parents through practice while providing feedback, and assigned homework to apply the information to their own child. The PBS content was as follows: (1) introduction and goal setting, (2) gathering information, (3) analyzing patterns, (4) preventing behavior, (5) managing consequences, (6) replacing problem behavior, (7) implementing strategies, and (8) monitoring outcomes.

In the PBS-plus condition, optimism training was integrated within the sessions. Parents were asked to share successful and challenging situations they faced between the sessions and to identify what they were thinking during those situations. They were then prompted to consider consequences of those thoughts in terms of both their own behavior and the impact of their reactions on their children. If the parent's beliefs were not helpful (e.g., they resulted in the parent giving up or giving in), the therapist guided parents to dispute those thoughts in

terms of their accuracy and usefulness and to substitute more productive self-talk.

Case Example

Tonya and Steve became involved in the PFI program because their adopted son, Ricky, was experiencing significant behavior problems and they felt they had nowhere else to turn. Although they received services from a behavior specialist at an early learning center, they had been unable to adopt effective strategies. Because of their exasperation, they were considering relinquishing their parental rights.

Ricky was 4 years old and had been identified as having ADHD and sensory integration disorder. He was attending preschool, as well as speech and occupational therapy. Ricky was articulate and mastered academic tasks quickly but had behavior problems that interfered with success at home and in the community. Ricky's behaviors of concern consisted of aggression (e.g., hitting, kicking, biting, scratching); throwing, pushing, and breaking objects; noncompliance with instructions; and verbal threats to injure other people.

Tonya and Steve believed that much of Ricky's problems were related to his disabilities and a history of drug exposure and neglect from his biological mother; however, they also took Ricky's behavior very personally. Both parents believed that Ricky was intentionally disrespectful and hurtful toward them. Because of these beliefs, they felt that firm discipline was absolutely necessary to instill proper values. These ideas made it difficult for them to adopt proactive, positive alternatives for intervention.

To assist the parents in developing an effective behavior support plan for Ricky, we guided them to establish a support team, develop goals for intervention, and gather information to better understand the patterns surrounding Ricky's behavior. Their goals focused on Ricky being able to follow directions and daily routines and to spend quality time as a family without problem behavior. Through functional behavioral assessment (FBA) interviews, observations during difficult routines, and consultation with the school, patterns began to emerge: Ricky used aggressive behavior to (a) obtain items or activities after being told "no," (b) escape or delay following instructions or transitions to ambiguous or less preferred activities, and (c) get parent attention in the form of assistance, increased proximity, and physical affection.

Throughout the FBA process and intervention design, we confronted the parents' pessimistic beliefs and the impact of those beliefs on interactions with Ricky. We first helped Tonya and Steve identify the triggers that provoked negative thinking and their specific beliefs in those situations. For example, when Ricky refused to comply

or resisted demands, the parents believed he was being deliberately disobedient and therefore deserved punishment. Interspersed with these beliefs were frequent feelings of inadequacy in meeting Ricky's needs due to his complicated history.

Once the parents understood their triggers and specific thoughts, we asked them to determine the consequences of those beliefs, including both their reactions to Ricky and the outcomes of those reactions. We helped Tonya and Steve recognize that they tended to escalate with Ricky. As he continued to disobey, they became louder and more physical (while allowing Ricky to further delay tasks and get 1:1 attention). This coercive family process simply produced higher levels of aggression from both the parents and Ricky.

In addition, sometimes after Tonya and Steve had grown tired of battling with Ricky (and possibly felt guilty about their punitive reactions), they would withdraw their demands or find some way to placate Ricky. This reaction further reinforced his pattern of behavior. The parents came to realize that they had begun to approach Ricky expecting problems and that this presumption was affecting their general demeanor with him. They often failed to provide the kind of proactive supports young children require and also withheld affection. Ricky was so desperate for their attention that he was resorting to severe problem behavior to get it.

We guided Tonya and Steve to confront their beliefs, evaluating their accuracy and usefulness. We asked them to list evidence to support and refute the beliefs and decide whether their thinking was beneficial. The parents found engaging in this exercise (*disputation*) to be difficult because they were defensive and resistant. They began skipping sessions following confrontation. Through patience and assertive questioning, we eventually made a breakthrough. Tonya and Steve finally realized that their emotionally charged reactions to Ricky's behavior, followed by concessions, were leading to unproductive behavior patterns and damaging their relationship with Ricky. They understood Ricky's behavior to be purposeful but not personal; that he was using his behavior to communicate his needs.

Learning to replace unproductive beliefs with more positive, solution-based affirmations allowed Tonya and Steve to better accept and respond to situations. They began saying, "Ricky's behavior will improve if we are more proactive, supportive, and consistent." They recognized that they could only control their own behavior and that they needed to focus on successes, not just problems. Substituting positive self-talk allowed them to refocus on

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(*Positive Family Intervention*, continued from page 3)

what they wanted to accomplish and hold their emotions in check during stressful situations.

Some of the intervention strategies that the parents developed under our direction included clarifying routines and limits; approaching Ricky in a positive and encouraging manner; providing access to rewarding activities and parental attention only contingent on positive behavior; and teaching Ricky to request attention and assistance, wait and tolerate less pleasant circumstances (e.g., taking turns with his sister), and independently complete self-care and household chores.

Through these strategies, Ricky became increasingly independent in daily routines and capable of communicating his needs in appropriate ways. Standardized measures showed significant improvements in Ricky's behavior (i.e., going from the "very serious" to "normal" range on the Maladaptive Behavior Index of the *Scales of Independent Behavior-Revised* [SIB-R; Bruininks, Woodcock, Weatherman, & Hill, 1996]), and this improvement was supported through direct observation. Following intervention, Tonya and Steve stated that they felt capable of meeting Ricky's needs, no longer considered forfeiting their parental rights, and were optimistic because they were more consistently successful on community outings.

Conclusions and Next Directions

Behavioral parent training can be effective and can produce positive changes in child behavior and family functioning; however, we need to address issues that impede parents' ability to participate, follow through, and benefit from intervention. Infusing cognitive behavioral methods such as optimism training into parent education in PBS appears to help families overcome barriers and may be an important element in an intervention's sustainability. The results of our PFI study provide an example of the highly positive outcomes that can occur for families and children when we address these variables directly.

Note: For further information, contact Meme Hieneman (thehienemans@yahoo.com).

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