



**Technical Assistance Center
on Social Emotional Intervention**



Positive Behavior Support

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Created by and available online from the
Technical Assistance Center on Social Emotional Intervention for Young Children at
www.challengingbehavior.org

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Positive Behavior Support

Positive Behavior Support (PBS) is a process for understanding and resolving the problem behavior of children that is based on values and empirical research. It offers an approach for developing an understanding of why the child engages in problem behavior and strategies for preventing the occurrence of problem behavior while teaching the child new skills. Positive behavior support offers a holistic approach that considers all factors that impact on a child and the child's behavior. It can be used to address problem behaviors that range from aggression, tantrums, and property destruction to social withdrawal.

The Process of Positive Behavior Support

The following steps are essential to the process of PBS.

1. [Building a Behavior Support Team](#)-PBS begins by developing a team of the key stakeholders or individuals who are most involved in the child's life. This team should include the family and early educator, but also may include friends, other family members, therapists, and other instructional or administrative personnel.
2. [Person-Centered Planning](#)-Person-centered planning provides a process for bringing the team together to discuss their vision and dreams for the child. Person-centered planning is a strength-based process that is a celebration of the child and a mechanism of establishing the commitment of the team members to supporting the child and family.
3. [Functional Behavioral Assessment](#)-Functional assessment is a process for determining the function of the child's problem behavior. Functional Assessment or Functional Behavioral Assessment (FBA) involves the collection of data, observations, and information to develop a clear understanding of the relationship of events and circumstances that trigger and maintain problem behavior.
4. [Hypothesis Development](#)-The functional assessment process is completed with the development of a behavior hypothesis statement. The behavior hypothesis statements summarize what is known about triggers, behaviors, and maintaining consequences and offers an informed guess about the purpose of the problem behavior.
5. [Behavior Support Plan Development](#)-Once behavior hypotheses statements are developed to summarize the data gathered from the functional assessment process, the team can develop a behavior support plan. Essential components of the behavior support plan are prevention strategies, the instruction of replacement skills, new ways to respond to problem behavior, and lifestyle outcome goals.
6. [Monitoring Outcomes](#)-The effectiveness of the behavior support plan must be monitored. This monitoring includes measurement of changes in problem behavior and the achievement of new skills and lifestyle outcomes.

Step One: Building a Behavior Support Team

Positive Behavior Support (PBS) begins by building a behavior support team of key individuals and stakeholders who are most involved in the child's life. Team members collaborate in multiple ways in order to develop, implement, and monitor a child's support plan. The collaborative process of PBS includes the following steps:

All these steps are essential to successful teaming and in developing a Positive Behavior Support Plan. When developing a behavior support team one must ask the following questions:

WHO are the key stakeholders and individuals in this child's life?

WHY is collaborative teaming a key element of PBS for this child?

WHAT do we need to do to make this a successful collaborative experience that will benefit the child and family?

HOW are we going to promote the active participation of the family and all team members in the behavior support planning process?

WHO are the key stakeholders and individuals in this child's life?

Potential team members include anyone who the family or teacher feels knows the child well and will be a part of the behavior support process. Parents and family are absolutely essential to the PBS teaming process. The goal is to create a team that represents all of the adults who will interact with the child in the natural environment. When that occurs, the team will be able to develop a behavior support plan that can be used across environments. Plans that are consistent across environments are more likely to be effective and new skills are more likely to be learned and generalized. Other potential members can include therapists, administrative staff, program consultants or resource professionals, and possibly even other key stakeholders (such as, extended care providers, individuals who transport the child, or even medical professionals).

WHY is collaborative teaming a key element of PBS for this child?

Collaborative teaming is based on the idea that all team members have contributions to the development, implementation, and monitoring of a behavior support plan. When the family is a part of the process from the beginning, and are encouraged to participate in the PBS process from functional assessment to plan implementation, they are more likely to "buy in" to the support plan and implement the plan with fidelity. In addition, the parents will learn to view behavior as purposeful and may be able to develop support strategies as their child moves to new settings or situations. Because collaborative teaming is a key element in PBS, the family builds a large foundation of knowledge about why their child uses problem behavior and a better understanding of how to teach their child new skills to use in place of problem behavior. The family is better able to use problem-solving skills in the future to support their child. Collaboration is a gift of family empowerment.

[Strategies for Teaming with Families in the Process of PBS](#)

WHAT do we need to do to make this a successful collaborative experience that will benefit the child and family?

Collaboration is delicate process. Success is achieved when all team members are actively involved in the behavior support process and when each team member feels that their contributions are valued and important. Effective teaming relies on good leadership. The leader of the team is the one who facilitates active participation from team members and reflects on the family's goals and voice in those instances where the family members choose not to lead the team. A leader is always open-minded and is able to take on the perspective of the other team members and facilitate discussions so that everyone's voice on the team is heard. Collaborative teaming needs to be a cooperative experience and result in a commitment to develop and implement the written plan (i.e., behavior support plan).

Teaming works best when there is open communication between team members, goal setting, teaching within natural environments, use of family strengths, monitoring of progress, and family involvement beyond meetings. Goal setting as a team should include a shared vision for the child and a belief that goals can and will be accomplished. Goals are written in such a way that skills can be taught within daily activities and routines in natural environments. This will not only allow for generalization of skills but also increased opportunities for teaching.

When setting goals for the child, it is also important to build upon family strengths. Family members are important contributors to the child's team and thus should be commended for their abilities and ideas. Using the family's strengths can give the family a sense of accomplishment, empowerment, and success. For instance, various family members come to a team with strengths such as, special talents (artistic, a skilled writer, computer knowledge, athleticism); resourcefulness (ability to tap into the community, good at recycling, researches topics); optimism (cheers others on, believes in one's self, hopeful); and organizational skills.

When building a collaborative team it is important to use facilitation techniques to promote active participation (e.g., round robin, group graphics) during team meetings. All team members should also be aware of the facts that the PBS process takes time, PBS can be a difficult process the first time it's used, that team members have differing skills and/or approaches, there are varying learning styles amongst team members, and there may be competing factors that influence team members. Awareness of these issues can allow the team to better develop a Behavior Support Plan for the child. When discussing plan development, family members and the other team members should identify routines and activities that are problematic for the child through a process called Functional Assessment and Hypothesis Development. Once a team completes a Functional Assessment on the child, they collaborate to develop a Behavior Support Plan.

A Behavior Support Plan should be written in easy-to-understand language and "fit" with routines, activities, and values of the family and teaching staff. Once a plan is constructed the team should write a [Collaborative Action Plan](#) of who will produce the various components needed to implement the plan. Components (such as reminder signs, checklists, and tip sheets) need to be easy to use and easy to remember, otherwise the plan will be difficult to implement with fidelity. The plan must also accommodate competing demands on the teaching staff and family. If the individuals implementing the plan feel that it is too difficult or does not fit within the child's everyday activities, then inconsistencies in implementation may occur. Mini-plans are sometimes developed around difficult routines or activities. For instance, a mini-plan can be written for a tooth brushing routine that may consist of preventions, new skills for the child to learn, and how the adults will respond around the child brushing his or her teeth. The mini-plan still fits within the Behavior Support Plan but really addresses a specific routine or activity.

Prior to the implementation of a plan, everyone on the team needs to understand the plan and agree that the strategies and approaches within the plan are appropriate. Begin implementation

when all pieces of the plan have been developed. This includes a method for monitoring outcomes. Forms to monitor outcomes should be simple and user-friendly. The entire team should feel the outcomes that the team is measuring are of value. Dates need to be scheduled to check-in with the team to discuss progress or needed amendments. Please see our [Evaluating the Support Plan](#) form for more information.

The following are Principles of a Collaborative Relationship:

Building Rapport & Respect for the Person

Team members need to establish a relationship with the members on the child's team. Establishing this relationship relies on building on and recognizing strengths of the entire team. Rapport and respect involves showing an awareness of the dynamics in the child's various environments, using easy to understand language rather than jargon and appreciating differences of opinions and perspectives. Showing respect for diverse cultures and asking the other team members for input also contributes to building and establishing a good teaming relationship and good rapport.

Sensitivity to Context

The team should be aware of the broader ecology of the educational setting and home. Actions, along with classroom and home dynamics are influenced by the environment and each other. Team members should ask themselves: Are their limited resources at this center or program? Do families have intense needs? Is "time" an issue? Team members should acknowledge these challenges and keep them in mind in planning strategies with the team.

Commitment to Evolving Growth and Change

Team members need to be sensitive that change and growth is a process. Change and growth may involve a learning curve for all team members. Team members need to be given the time to process new information and build their fluency at using this approach. Some team members will feel comfortable with the change and growth. Other team members may need to be convinced the process will have a positive effect or may be cautious about the change and need to be given time to understand the new information they are learning. Also, team members may have had past experiences that will influence how they perceive the growth or change. Both negative and positive past experiences can impact how team members view a situation or suggestion.

Mutuality of Shared Goals

It is important that the entire team has a "shared vision". The "team leader" should lead the team in the sharing of goals throughout the process and explicitly state long-range goals for children, families, and the program. An emphasis should be placed on meaningful outcomes.

Open Communication

The team leader should promote honest expression, use active listening, and encourage dialogue about the process, family/staff concerns, and emotions. The team leader should ask the team members to identify the most effective way to communicate between meetings (i.e., phone, email, in person, fax, or mail) to ensure collaboration and shared information. Please see the [Talking with Families About Problem Behavior Do's and Don'ts sheet](#) for more information.

HOW are we going to team to promote involvement of the family and all team members?

How a team gathers to meet and collaborate around a child's problem behavior can really "set the stage" for the tone of the teaming experience. It is extremely important to take into account that individuals come to the table with various backgrounds, knowledge and perceptions. Creating a

sense of unity is important. A team can only work successfully when all the players not only have a shared vision but a sense of being an important contributor to the team.

There are steps a team leader can take to promote a positive collaborative experience. Meetings should occur in a comfortable location and at times that are convenient for both the educational/professional staff and the family. When teams gather to meet, members should talk in terms that all on the team understand; de-jargon the process. The room should be arranged to facilitate an equal exchange. Circular tables lend to this well, as there is not a person who sits at the "head of the table". Agendas are helpful in facilitating a smooth and efficient meeting. It is important to have a clear start and a planned agenda. Often, effective teams will generate an agenda that is distributed prior to the meeting so that team members have to time review and add to or delete agenda items as needed. Please see the [Collaborative Team Meeting Notes worksheet](#) for more information.

During the team meeting, roles are assigned such as: timekeeper, facilitator, recorder, and jargon buster. Role assignment encourages the team to stay on track with the meeting agenda and enables team members to be actively involved in the meeting. Role assignment also portrays a message that everyone on the team is important and time is valued and appreciated. As individuals on the team share information and ideas, the group listens with respect and all information discussed at the meeting is understood to be confidential.

The team develops a plan of action during the meeting. An Action Plan is then written to denote what actions are going to be taken, the steps involved to complete each actions step, who is responsible for each step, and the timeline for the action step to be completed. Please see the [Collaborative Action Planning Form](#) for more information. The facilitator ensures group participation through the use of [teaming strategies](#) and by giving an opportunity for all on the team to speak and reflect on the meeting once the meeting is coming to a conclusion. Please see the "[Collaborating with Families: Building Capacity](#)" sheet for more information. As the meeting is drawing to a close, the team decides on the next team meeting date.

Step Two: Person-Centered Planning

Person-Centered Planning – Person-centered planning provides a process for bringing the team together to discuss their vision and dreams for the child. Person-centered planning is a strength-based process that is a celebration of the child and a mechanism of establishing the commitment of the team members to supporting the child and family.

One of the key features of positive behavior support for young children with problem behavior and their families is a commitment to a collaborative team approach. This is especially important for children whose problem behavior occurs in multiple settings such as the home, preschool, therapy visits, etc. Person-centered planning provides a process for bringing the team together to discuss their vision and dreams for the child. Person-centered planning is a strength-based process that is a celebration of the child and mechanism of establishing the commitment of the team members to supporting the child and family.

In general, person centered planning processes use graphic recordings (usually words, pictures, and symbols on chart paper) and group facilitation techniques to guide the team through the process. For example, the facilitator is responsible for setting the agenda, assessing equal opportunities for all to participate, handling conflict when necessary, and maintaining the group's focus. The following well-known person centered planning processes share underlying values and similarities but may differ in their application.

MAPS (Making Action Plans)

MAPS is a person centered planning process that brings together the key players in a child's life to identify a "roadmap" for working toward and achieving goals for the focus child. (Forest & Lusthaus, 1989; Vandercook et al., 1989). The MAPS process identifies where the child currently is, what the goals are for the child, and how the team will work together to reach the goals. MAPS has an established framework that addresses the child's history, identity, strengths, gifts, and the team's nightmares and dreams for the child. The child's needs and action steps for the plan are also identified. The MAPS process is most effective when the team has a general idea of what the goals are for the focus child (i.e. inclusion, more friends.) (Kincaid & Fox, 2002; Pearpoint et al., 1993)

[Sample MAPS](#)

PATH (Planning Alternative Tomorrows with Hope)

PATH is an effective process for bringing together a team that may already know a child well and has made a commitment to supporting the child in the future. PATH is ideal for addressing long and short-term planning. The process provides clear time lines for achieving goals and breaks those goals into achievable and measurable steps. It also identifies individuals on the team who are responsible for completing each action step (Kincaid & Fox, 2002).

[Sample PATH](#)

FPF (Personal Futures Planning)

Personal Futures Planning focuses on what the team can do to address the themes or issues identified within a personal profile or other person centered process (Mount, 1987; Mount & Zwernick, 1988). In Personal Futures Planning, the team identifies an appropriate time frame for achieving a futures plan that specifically addresses themes and issues in five areas (home, school, community, choices and preferences, and relationships.) This process can be very

effective, even when some of the team members do not know the focus child very well, because it gives the team a comprehensive understanding of many important areas of the child's life (Kincaid & Fox, 2002).

[Sample PFP](#)

Detailed Instructions for Personal Futures Planning

Maps and Materials

The materials necessary for the personal futures plan process include: chart paper, markers (red, blue, green, purple) and masking tape. The maps are a visual reminder that the meeting is informal and creative; they are also a visual means for guiding the group as they begin to explore possibilities and capacities of the focus child. The markers provide color-coding for all the experiences and descriptions shared during the meeting. Red is for things perceived as negative; for example, a run in with a rude school administrator. Blue is for neutral concepts (i.e., factual information about the child or situation). Green is for things that are positive, and purple is to add emphasis. Another important element of the creative process is art. Pictorial representations are drawn to illustrate the story of the focus child's life. Whenever possible, pictures should be drawn to symbolize people, events, emotions, and actions. The facilitator or artist may determine ahead of time how they will illustrate common elements such as people, buildings, etc. The families keep the original maps and a photographed copy can be kept on record (with family permission). The following 8 maps can be used for an initial futures plan:

Initial Futures Plan Maps

- **Who We Are and How We Feel** - *Who is attending, their feelings about being at the meeting.*
- **Background and History** - *Provides an overview of the life experiences of the individual and his family.*
- **Who is (Focus Child)** - *Describes the unique personality characteristics, abilities, and talents of the focus child.*
- **Typical Day** - *Describes the typical activities of the day and the child's reaction to those activities.*
- **Preferences/What Works and What Doesn't** - *Describes personal preferences, gifts, and interests, as well as conditions to avoid.*
- **Choices** - *Describes decisions made by the person and decisions made by other people*
- **Vision** - *Describes ideas about personal dreams and desires for the future.*
- **A Plan** - *Identifies the steps necessary to begin to realize the dream.*

These maps were adapted for young children, therefore, they differ slightly from the ones described in the personal futures planning booklet, yet, their purpose was the same. The purpose is to obtain basic information about the focus child and his family and to gain an insight into the child's life by reviewing his choices, preferences, and daily routines. Then, people who are committed to the quality of the focus child's life provide a voice for the child's dreams and goals for the future. The dreams are used for the vision map and then the necessary steps for realizing the dream are outlined in the plan map. Before the actual meeting, write out the map headings and determine symbols/art that you will use. Doing as much work prior to the actual meeting, will save time and increase the efficiency of the meeting.

Facilitator/Time Keeper/Artist

As described in the personal futures planning booklet (Mount & Zwernick, 1988), the facilitator leads the group through the planning process by setting the agenda, assessing equal opportunity for all to participate, handling conflict when necessary, and recording accurately the comments and process. This person should be a neutral, unbiased person. The facilitator should be someone who is familiar with the mapping process. During the planning process, it is important that the facilitator be able to reflectively listen, and provide short feedback phrases, particularly if someone seems to have launched into a long story and has lost focus. Initially, some participants may feel apprehensive contributing in a group, thus, the facilitator should be able to encourage dialogue and detail, as well as, maintain focus.

Upon arrival at the location, the facilitator should check room arrangement including seating, lighting, and temperature control. Once everyone has arrived, the facilitator may begin the meeting by introducing him or herself and describe the process (including the description of the color coding). The facilitator should also describe his/her role. The facilitator will then begin the process by describing the purpose of the first map and inviting the group to begin. As each map is completed, it should be briefly summarized. Summarizing each map will help keep the group focused and provides an opportunity to highlight noteworthy information. The facilitator should periodically check the time to keep the pace going. The meetings can take about two hours, therefore, it is very important to keep the group focused and to maintain the momentum. After completing all the maps, the facilitator should summarize the process and wrap up the meeting. Typically, the facilitator closes the meeting by asking the group to share how they are feeling after completing the process. This allows for a time of reflection for everyone. To break the ice, the facilitator may go first.

It should be noted that this may be the first time families have told their story from beginning to end; this can be very emotional. The facilitator should be patient, and allow the person to regain their composure.

The Next Meeting

Families are encouraged to schedule a second planning meeting as the focused intervention phase of the project concludes and a transition to a new program (e.g. Part B, preschool, etc.) is anticipated. The format of this meeting is flexible and should be determined by the family, contingent upon their needs and accomplishments at a given time. The family should be guided to consider what new people might be invited into the child's circle of support. If the new intervention team has been identified, it may be fruitful to invite them to participate in the meeting. Often the family will choose to use Maps to structure the meeting, but will also integrate additional components of celebration and creating connections. The family is encouraged to take charge of the meeting, but may need assistance in the planning and facilitation. Families have reported that this has been an energizing planning meeting as they transition out of the focused intervention phase of the project. One mother reported that it was empowering to bring so many people together who were committed to the well being of her child. Particularly, she realized that these people were invested, not just from an early intervention perspective, but for the whole child. Many of the project families reflect back to the initial meeting and are encouraged by the gains their child has made toward realizing the vision, and feel enthusiastic and confident about their ability to support their child.

Things to Remember for PFP meetings

- Use painters' masking tape and double up paper if marking on walls is an issue.
- State the amount of time allocated for the meeting at the beginning and keep people focused.
- Be flexible about using different maps.
- Verify color use if a statement is ambiguous.
- Keep the atmosphere informal, positive, and capacity focused.
- Remain calm and enthusiastic throughout the meeting.
- When possible, have a facilitator and recorder work as a team.
- If you do it all (facilitate, record, and time keep), don't talk while you draw.
- Deflect issues back to the group.

Step Three: Functional Behavioral Assessment

Functional Behavioral Assessment. Functional assessment is a process for determining the function of the child's problem behavior. Functional Assessment or Functional Behavioral Assessment (FBA) involves the collection of data, observations, and information to develop a clear understanding of the relationship of events and circumstances that trigger and maintain problem behavior.

Functional behavioral assessment (FBA) is a process used to develop an understanding of a child's challenging behavior (Carr et al., 1994; O'Neill et al., 1997; Hieneman et al., 1999). The goal of functional behavioral assessment is to identify the function of the child's behavior—the reason or purpose why a child behaves as he/she does in specific situations. The process involves collecting information through the use of direct observations, interviews, record reviews (e.g., school and/or medical records, lesson plans, individualized education plans), and behavior rating scales. This information is used to understand patterns of the child's challenging behavior—the ecological events or conditions that increase the likelihood of challenging behavior (i.e., setting events), what happens before the behavior occurs (i.e., triggers or antecedents), what the behavior looks like (i.e., the behavior), and what happens after the challenging behavior occurs (i.e., consequences). Once collected, the information is analyzed to determine the specific function or purpose of the challenging behavior—whether it occurs in order for the child to obtain something (e.g., attention, object, activity) or to escape something (e.g., demands, activities, social interactions) (Carr et al., 1994; O'Neill et al., 1997). The process is complete when there is enough information that will lead to the development of hypotheses or summary statements (Hieneman et al., 1999) that represent the behavior support team's best guess or prediction as to what conditions reliably predict the occurrence of the child's challenging behavior.

Observations

Observation, whether anecdotal or systematic, is the foundation of the functional behavior assessment process. In its simplest form, observation is a means of describing a child's behavior at any given moment—what the behavior looks like and how often it occurs, as well as its length and intensity. Behavior can be observed either anecdotally or systematically.

Anecdotal behavioral observations are informal in nature—they might include notes taken while observing a child's performance during playtime, a parents' recollection of his/her child's behavior earlier in the day, scatter plots (i.e., charts used to record whether or not a child's behavior occurred across activities, routines, or time periods), or antecedent-behavior-consequence analyses (Hieneman et al., 1999). In either case, there is no specific type of measurement procedure used to document the child's behavior.

In contrast, systematic behavioral observations are more structured and controlled—a trained observer would either physically sit in the same room and watch the child or use a videotape recorder to tape the child's behavior.

Regardless of which type of behavior observation technique is used, it is critically important to conduct as many observations as possible so that the child's behavior support team can be reasonably confident that the data obtained is both accurate and reflective of the child's typical behavior. The rule of thumb is that unless the child's behavior is dangerous to him/herself or others, the more observation data the better.

Antecedents

Antecedents are the conditions that immediately precede the occurrence of the child's behavior (Cooper, Heron, & Heward, 1987; O'Neill et al., 1997; Hieneman et al., 1999). Antecedents include the specific times of day, settings, people, and activities that either occur or are present before the child exhibits challenging behavior. For example, if a 3-year-old child is found to have repeated tantrums whenever it is time to play at the water table, the direction to play at the water table might be an antecedent to the child's challenging behavior.

Behavior

The term "behavior" refers to the child's challenging behavior—what the child is doing (i.e., what it looks like), how often the behavior occurs, the length of the behavior's occurrence, and the intensity of the behavior (e.g., the severity of a tantrum, the impact of the child's striking hits another child) (O'Neill et al., 1997).

Consequences

Consequences refer to the events that immediately follow the occurrence of the child's challenging behavior. Examples of consequences include the attention paid by an adult in response to the child's behavior, as well as the activities and objects the child either escapes or has access to as the result of the behavior.

Setting Events

Setting events are ecological events or conditions (e.g. lack of sleep, change in routine, noisy environment, crowds, allergies, illness, etc.) that increase the likelihood that challenging behavior may occur (O'Neill et al., 1997). Setting events may continue to affect children's behavior even when an effective plan has been working for some time.

For example, Quan is a child who has asthma and a history of problem behavior. He has been learning how to wait his turn for the computer. The process for accessing the computer in his classroom is to put your name on the chart (by moving a laminated name to chart with Velcro) and wait until the child who is on the computer is finished (prompted by a timer). Once the child leaves, the next child moves their name to the computer space on the chart, sets the timer for 10 minutes, and begins working. Quan had a little difficulty with this process when first introduced to the class, but more recently has been able to follow those steps. On Monday morning, Quan comes to class with dark circles under his eyes. His mother tells the teacher that he was up most of the night with his asthma. When he decided he wanted a turn at the computer, he went over to the child who was sitting there and pushed him off of his chair. The child left and Quan sat down to use the computer. The setting event of being tired and not feeling well increased the likelihood that Quan would have problem behavior in this routine.

A team may decide to collect data on setting events and see if they have a relationship to the problem behavior. Those data collection forms are individually developed and tailored to the specific circumstance of the child and the team's feeling about what distal factors may influence a child's problem behavior. For examples, see the sample forms below.

[Setting Event Form \(Carlos' Chart\)](#)

[Setting Event Form \(Kyle's Chart\)](#)

Antecedent-Behavior-Consequence Analyses

Antecedent-behavior-consequence (A-B-C) analyses are used to determine patterns in the occurrence of the antecedents, behaviors, and consequences that relate to the problem behavior. A-B-C analyses are often quite useful in developing initial hypotheses or summary statements of the child's challenging behavior.

[Blank A-B-C recording form](#)

[Sample A-B-C analysis for LaTonya](#)

In addition to A-B-C analyses, the team may use a data collection card to collect A-B-C information. Carr and his colleagues (1994) suggest using context cards - cards used to describe the general context, interpersonal context, behavior problem, and social reaction regarding the child's challenging behavior.

Context cards are helpful because they prompt the observer to consider the broader context that may relate to problem behavior. In addition, the collection of data on a card facilitates the easy analysis of the data. Once there are several completed cards, the observer or team member can sort the cards by perceived function of the behavior. This method of segmenting observations and collecting multiple observations is very easy for team members to use and understand.

[Blank context card](#)

[Sample context card](#)

Interviews

The functional assessment interview offers an efficient method for getting information on the circumstances that relate to the child's problem behavior. An interview is used to ask a family member or caregiver specific questions about the child's challenging behavior, such as what the behavior looks like, when it occurs, and what happens before and after the behavior occurs. As with behavioral observations, as much interview information should be collected as possible—with the child's parents, siblings, teachers, etc. Once collected, interview data is a useful tool for a team when attempting to identify patterns that may predict the function of the child's challenging behavior.

The most popular and well-developed interview tool is the Functional Assessment Interview (FAI; O'Neill et al., 1997). The FAI is a comprehensive, semi-structured interview tool used to help carefully define the many variables that could potentially predict a child's challenging behavior. The FAI begins with descriptions of the child's behavior; helps define antecedents, consequences, and other important information; and concludes with hypotheses or summary statements (O'Neill et al., 1997).

[Blank FAI form](#)

[Completed FAI form](#)

Behavior Rating Scales and Other Tools

In addition to direct observations, interviews, and records reviews (e.g., school and/or medical records, lesson plans, individualized education plans), behavior rating scales and other types of checklists offer an additional means of obtaining information about the context in which a child engages in challenging behavior. Broad in variety, behavior rating scales are questionnaires typically used to describe a specific set of behaviors (e.g., inattention, hyperactivity, social skills). Other rating scales are used to measure a child's preferences, developmental milestones, academic performance/benchmarks, or medication side effects.

Although behavior rating scales have many uses, they are most effective when used to compare the perceptions of people, such as parents, teachers, and other persons familiar with an individual child. Another effective use of behavior rating scales is to demonstrate progress toward goals (e.g., administering the same rating scale before and after an intervention is conducted). When used in either fashion, behavior rating scales provide a unique source of information that is potentially valuable to a team.

[Preference Assessment form](#)

Function

One of the most helpful things to keep in mind in working with young children is the realization that each and every behavior has a purpose—an underlying reason for why it occurs. Once the function or purpose of a behavior is identified, it is then possible to design interventions directly targeting the underlying reason for why it occurs.

Defined by context and pattern, functions of behavior are determined by understanding the events that occur before and after the behavior occurs—the patterns and chains of events that consistently occur when a child demonstrates challenging behavior. In most cases, the function of a child's challenging behavior is either to obtain or get something or to escape or avoid something.

Types of Behavior Functions

To avoid...

- Sensory Stimulation (pain and discomfort)
- Attention (adults and peers)
- Demands
- Tasks or activities
- People
- Activities

To obtain...

- Sensory stimulation (internal)
- Attention (adults and peers)
- Objects and materials
- People
- Activities
- Help

Functional Behavioral Assessment Checklist

- ✓ Begin your direct observations and filling out the observation cards in your first meeting with the child.
- ✓ Complete the functional assessment interview form as one of the final assessment activities
- ✓ Review the information from the interview and your observation cards and then complete the final section of the functional assessment interview.

Develop your hypotheses from the information that you have gathered. There may be some hypotheses that you are unsure about. Collect additional information if you feel that the function is not clear to you.

[Do's and Dont's of Functional Assessment](#)

Step Four: Hypothesis Development

Hypothesis Development – The functional assessment process is completed with the development of a behavior hypothesis statement. The behavior hypothesis statements summarize what is known about triggers, behaviors, and maintaining consequences and offers an informed guess about the purpose of the problem behavior.

Once a functional assessment is complete, the next step is to develop a hypothesis statement—a prediction or “best guess” of the function or reason a child’s challenging behavior occurs. This includes a description of the child’s challenging behavior (i.e., what the behavior looks like), information about the specific predictors or triggers that occurred before the child exhibited challenging behavior, the perceived purpose or function of the child’s behavior, as well as the maintaining consequences that followed. Predictors include both what conditions immediately precede the child’s behavior, as well as any setting events that may be presumed to increase the likelihood of the challenging behavior’s occurrence (e.g., lack of sleep, allergies/illnesses, social and interactional factors). Hypothesis development is a critically important step toward developing interventions that are directly linked to the function of the child’s challenging behavior (O’Neill et al., 1997).

Very young children have brief learning histories (Dunlap & Fox, 1996). In many cases, those with a limited repertoire of behavior will often use one behavior for several different purposes. For example, children often use a general tantrum (prolonged screaming, crying, pulling away) for multiple functions (e.g., request object and escape transition). Therefore, when sorting out hypotheses the support team should address all of the circumstances in which challenging behavior occurs rather than trying to match an individual function to each challenging behavior.

Once the behavior support team identifies its hypotheses, attention should be paid to the way by which hypotheses are written. They should be carefully written either as a series of sentences that include each component (e.g., description, predictors, purpose, maintaining consequences), or as a “when...then” or “if...then” statement (Hieneman et al., 1999). Remember the more clearly articulated the hypothesis, the more likely the hypothesis will clearly communicate the team’s understanding of the child’s challenging behavior.

Sample Hypotheses

Nathan

Nathan appears to use tantrums to request help and objects. When these tantrums occur, the caregiver is likely to provide attention, the requested object, or another preferred object. Nathan does not make requests verbally, but will bring an adult to a desired object. If he does not receive a consequence for his request, Nathan will have a tantrum.

Jackson

Jackson avoids the demands of activities that he finds difficult (structured language-based activities, sharing objects, interactive play) by resisting or withdrawing. If pushed to participate, Jackson will react by throwing objects, screaming, or stating “shut up.” When Jackson resists, adults will often give up or allow him to leave the activity.

Billy

Billy will use tantrums to request social interaction. When he desires adult action, Billy will get the adult’s attention by taking the adult by the hand and physically positioning him or her. He will then initiate a chase game or request to be held. If the adult does not comply, Billy will cry loudly, scream, and bring his hands to his face or ears. If the adult continues to not meet his request, he will hit the adult. Often the caregiver will then comply with his request or pick him up.

Aaron

Aaron appears to use tantrums to escape transitions. When Aaron is prompted to leave an activity or setting, he will respond by crying, screaming, and dropping to the floor. In response to the tantrum, Aaron is often provided with comfort and delayed transition.

Mandy

Mandy will drop, throw, turn over furniture, or push items to the floor to gain adult attention. In response to the behavior, the caregiver usually picks up the items, provides her with verbal feedback (e.g., "o.k., Mandy") and often will pick her up.

Not Sure About the Hypothesis?

Sometimes the function of a child's behavior is not readily apparent. In times like this, it helps to ask the following questions to prompt further understanding of the context in which the behavior occurs:

- What would make the problem behavior stop?
- Is it something you would provide or allow the child the access?
- Is there something to remove?
- Can you allow the child to leave?

If the function of the child's behavior still remains uncertain, another good suggestion is to continue collecting data in the same context.

Another possibility is that the child's behavior serves multiple purposes. Not only is it possible for a single behavior to serve multiple functions, but it can also change (e.g., from escape to attention). For example, consider a child who engages in aggressive behavior in order to escape a non-preferred art activity. The child has been consistently removed from the activity each time he becomes aggressive. However, if the child receives a lot of attention from adults when he is removed from the group, he may become motivated to receive attention from the adults. Thus, a behavior initially performed for one reason (e.g., to escape a difficult task) may begin to occur for a completely different reason (e.g., to obtain attention).

Step Five: Behavior Support Plan Development

Behavior Support Plan Development – Once behavior hypotheses statements are developed to summarize the data gathered from the functional assessment process, the team can develop a behavior support plan. Essential components of the behavior support plan are prevention strategies, the instruction of replacement skills, new ways to respond to problem behavior, and lifestyle outcome goals.

The behavior support plan represents the culmination of the assessment process. Typically developed in connection with person-centered planning, the behavior support plan is the team's action plan outlining the specific steps to be used to promote the child's success and participation in daily activities and routines. In order to be most effective, behavior support plans should be both carefully developed and clearly written using plain language, incorporate the values of the family and support team, identify any prerequisite resources and training needs for implementation, and include individual components that are both easy to use and easy to remember.

Behavior support plans must contain the following components:

- Behavior Hypothesis Statements – statements that include a description of the behavior, triggers or antecedents for the behavior, maintaining consequences, and the purpose of the problem behavior.
- Prevention Strategies – Strategies that may be used to reduce the likelihood that the child will have problem behavior. These may include environmental arrangements, personal support, changes in activities, new ways to prompt a child, changes in expectations, etc.
- Replacement Skills – Skills to teach that will replace the problem behavior.
- Consequence Strategies – Guidelines for how the adults will respond to problem behaviors in ways that will not maintain the behavior. In addition, this part of the plan may include positive reinforcement strategies for promoting the child's use of new skills or appropriate behavior (this may also be included in prevention strategies)
- Long Term Strategies – This section of the plan may include long-term goals that will assist the child and family in meeting their vision of the child (e.g., develop friends, attend a community preschool program).

Replacement Skills

In the PBS process, challenging behavior is recognized as serving a purpose for the child. The identification of the purpose is the goal of the functional assessment process. Once the purpose of the behavior is determined (e.g., to escape or to obtain), an alternative means for achieving the same purpose of the behavior should be identified and taught to the child. On very few occasions, the purpose of the behavior cannot be honored (e.g., child screams and kicks to each car seat). When the purpose of the behavior cannot be honored, the behavior support plan may include different replacement skills that are not alternative skills to achieve the same function. For example, the support plan for a child who screams and kicks to escape the car seat could include strategies for teaching the child to select a toy and play while in his car seat. A replacement skill must be chosen that will be easy for the child to learn. Thus the team should look at the other means the child uses to communicate that are socially conventional and appropriate. For example, a child who has some natural gestures might be taught a gesture for "finished!" to escape an activity. What the team should not do is pick a replacement skills (e.g., raise hand and ask for a break), if it unlikely that the child can learn the skill quickly and easily.

When selecting replacement skills, it is important to realize that the more efficient and effective the replacement skill, the more likely it will be used in favor of challenging behavior. The new skill should produce a positive effect as close to or as the same function as the challenging behavior, thus making the child's challenging behavior less effective or useful. For example, if the child currently has tantrums in order to be picked up and cuddled by the parent, the child must have a way to gain the same results from the person he/she desires. One should realize that the challenging behavior may serve multiple functions for the child. For example, a child may head bang to end play demands and to request a drink. In that case, the child must be taught skills intentionally using planned procedures that will serve as replacement skills for each function—to communicate "finished," as well as ways to mediate the demands and a request for a drink.

Two other important considerations in the instruction of new skills are the efficiency of the replacement skill in comparison to the challenging behavior and the extent to which the replacement skills produce greater results for the child. If the use of the challenging behavior achieves an effect quickly, the replacement behavior must also achieve the same results and do so more efficiently. A critically important issue to consider regarding efficiency is that replacement skills must be easier for the child in some way—they should either require less effort to produce and/or should be easily understood by others. Likewise, rewards for engaging in the more appropriate replacement skill should be far greater than that which the child receives for exhibiting challenging behavior. When these conditions occur, the replacement skill will be more likely to increase and be more motivating for the child to learn and use than the challenging behaviors that were previously so effective. Regardless of which is selected, replacement skills must be relevant to the child's unique situation, abilities, and must be an immediately efficient mechanism for communicating wants and needs.

[Examples of replacement skills for behaviors intended to obtain attention, objects, or activities](#)

[Examples of replacement skills for behaviors intended to escape activities, demands, and social interactions](#)

Finally, attention should be paid to the specific instruction procedures followed for teaching replacement skills. When teaching replacement skills, the child's support team should select a skill to teach, identify a method of instruction, and systematically follow the steps required to implement that procedure. The keys here are consistency and repetition—the child should be taught replacement skills throughout the day whenever he/she is not engaging in challenging behavior using the exact same instruction procedures each time. An activity skills matrix offers an easy way to identify and plan for the instruction of the replacement skill. The matrix is used to identify opportunities where the replacement skill can be taught within a child's routine activities and play. For example, if a child is learning to request attention by raising his arms to the adult for a hug (to replace screaming and pulling the adult's hair), this skill can be taught throughout the day at home and at preschool. The child could be prompted to ask for a hug when coming in the classroom, ask for a hug after making a selection during center time, ask for a hug after clean-up, etc. The matrix form can be used to identify routines in the classroom where a new skill may be taught (preferably at times where the child is not having problem behavior) or routines at home where the parent can prompt the use of the new skill. A matrix is used by listing the skills to be taught across the top of the chart and the routines or activities down the side. The support team then looks at those activities or routines and identifies ways that the new skill can be taught. When these conditions are met, the potential for successful skill acquisition becomes greatly increased.

[Blank skills matrix](#)

[Example of a skills matrix](#)

Prevention Strategies

Prevention strategies include the responses that caregivers and professionals provide or the alterations that may be made to an environment that make challenging behavior irrelevant (Hieneman et al., 1999). For example, if a child has difficulty playing with an adult because he doesn't understand turn taking, a prevention strategy may be to announce and signal turn taking to the child. Another example includes visual strategies used to inform a child who has difficulty with transitions that a transition is soon to follow. Making challenging behavior irrelevant typically involves changing the physical setting of an environment, enriching the environment, providing the child with more information or adaptive strategies, decreasing demands by adapting tasks or routines, increasing predictability, and providing choices to the child. These strategies alone will not resolve challenging behavior, but they will reduce the child's need to use challenging behavior while the child is learning more socially-appropriate replacement skills.

[Examples of prevention strategies for behaviors intended to obtain attention, objects, or activities](#)

[Examples of prevention strategies for behaviors intended to escape activities, demands, and social interactions](#)

Consequence Strategies

Consequence strategies are the responses to behavior used by caregivers and professionals when the child engages in challenging behavior. The most important features of consequence strategies are that selected procedures will make the challenging behavior ineffective and less useful and that rewards provided to the child for appropriate behavior will be either equal to or exceed rewards for engaging in challenging behavior. With respect to the latter, this feature is achieved in two different ways: 1) Reinforcement is provided to encourage the use of socially-appropriate replacement behaviors; and 2) reinforcement is withheld to ensure that the behavior won't work for the child (i.e., result in reinforcement). The most common strategy that is used in response to a young child's challenging behavior is to redirect the child to use the replacement behavior and then follow with reinforcement. When that occurs, the child still gets their needs met and has a reminder that the replacement skill is the behavior to use to gain access or to escape an activity, object, or interaction.

[Examples of consequence strategies for behaviors intended to obtain attention, objects, or activities](#)

[Examples of consequence strategies for behaviors intended to escape activities, demands, and social interactions](#)

Safety Net Procedures

Whenever a team works together to help support a child with challenging behavior, the first concern of the team should always be safety. This is of particular concern with children who have a history of dangerous outbursts or behaviors that may place them directly in danger (e.g., running away)—any specific procedures that should be followed whenever the child engages in any challenging behavior that potentially places either the child or any other person in danger (Hieneman et al., 1999).

If a child has a history of dangerous behavior that places the child or other in harm, safety net procedures should be developed and included in the behavior support plan. Safety net

procedures provide a script for what adults will do when the child engages in behavior that is potentially dangerous. Safety net procedures are strategies that keep children safe, they do not change behavior. In the past, strategies that are safety net procedures have been used by interventionists (e.g., removing the child from the room) as the sole intervention approach. These procedures only serve the purpose of ensuring the safety of the child and others. If a team develops or uses safety net procedures with a child, a full behavior support plan should also be developed and implemented.

[Blank safety net procedures](#)

[Sample safety net procedures](#)

Plan Development

The support plan is developed to provide caregivers and interventionists with a comprehensive set of strategies aimed at both decreasing occurrences of challenging behavior and promoting growth and skill development (e.g., communication, adaptive, social, or academic skills). Support plans are developed by analyzing the child's challenging behavior in routines, activities, and/or interactions with others (i.e., functional assessment data).

It is important that the entire team is involved in the development of the behavior support plan. If team members assist in the development of the plan, they are far more likely to be invested in its implementation and success. One method that might be used by the team to develop a plan is to use a process of brainstorming. We use chart paper and the following format to guide the team in moving from the behavior hypothesis to ideas about prevention strategies, new skills to teach, and consequence strategies. In a brainstorming process, all team members are encouraged to share their ideas. All ideas are put on the chart paper. Once the ideas are listed, the team discusses the strategies that seem to have the most promise, will be easy to implement, and fit within the contexts for intervention. The final step needed to move from brainstorming to plan development is to review the ideas and select the set of strategies that will be used in the plan. Once those are determined, a written plan can be developed.

[Blank support plan brainstorming chart](#)

[Examples of support plan brainstorming charts](#)

The most effective behavior support plans are ones that are both based on the functional assessment information and “fit” with the lifestyles, values, and skills of caregivers who will be implementing the plan. Behavior support plans should be written in language that is easy to understand, and both easy to use and remember. More importantly, plans should incorporate both long- and short-term support strategies developed from knowledge of the child's lifestyle and the vision created for the child in the person-centered planning meeting. What this means is that plans need to be designed for daily use—that is, components must fit into the child's natural routines and structure of the classroom or family.

Action Plans

Once each of the behavior support plan components has been developed and agreed upon by team members, the final step is to develop an action plan outlining the specific objectives and corresponding steps to be taken to ensure the plan will be implemented as intended. Completing the action plan is largely an exercise of organization—one where the team specifies its needs, the specific steps to be taken, the person(s) responsible for completing the steps, the anticipated date of completion, and any follow-up actions to be taken in order to accurately implement the

team's behavior support plan (Hieneman et al., 1999). Once complete, the team is ready to begin implementation of their plan.

[Blank action planning form](#)

[Sample action planning form](#)

Behavior Support Plans

Once the action planning forms are completed and a crisis management plan is developed, the behavior support plan should be finished. While the outcomes associated with the implementation of the plan will still need to be monitored, this stage of the PBS process is concluded.

[Sample behavior support plan for Jackson](#)

[Sample behavior support plan for Ashley](#)

Step Six: Monitoring Outcomes

Monitoring Outcomes - The effectiveness of the behavior support plan must be monitored. This monitoring includes measurement of changes in problem behavior and the achievement of new skills and lifestyle outcomes.

Once the child's behavior support plan is developed, the behavior support team's role is both to implement the plan itself and to monitor progress toward outcomes valued by the child's family. The keys to successful outcomes are frequent data collection and consistency—relative not only to both when, where, and who implements the plan but also to how the plan is implemented (i.e., whether or not the same intervention steps are followed). Data collection (e.g., direct measurement and indirect measurement) should occur to document whether the plan is implemented with consistency and is effective in achieving the identified goals, as well as whether or not the replacement skills are durable over time (maintenance) and/or across settings/contexts (generalization). Data should be both easy to collect (e.g., rating scales, check sheets) and should be periodically reviewed by the behavior support team to ensure communication, make any adjustments as needed, and review progress relative to the long-term vision of the child and his/her family.

Data Collection

The most traditional form of ongoing assessment or data collection is a quantitative method that assesses progress through direct measurement of the child's behavioral performance. Using direct measurement, behaviors are defined and measured during intervention, during "skill probe" periods (attempts by the child to perform the skill without instruction), and/or at other times when the behavior may be expected to occur.

Defining the Behavior

Direct measurement of a child's skill development requires that the team first identify the skills or behaviors that will be measured and then select an appropriate unit of measure. A primary rule for describing what will be measured is to adequately define the behavior so there is no mistake about when it occurs and when it does not. The rule of thumb is that a behavior should be defined so that it is clearly understood by persons outside of the child's support team.

Measuring the Behavior

Once the behavior has been identified and adequately defined, the team's next step is to observe the child during predetermined activities and routines in order to note the occurrence of challenging behavior as well as the replacement skills that are taught. Behavioral data may be recorded in several ways. However, in each, the basic process requires that the observer make a written note or place a mark on a data collection sheet, then transfer the mark to a corresponding graph or chart. Following this rationale, four general suggestions apply when selecting which form of measurement to use when collecting data: 1) the particular type of measurement must be easy to use; 2) the measurement must provide meaningful information; 3) the process of measurement should not interrupt or detract from the instructional flow; and finally; 4) measurement should fit within the child's natural environment—it should not create artificial conditions that are inconsistent with the child's natural activities or routines. Following these guidelines, the team is able to use either direct measurement or indirect measurement procedures to measure a child's behavior. Although both will be described individually, some teams may elect to use direct and indirect measurement procedures together in order to provide an even more comprehensive picture of the child's performance and the support plan's outcomes.

Maintenance

Maintenance refers to the continuation of conditions associated with the performance of a specific behavior (Cooper, Heron, & Heward, 1987). In simpler terms, maintenance refers to the continued use of a behavior over time, especially once an intervention has been conducted or discontinued because the child has demonstrated an ability to successfully perform the behavior. Among the more popular strategies used to promote maintenance are changing the frequency and/or ratio by which reinforcement is provided, systematically removing or fading prompts over time, and teaching self-management skills.

Generalization

Generalization refers to the spread of the effects of reinforcement (or other operations, such as extinction or punishment) during one stimulus to other stimuli differing from the original along one or more dimensions (Cooper, Heron, & Heward, 1987). In less technical terms, generalization refers to the child's ability to transfer the use of replacement skills to new contexts, such as a new setting/location, a new person, or a new activity or routine. An example of generalization would be a child who originally learns to request help from his preschool teacher in the classroom and later requests help from the same teacher outside on the playground.

Direct Measurement

Direct measurement provides the most accurate representation of a child's behavior or skill acquisition and is the preferable approach to use to measure change. However, the use of direct measurement by busy families and providers is not often possible. Indirect measurement may offer a more user-friendly approach.

Event Recording

The number of times a skill is observed. This is measured by counting the number of times a behavior occurs. It is important that a specific behavior has a clear beginning and ending point in order to ensure accurate measurement. An example of even recording might be recording the number of times a child leaves the table in a 20-minute snack time. This method is also referred to as frequency recording.

Percentage

Another relatively easy way to collect data is to determine the percentage in which a behavior occurs. In order to do this, simply identify the number of times a behavior occurs, divide it by the total number of chances the child had to perform the behavior, and multiply by 100. For example, if a child is given 10 chances to stack three blocks and successfully stacks 3 blocks seven times, the percentage would be 70%.

Rate

Rate entails measuring the number of times a behavior occurs relative to a period of time. This is calculated by measuring the number of occurrences divided by a number of time units. For example, a teacher using rate measurement might calculate the number of times per minute a boy bites his hand. Although a useful tool, this can be difficult to track when measuring high frequency behaviors.

Interval Recording

Interval recording is similar to event recording and measuring rate but differs in that behavior is recorded within small blocks of time (e.g., 10-seconds) called intervals that together represent a longer period of time (e.g., 10-minutes). Observers use a data collection form that contains a series of intervals. Behaviors can be scored as occurrences if they occur at least once at any time during the interval (i.e., partial interval recording) or if they occur for the entire duration of an observation interval (i.e., whole interval recording). In general, partial interval recording is most often used to measure behaviors that are likely to be short in duration (e.g., hitting, biting), whereas whole interval recording is most often used to measure behaviors that are expected to occur continuously for a period of time (e.g., sitting in seat).

Unlike event recording, each discrete behavior being observed is measured on relative to distinct intervals of time. At the end of the interval period, the observer makes a check mark in the corresponding area to mark the occurrence of a behavior. The observation continues to the end of the next interval and another mark is made if the behavior recurs. Scores for interval recording are calculated as a percentage—the number of occurrences are divided by the number of opportunities, and then multiplied by 100.

Duration

The amount of time behavior occurs in an observation period (e.g., the amount of time the child sits at the table to eat). Measured by recording the amount of time a behavior occurs. Unlike the previous measures, duration is a measure that is useful for measuring how long a continuous-ongoing behavior lasts. Like event recording, duration is a direct measure of the actual behavior, not an estimate like interval recording.

The most precise way to observe and record duration of a behavior is to use a stopwatch or, if this is not possible, a watch with a second hand. As discussed previously, as with all behaviors, it is important that the behavior being measured with duration be accurately defined with a clear beginning and end so that the observer knows when the record should begin and when it should end.

Latency

The elapsed time between the instruction and the time the child initiates the behavior (e.g., how quickly the child initiates playing with a toy once it is presented). The way this is measured is by beginning timing once a cue is presented and continue timing until the child begins to correctly respond to the cue. A common example where latency is used is in school, when a teacher might be interested in learning how long it takes a student to begin work after she gives a direction to begin working.

Momentary Time Sampling

Similar to interval recording, momentary time sampling provides an estimate of behavior occurrence, but in this case, the behavior is only scored at the end of a interval of time. Using this procedure, observers simply check whether a behavior occurred precisely at the end of each interval (e.g., at the 10th second of a 10-second interval). Scores are calculated as percentages of the total number of observed intervals.

In addition to direct measurement strategies, a number of less formal and indirect measures may be of use when attempting to monitor a child's performance.

Indirect Measurement

In addition to direct measurement, a number of informal data collection strategies exist that allow a child's team to monitor his/her progress. Though they typically are not as precise as direct measurement, the following strategies are often useful in helping a child's team monitor outcomes. In many instances, these strategies are easier to use and can be implemented throughout the day even by the busiest of individuals (e.g., teachers).

Below are some indirect ways to measure the child's behavior or use of the skill. These forms provide a mechanism for recording the child's behavior or use of a skill with less accuracy than direct measurement. However, they are time efficient and easy for teachers to use and provide some data that are meaningful and interpretable.

Examples

- [Average Aggression](#)
- [Play Behavior](#)
- [Average Duration](#)
- [Peer Interaction](#)

Daily Log

Although there is a wide variety, daily logs are general estimates of the child's performance over a large period of time (e.g., the morning, the entire day). Often used by teachers, daily logs may note that whether the child had a "good day" or might rate a child's performance along a 5-point scale using smiley faces.

- [Example-Amy's Difficulties](#)
- [Example-Ben's Playtime](#)

Incident Record

Incident records are descriptions of specific events, such as when a child engages in an incident of challenging behavior (e.g., biting another child, having a tantrum). While incident records describe the challenging behavior, (e.g., when it occurred, how intense it was, and what happened as a result), they do not describe anything other than the specific event.

Permanent Product

Permanent products are samples of a child's work, such as artwork, a worksheet, or something the child creates. When collected together, permanent products allow a support team to observe a child's progress toward developing particular skills such as those specified in a curriculum.

Portfolio Assessment

Portfolios are collections of permanent products that provide a detailed description of a child's progress toward achieving specific skills. Examples of portfolios include photographs of their completed block designs, samples of artwork, photographs of dramatic play schemes, videotapes of play or instructional engagement, and audiotapes of language samples.

Task Analytic Recording

This is used when measuring a child's accuracy for each step of a fixed skill sequence (e.g., brushing teeth, getting dressed, putting toys away, completing an academic task). The measurement process begins by constructing a task analysis or listing the individual behaviors that constitute the entire skill sequence. Below is such a list for washing hands.

WASHING HANDS

1. Approach sink
2. Turn on water
3. Place hands in water
4. Pump soap onto hands
5. Rub hands together
6. Rinse hands
7. Turn off water
8. Dry hands on towel

The data collection form that is used is based on the task analysis and includes all of the steps of the behavior and spaces for recording the child's performance. Scores are expressed as the percentage of steps completed successfully.

Reviewing Progress

Once data are collected, they should be periodically reviewed by the behavior support team for a number of reasons: 1) to ensure consistent communication about the child's progress; 2) to make any adjustments as needed (in the event that challenging behavior returns); and 3) to review progress relative to the long-term vision of the child and family.

When reviewing progress, the team should review both the child's behavior support plan as well as the data itself. Reviewing the behavior support plan will help reorient everyone to the team's vision for the child, thus making communication and interpretation of results easier. Once that is done, the team should carefully review the data that has been collected, looking for any particular patterns or trends (e.g., whether the behavior is occurring more or less on particular days or at certain times of day).

In some instances, a child may begin to exhibit challenging behavior after an intervention plan has been implemented for some time. In the event that challenging behavior returns, it is important to determine whether or not the behavior pattern is due to an extinction burst (i.e., brief instances when a child's behavior gets worse before it gets better), as well as to examine events to determine if there are any new triggers than may predict the child's challenging behavior. Another issue to consider when evaluating outcomes of support plans is the degree to which the plan is implemented with accuracy or fidelity. This is most important when extinction bursts occur—the more consistently a support plan is implemented, the more likely the extinction burst will resolve. On most occasions, support plans are evaluated for accurate implementation by using checklists that team members can use to determine which components were implemented.

[Sample Support Plan Fidelity Checklist](#)

Even with the most consistent implementation, there are occasions when behavior support plans require revision. The team may realize that a new trigger may be influencing the child's behavior, such as a new staff person at the child's preschool or a change in the child's daily schedule or routine. When such instances occur, the child's support team may elect to either add components to address new triggers or to conduct a new functional assessment and develop a revised behavior support plan.

Forms, Information Sheets and Worksheets

Building a Behavior Support Team: Collaborating with Families

- [Strategies for Teaming with Families in the Process of PBS](#)
- [Positive Behavior Support Family Questions and Answers](#)
- [Collaborative Action Planning Form](#)
- [Evaluating the Support Plan Form](#)
- [Talking with Families About Problem Behavior Do's and Don'ts sheet](#)
- [Collaborative Team Meeting Notes worksheet](#)
- [Collaborating with Families: Building Capacity sheet](#)

Person-Centered Planning

- [Sample MAPS](#)
- [Sample PATH](#)
- [Sample PFP](#)

Functional Behavioral Assessment

- [Setting Event Form \(Carlos' Chart\)](#)
- [Setting Event Form \(Kyle's Chart\)](#)
- [Blank A-B-C recording form](#)
- [Sample A-B-C analysis for LaTonya](#)
- [Blank context card](#)
- [Sample context card](#)
- [Blank FAI form](#)
- [Completed FAI form](#)
- [Preference Assessment form](#)
- [Do's and Dont's of Functional Assessment](#)

Behavior Support Plan Development

- [Examples of replacement skills for behaviors intended to obtain attention, objects, or activities](#)
- [Examples of replacement skills for behaviors intended to escape activities, demands, and social interaction](#)
- [Blank skills matrix](#)
- [Example of a skills matrix](#)
- [Examples of prevention strategies for behaviors intended to obtain attention, objects, or activities](#)
- [Examples of prevention strategies for behaviors intended to escape activities, demands, and social interactions](#)
- [Examples of consequence strategies for behaviors intended to obtain attention, objects, or activities](#)
- [Examples of consequence strategies for behaviors intended to escape activities, demands, and social interactions](#)
- [Blank safety net procedures](#)
- [Sample safety net procedures](#)
- [Blank support plan brainstorming chart](#)
- [Examples of support plan brainstorming charts](#)

- [Blank action planning form](#)
- [Sample action planning form](#)
- [Sample behavior support plan for Jackson](#)
- [Sample behavior support plan for Ashley](#)

Monitoring Outcomes

- [Example of Completed Average Aggression form](#)
- [Blank Play Behavior form](#)
- [Example of Completed Average Duration form](#)
- [Example of Completed Peer Interaction form](#)
- [Daily Log Example-Amy's Difficulties](#)
- [Daily Log Example-Ben's Playtime](#)
- [Sample Support Plan Fidelity Checklist](#)

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<http://www.vtpic.com/pathfinding.htm>

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