

Harvesting Desired Behavior through Partnership in Positive Behavior Support

Challenges and Goals of our Child and Family

We are the parents of an 8-year-old boy with autism who is curious, active and smart and enjoys swimming, biking, playing with other kids, building toys, and games. But all of these positive qualities came along with an increasing number of challenges such as frequent touching of people's faces, taking over 90 minutes to eat his dinner, taking time for transition to other activities, limited independence in self-care, a reliance on co-sleeping with us, and hyperactivity and aggression in school. In June 2018, we went to see a naturopathic doctor and a psychologist out of state to get advice to improve his behavior, and tried a number of natural remedies recommended by the doctor, without seeing much improvement. We were completely lost. We started considering medication and revisited a few specialists for advice.

By the end of the summer 2018, we were guided to a local clinician who introduced us the principles and practices of Positive Behavior Support (PBS). Within 2-3 months, we started seeing gradual improvement in his behavior at home, which empowered us to keep working on PBS in our daily life. Seeing our son's improvement, we decided to put off the decision about medication. Our journey in PBS included working with a clinician who helped us to clarify for ourselves what we felt would benefit our son's and our family's life, to develop goals and support plans, and to develop and use data to see the progress we were making.

The list of our goals for our son was long:

- a. Reduce touching of others
- b. Transition more quickly from preferred to non-preferred activities
- c. Pack his own backpack before school and unpack it after school
- d. Change clothes by himself
- e. Sleep on his own bed without fear or waking with nightmares
- f. Eat dinner in a shorter time using utensils, and without a video or video game
- g. Wait patiently for things he wants, without becoming upset or unsafe

Getting Started – Functional Behavior Assessment

Deciding where to start, and what goals to leave for a later time, was challenging. We began by working on reducing touching, transitioning, packing/unpacking, and changing clothes. Next we addressed sleeping and eating, and finally we worked on improving his waiting skills. The first step was always collecting baseline data, however for the goal of reducing touching we started by participating with our clinician in a Functional Behavior Assessment (FBA) in which we collected information about what set the stage for our son to touch others, and what happened afterwards. The conclusion of the FBA was as follows:

In the context of busy times at home, particularly when his parents are attending to their personal business and [our son] is disengaged from activity, he is likely to engage in touching others (actual or attempted) which functions to gain attention from his parents in the form of verbal and physical interaction.

Based on the conclusions of the FBA, we began talking with our clinician about what PBS strategies might make sense to reduce his touching and increase more desirable behavior such as touching in age-appropriate ways such as high-5s. The PBS plans we developed together always had four categories: proactive strategies, teaching strategies, reinforcement strategies, and positive responses to challenging behavior. Our complete PBS plan is shown as Table 1 (see page 4-6), which includes the strategies we developed with our clinician to address all of the goals for our son.

The Importance of Proactive Strategies

We would like to highlight the importance of proactive and teaching strategies in our PBS plans. For example, we showed our son how to give appropriate touch such as high-5 or low-5 every five minutes (initiating these interactions with him), in order to build these positive skills to get our attention instead of other types of touching. Other proactive strategies included frequent reminders of remaining time using a timer and a visual aid to gradually increase his speed in transitions and dinner, and using posted picture cues to improve his independence in packing and unpacking his backpack.

One of the issues that made us tired, and thus affected our day time interaction with our child was that he used to wake his father up to request he accompany him to the bathroom in the middle of the night, and would not want to go back to his bed. He was often scared at staying in darkness by himself at night. Our proactive strategies included reading positive stories to him at bedtime, and asking him what he would like to dream while sleeping. This practice over time helped him not to wake up out of fear. We also took advantage of our child's interest in the movie titled "Rise of the Guardians." In this movie, kids fight against evil using their positive energy. After watching this movie, our child gained confidence that he could cope with the fear of darkness, which contributed to his going to the bathroom by himself without waking us up, and going back to his bed.

All these strategies, in combination with reinforcement and positive responses to challenges, were practiced in our daily life.

Weekly Appointments

The weekly sessions with our PBS clinician supported our daily practice. We rehearsed our current strategies, developed and tried new ones, and received candid feedback about it all from our clinician that improved our performance as implementers and as parents who could develop the next steps in the plans for our son. Also each week we reviewed the daily data we collected and used it to make decisions about what to do next. The data were very helpful for us to monitor our son's improvement or challenges. The data are presented in Tables 2-5 (see page 6). We summarized his performance into three sections: before we started the PBS interventions, during the intervention, and in the final month before our discharge from the PBS service. The data were collected between mid-September 2018 and May 2019. As can be seen in the tables, the improvement of our child's behavior was remarkable.

Primary Lessons We Learned

Our lessons learned through practicing PBS are the following:

1. In order to improve own child's behavioral issues, it was critical that we, his parents, understood principles of PBS and committed to practicing proactive, teaching, reinforcement, and positive response strategies with the guidance of a PBS professional.
2. Collaboratively developing proactive, teaching, reinforcement, and positive response strategies with a professional is fundamental.

3. Revising strategies based on changing situations and progress data is a necessary process.
4. It was very helpful to ask our PBS professional to observe and give us feedback on how we practiced specific components of our support plan strategies during our sessions.
5. It was also important that our child felt like a part of the team, and made his own efforts for improvement together with us.
6. Collecting data takes time and patience. It was worth making the effort because the data helped us monitor what and how much improvement was being made before and during intervention.

As can be seen from our lessons, partnership between a professional and parents is critical. For us, it was like learning how to make a vegetable garden and how to harvest vegetables for years to come, instead of simply being given vegetables.

Advantages to Practicing PBS

There are a number of advantages of practicing PBS we think would be applicable to any family considering whether PBS might be a good fit for them:

1. *Awareness building as a family:* Through brainstorming and learning proactive, teaching, reinforcement, and positive response strategies, we built awareness of positive ways to interact with and redirect our child, often times before unwanted behavior happened. Building this awareness is an asset as a family to be together harmoniously.
2. *Skill development and improvement:* Through practicing PBS, both parents and child develop and improve necessary skills to cope with challenging situations. In our case, we, parents, developed such skills as redirecting challenging to positive behavior, not reacting or attending to challenging behavior, and sometimes detaching ourselves from difficult situations by using visual aids and a timer instead of using our voice. Our child developed such adaptive skills as self-management/care, self-monitoring, time-management, patience, and calming strategies during challenging situations.
3. *Improved behavior leading to improved quality of life:* PBS helped improve our child's multiple unwanted behaviors and habits. As a result, we have improved quality of life, such as more fun and relaxing time as a family, less struggles during transition time, and less overall stress.
4. *Informed conversation with school staff to address school challenges:* Challenging behavior was becoming a big concern at school. He was in a new school and academic demands were increasing, and aggressive behavior was flaring up to the extent we had to pick him up during school hours. Learning about PBS gave us many tools to use in support planning with his teachers, which helped reduce challenges to a certain extent. However one of the challenges we faced was a lack of cooperation of school, who wanted to solve problems their own way without effort to understand the effectiveness of PBS. We continue to encourage them to incorporate PBS strategies into our child's IEP.

In closing, PBS practice helped build our awareness and various skills needed to cope with a number of challenging situations through partnership with our clinician, which led to improved quality of our life. We hope that this paper helps many families get motivated to explore PBS and stay persistent during the hard times. The chance for improvement lies in every moment of interaction with your child.

By parents of a child with autism in Minnesota, in collaboration with Dr. Tim Moore, October 2019

Table 1. Positive Behavior Support Plan

| Setting & Behaviors to Increase | Proactive Strategies | Teaching Strategies | Reinforcement Strategies |
|--|---|--|---|
| Touching during evening routine and during periods of waiting | <p>Every 10 minutes provide [our son] with physical attention (high 5, pat on shoulder) as well as brief comment about what he is doing (or longer interaction if available).</p> <p>Try to exceed 10 minutes during time periods in which [our son] is displaying high rates of touching or attempted touching.</p> | | |
| Packing and unpacking backpack | <p>Post visual checklist for each item required for packing his backpack in the morning and unpacking in the afternoon.</p> | <p>Present the checklist to him at the appropriate time and ask him to start packing/unpacking his bag.</p> <p>Refer (gesture) to the checklist if [our son] is off-task for greater than 30s.</p> | <p>Praise [our son] for completing his packing and unpacking – he did so well!</p> |
| Sleep / positive dreams | <p>During his bath time, read [our son] fiction or non-fiction books (e.g., French or Japanese folklore) that contain positive content about family, friends, nature, or other topics he would find pleasing.</p> <p>After reading to him during his bath time (but before he gets into bed), ask [our son] what he would like to dream about from the stories he just listened to. Talk for a few moments about those things, emphasizing the visuals and sounds and positive moments.</p> <p>If [our son] would like a massage be sure he is not in his bed – his entry into bed, and falling asleep, should be by himself.</p> <p>Remind him he can earn a smile token for staying in his bedroom all night.</p> | | <p>If he stays in his room all night, he earns one smile token.</p> <p>If he comes to parents' bedroom overnight but returns to his room, he earns 1/2 smile.</p> |

| Setting & Behaviors to Increase | Proactive Strategies | Teaching Strategies | Reinforcement Strategies |
|---------------------------------|--|---------------------|---|
| Transitions | <p>Morning Remind [our son] what reinforcers he can earn for coming downstairs within 5 minutes.</p> <p>School Review with [our son] before school whether he will have time to play with his friend after school (M-W-F) or if he will need to transition right away to therapy (T-Th).</p> <p>On Tuesdays and Thursdays, set timer for 5 min minutes and when the timer sounds, transition to the car.</p> | | <p>Morning When [our son] gets to the breakfast table within 5 minutes he would have either a special snack in his lunch or additional screen time.</p> <p>School When [our son] gets to the car, give him the food you have brought for his snack.</p> |
| Waiting | <p>Offer choice of activities such as interactive game (UNO), educational movie, chess, piano, other of his own games/toys</p> <p>Specify his requirement of keeping safe and quite hands and feet</p> <p>Specify the time until he can have what he is waiting for.</p> | | Provide [our son] the item/activity he is waiting for when he has spent the required time with quiet and safe hands and feet. |
| Eating | <p>Establish a video to watch during first two courses of dinner, and remove other distractions from the table.</p> <p>With (X – number reduced over time) minutes left in the meal, let [our son] know that as soon as he finishes his meal he can use his special game.</p> | | Give [our son] access to the game for 10 minutes |

Positive Response to Problems

| Problem Behavior | Triggers | Likely Function | When the Problem Happens, Do This: |
|---|---|--|---|
| Touching and attempted touching (including aggression) | Reduced level of attention from mother and father | Attention from mother and father, access to items and activities | <p>Ask [our son] to stop and initiate high 5 from arm's distance away.</p> <p>If [our son] is waiting for access to an item or activity, reset the time you expected him to wait.</p> |

| Problem Behavior | Triggers | Likely Function | When the Problem Happens, Do This: |
|--|-----------------|------------------------|---|
| Coming into parents' bedroom at night | | | <p>Escort [our son] to his bedroom and read him a brief story in his bed to assist him in falling back asleep.</p> <p>Remind [our son] he can earn 1/2 smile if he stays in his bedroom the rest of the night.</p> <p>If he physically refuses, allow him to sleep in parents' bed.</p> |

Table 2. Data on touching others, attempted to touch other, transition time, packing and unpacking on backpack

| Targeted Behavior | Before PBS intervention (daily average) | During PBS intervention (daily average) | Final month of PBS intervention (daily average) |
|---------------------------|---|---|---|
| Touching others | 18 times | 5.9 times | 2.3 times |
| Attempted to touch others | 21 times | 7.1 times | 3.0 times |
| Transition time | 2 minutes 12 seconds | 1 minutes 35 seconds | 3 minutes 42 seconds ^{*1} |
| Packing own backpack | 3.4 items | 3.2 items | 4.4 items |
| Unpacking own backpack | 3.2 items | 3.4 items | 4.9 items |

*1: The increased time was due to a new game installed on our son's iPad.

Table 3. Data on eating time

| Targeted Behavior | Before PBS intervention (daily average) | During PBS intervention (daily average) | Final month of PBS intervention (daily average) |
|-------------------|---|---|---|
| Eating time | 107 minutes | 72 minutes | 35 minutes |

Table 4. Returning on own bed after using bathroom

| Targeted Behavior | Before PBS intervention (weekly average) | During PBS intervention (weekly average) | Final month of PBS intervention (weekly average) |
|----------------------|--|--|--|
| Returning to own bed | 0 nights per week | 1.8 nights per week | 4.3 nights per week |

Table 5. Keeping safe hands and using kind words during wait time

| Targeted Behavior | Before PBS intervention (weekly average success) | During PBS intervention (weekly average success) | Final month of PBS intervention (weekly average success) |
|---|--|--|--|
| Keeping safe hands & using kind words during 15' of wait time | 71% | 86% | 95% |