

## **COMPETENCY STANDARD 3: Positive Behavior Support and Effective Environments**

### **OVERVIEW**

Positive Environments is a term that reflects the emphasis of the field of Positive Behavior Support (PBS). Individuals with intellectual disability and co-occurring mental health conditions often have multiple factors effecting the presentation of their challenging behaviors (i.e., symptoms). While PBS cannot cure underlying biological bases for mental illnesses, it has been shown that it can reduce the behaviors of concern for those who have mental health conditions. PBS does this by first identifying those factors that predict and trigger challenging behaviors (e.g., those environmental variables that cause heightened anxiety; the presentation of a request to engage in an activity that is considered aversive by the person). This process is called Functional Behavioral Assessment. First, PBS interventions are targeted to those identified variables to design positive environmental conditions that reduce, remove, or modify those variables known to trigger challenging behaviors. The Functional Behavioral Assessment also identifies the function, or purpose, of the challenging behavior. Intervention also focuses on teaching the individual a more socially acceptable behavior that will serve the same purpose as the problem behavior (e.g., requesting to leave a situation that provokes high anxiety, rather than resorting to aggression to be allowed to escape that situation). PBS includes Applied Behavior Analytic perspectives and interventions.

The primary goal of PBS interventions is to improve the quality of life of the individual so that he or she can experience: (a) positive relationships with others, (b) a sense of personal agency through experiencing sufficient choice and control in their life, (c) positive status for positive contributions, and (d) improving competence in managing their daily life. The PBS approach includes direct educational strategies to help teach individuals the skills needed to achieve these quality of life goals. Creating positive environments also includes arranging the social environment so that caregivers reinforce pro-social behaviors and eliminate reinforcement for the challenging behaviors. PBS always eschews the use of aversive procedures such as punishment but may include those restrictive procedures necessary to protect the individual or others in a crisis situation.

### **AREAS OF KNOWLEDGE AND SKILL**

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 3: Positive Behavior Support and Effective Environments.

- Benchmark 3A: Performing a comprehensive functional behavioral assessment
- Benchmark 3B: Understanding the development and use of positive intervention practices
- Benchmark 3C: Cultural Considerations for PBS & Environments

### **BENCHMARK 3A: Assessment Practices**

The qualified clinician demonstrates knowledge about the factors involved in performing a comprehensive functional behavioral assessment that addresses all relevant aspects of the person's social environment and those aspects of their internal/physiological (medical and mental health disorders and rule-out conditions) into an assessment of the predictors and reasons (functions) for problem behavior.

#### *Benchmark 3A Performance Indicators*

In the area of Assessment Practices, the qualified clinician:

- Demonstrates the ability to operationally define the problem behaviors and assess their frequency and intensity/severity.
- Demonstrates use of data and other data collection methods (informant interviews, record reviews, observation, etc.) in order to identify the setting and antecedent factors that appear to predict the problem behavior(s).
- Describes the potential multiple causes of challenging behaviors.
  - Demonstrates an understanding of medical or mental health disorders that may act as setting events and/or antecedents, and prescribes actions needed to rule out potential medical/mental health conditions, if relevant.
  - Understands and recognizes behavioral phenotypes (characteristic behaviors associated with genetic syndromes), when relevant.
  - Differentiates differentiate internal vs. external triggers to behavior (i.e., Respondent vs. Operant process; e.g., trauma issues, anxiety disorders, etc. vs. task demands), when relevant.
- Communicates the results of the functional behavioral assessment clearly in written form (e.g., in a Summary Statement or similar form).
- Includes the person and all other relevant stakeholders in the assessment process and in the planning for behavior supports.

### **BENCHMARK 3B: Positive Intervention Practices**

The qualified clinician demonstrates skill in planning and carrying out Positive Intervention Practices.

#### *Benchmark 3B Performance Indicators*

In the area of Positive Intervention Practices, the qualified clinician:

- Makes clear how the behavior support strategies are based on the results of the functional behavioral assessment.
- Creates a comprehensive (multi-component) treatment plan for the person.
  - Identifies needed social/emotional and other quality of life supports for a person and integrates them into a treatment plan.

- First identifies strengths and works from a strength-based, individualized, and person-centered perspective.
- Utilizes specific procedures that will prevent the challenging behavior, drawn from the antecedent events identified in the functional assessment.
- Plans how identified triggers and setting event factors will be avoided, minimized, or modified in order to reduce the likelihood of the challenging behavior(s).
- Identifies environmental adaptations/ supports for the person.
- Identifies needed medical and mental health evaluations and/or supports/ treatments for the person.
- Understands the role of communication and communication disorders in supporting persons with ID/MI.
- Identifies instructional/skill building supports for the person to address identified skill deficits and to teach functionally equivalent replacement behaviors.
- Identifies specific consequence strategies to reinforce positive behaviors, including the replacement behavior and avoiding or minimizing the reinforcement of problem behavior.
- Identifies crisis management procedures to use in case the person engages in problem behavior.
- Demonstrates an understanding of the developmental stage of the person and prescribes strategies that are developmentally appropriate for the person (i.e. not setting expectations too high or too low for the person's current abilities).
- Avoids relying on restrictive procedures and, if necessary for protection from harm, uses the least restrictive procedure necessary to insure protection.
- Eschews aversive (procedures that cause physical pain or emotional distress) and demeaning procedures (i.e., demeaning or dehumanizing—for a teen or adult, using techniques commonly used with children; being overly controlling, etc.)
- Demonstrates knowledge of the professional literature on the use of Positive Behavior Supports (e.g., by the AAIDD, APBS, The Arc, or other state/province and local organizations).
- Demonstrates knowledge of lifespan and development as related to positive environments.

### **BENCHMARK 3C: Cultural Considerations for Positive Behavior Supports and Effective Environments**

Communities and residential facilities are not culturally neutral terrains, but rather are constructed around sets of norms, values, and expected behaviors that are culturally bound. Low tolerance levels and expectations may be an indication of possible incongruence between the environment and the individual. Cultural and/or linguistic differences for people with intellectual and developmental disabilities may reflect the possible reduced opportunities to socialize and learn community expectations. Combining Positive Behavior Supports with cultural and linguistic variables will help to

enhance positive behavior of the culturally and linguistically diverse.

### *Benchmark 3C Performance Indicators*

In the area of Positive Intervention Practices, the qualified clinician will demonstrate a sensitivity to the needs of different cultures, and identify the need and or introduce replacement skill instruction that relates to the person's culture.

### References:

- Banks, T., & Obiakor, F.E. (2015). *Culturally responsive positive behavior supports: Considerations for practice*. Available from [https://www.researchgate.net/publication/272479171\\_Culturally\\_Responsive\\_Positive\\_Behavior\\_Supports\\_Considerations\\_for\\_Practice](https://www.researchgate.net/publication/272479171_Culturally_Responsive_Positive_Behavior_Supports_Considerations_for_Practice) [accessed Jan 25 2020]. *Journal of Education and Training Studies*.
- O'Neill, R. E., Albin, R. W., Storey, K., Horner, R. H., & Sprague, J. R. (2014). *Functional assessment and program development for problem behavior: A practical handbook (3<sup>rd</sup> ed.)*. Cengage Learning.
- Carr E.G, & Horner RH, (1999). *Positive behavior support for people with developmental disabilities: A research synthesis*. The Research and Training Center on Positive Behavioral Support. Washington, D.C.: AAMR Monographs.
- APBS Standards of Practice, Association for Positive Behavior Support Website, at: [http://www.apbs.org/standards\\_of\\_practice.html](http://www.apbs.org/standards_of_practice.html)