

Positive Behavioral Supports and Social Relationships

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All people should live in an environment where they can succeed and where they can feel good about themselves. In some environments, having a disability can get in the way of success and feeling good. With some disabilities, children may have difficulty learning the social skills they need to interact well with others, and may also develop some behaviors that are actually counter productive to positive social relationships. In this article I use Positive Behavioral Supports as an umbrella concept for examining the behavioral and social competence of children, followed by a closer examination of the concept of social competence. Finally, I examine a method for supporting children who are deafblind in their development of behavioral and social competence.

To illustrate the concepts, I will use a specific (fictitious) example. Justin is a 9-year-old boy with multi-sensory impairments. Often when he is touched, either purposefully or accidentally, by students and teachers, he will strike out at them.

Positive Behavioral Supports

In the past, we have focused our energies on trying to change the child. Justin would have been subject to various punishments in order to teach him that striking out is inappropriate. The Positive Behavioral Supports movement has changed this focus. PBS "looks at the system, setting, or skill deficiency rather than the individual. Behavior management attempts to 'fix' the person, while PBS adjusts the systems and settings, focusing on improving skills" (Travnikar, 2001). Behavior always occurs in a context. PBS looks for deficiencies in that context, either in the environmental conditions, or in the behavioral skills of the individual (Carr, Horner, Turnbull, Marquis, Magito McLaughlin, McAtee, et al., 1999). The goal of PBS is not just the reduction or elimination of challenging behavior, "but rather improving people's lives" (Carr, et. al, 1999, p. 5).

PBS has two primary steps. First, a functional assessment of behavior is conducted to understand the purpose of the behavior. Second, a behavior intervention plan is developed to address the supports needed to improve skills.

Functional Assessment of Behavior (FAB) is a process for gathering information about the "why's" of particular behavior (Carr, Levin, McConnachie, Carlson, Kemp, & Smith, 1997). In other words, functional assessment is used to identify the purpose of problem behavior. If you know the purpose, the behavior is understandable.

Why does Justin strike out at those who touch him? What does his behavior communicate to us about Justin and his experience in his environment? We might be tempted to label Justin "aggressive". But instead, we could consider what Justin might be

saying or communicating by striking out. What might be its purpose or function? Douglass (1995) suggests the following possibilities:

- I hate surprises;
- I don't like being touched;
- I wanted to acknowledge your presence;
- I like you very much;
- I need more warning before you approach me;
- I have been touched too much and I cannot tolerate it any more;
- I was telling you that I'm ready for work;
- I was asking you to come back later.

In other words, there are many possible purposes for this behavior, some of which may not be obvious.

The four main goals of a FAB are to (1) describe the behavior; (2) predict the times and situations when the behavior will occur; (3) identify the purpose or goal of the behavior; and (4) propose interventions linked to the context and purpose of the behavior (Travnikar, 2001). A comprehensive FAB will consider the contexts in which behavior occurs, and the consequences to those behaviors, in order to identify the purpose. Hypotheses are developed based on the assessment, and interventions are selected based on the hypotheses. The success of the interventions provides support for the hypotheses, or, if unsuccessful, suggests the need for additional assessment.

A Behavior Intervention Plan (BIP) is a written, individualized behavior support plan that addresses both the deficient environmental conditions that may be present and the deficient skills that person may possess. Examples of deficient environmental conditions include the physical setting, social setting, activities and instruction, scheduling and predictability, and choice making opportunities. Deficient skills may include communication, social skills, self-management, and adaptive behaviors. Multiple intervention components are employed to change the environment and build skills, with a goal of not just changing the targeted behavior, but rather of considering the broader quality-of-life issues for the person (Travnikar, 2001).

If, for example, Justin is communicating that he needs more warning when people approach him, and that the purpose of the behavior is to avoid such contacts and to protect himself, then what skill building or environmental changes might be warranted? Can he be taught alternative methods for expressing his desire to avoid sudden contact with others? Can the environment be modified to reduce the likelihood of such contact? Can students and teachers be taught alternative ways to approach Justin? What part of a quality life is touch, and how can that be incorporated into Justin's experience in a way that he enjoys?

Social Competence

"The degree to which students are able to establish and maintain satisfactory interpersonal relationships, gain peer acceptance, establish and maintain friendships, and terminate negative or pernicious interpersonal relationships defines social competence and predicts adequate long-term psychological and social adjustment" (Gresham, Sugai, & Horner, 2001). Social competence is the ability to perform competently on social tasks. Social skills are the specific behaviors a person uses to perform competently. Clearly, Justin's behavior of striking out when touched is not a good social skill and might suggest some problems with social competence. PBS considers social competence in terms of contexts, both the social skills the person has developed, and the environment in which social action occurs.

Social skills. Social skills can be placed into several categories (Caldarella & Merrell, 1997):

- Peer relations skills (complimenting others, offering help, inviting peers to play)
- Self-management skills (controlling temper, following rules, compromising)
- Academic skills (completing work independently, listening to the teacher, not distracting)
- Compliance skills (following directions, following rules, using free time appropriately)
- Assertion skills (initiating conversations, acknowledging complements, making requests)

Deficits in social skills can also be classified (Gresham, Sugai, & Horner, 2001):

- Acquisition deficit – never learned it
- Performance deficit – learned it but can't or won't do it
- Fluency deficit – does not do it very well or in all contexts

Justin may have a deficit in assertion skills, or the socially appropriate way to let other people know what he likes and does not like. He may have never acquired this skill, he may lack practice, or he may not wish to use the skill. His striking out may be just his preferred behavior, or it may be because he does not know any other. Social skills can be taught; generally in a group setting using guided rehearsal, feedback, reinforcement, and practice (Waas & Graczyk, 1998). But PBS requires that we address both skills deficits and environmental deficits.

Environmental conditions. A consequence of the lack of social skills can be peer rejection. But peer rejection is not just due to the lack of social skills; it is also a result of negative relational schemas (Waas & Graczyk, 1998). Relational schemas are the scripts and rules you have about your relationships with others. For example, other students may have relational schemas about Justin that "he is aggressive," "he is unpleasant to be near," "he should be avoided." Many children with disabilities likely suffer from both a lack of social skills and negative relational schemas about them. They may themselves have negative relational schemas about other people. These negative relational schemas are a part of the environmental context that exists when negative behavior is expressed.

The consequence of negative relational schemas can be an environment that is not conducive to the learning and displaying of social skills. If Justin strikes out to warn others that he needs more time for them to approach him, his behavior is probably successful in keeping others away from him. He effectively creates a context of avoidance, which is supported by negative relational schemas that others have of him. He pushes away, and others stay away. Teaching Justin alternative behavior is a start, but unless the environment changes, he will have no reason to use the new behavior.

Person-Centered Planning and Circle of Friends

Person-Centered Planning (PCP) is a process that facilitates the inclusion of persons with disabilities into their natural communities, including neighborhood, school, and work. The general goals of PCP for the individual include

- being present and participating in community life
- gaining and maintaining satisfying relationships
- expressing preferences and making choices in everyday life
- having opportunities to fulfill respected roles and to live with dignity
- continuing to develop personal competencies (Kincaid, 1996, pp 440-441).

All PCP approaches begin with a focus on the wants and needs of an individual and recognize the importance of both formal and informal supports in assisting the person to achieve his or her dreams. PCP represents a shift in focus from finding out what is wrong with a person and how to fix it, to identifying capacities, and how to enhance them so that a person can live the life they or we envision (O'Brien, O'Brien, & Mount, 1997).

One form of person-centered planning used for people with disabilities of all ages is MAPS: Making Action Plans (Pearpoint, Forest, & O'Brien, 1996). It is frequently carried out by the person and their Circle of Friends. The group considers several questions such as: Who is this person? What are this person's dreams? What are your nightmares for this person? What strengths does the person have? What would a perfect day look like for this person?

PCP helps to define the desirable environmental conditions for the person. From this, action plans may be developed to implement the perfect social encounters in the person's day, at school or at work, which take into account the person's strengths and needs, and help them move toward their dreams. We might envision Justin's perfect day at school as teachers and peers approaching him carefully but positively in a way that he can accept and enjoy.

A Circle of Friends is a circle of support, which forms around a person with a disability (Pearpoint, Forest, & O'Brien, 1996). It is meant to be a support to the person's inclusion into the school, community, and workplace. The person (or when communication skills are limited, someone who is close to the person) invites those he or she wishes to be involved in the circle, based upon who they feel supports them in their lives. Circles of Friends may or may not involve professionals. Ideally the members stay with the Circle over time, providing a natural social support network for the individual.

Circles of Friends provide one avenue for avoiding or dissipating negative relational schemas. Frederickson and Turner (2003) found that while a Circle had little impact on the child's self-perception, or on the teacher's perception of the child's behavior, it did have a positive impact on the child's social acceptance. Justin's Circle of Friends can support his development of social competence by (1) learning how to interact with him in a manner that he can accept and respond to positively, (2) helping to teach him social skills, and (3) letting other people know that they are Justin's friends and that Justin has many positive qualities. Nobody develops social competence or learns social skills in isolation. And nothing overcomes negative relational schemas better than positive peer interaction.

Summary

The fact that a particular child lacks behavioral and social competence is of concern. But the positive behavioral supports approach makes this a shared concern, a shared problem, and a shared solution. Blame is not assessed. Instead the environmental sources for the problems are sought out, the purposes that the negative behavior serves for the child are identified, and alternative ways for the child to meet their goals are developed. A behavioral intervention plan is developed in the context of person-centered planning, and a circle of friends ensures that the child is supported through the process.

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