



## ALL ABOUT BEHAVIOR: PART 1

### THE INS AND OUTS OF POSITIVE BEHAVIOR SUPPORT

by Susan Myers, Executive Director, ASK Resource Center

When we talk about the alphabet soup of Positive Behavior Supports, the FBA (Functional Behavioral Analysis), the BIP (Behavior Intervention Plan), the CIP (Crisis Intervention Plan), these tools are all about providing structures and supports for students who have or may have behavior goals in their IEPs. The purpose of the supports is to provide a rewarding (positive) structure within which students may improve their behavioral, self-modulating and relationship skills. Improving students' behavioral skills, in turn, helps to promote their success in school and extra-curricular activities. These tools are usually applied at the individual level, to assist one student at a time.

School-Wide Positive Behavioral Supports (SWPBS) provides a framework in the school community to improve student academic and behavior outcomes for all students. SWPBS is not a curriculum, but a process by which the school creates systems to support the implementation of practices that improve student behavior and academic success. Instead of reacting to behavior problems on a case-by-case basis in the school, SWPBS aims to set up the school environment in a way to:

- ☞ PREVENT the development and occurrence of problem behaviors.
- ☞ TEACH and encourage appropriate social skills and behaviors.
- ☞ USE evidence-based behavioral practices (such as Character Counts) with fidelity and accountability.
- ☞ SCREEN all student's performance and progress.

Schools that have implemented SWPBS report that the teaching and learning environment at school is improved in several important ways:

- ☞ A reduction in disciplinary actions such as office referrals, suspension and expulsion
- ☞ Better classroom management and discipline with better classroom attendance, less tardiness and antisocial behavior

- ☞ With the decrease in 'problem behaviors,' an increase in classroom and school environment of productivity and student engagement
- ☞ Better supports for those students whose behaviors require more intensive assistance (such as those with emotional and behavioral disorders)
- ☞ Increased academic engagement and achievement for all students.

Many schools promote family participation in the school-wide positive behavior support process, as parent involvement leads to greater student success. On the individual level, parents participate in the assessment and problem solving process to create individualized positive behavior support plans for their children (Behavior Intervention Plans). If you are interested in SWPBS find out if your child's school is a SWPBS school. If it is not, explore whether this might be a possibility in the future, to strengthen all students' learning environment.

*“SWPBS provides a framework in the school community to improve student academic and behavior outcomes for all students.”*

#### PBIS Resource Links

OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports ([www.pbis.org](http://www.pbis.org))

Association for Positive Behavior Support (<http://apbs.org>)

Beach Center on Families and Disability ([www.beachcenter.org](http://www.beachcenter.org))

TA Center on Social Emotional Intervention ([www.challengingbehavior.org](http://www.challengingbehavior.org))

The May Institute ([www.mayinstitute.org/childrens\\_services/pbis.asp](http://www.mayinstitute.org/childrens_services/pbis.asp))

New Bazelton Center for Mental Health ([www.bazelton.org](http://www.bazelton.org))

Center on Social and Emotional Foundations of Early Learning ([www.vanderbilt.edu/csefel/](http://www.vanderbilt.edu/csefel/))

## POSITIVE BEHAVIOR SUPPORTS (PBS): A GUIDE TO RESOLVING YOUR CHILD'S DIFFICULT BEHAVIOR

(ADAPTED FROM HEARTLAND AEA PARENT EDUCATOR CONNECTION POWER POINT PRESENTATION)

When we talk about “behavior,” we need to remember that everything we do is behavior. My typing this information is behavior and your reading it is. Anything we can observe is behavior. So, a feeling may not be a behavior, unless it is expressed in a way we can see, such as smiling. Similarly, an attitude is not a behavior, though the behavior of rolling

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The Parent Training and Information Center of Iowa exists to serve families of children with disabilities. The PTI of Iowa is a statewide service of ASK (Access for Special Kids) Resource Center, a nonprofit organization dedicated to helping families of children with disabilities.

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my eyes and slouching my shoulders may communicate an attitude of disinterest or disrespect. Keep in mind that **MOST** behavior is good, acceptable, and appropriate!

Behavior problems involve any challenging behavior that lasts over time and is “working” for the child – that is, bringing the results he or she wants. This takes the form of a child **NOT DOING** what I want him to do, or **DOING** something I don’t want him to be doing.

Before we can address a challenging behavior, we need to be able to identify and define the problem clearly. This way, parents, teachers and caregivers can recognize the behavior. The behavior needs to be observable and measurable. It could be measured by how long it lasts, the number of times it happens, or even the intensity of the behavior. If I say that my child, Susie “tantrums and cries all the time,” I am not being very specific and am not giving any way to measure the behavior. If, instead, I say “Susie tantrums longer than 15 minutes three times each day, and her tantrums involve crying loudly, lying on the floor and kicking,” I’ve defined the behavior specifically and in a way that can be measured. From this description, caregivers and I know what the behavior looks like (for example, whining and tugging my shirt is **NOT** tantruming), and whether Susie is having a better or worse day than usual (frequency and duration).

The next step is to figure out what is causing the behavior. Could it be...

- health related?
- due to a lack of communication skills?
- because of a major life change, such as a new baby sibling, moving to a new home?

**If the behavior is caused by one of these situations, how can I help my child adapt to these situations?**

Or, is the behavior explained by my child’s stage of development? In other words, is she doing what other children typically do at this age? Parents can consult developmental checklists to find this out (some of which are provided in this newsletter). If so, is there a way to limit the behavior to a specific time or place or for a specific amount of time?

**The A-B-C Chain of Events.**

**A**ntecedent + **B**ehavior + **C**onsequences = Learned Behavior.

Consequences are very important, because they either encourage or discourage the behavior. When good things happen to or for the child as a result of the behavior, the behavior is rewarded, and the behavior will increase. When unpleasant things happen to or for the child as a result of the behavior, the behavior will happen less often.

**What do behaviors do for us? What are some functions of behavior?**

- Acknowledgement/attention
- Escape/avoidance
- Sensory/automatic

For example, Billy interrupts me when I’m on the telephone because

he wants my attention. Sally throws a fit when I tell her its time to clean her room to avoid doing so. Isaac tears up his homework because he likes the sound of the paper tearing.

We want to write an Action Plan to stop the unwanted behavior. However, it isn’t enough to just stop the unwanted behavior – we need the child to learn an alternative or replacement behavior. This new behavior should fulfill the same function as the problem behavior (in this case, get attention from Mom) and be just as easy for the child to do.

**Why isn’t it enough to just stop the unwanted behavior?**

Because this won’t address the reason the child started the behavior. If we only say “stop it” to the child interrupting us while we’re on the phone, she may just switch to a new behavior that will work for her in the same way (such as pushing over glasses of water while I’m on the phone.). The new behavior may even be worse and less socially acceptable than the initial behavior. Also, our response (covering the phone and yelling “Stop!”) may unintentionally reinforce and strengthen the misbehavior (“hmmm, Mom noticed me”).

When it comes to helping children with challenging behaviors, it helps to remember that behavior **CAN** be changed over time and that the best

The following form summarizes the ABCs of a behavior:

Child’s Name: Deon • Behavior to observe: Tantrums

Setting Events (Where: date, time)	<b>A</b> ntecedent (What happened just before)	<b>B</b> ehavior (Specific and measurable)	<b>C</b> onsequences (What happened right after behavior)	Function of the behavior (What is the payoff for the child)
At home March 3 9:30 a.m.	Mom got a phone call	Whined, pulled on Mom’s legs, repeatedly asked to be picked up	Mom interrupted her phone call to correct child	Attention

**Examples of Positive Consequences (Reinforcement):**

Social	Verbal	Activity	Material Reinforcers
Smiling Pat on the back High five Thumbs up Wink Nod head Clap hands Signal "OK!"	Words like.... Fantastic Excellent Way to go You did it I knew you could Nice job Good Choice Good listening Wonderful	Favorite activity One-on-one time with parent Be a helper Read favorite book Run an errand Choose favorite story/song Watch favorite video	Award "medal" Sticker "Grab bag" toy Stamp on hand Special snack

strategy is the one that WORKS. Evaluate how well the strategy is working regularly, and adapt the plan as your child changes.

To INCREASE a desired behavior, choose **C**onsequences that are positive and pleasant. Discover what is motivating to your child. Try to use the smallest amount necessary to get the change you want.

Positive consequences/reinforcement are most effective when they are:

- Immediate
- Consistent
- Specific
- Sincere
- Varied before the child tires of the particular reinforcement
- Fair, start with small changes

To DECREASE a problem behavior, figure out why it is happening.

- Is it because she wants to **gain** something – toy, food, activity, your attention?
- Is it because he wants to **avoid** doing as you have asked, or to get away from a situation or something he doesn't like?

If the behavior is to get attention, try these solutions:

- Increase attention for the child's positive behaviors
- Teach acceptable alternative
- Reinforce when the child gains attention through appropriate behavior

- Withold attention for problem behaviors
- Only use time-out as a last resort
- Avoid lecturing, scolding

If the child is trying to gain something (an object, activity, food), try these solutions:

- Do not give the object to the child following problem behavior
- Teach acceptable ways to get the object
- Give the object to the child following appropriate behavior
- Only use time-out as a last resort

If the behavior is to escape or avoid a situation, try these solutions:

- Reward for following directions
- Teach how to communicate wants and needs appropriately, child signing/saying "I'm all done"

- Do not remove expectation following problem behavior
- Do not use time-out

You can measure the results by tracking your child's behavior by the hour, by the day or by the week. You can use a tally chart or an "ABC" chart for problem behavior, and be sure to observe the alternative or replacement behavior your child is using.

In selecting a replacement behavior to teach, think about what it is you would like to see the child do instead. The replacement behavior is a new skill that needs to be taught and practiced. Use small steps and celebrate small progress. Modeling and role playing can be effective ways to teach new skills.

Now that you have a Behavior Plan for your child, try it out! Follow it as you have written it, record your observations. Don't be discouraged if the misbehavior increases at first – it is common to see this before the behavior begins to improve. Remember to be consistent!

Follow up and evaluate how your plan has worked. Remember to record your information and then compare it to your original information. For example, how does this week

**Let's look at a sample "Behavior Plan" for Deon:**

*Behavior: Deon will decrease whining and clinging.*

Strategies for prevention	Alternative/ Replacement behavior	Positive Consequences	Appropriate Negative consequences	How will data be recorded?
<ul style="list-style-type: none"> <li>☞ Set aside one-on-one time</li> <li>☞ Create "activity box" for telephone time or other busy times</li> <li>☞ Make sure child understands expectations</li> </ul>	<ul style="list-style-type: none"> <li>☞ Teach words or gestures to gain attention and make requests</li> <li>☞ Teach Deon to play by himself for short periods of time</li> </ul>	<ul style="list-style-type: none"> <li>☞ Honor appropriate requests when possible</li> <li>☞ Acknowledge appropriate behavior</li> </ul>	<ul style="list-style-type: none"> <li>☞ Ignore</li> <li>☞ Prompt for appropriate way to gain your attention</li> </ul>	<ul style="list-style-type: none"> <li>☞ Tally whining incidents</li> </ul>

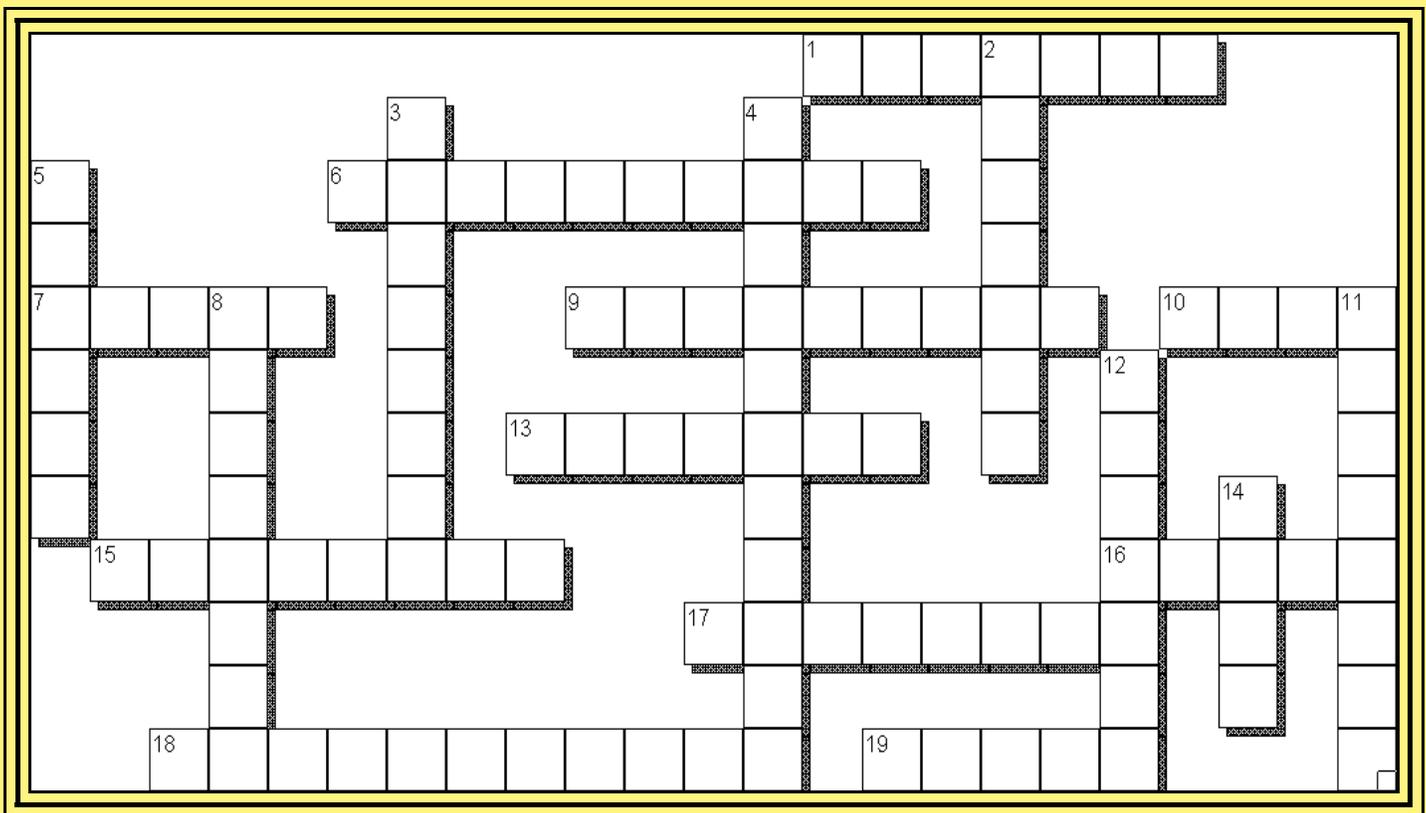
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compare to last week? If your child's behavior is improving, continue to reinforce it. Remember to change the rewards as needed before your child tires of them. Over time, gradually reduce the use of the rewards.

If the problem behavior continues, you can always try another solution, you can work with other families to see what has worked for them, and you can contact ASK Resource Center or your Parent Educator Connection at the AEA.

When we work with families here at ASK, we often remind them to be kind to themselves! Keep confidence in your own abilities. Approach your goals to improve your child's behavior slowly – one behavior at a time. Celebrate your small successes. Make time for yourself! Relax, Refresh, Replenish. Remember, "When Mamma (or Pappa) ain't happy, ain't nobody happy!!!" Hang in there – you can handle this. You are not alone – there are many other families on the same journey as yours.

## All About Behavior Crossword Puzzle



### ACROSS:

1. This is really an ineffective way of dealing with problem behaviors!
6. When you begin a behavior plan, its important to be this way.
7. Sometimes children use a problem behavior to \_\_\_\_\_ doing something.
9. If a child is trying to get this from you through poor behavior, it is a good idea to ignore the behavior.
10. This is what most behavior is
13. When Charlie tears up all of my paper plates, even though he knows he shouldn't, maybe he does it to satisfy this kind of a need.
15. To identify a problem behavior, the description should be \_\_\_\_\_ and measurable
16. With a behavior that comes from an illness or poor communication skills, I should help my child do this
17. Anything you can see me do is this.

18. In addition to stopping the unwanted behavior, we want our child to learn this kind of behavior
19. A child uses a problem behavior to get what s/he wants because it does this
- DOWN:**
2. Use this strategy only as a last resort!
3. Be good to this person!
4. The “terrible twos” is a phrase used to describe undesirable behavior that is a result of a child’s \_\_\_\_\_.
5. Sometimes problem behavior is a result of a major \_\_\_\_\_ in a child’s life
8. Immediate positive consequences will help \_\_\_\_\_ wanted behavior.
11. Looking at the behavior in terms of this and frequency helps us measure it
12. Its a good idea to reduce the use of these over time.
14. The replacement behavior we teach should fulfill the \_\_\_\_\_ function as the behavior we’re trying to decrease.

## Pumpkins and Pennies.....

BUREAU OF STUDENT & FAMILY SUPPORT SERVICES

by Barbara Ohlund, Ph.D., Iowa Dept of Ed, Bureau of Student & Family Support Services

Dominic was given a pumpkin when on a trip to the orchard last week for school, and a penny from his teacher yesterday for ZERO aggressions (which is a big deal in our world). I picked him up from school and he brought both home yesterday.

He held on to the penny like it was the last piece of bread on earth. He held it up for me to see, smiling - we put it in a special place when we got home (jar) and he placed it carefully on the table. He showed Eva when she got home - he placed it next to him on the table during dinner and told dad about it. He picked up the jar and showed each of us in turn. After much struggle on his part and waiting on our part - he said, “Today, Sarah gave that penny to me.”

That was the penny. It rests on our table in the jar.

The pumpkin he promptly named Dave. He names nearly everything male Dave or David. I think David must be the stand-in for a grandpa for him, and I’m very grateful he has

some experience like that in his life. Anyway - he took Dave everywhere and had his friend do everything with him last night. He read to Dave - shared his snack with Dave - showed Dave all his toys and talked with him. Dave lost his stem because he was played with so much, which lead to a tiny breakdown.....we glued his stem back on and all was well. I looked around at all Dominic’s toys just to remind myself that yes, indeed, he does have toys - sigh - Dominic cradled Dave in his arms and said, “I love you Dave” and gave him a kiss on his pumpkin cheek. He brought Dave to bed and when I suggested he might let Dave stay in the living room and reached out for the pumpkin, Dominic reared up on his knees, pointed at me, and said, “You weave Dave awone!” So I did. And Dominic slept with his arm around Dave all night.

That was the pumpkin. It’s still sleeping in our bed.

Right before Dominic fell asleep, he reached up, grabbed my face and

kissed me - and said, “I love you mom” and I smiled and told him I loved him....then I sighed....I’m not sure where to go with that from a child who earlier had lovingly kissed a pumpkin and expressed his love while holding it close to his chest.

Have a wonderful day! I know Dominic will - having dreamed all night long of pumpkins and pennies;-)



**Do You  
Need  
Information  
on...**

disabilities  
special education  
related services  
behavioral interventions  
IDEA 04  
IEPs  
Transition

National Dissemination  
Center for Children  
with Disabilities

1-800-695-0285  
www.nichcy.org

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## What is Infant and Early Childhood Mental Health, and Why is it Important?

(ADAPTED FROM "SECURE BEGINNINGS: IDAHO INFANT AND EARLY CHILDHOOD MENTAL HEALTH," IDAHO DEPARTMENT OF HEALTH AND WELFARE, AND FROM THE FLORIDA STATE UNIVERSITY CENTER FOR PREVENTION & EARLY INTERVENTION POLICY: "WHAT IS INFANT MENTAL HEALTH," BY CARRIE MORI AND CAROLYN F. KIEFER)

### What is Infant and Early Childhood Mental Health?

Infant and early childhood mental health reflects social and emotional capacities and the important relationships in children, birth through age five. Young children's social experiences and opportunities to explore the world depend on the love and care they receive. It is essential to ensure that first relationships are trusting and caring, as early relationships provide an important foundation for later development.

### Why is Infant and Early Childhood Mental Health Important?

The first years of life create the foundations for a child to have positive relationships, self-confidence, and the ability to meet change and challenges successfully. It is important to success in school, work and life.

To grow and learn, children need good mental health as much as they need good physical health. Mental health is tied closely to relationships

the child has with parents and significant caregivers. Children learn how to effectively express emotions, make friends, and explore the world around them through these relationships.

Remember that mental illnesses always have a biological basis in the brain, and that if parents notice their children have symptoms of mental illness, it is a biological problem and not based in a parent's shortcomings.

### Parents and Caregivers can Nurture Children's Mental Health in Many Ways:

- Surround yourself and your children with nurturing relationships
- Create a trusting environment
- Provide stable and consistent caregivers at home and in child-care settings
- Learn about and respond to your child's cues
- Learn about child development so your expectations can be realistic
- Spend unhurried time together
- Comfort and reassure your child

when she is scared, angry, or hurt

- Develop routines to promote predictability and security
- Model good relationships and healthy ways to manage conflict
- Consider how whatever you are doing or going through may affect your child

- Identify early signs of emotional or mental problems

### How do relationships nurture infant and early childhood mental health?

When infants and toddlers are treated with kindness and encouragement, they develop a sense of safety and emotional security. A nurturing, loving relationship provides a "secure base" from which a child can begin to explore the world, frequently checking back for reassurance. The more children explore and try safe new things, the more they experience and feel good about themselves.

### What are some signs that a child may need some help?

How intense and how often the following signs occur may indicate that a child may need assistance. These signs do not mean definite mental health concerns and are only to be used as "red flags" or warning signs.

Mental health professionals should be consulted to see if these behaviors may have a basis in the child's brain biology.

### Infant (birth - 12 months)

- Unusually difficult to soothe or console
- Limited interest in things or people
- Consistent strong reactions to touch, sounds or movement
- Always fearful or on guard
- Reacts strongly for no reason

## OUT OF IDEAS?

### Attention! Parents and Educators!

If you're having TROUBLE resolving DIFFERENCES over educational services and issues, try using a RESOLUTION FACILITATOR to get things going again.

An OBJECTIVE third party can help SMOOTH out the rough spots and SPEED you towards a SUCCESSFUL outcome for all involved.

CALL the ASK Family Resource Center for more INFORMATION

**(515) 243-1713**



**Toddler:**

- Displays very little emotion
- Unable to comfort or calm self
- Limited interest in things or people
- Does not turn to familiar adults for comfort and help
- Has inconsistent sleep patterns

**Preschool Child:**

- Consistently prefers to not play with others or toys
- Goes with strangers easily
- Destructive to self or others
- Hurts animals
- Limited use of words to express feelings

**Children with healthy early childhood relationships develop the building blocks for healthy life-long relationships.**

Healthy social and emotional growth promotes a range of positive behavioral skills which develop during early childhood and grow over time.

These skills build on one another, and have a life long impact on a person's relationships. Key developmental skills in childhood include:

- Ability to manage impulses and regulate their own behavior
- Learn to identify and start to understand their own feelings
- Manage strong emotions and express them in a constructive way
- Recognize emotions and emotional cues in others
- Develop empathy for others
- Establish and sustain close relationships and friendships
- Develop confidence, cooperativeness and the capacity to communicate

**If I'm worried about my child's emotional or mental health, should I wait until my child can talk before I seek information or help?**

No. Research on brain development shows that the first three years of life are critical. During the first few

months of life, pathways multiply in the brain. As the infant develops trust and attachment, the foundation for lifelong success in relationships and school is established. Often mental health treatment for families and children has a positive, lasting impact.

**Where can I go if I want more information?**

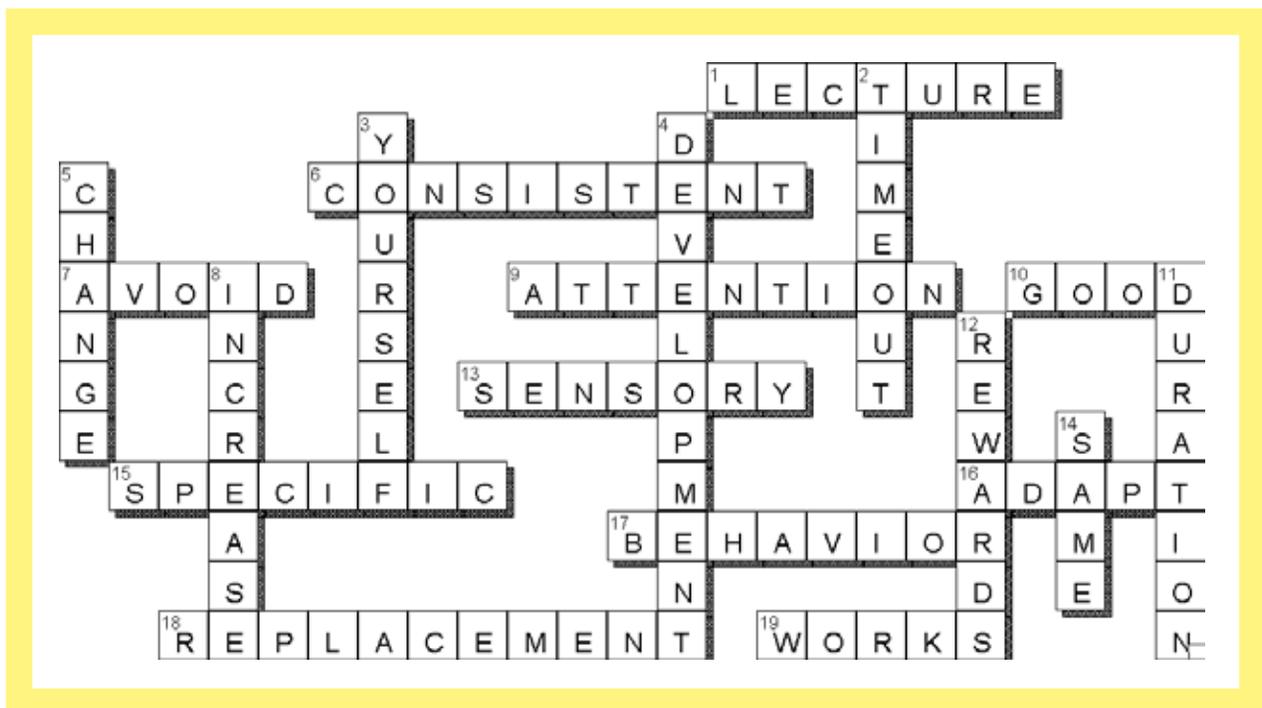
The following web sites have developmental and infant and early childhood mental health information:

- www.pacer.org
- www.talaris.org
- www.zerotothree.org
- www.teachmorelovemore.org



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**All About Behavior Crossword Puzzle Answer Key**



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A Project of the

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Des Moines, IA 50309

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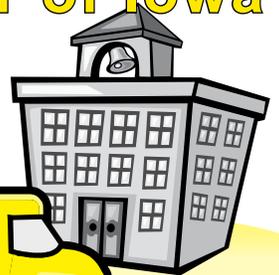
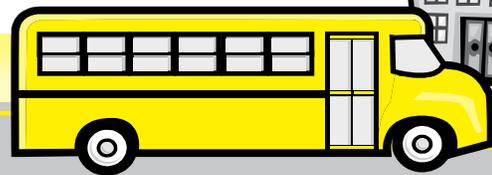
## Parent Training and Information Center of Iowa

*Education begins with a good IDEA.*

*Disability Information, Advocacy and Technical Assistance*

*Ph: (515) 243-1713 • Toll Free: (800) 450-8667*

*Fax: (515) 243-1902 • TDD: (800) 735-2942*



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### ***Continued Resources on Mental Health and Behavior***

**Center on Positive Behavioral Interventions and Supports**

<http://www.pbis.org/>

**Council for Children with Behavioral Disorders**

<http://www.ccbd.net/>

**Federation of Families for Children's Mental Health**

<http://www.ffcmh.org/>

**National Alliance on Mental Illness**

<http://www.nami.org/>

**Research and Training Center on Family Support and Children's Mental Health**

<http://www rtc.pdx.edu/>

**National Association of School Psychologists**

<http://www.nasponline.org/>

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