**Positive Behavior Support Committee-Community of Practice**

**Draft-Trifold Brochure 2/20/15**

**Do you struggle with your child’s challenging behaviors?**

This brochure on positive behavior supports may help you and your family to learn new ways to cope.

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| **What is PBS?** | **Who can do PBS?** | **How does a BSP work?** |
| **What is Positive Behavior Support (PBS)?** A set of research-based strategies designed to teach and encourage people to use socially appropriate skills. PBS also provides humane ways to decrease behaviors of concern and to increase quality of life.  **What PBS is not?**  In comparison to PBS, the use of blame and shame to change a person’s behavior often has a negative effect. These negative consequences fail to teach the family and their loved-one better ways to deal with stressful situations. Timeouts, strikes, and bribery are examples of approaches that are inconsistent with PBS.  **What is a Behavior Support Plan (BSP)?**  A document that addresses the person’s behaviors that you are concerned about, ways to teach them new behaviors, and build on their strengths. | **Who Can Author Behavior**  **Support Plans and Provide Consultation?**  People who write PBS plans and offer consultation to families should have appropriate training and experience in providing behavior supports to persons with developmental disabilities. Typically plans are written by Psychologists and Board Certified Behavior Analysts (BCBA). Other professionals that author BSPs may include licensed professionals and those with Master’s degrees in psychology, special education, social work, or a related field.  Sources that fund the development of a BSP may include the Connecticut Department of Developmental Services, the Connecticut Department of Children and Families, Medicaid, school systems, or private insurance. | **Every BSP should include the following:**   * Knowledge about the person * A functional Assessment * Proactive Strategies * Reactive Interventions * Goals meaningful to the person-served * A team of family members and professionals * Ways to track progress   **Helpful Hints about PBS**   * Caregivers should start early in the person’s lifespan to learn and implement PBS. * Changes in the behavior of the caregivers are often needed to shape an approach toward teaching, guiding, and fostering new patterns of behavior. * In order for BSPs to work best, caregivers need to consistently apply the strategies. |

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| **Some Helpful PBS Strategies:** | **Useful Information:** | **Success Stories:** |
| Positive Reinforcement: A social or tangible reinforcer given immediately after an appropriate behavior that motivates the person to repeat it. For example, specific and enthusiastic verbal praise, such as “Good job helping to put away the groceries!”  Assertiveness Skills:Helping the person to communicate by putting their feelings and needs into polite words. For example, “I feel sad when people don’t ask what I like. I need them to be more considerate.”  Setting and Reviewing Expectations: Giving instructions for appropriate behavior *before* starting an activity. In positive language, telling the person what we would like them to do, rather than what we do not. For example, “Please use a low voice,” instead of “Don’t speak so loudly.”  Critical Scheduling: A daily routine where less preferred activities are followed by more favored activities in order to increase the person’s motivation. For example, “*First* you take a shower and *then* we go to park.”  Scaffolding:Reducing assistance as a person’s ability with a task improves in order to build their confidence and mastery. For example, progressing from brushing a person’s teeth for them to just giving a verbal reminder.  Empathic Validation:Active listening to help calm stressful situations. The goal is *acknowledging* the person’s perspective, even if you don’t agree with it. For example, “I hear that you are disappointed about the cancelled trip.” | **Glossary of PBS Terms:**  Functional Assessment: A profile that includes the following information about challenging behaviors:   * The person’s strengths, goals, and desires * A detailed description of the behavior * Any medical factors that might contribute to the behavior * Triggers and precursors * Times and situations the behavior is most and least likely to occur * Function(s) or purpose(s) of the behavior * An understanding of how the caregivers actions might influence the behavior   Proactive Interventions:A caregiver’s actions designed to help *prevent* the person from engaging in challenging behaviors.  Reactive Interventions:A caregiver’s actions *after* behaviors of concern occur that help to de-escalate situations calmly.  **PBS Resources:**  For more information:  [ct.gov](mailto:ddsct.co@ct.gov)/dds  [pbis.org](http://www.pbis.org)  aaidd.org  apbs.org   * Community of Practice PBS Committee * DDS CT College of Direct Support | **What families and staff**  **are saying**…  *“Before PBS we were fighting an uphill battle. The strategies we were using included consequences, such as time outs, strikes, etc., which only increased our son’s anxiety and behavior issues. Since implementing the PBS strategies, we see a dramatic decrease in his negative behaviors. Through using proactive, as opposed to reactive strategies, not only has his behavior improved, but his confidence as* *well.”*  *“When you try PBS strategies, you focus on teaching and rewarding the behavior you want to see.  We used to struggle with temper tantrums in the morning because my son wanted to wear his pajamas all day. By using PBS strategies, we were able to use sticker charts and picture schedules to get him to dress himself!"*    *“We have seen a huge difference in the individuals that we serve using the PBS strategies. It is refreshing for us, as staff, to change our own perspectives while we work. By focusing on the positive in the indiduals, we don't pay mind to all of their idiosyncrasies.”* |