“Before Positive Behavior Support strategies we were fighting an uphill battle. We were using consequences, such as time outs, strikes, etc., which only increased our son’s anxiety and behavioral issues. Since implementing the Positive Behavior Support 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 Positive Behavior Support 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 Positive Behavior Support strategies, we were able to use sticker charts and picture schedules to get him to dress himself!”

Who Can Author Positive Behavior Support Plans and Provide Consultation?

People who write Positive Behavior Support 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 may author plans include those with Master’s degrees in psychology, special education, or social work. Sources that fund the development of a Positive Behavior Support plan may include the Connecticut Department of Developmental Services, the Connecticut Department of Children and Families, Medicaid, school systems, or private insurance.

Positive Behavior Support Resources:

For more information
pbis.org
aaidd.org
apbs.org

Please contact ____________________ if you are interested in having a Positive Behavior Support presentation provided to families.

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.

CT Department of Developmental Services
ct.gov/dds

CT Council on Developmental Disabilities
ct.gov/ctcdd

This product was developed through the National Community of Practice for Supporting Families of Individuals with I/DD. More at supprotstofamilies.org
Helpful Hints about Positive Behavior Support

- Caregivers should start early in the person’s lifespan to learn and implement Positive Behavior Support strategies.
- 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 Positive Behavior Support plans to work best, caregivers need to consistently apply the strategies.

What is Positive Behavior Support?

A set of research-based strategies designed to teach and encourage people to use socially appropriate skills. Positive Behavior Support also provides humane ways to decrease behaviors of concern and to increase quality of life.

What Positive Behavior Support is not...

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 Positive Behavior Support.

What is Positive Behavior Support Plan?

A Positive Behavior Support plan is a document that addresses the person’s behaviors that you are concerned about, ways to teach them new behaviors, and build on their strengths.

How does a Positive Behavior Support plan work?

When possible, a Positive Behavior Support plan should include the following:

Knowledge about the Person
A Functional Assessment
Proactive Strategies
Reactive Interventions
Goals Meaningful to the Person-Served

Some Examples of Positive Behavior Support Strategies:

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 Positive Behavior Support Terms:

Functional Assessment: A profile that includes the following information:
- The person’s strengths, goals, and desires
- A detailed description of the challenging 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 or purpose of the behavior (e.g., communication)
- An understanding of how the caregivers actions might influence the behavior

Proactive Interventions: Caregiver’s actions designed to help prevent the person from engaging in challenging behaviors. Reactive Interventions: Caregiver’s actions after behaviors of concern occur that help to de-escalate situations calmly.