

Welcome to the Autism Classroom Resources Podcast, the podcast for special educators who are looking for personal and professional development.

Christine Reeve: I'm your host, Dr. Christine Reeve. For more than 20 years, I've worn lots of hats in special education but my real love is helping special educators like you. This podcast will give you tips and ways to implement research-based practices in a practical way in your classroom to make your job easier and more effective.

Welcome back to the Autism Classroom Resources Podcast. Hello, I am Christine Reeve. We are celebrating Better Hearing & Speech Month by talking about the relationship between challenging behavior and communication here at Autism Classroom Resources because that's just how we roll. I am so glad you're here because today, I'm going to talk about one of my favorite things to really get into the nitty-gritty on positive behavioral support.

I am always so amazed when I talk to people about PBS or PBIS to find out what they think about it because some of the people's definitions of it are so far off from mine and where PBS began, I'm just flummoxed by them. I'm going to start at the beginning because it's a very fine place to start. Okay, maybe batching podcasts sometimes gets to me, but I do get a little punchy but really, I think we do need to go back a bit and talk about where PBIS came from, then I'm going to talk about where it's gone because for some of you, you may only know it through a poster or a requirement or a mandate that came down from your school or district that you had to follow. That is not really the best way for you to understand what it is or for it to be effective. I hope that you'll stick with me for, at least, a few more minutes through the break to find out what it really is because you might find out that there's a lot more to it than good character tickets and rules. Let's get started.

Positive Behavioral Support (PBS), as it was known when it began, or Positive Behavioral Interventions and Supports (PBIS), as it is known now, started back when I was actually starting out as a non-aversive treatment to challenging behaviors. It was a social movement. I was very fortunate to get to do my graduate work with Dr. Edward Carr and work with some amazing people who are continuing to do their PBIS work across the country now. Ted is no longer with us, unfortunately, but his legacy lives on inside each of us with everything that he taught us and the way that we really look at the world, and at behavior. He taught us much more than just how to look at behavior I think.

Working in the lab as part of a large multi university grant to provide technical assistance and research for non-aversive treatments for challenging behavior was really an amazing experience in the late 1980s and the 1990s. At that time, we didn't have nearly as many tools for addressing severe behavior that we do now. Most individuals with severe behavior were treated with punishments of different types.

In last week's episode, I talked about some of Ted's early research on functional communication training that provided much of the roots for positive behavioral support. That, and his work, and others on functional analysis really provided that basis. Understanding that behavior had a function was a huge step forward in finding ways to address behavior in positive ways.

It opened the door for positive intervention really in two specific ways. One, knowing that behavior had a function instead of just being random occurrences caused by something inside the individual meant that we could address that function in a systematic way. We could remediate that need in some way. That it was socially or communicatively controlled meant that we could teach the individual something to get that need met instead of just relying on timers or intervals for positive approaches, which is really all we had at that point.

It meant that we could also work with the individual to address the behavior when the behavior was not occurring. That was huge because the middle of a bout of challenging behavior is not really the greatest teaching moment. Instead, teaching is much better when they're settled and they're not upset, and you're not getting kicked and hit.

The PBS movement or the non-aversive movement, when it started, was focused as an ethical movement but it also needed to work. We needed treatments that actually worked to reduce the severe head banging, eye gouging, and aggression. It went hand in hand with deinstitutionalization. So PBS began as a humanistic approach but the scientist recognized the need for the functional approach; and with the key understanding that behavior has a function that can be addressed through teaching skills, that was pivotal.

Now, for those of us who have been in the functional realm of this science for a long time, it's really hard to imagine a world in which people just look at the self injurious and aggressive behaviors with an emotional overtone that this is just a bizarre behavior and it's got to go away. Why would somebody hit themselves in the head? It just makes no sense. We have to stop that. This idea that this could serve a purpose for this person was really revolutionary, even though you know people don't always recognize it as that.

Most current behavior analysts see this movement as being very values driven and non-scientific. A lot of current behavior analysts who weren't practicing or learning at that time who came in later, look at it and say, "Well, they wanted things to be nice and pretty. They just didn't understand that they could just do this." They couldn't just do that. We didn't have this science then.

Now, I will tell you my experience and my focus of PBS has been a very scientific approach to behavior that's also humanistic in its values. That might sound like a very small distinction but there's some really important elements to that distinction. Let me talk about some of the truths and some of the myths about PBS or PBIS.

First, PBIS is based on science. Is everything that people who say they do PBIS for a living, or say that they were applying PBIS, scientific? No. Is every doctor and what every doctor suggests as a treatment incredibly scientific? No. You will meet many medical doctors who do not rely on their research and science. I'm pretty sure COVID had shown us that. That doesn't mean that medicine as a whole is not a science. The same is true with PBIS. Just because there are people out there who say they are practicing it—and really what they're practicing is what I think of as woowoo science—does not mean that PBIS itself is not a science. It is and it should be very data-driven.

Over time, it's come to mean for a lot of educational purposes that, for instance, school based positive behavioral support as one of his manifestations is one that teachers come into contact with most frequently. It is a huge database showing that it is effective. They use data to convince administrators that using their strategies for dealing with challenging behaviors will save time for administrators, not cost them more time; that they are going to reduce problem behaviors and make their school community a better place, and they use data to convince the schools of that.

Positive Behavioral Interventions and Support has to be based on science or it doesn't work. It can't just be positive stuff by itself. It's got to be effective. That was one of the things that was drummed into our heads very early on. That was our job as part of the multi-site grant, was to find that science.

Next, PBIS seeks to find answers to behavioral issues through improving the quality of life for the individual. One of the things that I hear frequently from young behavior analysts is, "We don't need positive behavioral support as a field. We have an ethical code," meaning the ethical code of behavior analysts, the BACB. The ethical code doesn't mean that you have to approach things in a certain way. Yes, we have an ethical code as behavior analysts; that our treatment decisions about treatment needs must be based on the needs of the client; that they need to be functionally based; that we're following the guidelines, making Applied Behavior Analysis decisions based on the Principles of Applied Behavior Analysis; that we're choosing the least restrictive intervention to make behavior change. But that's not the same as positive behavioral support and what it's about.

Positive Behavioral Support is about having individuals with developmental disabilities be able to be a part of their communities in a more meaningful way. It's about making sure that those communities are a part of that decision making process. It's about making sure that we're building communities to support those individuals so that they can live in those places. It's about really looking at how we improve the quality of life of this individual, not just address their behavior, and how we look at the context of their behavior, and improve that context in order to improve the behavior. It's about a lot more than behavior. It's not just about getting rid of behavior.

As I would often tell my ABA graduate students, if we aren't making the life of the client better, we're not doing our job. What are we doing here? Why are we doing this? If all we're doing is eliminating the behavior and we're not improving their life, then why do we get into this? Yes, there's significant overlap. If we're doing behavior analysis right, there should be a significant overlap between Positive Behavioral Support and Applied Behavior Analysis. But the ethical code doesn't necessarily go that far as what I would expect Positive Behavioral Support to do. It also doesn't include School-Wide Positive Behavioral Support and the programmatic pieces that go into PBS.

Finally, Positive Behavioral Support focuses on the individual as a person who is living in a context that affects the challenging behavior, as well as their quality of life. This is the element that I find both the most challenging, as well as the most interesting about PBIS because PBIS recognizes that in order to change the behavior of an individual, we have to change the behavior of those around them and we have to change the context in which they live and work.

That's not an uncommon concept for ABA at all. It is a piece of what Applied Behavior Analysis does.

But PBIS does take it a step further, which is understanding that we need to change the behavior and the culture of the environment, of the organization, of the family in order to maintain those changes in behavior and that we can change behavior proactively and prevent it by changing the systems in which our clients and our students work. ABA has components of that in it through our Organizational Behavior Management arm and things like that. PBS puts it all together. That's how we maintain those changes and that's how our changes are going to live on.

Now, many of you may encounter PBIS in the form of district or state edict that it will be adopted by all schools. It actually is a reason why NFPA has been part of the everyday language of special educators since 1997 when they became part of the IDEA legislation. Now, hopefully, you haven't encountered PBIS as an approach that just wants to implement strategies that are required and not focus on the outcome, on the changes, and the science itself, but I know from experience that many of you have. If you have been in states that have put things in place as a mandate, this is what everyone will do without recognition that every organization is different, just like every student is different and we have to treat each organization individually as well. We have to build consensus within that organization.

Good School-Wide Positive Behavioral Support focuses on that. They spend the whole year, just getting the administrators on board before they even approach the faculty. If they don't have the administrators on board, they don't move forward. Good Positive Behavioral Support recognizes the importance of working within the organization, of changing the environment and the organizational culture.

It also recognizes that challenging behavior is a larger symptom of underlying problems, not just for the individual, but with the community and the setting itself. Not that there's something wrong with the setting, but that we have to make changes to the individual community to sustain the behavior changes that we're putting in place so that they continue when we aren't there. That might take the place of changing things in the classroom to change a child's behavior but it also might involve just giving the students the skills to advocate for themselves to be able to sustain the change over time.

There is recognition within PBIS that the world in the classroom is not a completely consistent place and that we have to tailor our interventions to the needs of the system. We have to take that into account when we make those plans. That's also the reason why it is a good fit for the classroom. It's never going to be a perfect clinical place. Things change, things move around, people change, staff change, so we have to find ways to accommodate the real world. That's another piece that goes into that puzzle of looking at that context.

I hope that your experience with Positive Behavioral Support has been a good one. Did you know that all of our resources in the Special Educator Academy are built from a PBS approach? I developed them, so they're always developed with that philosophy in mind because that's the way I work. Come give us a try to get professional development and get support to help you,

help your students with less time and less effort with a seven-day free trial at specialeducatoracademy.com. I hope that you'll come back next week when I'll be talking about functional communication training and what you need to know to make it work for you. Thanks so much for hanging with me. I hope that you have a fabulous week.