

Behavior Management

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WHAT'S COVERED

This lesson will review the content from Unit 2: Behavior Management by defining and discussing the following:

1. Functions of Behavior
2. Behavior Intervention Plans
3. Preference Assessments

1. Functions of Behavior

Behavior is anything that a person says or does. This can include both public behavior and private behavior. Typically, in ABA we address public behaviors so that we can objectively observe and measure them.

Many aspects of behavior can negatively impact a patient's life and, therefore, we recommend treatment.

🔗 **EXAMPLE** For instance, we would recommend treatment if the behavior poses a risk of physical harm to the patient and/or others, interferes with their ability to learn new skills, or limits their ability to access less restrictive settings.

With some behaviors, the need for treatment is obvious, while other behaviors are only problematic under certain circumstances or when they affect the patient's quality of life.

We define behavior in two ways: by topography and by function. The topography is the shape or form of the behavior, and the function is the reason the behavior is occurring.

Video Transcription

So what do I mean when I'm talking about function of behavior? Function of behavior refers to why a client is maybe engaging in the behavior. So what type of consequence are they looking for? Are they looking for something good to happen? Are they looking to maybe get out of a particular task? So all behavior has a function. And when we say function, again, it just refers to why the behavior has happened.

Problem behavior is basically the way a patient is telling you what they want. They may not know or be concerned that their way of telling you is not the "appropriate" way. Patients with developmental disorders

like ASD may not have the language or communication skills to ask for what they want.

In order to design an intervention to treat a challenging behavior, one must know the function of the behavior (why it happens and why it persists) to determine the appropriate intervention. Determining the function of the behavior, or why it is occurring and continues to occur, is not something you will do as a behavior technician. The BCBA will do this, though sometimes the behavior technician will assist with individualized assessment procedures like functional assessments, as well as curriculum-based, developmental, and social skills assessments.

Video Transcription

So previously in our training, we've talked about the function of the behavior and the function referring to why the behavior's occurring, why the client is engaging in that particular behavior. So what reinforcement is maintaining that behavior?

In order for a behavior intervention plan to work, in order for us to develop a plan that is truly going to effectively reduce that behavior, we have to understand the function. Is my client engaging in this behavior for escape? Is my client engaging in this behavior to gain something that they want? Is my client engaging in this behavior because it feels good? What is the function?

This is the foundation of the entire plan. If I can understand the function, then I'm going to know how to change those antecedent conditions-- in other words, what to do before the behavior happens to make the behavior less likely to occur. I'm also going to know what other behaviors or skills to teach the client to replace that behavior.

And I'm also going to know how to effectively use consequences, how to effectively respond to that behavior when it occurs. So the function is absolutely essential. And if I don't know the function of the behavior, I'm not going to be able to successfully reduce that behavior.

So in order to understand that function, we have to make sure that a functional assessment has been conducted by the BCBA or the supervisor of the case. The functional assessment is going to reveal what the function of that behavior is. So until you understand that function, your behavior intervention plan is not going to be effective.

In behavior analysis, we use the term reinforcement to mean something that increases a behavior in the future. Reinforcement can be receiving something (positive reinforcement) or getting rid of something non-preferred (negative reinforcement):

- Positive means we add something to the environment (attention, toy, etc.).
- Negative means something is being removed from the environment (non-preferred task, etc.).

Positive and negative reinforcement always increases or maintains behavior.

Whether positive or negative, the reinforcer for a behavior can either be delivered by another person or the behavior itself can be reinforcing. When the reinforcer is delivered by another person, we say that reinforcement is socially mediated. When the behavior itself is reinforcing, we say that reinforcement is automatic.

The combination of positive or negative reinforcement with socially mediated or automatic access to a reinforcer allows for four functions of behavior.

1. Social Positive Reinforcement: The patient gets good stuff from someone.
2. Social Negative Reinforcement: Someone lets the patient escape bad stuff.
3. Automatic Positive Reinforcement: The behavior itself feels good.
4. Automatic Negative Reinforcement: The behavior itself lets the patient escape something that feels bad.

2. Behavior Intervention Plans

Once a patient's challenging behavior has been identified, defined, and prioritized, the BCBA will determine the outcome goals and conduct a functional assessment. After the assessment, the BCBA will create a behavior intervention plan, or BIP, to address it using function-based interventions that address the function of the challenging behavior. The BIP is a detailed written description of a problem behavior and the interventions designed to reduce the behavior.

Video Transcription

Once ABC data is collected within an FBA, the function of the behavior can be identified. Once this occurs, a BCBA, or program supervisor, can develop an intervention strategy to reduce that problem behavior when it occurs. It is important that all individuals working with the client follow the behavior intervention plan in order to increase alternative replacement behaviors and decrease the problem behavior when it occurs in the environment.

So we've talked a little bit about behavior reduction and how dealing with problematic behavior is very important when treating clients. So now we're going to look at the Behavior Intervention Plan and how it fits in to the treatment of problem behavior. So a behavior intervention plan is often abbreviated as BIP. And the BIP really has two important goals that I'd like to review with you.

The first is to decrease problem behavior. So for example, if hitting is the behavior that you've identified that you want to reduce, then this will be the problem behavior that we would target in the BIP. The second is to identify and increase an appropriate behavior that would really take the place of the problem behavior, which we've identified as hitting.

So the behavior intervention plan is a written description of how to achieve these two goals. The BIP is typically developed by the behavior analyst after they've taken data and observed the behavior and determined what the function of that problem behavior is.

Behavior intervention plans (BIPs) include several components all designed to decrease inappropriate or challenging behavior and increase appropriate replacement behaviors. These sections include the following:

BIP Section	Purpose
Operational Definition	A clear, concise, accurate statement that specifies the exact details of an observable behavior

Baseline	Describes how frequently the behavior was occurring before the intervention began
Goal	Describes what the expected decrease is and when it should occur
Measurement	Observing the behavior and recording its occurrence
Antecedent Intervention	Interventions that are designed to prevent the problem behavior from occurring
Replacement Behavior	Appropriate alternative behaviors that will be taught to the patient and can be used as substitutes for the problem behavior
Consequence Intervention	What to do if the problem behavior occurs

Antecedent interventions can include these:

Antecedent Intervention	Implementation
Noncontingent Reinforcement (NCR)	Delivery of functional reinforcement for free on an ongoing time-based schedule
Demand Fading	Gradual increase in demand requirements prior to delivering functional reinforcement
Task Modification	Changing some aspect of the antecedent task to make the activity less aversive to the patient
High-P Request Sequence	Performing several easier or preferred tasks prior to a more difficult task
Functional Communication Training (FCT)	The patient is taught to use a form of communication that results in accessing the same reinforcement as the problem behavior
Environmental Modifications	Altering the physical environment in order to prevent or reduce the likelihood that the behavior will occur
Token Economy	Tokens are delivered contingent on the target behavior and the tokens are later exchanged for a backup reinforcer

Replacement behaviors can include these:

- Functional Communication, whereby the patient appropriately communicates wants and needs instead of engaging in the challenging behavior (e.g., vocally, using iconic communication via an AAC device)
- Appropriate skills that require teaching and prompting with DTT or NET



This next section includes punishment procedures; however, reinforcement procedures should always be used FIRST. A BCBA may deem it necessary to incorporate punishment procedures based on the overall severity and continuation of challenging behavior(s), but these instances should be the exception to the rule, and always implemented in conjunction with reinforcement procedures. Because of this, you may be asked to implement punishment procedures as a behavior technician.

Consequence interventions can include these elements:

Consequence Intervention	Implementation
Extinction	No longer giving the reinforcer for a previously reinforced behavior
Differential Reinforcement Procedures	Provides different levels of reinforcement for different behaviors: a. DRO, referring to presenting a reinforcer contingent on the absence of a problem behavior for a specified period of time b. DRA, in which appropriate, functionally equivalent alternative behaviors are reinforced, while problem behaviors are placed on extinction c. DRI, which is reinforcement for engaging in an appropriate behavior that makes it physically impossible to perform the problem behavior
Redirection	Guiding the patient to engage in a more appropriate activity
Time-Out	Removal of access to a socially mediated positive reinforcer contingent on challenging behavior
Response Cost	Contingent on the occurrence of the challenging behavior, the removal of a specific amount of a reinforcer
Overcorrection	The patient engages in effortful behavior related to fixing the damage caused by the challenging behavior: a. Positive Practice, meaning the patient may repeat a correct form of the behavior a specified number of times b. Restitutional, where the patient may repair the damage or return the environment to its original state and then engage in additional behavior to bring the environment to a condition better than it was prior to the occurrence of the inappropriate behavior

3. Preference Assessments

Preference assessments are a tool used to systematically identify preferred stimuli that may function as reinforcers for your patient. Preferences change over time and with other environmental influences, so it is important to conduct preference assessments frequently to ensure that effective reinforcers are identified. The behavior technician should conduct preference assessments several times across the therapy session, generally prior to the start of each lesson.

Video Transcription

So what do we know about preferences? Well, the first thing and probably the most obvious thing that we all understand throughout our own experiences is that our preferences change over time. So what I'm interested in in the morning is probably going to be very different from what I'm interested in maybe during the day or in the evening. In the morning, maybe I'm really interested in coffee or I'm really interested in getting some yummy breakfast going. But maybe right after lunch, I'm not going to be as interested in those things.

Maybe I'm going to be more interested in getting some social interaction. Or maybe in the evening, I'm going to be more interested in having some downtime, OK? So my preferences are going to change over time as well as just throughout the day, and sometimes as often as minute by minute. So we, again,

should assume that these things are true for our clients as well.

So no matter what age of the client that you're working with, whether it's a young child, or a teenager, or a young adult, we need to make sure that we are continually assessing what they're interested in at that point in time. If we don't have that really strong motivation, then chances are we're not going to be as successful in teaching them the skills they need to learn, and their therapy session is going to be a lot less enjoyable for them.

Caregiver and self-report do not always reliably predict effective reinforcers for patients with developmental disabilities. Physical choice response is the most reliable indicator.

Here are some types of preference assessments:

Preference Assessment	Implementation
Caregiver Report	Caregivers are asked questions that help identify items and activities that the patient may be prefer.
Self-Report	Open-ended questions, a list of choices, or possibly the patient's rank order of a list of choices
Free Operant Preference Assessment	Free access to a predetermined set of items or activities and recording of the duration the patient engages with each activity or item: the longer the duration, the stronger the preference
Multiple Stimulus without Replacement	The patient is allowed to choose from among several items simultaneously using as many trials as there are items; items that are not selected are re-presented for a new trial, and this continues until all items are chosen.
Multiple Stimulus with Replacement	The patient is allowed to choose from among several items simultaneously; the item selected is placed back into the array of items and a new trial is presented.
Paired-Choice	Stimuli are presented in pairs until each stimulus has been presented with every other stimulus.

Guidelines for reinforcement:

1. Reserve items specifically for reinforcement.
2. Conduct frequent preference assessments.
3. Deliver reinforcement immediately following the response within half a second.
4. Items should be easy to administer and remove.
5. Vary the reinforcement to avoid boredom and satiation.
6. Establish conditioned (learned) reinforcers.
7. Reinforce desired behaviors throughout the day.



SUMMARY

In this lesson, you reviewed **functions of behavior**, which is anything a person says or does. Typically, in ABA we address public behaviors so that we can objectively observe and measure them, recommending treatment for those aspects of behavior that can negatively impact a patient's life. You may recall that we define behavior in two ways: by topography and by function. The topography is the shape or form of the behavior, and the function is the reason the behavior is occurring, which must be determined in order to design an appropriate intervention (done by the BCBA). Remember, in behavior analysis, we use the term reinforcement to mean something that increases a behavior in the future; it can be receiving something (positive reinforcement) or getting rid of something non-preferred (negative reinforcement), and it is used to increase or maintain behavior. You also reviewed **behavior intervention plans**, or BIPs, which are detailed written descriptions of a problem behavior and the interventions designed to reduce the behavior, exploring the different sections of a BIP, antecedent interventions, replacement behaviors, and consequence interventions. Lastly, you reviewed the different types of **preference assessments**, which are tools used to systematically identify preferred stimuli that may function as reinforcers for your patient, as well as guidelines for reinforcement.