

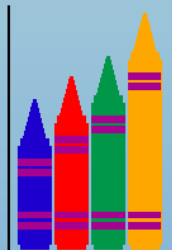


Early Intervention Positive Behavior Support



Presented December 6, 2004

20th Annual International Conference
on Young Children with Special Needs
and Their Families

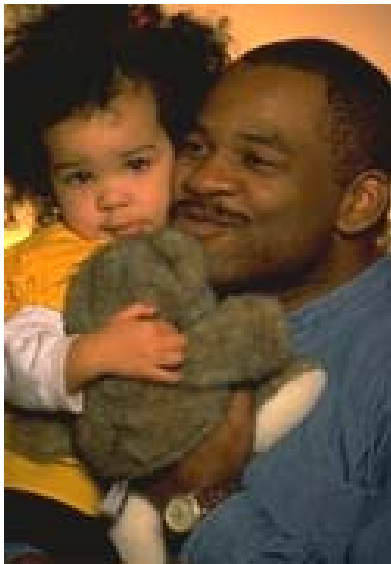


Center for Evidence-Based Practice:
Young Children
with Challenging Behavior

Early Intervention



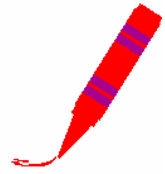
Positive Behavior Support



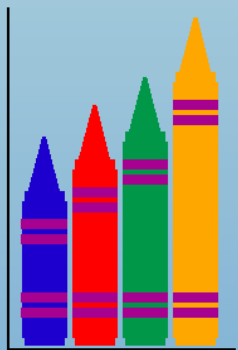
➡ To provide families, caregivers, and others with positive strategies and skills that will result in the child's acquisition of appropriate social and communication skills

➡ To assist young children with challenging behavior and their families with support to achieve quality of life outcomes

Local Concerns and Shared Passions



- Increased numbers of young children presenting with challenging behaviors
- Limited options in our community for identified children and their families
- Limited evidence-base for young children with CB
- Supporting transition from Part C to Part B
- Readiness for kindergarten



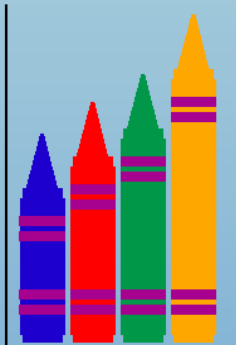
Collaboration

USF

- USF Early Intervention Program
- FMHI
- School Psychology Program

Community

- FDLRS
- Northside Mental Health
- Hillsborough County Children's Board



EIPBS Components

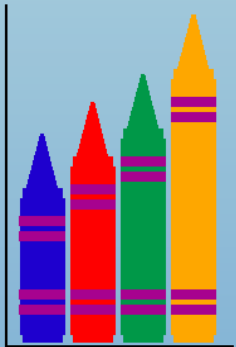


EIPBS Parent Group

- Provides caregivers with new knowledge and skills
- Addresses concerns that are lower intensity or parenting issues
- Six week curriculum in English and Spanish

EIPBS Individual Support

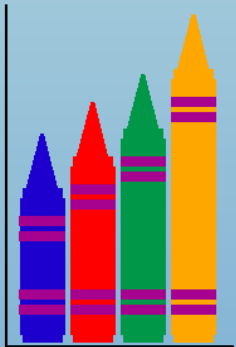
- Home visiting/community model
- Comprehensive support in natural environments
- Individualized to meet needs of caregiver and child



Goals of the Program

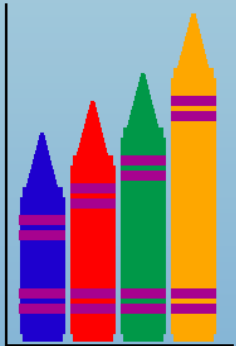


- Provide comprehensive and effective services to young children (birth to three) who have challenging behavior in Hillsborough County
- Conduct research that will evaluate the effectiveness of the program and contribute to the evidence-base on effective practices for children with challenging behavior
- Provide data that facilitate the development of a system of care for young children with challenging behavior



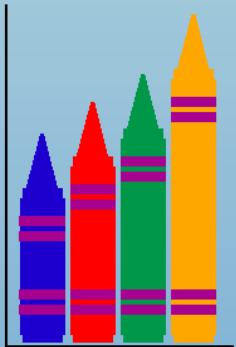
Positive Behavior Support

- A values-based, empirically-valid approach for resolving problem behaviors and helping people lead enhanced lifestyles



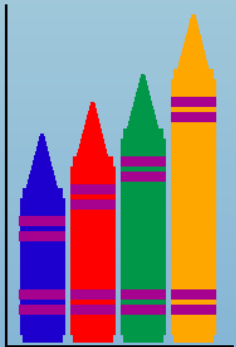
Program Perspectives

- Individualized
- Natural environments
- Family systems
- Ecological
- Strength-based
- Focused on skills
- Comprehensive



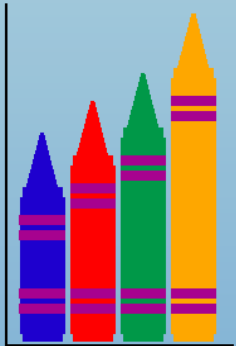
Process of Positive Behavior Support

- Step 1: Convene a team and identify goals of intervention
- Step 2: Gathering information (functional assessment)
- Step 3: Developing hypotheses
- Step 4: Designing behavior support plans
- Step 5: Implementing, monitoring, and evaluating outcomes



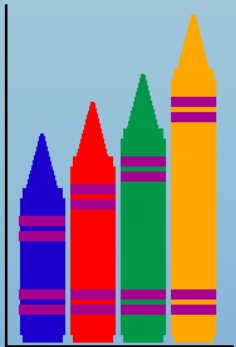
Intervention Components

- Screening to determine potential eligibility
- Family/Child Care visit to determine severity of behavior within natural environment and daily routines
- Person-centered planning with family system and circle of support
- Functional assessment within home and child care environments





Intervention (continued)

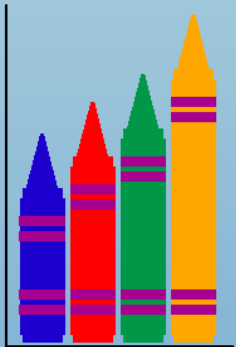
- Family-centered, comprehensive behavior support plan development
- Modeling and coaching in natural environments
- Family support and education
- Ongoing evaluation and monitoring



Research Questions

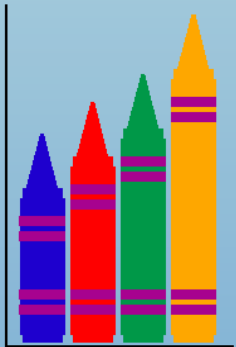


-  What are the overall immediate and long-term outcomes for children and families who participate in the program?
-  What is the potential for service integration of the program in a community-based service delivery system (efficiency, feasibility, acceptance, and process)?



EIPBS Outcomes

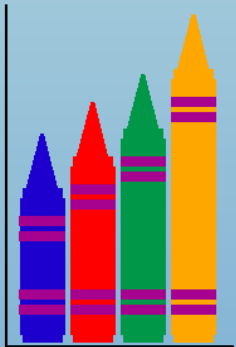
- Child overall development
- Change in problem behavior
- Family quality of life
- Parent Stress
- Parent Hassle



Research Questions

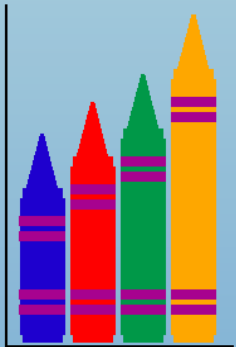


- Will family-centered PBS result in meaningful child outcomes for families and children?
- What are effective ways to teach natural change agents to implement PBS within the natural environment of home, community, and child care?
- Will the implementation of PBS with systematic transition planning affect the child's transition from one child care setting or service setting to another?




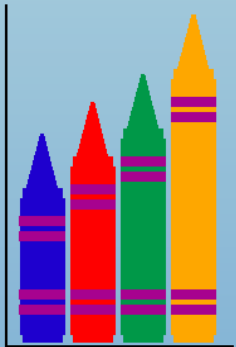
Outcomes of PBS

- Multiple baseline design across routines or settings
- Independent Variable – family-implemented positive behavior support within natural settings
- Dependent Measures – child behavior reduction, child engagement or active participation, child communication, family member interaction/communication
- Follow-up probes to extend 24 months post-intervention



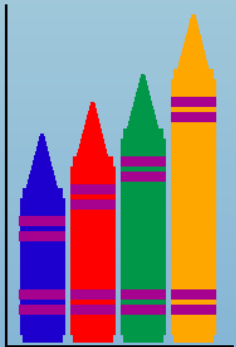
Gregory

- 
- 24 months old; lives with mother and father; both employed full-time
 - Mother –clerical; Father – tug boat crew
 - FSP Outcomes: improve language, improve behavior
 - Assessment: overall mild delays; moderate delays in language development
 - EI services: speech therapy 30 min./2x week




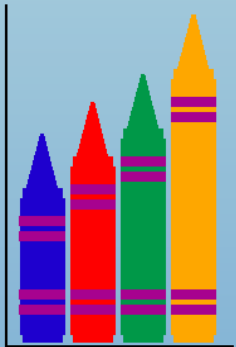
Initial concerns

- Tantrums (rolls on floor, ear-piercing screams, runs away, falls to floor, pulling hair, kicking, hitting)
- Difficult activities: diaper changes, washing hair, bath, coming in from outside play, grocery store, changes in routine (seems to be o.k. at family child care)



Process

- 
- Rapport Development; Ecological Assessment
 - Person-centered planning
 - Functional Assessment
 - Intervention in targeted routines
 - Expanded support to community activities



Methods



Single Subject Design:

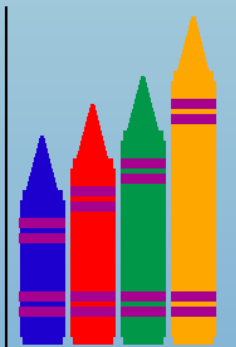
- Concurrent multiple baseline across routines

Conducted during three daily home routines:

- 1. Diaper change; 2. Bath time; 3. Transition from play

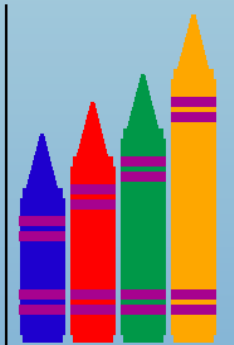
 D.V.= Greg's challenging behavior and engagement; Parent interaction

 I.V.= The PBS process

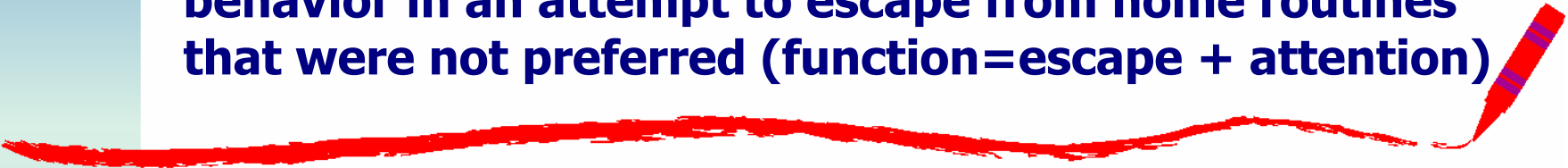


Dependent Measures

- **Total Challenging**: Any occurrence of aggression, collapsing on floor, arching back, out of area, property destruction, or screaming
- **Engagement**: Following directions, participating in activity appropriately for majority of interval
- **Parent Positive**: verbal positive comments, positive physical touch, instructions, requests
- **Parent Negative**: verbalizations that are attempt to terminate problem behavior, redirection, physical guidance for redirection
- **Length of diaper change** : Latency from initial instruction to completion of routine
- **Communication**: use of words (sound pattern or word approximation, words); lexicon of words



Hypothesis Statement: Greg displayed challenging behavior in an attempt to escape from home routines that were not preferred (function=escape + attention)

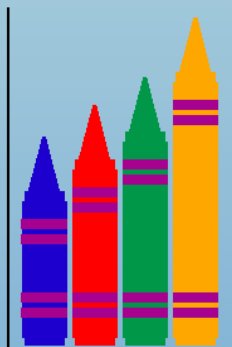


 **Diaper Change Routine**

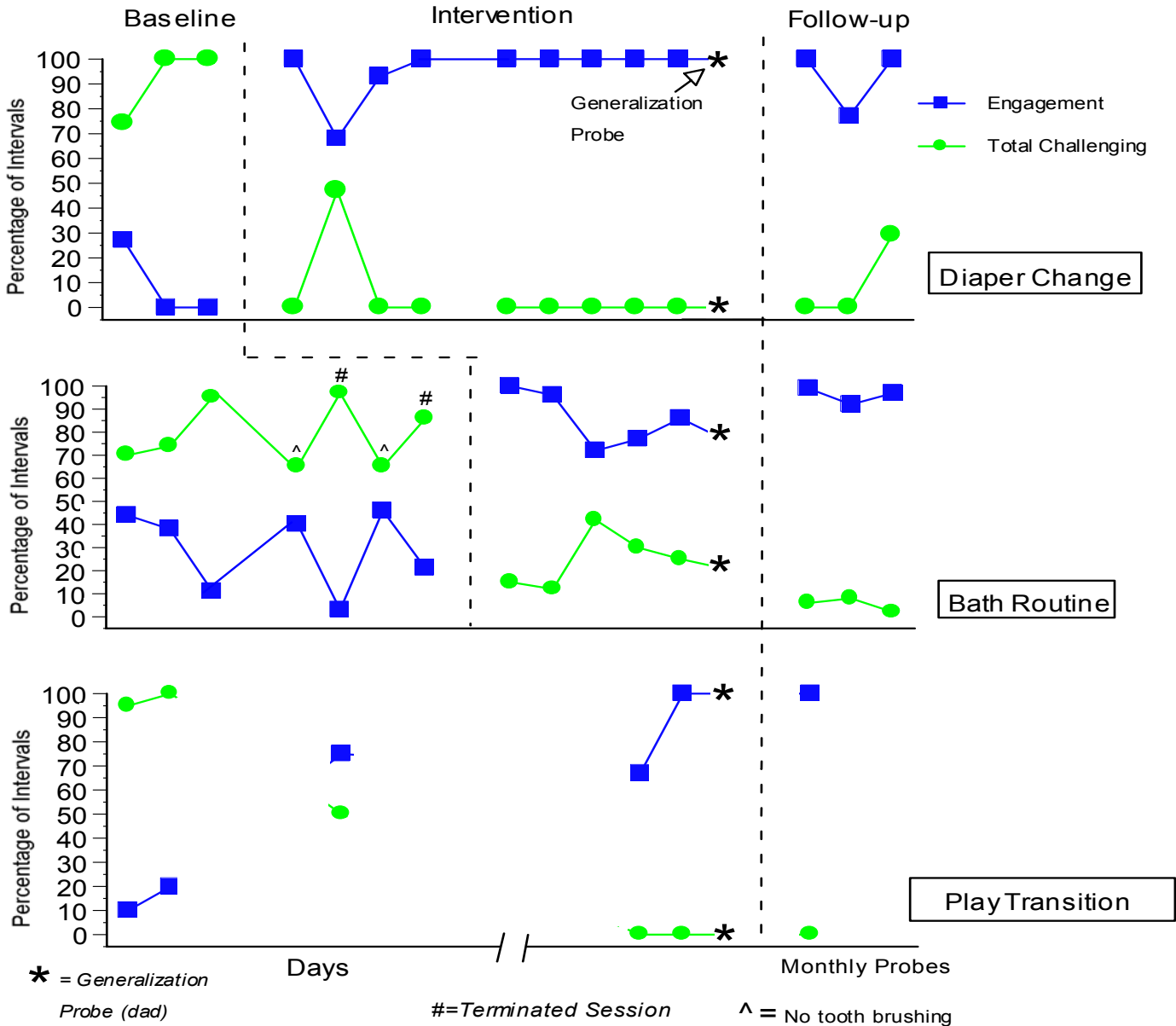
- 1. Environmental modifications; 2. Visual schedule & choice board; 3. Preferred toy; 4. Active Participation; 5. Ignore and redirect

 **Bath Routine:**

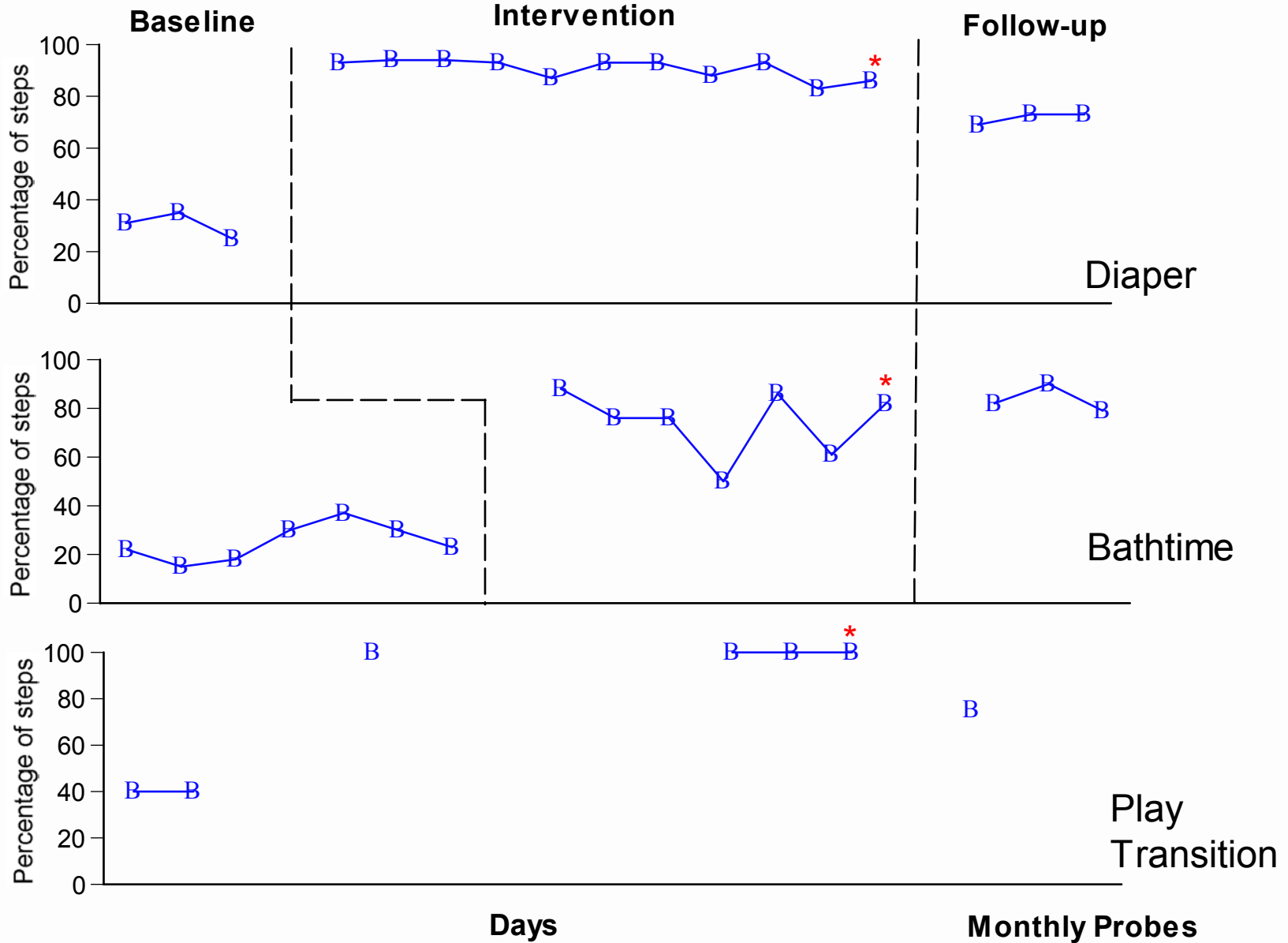
- 1. Environmental modifications; 2. Safety signal; 3. Object cue for transition; 4. Preferred activities/toys; 5. Active participation; 6. Ignore and redirect



Percentage of Intervals with Engagement and Total Challenging Behavior Across Three Routines

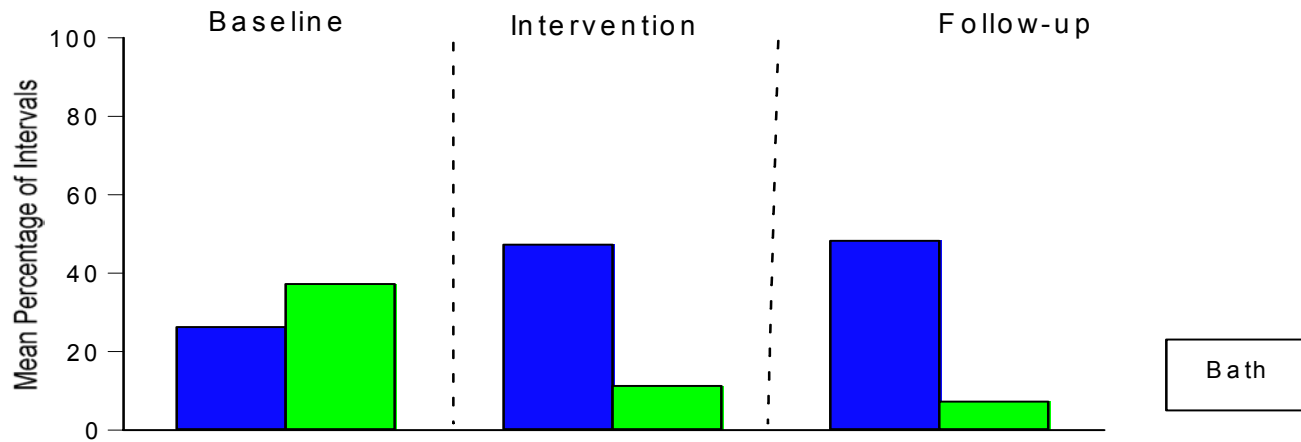
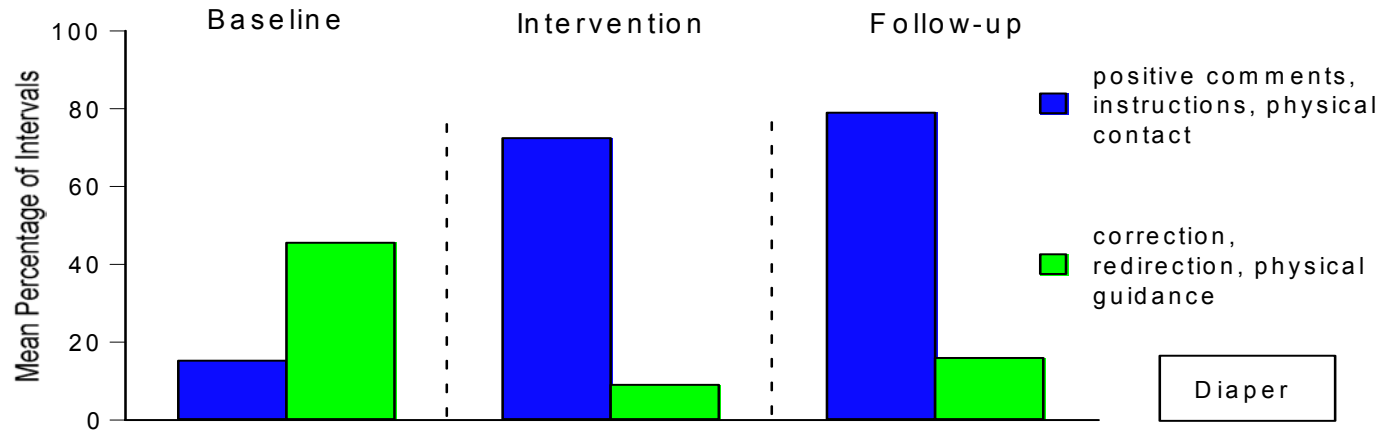


Procedural Fidelity Percentage of Steps Completed

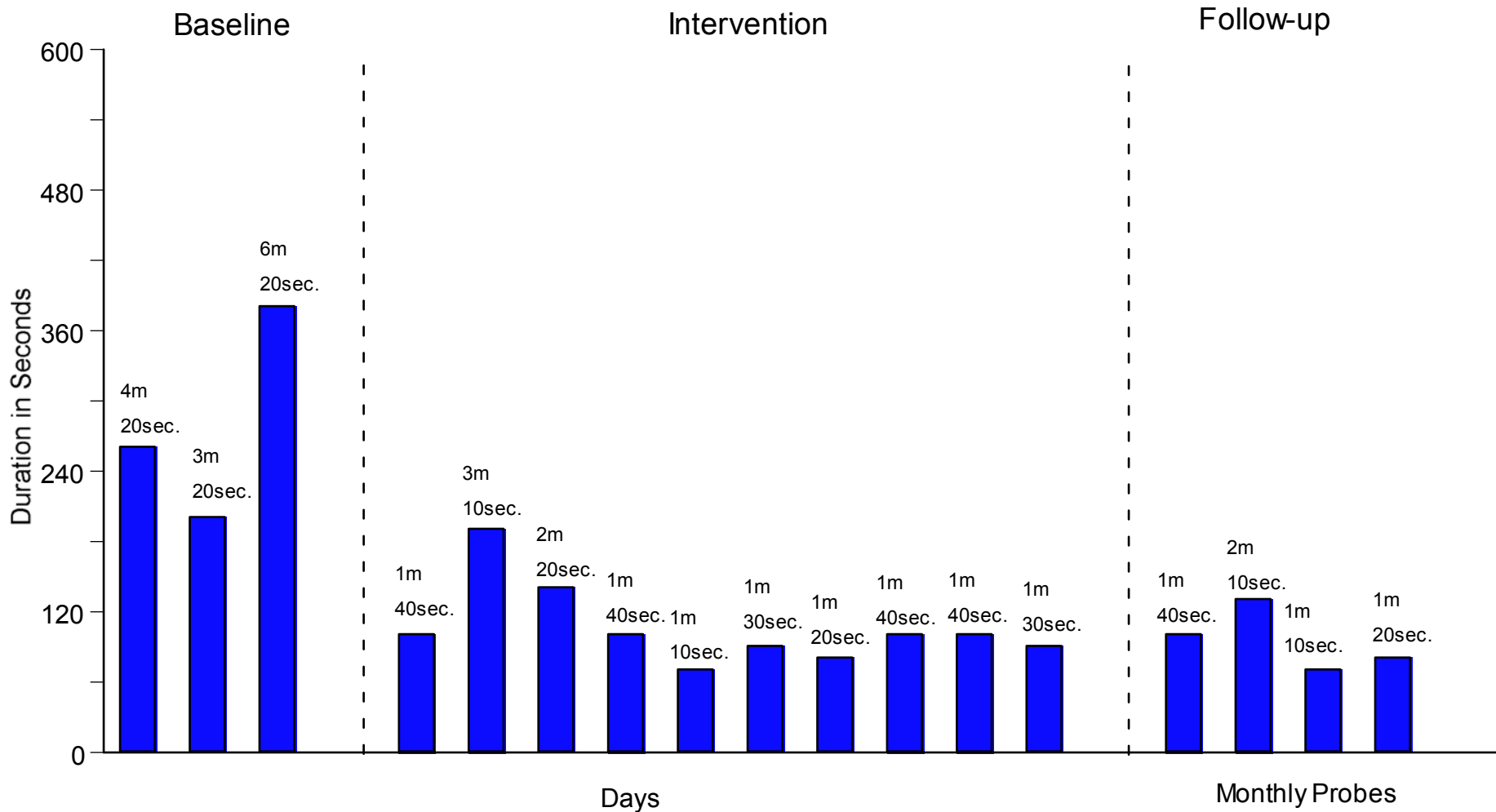


* Generalization probe- (Dad)

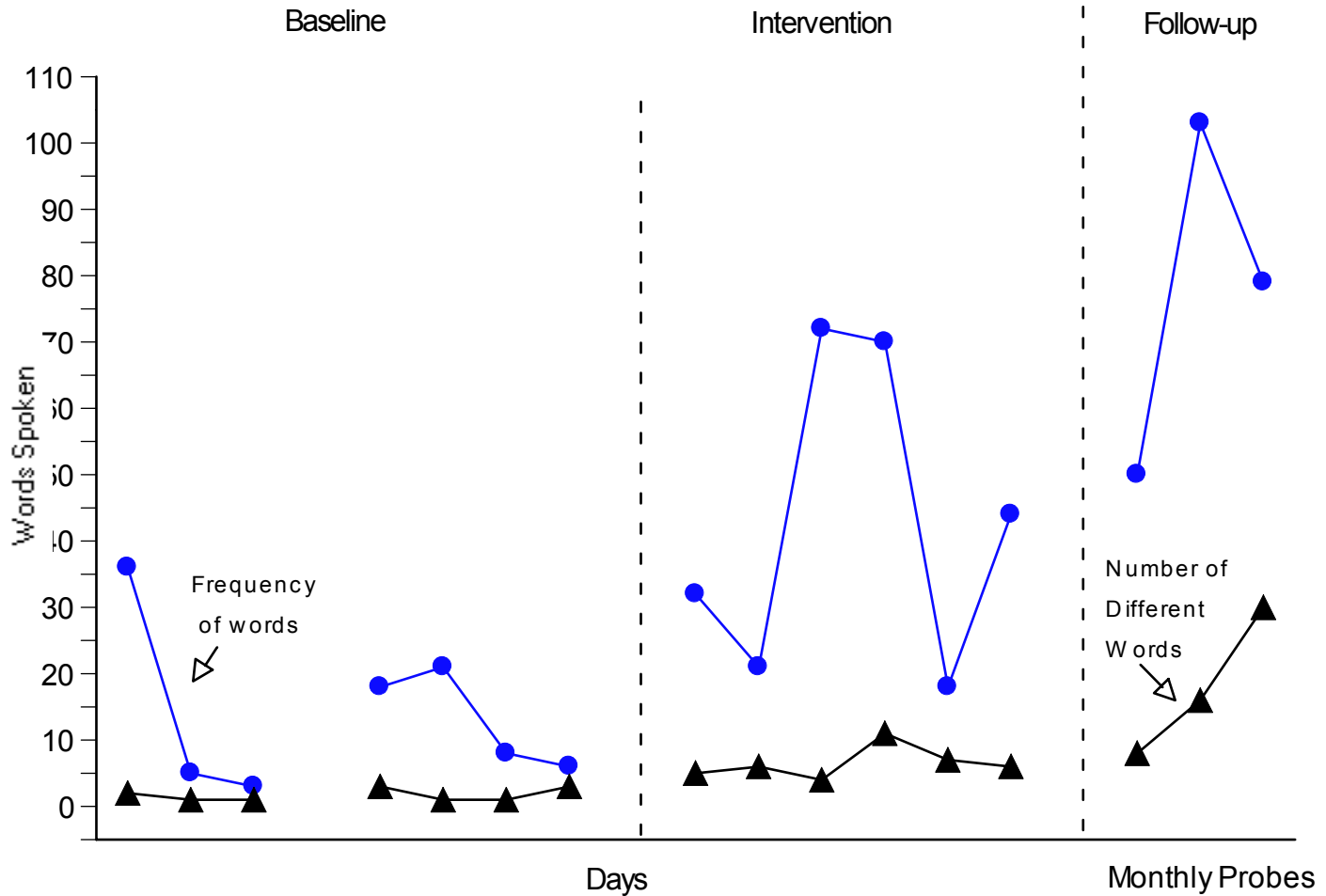
Mean Adult Interactions Across All Conditions



Duration of Diaper Change Across All Conditions

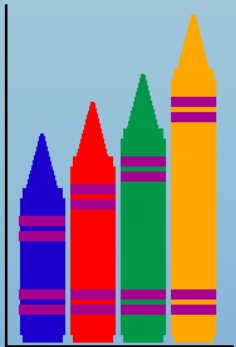


Frequency of All Words and Number of Different Words Spoken During Bathtime




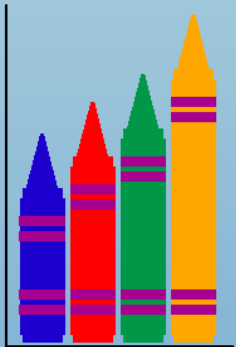
Contributions of study

- **One of few applications with child under 30 months**
- **Parent acted as intervention agent in naturally occurring routines**
- **Collateral data of child communication**



Challenges

- 
- Context of family home and routines for research
 - Family structure of negative reinforcement; imposing a baseline
 - Rapid development of young children
 - Distinguishing between problem behavior of concern and problem behavior that is developmentally expected
 - High intensity, low frequency problem behavior



Integration of EIPBS into Part C

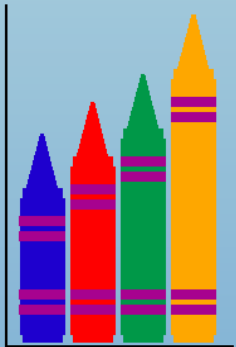


Match

- Team approach
- Natural environments
- IFSP driven
- Measurable outcomes

Challenges

- Trained providers
- Time intensive
- \$\$



For additional information:



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