A Positive Behavioural Support Model for Breaking the Barriers to Social and Community Inclusion

**ABSTRACT**

A key objective of the community care movement has been to achieve greater opportunities for people with learning disabilities to integrate and interact within their normal communities. Major barriers remain, however, for those individuals who are disabled and who also exhibit significant challenging behaviour. In addition to the unacceptability of the behaviours themselves, the support strategies used to remediate these challenges have also acted as a barrier to inclusion, because of their social unacceptability. The paper presents a model for supporting people who challenge that addresses these concerns by providing an effective, socially valid intervention approach.

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**OUTCOMES OF BEHAVIOURAL INTERVENTION**

The outcome criteria by which behavioural support strategies should be evaluated include their clinical/educational and social validity, the speed and degree of their effects on the target behaviour, the durability and generalisation of these effects and the number and nature of any side effects generated (Favell *et al.*, 1982).

Clinical/educational validity is perhaps the most important of these criteria. This most critical measure says that a support plan is valid if, as a result of bringing the behaviour itself under control and developing skills, the person’s quality of life is enhanced (for example, they have more community access, opportunity, choice and control, competencies and nurturing, caring and mutually gratifying relationships) (O’Brien & O’Brien, 1991).
PROACTIVE STRATEGIES

In this paper, we propose a model that addresses all these issues. The components of our multi-element support plan are illustrated in Figure 1, below. The first major distinction within a multi-element support plan is between proactive strategies and reactive strategies. Proactive strategies are those designed to produce changes over time. Reactive strategies, on the other hand, are those designed to manage the behaviour at the time it occurs. Included in the category of proactive strategies are ecological changes, positive programming and focused support. These three categories of proactive strategies, and their intended contributions to outcomes, are described below.

Ecological changes

Environmental events and characteristics provide an important area of analysis, and offer significant opportunities for change as part of a support plan. For instance, some challenging behaviours could be a reaction to the crowded or noisy conditions in which a person must work, or might simply be a reflection of boredom. If this is the case, then the challenging behaviour might be influenced by simple ecological changes in which crowding and noise are reduced and the environment is made more exciting. Examples of ecological changes include changing the person's setting, changing the number and quality of interactions, changing the instructional methods used, changing instructional goals and/or removing or controlling environmental
pollutants such as heat or cold. Generally speaking, ecological changes attempt to ‘smooth the fit’ between the person and his or her environment by modifying that environment.

Ecological changes may, however, take time to arrange, and may not always produce an immediate improvement in behaviour. For example, some individuals might show rapid improvement after moving from an institutional setting into the community. Others might show an increase in challenging behaviour as a result of the move. In spite of this knowledge, such an environmental change might still be pursued if it is in a normal home environment that the person can learn, through positive programming, to be successful and to enjoy living in a real home. If such a goal has validity, and if it is most realistically achievable by a change in environment, the transitional increase in challenging behaviour may have to be addressed with appropriate focused support and reactive strategies.

Ecological changes may have to be balanced with other elements of the multi-element framework. For example, giving people increased choice and control over their day-to-day lives may also require changes in their interpersonal and programmatic environments. Thus, if a person exercises choices primarily to avoid participating in most activities and/or to avoid learning new skills, they may end up having a very poor quality of life. While it is their right to choose, this right should not be taken absolutely. Rather, it is important for their care staff to acknowledge their responsibility for teaching the person how to make increasingly informed choices via positive programming.

Positive programming

Whereas ecological changes involve altering the environmental context to smooth the fit between the environment and the individual, positive programming involves changing a person’s skills to enable them to cope better with that environment. It uses systematic instruction strategies designed to give the individual greater skills and competencies which will contribute to behaviour change and social inclusion (LaVigna et al, 1989). This strategy provides the constructional underpinning of multi-element positive practices, and reflects the imperative to increase the number of alternative behaviour-reinforcement sets to which the person has access (Goldiamond, 1975). There are four variations of positive programming, involving the development of general, functionally equivalent, functionally related and coping/tolerance skills.

General skill development across the domestic, vocational, recreational and general community domains facilitates the reduction of challenging behaviour by increasing the person’s repertoire of socially acceptable responses (Goldiamond, 1975). The opportunity to learn and engage in a wide variety of activities thereby provides a fundamental basis for other instructional efforts.

Ecological change and positive programming have the primary goals of producing durable, generalised outcomes with good social and clinical/educational validity. Positive programming involves systematic instruction and skill acquisition. Ecological strategies, in contrast, have to do with environmental change, availability and opportunity. To illustrate the difference, ecological change could involve having access to a kitchen in one’s home, having choices about what to do and having a day planner in which to schedule one’s day. Positive programming might include teaching the person how to cook a meal independently, teaching the person how to make choices and teaching the person how to use a day planner to schedule a full day of interesting and desirable activities.

LaVigna et al (1989) describes in more detail the variations of positive programming. The most important is the ability to cope with and tolerate naturally occurring aversive events. This last category of positive programming deserves to be highlighted, because it is often overlooked in support plans and because of its critical need for anyone who is living a full life in the real world.

Life’s texture includes being told such things as ‘later’, ‘no’ and ‘good-bye’. It includes such things as failure, frustration, criticism, being teased, being sick and the need to perform non-preferred tasks. While we would want to help anybody find a set of life circumstances that keeps these naturally
occurring events to a minimum, anybody who has a life has these experiences.

The rub is that these events are often the antecedents to challenging behaviour. Ecologically, we may try to minimise them, and it may be important to teach the person to learn how to communicate the key messages that let us know what she or he wants or what he or she is upset about. For truly durable outcomes, however, and for the best quality of life possible, support staff may need to take on the responsibility of systematically teaching the person how to cope with and tolerate these events. They cannot just rely on the sink or swim approach or on the natural consequences to teach life’s lessons. If the individuals we are concerned about were able to learn from natural consequences, elaborate intervention frameworks for addressing their behaviour challenges would not be necessary. Indeed, their serious behaviour challenges probably would not even have developed in the first instance.

Focused support

Ecological changes, depending on their difficulty, may take time to arrange, and positive programming will also require time before new skills and competencies are mastered. It may therefore be necessary to introduce focused support strategies to achieve more rapid changes in a person’s behaviour.

There are alternatives to punishment in addition to differential schedules of reinforcement that can produce this rapid effect (LaVigna & Donnellan, 1986). They include, but are not limited to, certain antecedent and instructional control strategies (Carr et al, 1976; Luiselli & Cameron, 1998) and stimulus satiation (Rast et al, 1981; Ayllon, 1963). A comprehensive support plan could also include non-behavioural strategies such as neuro-physiological techniques, medication adjustments and dietary changes.

Within the multi-element model, the purpose of a focused support strategy is to reduce the occurrence of behaviour as rapidly as possible in order to reduce risks and the need for reactive strategies. The model emphasises use of non-aversive, focused support strategies, since punishment brings a greater risk of behavioural escalation (LaVigna & Willis, 2005) and itself may detract significantly from the person’s quality of life. Further, the use of some punishment procedures may preclude the person’s having access to certain environments, because of the relative lack of social validity of such strategies.

The use of non-aversive strategies is also dictated by the outcome requirement of speed and degree of effects; this is also the primary reason for using focused support strategies. Punishment, by definition, is an after-the-fact procedure. The behaviour occurs, and then the punishing consequence is provided. In contrast, stimulus satiation and antecedent control may, conceptually and procedurally, preclude the occurrence of the challenging behaviour altogether (LaVigna & Donnellan, 1986). Additionally, schedules of reinforcement may further strengthen the ability of a support plan to avoid or minimise the occurrence of challenging behaviour, as might time-based delivery of preferred events (Tucker et al, 1998), thereby also improving the person’s overall quality of life.

Support staff who favour an emphasis on an ecological approach to challenging behaviour and who appreciate strongly the individual’s rights and dignity may experience some resistance to using focused support strategies, since such strategies are often artificial and contrived. There may also be aversion to any procedure, such as a schedule of reinforcement, that is so blatantly ‘behavioural’. This is of significant concern, since such strategies may be necessary for rapid control and to keep the person and others free from the risks associated with the challenging behaviour. This ‘anti-technology’ sentiment may be understood in the context of a history in which many believe that ‘behaviour modification’ has been used with a behaviour, programme or research focus rather than a focus on the person and her or his quality of life. However, the framework presented here proposes to harness behavioural technology to the end of supporting human values and dignity, as is consistent with the basic tenets of applied behaviour analysis (Baer et al, 1968).
People with disabilities may sometimes need to use artificial prosthetics to achieve full inclusion and an optimum quality of life. For example, a person who is physically challenged may need a physical prosthesis such as a wheelchair to gain independence and full community access. Support staff would advocate for the individual’s right to the wheelchair, even though it may represent an ‘artificial’ means by which the person would have mobility in the community, and may in fact elicit negative attention from the community. Similarly, a person who is behaviourally challenged may need a behavioural prosthesis, such as a formal schedule of reinforcement, to gain temporary control over behaviour and to enjoy full community presence and participation, as more permanent solutions are being sought. This would suggest that support staff should be equally comfortable in advocating for the individual’s right to the schedule of reinforcement, if needed, even though it may represent an ‘artificial’ means of behaviour control and may in fact elicit negative attention from the community. Further, rapid reduction of target behaviour occurrence is likely to increase the social validity of a behavioural support plan.

**REACTIVE STRATEGIES**

The need for situational management is unavoidable when you are supporting a person whose behaviour can be challenging. For those support staff who have been resistant to using strictly non-punitive strategies, it may be partly because many advocates of a non-aversive approach have not described explicitly what to do when a challenging behaviour occurs. Generally speaking, non-aversive strategies create a reactive vacuum. Ecological strategies, positive programming and focused support strategies do not describe what to do when a behaviour occurs; they are proactive, not reactive. Punishment, in contrast, is by definition a reactive strategy and prescribes exactly how to react when the behaviour occurs. Given this critical need for ways to react to behaviour, in lieu of other suggestions, it is no wonder that some people have held on to their use of punishment.

The multi-element model calls for explicit inclusion of reactive strategies as a component of a support plan. The outcome requirement that is being addressed by a reactive strategy is a subset of speed and degree of effects. While the proactive strategies address speed and degree of effects over time, reactive strategies address the speed and degree with which individual episodes of behaviour can be brought under control with the least risk of injury to the person, to support staff and to others in the environment. The role of a reactive strategy is not to produce changes in the future, but to keep people safe in the here and now.

Traditionally, the success of a support plan has been measured only by the speed and degree of its effects. While this is also a measure of success in our multi-element approach, we take additional explicit responsibility for reducing the ‘episodic severity’ (the gravity or intensity) of the behaviour when and if it occurs (LaVigna & Willis, 2005). In this usage, the word ‘episodic’ does not mean ‘intermittent’, but ‘with respect to an episode’. A plan that has demonstrated clinical/educational validity and has also reduced the episodic severity of the behaviour, as well as its occurrence, is likely to have greater social validity than one that does not.

The multi-element model’s liberation of reactive strategies from the need to produce future effects allows more options for rapid resolution of an episode of behaviour than more traditional approaches have provided (LaVigna & Willis, 2002). This is because the reactive strategy is planned in the context of a powerful proactive plan that does focus on the future. If we have ecological changes on track, if we are actively engaged in positive programming and if we have our focused support strategies in place, it is less likely that the reactive strategy will produce a counter-therapeutic effect.

**ASSESSMENT**

The components of this multi-element model, which provides for both proactive and reactive strategies, is dictated by a focus on all six outcome requirements. The design of many of these support strategies requires specific information which can be...
gathered only through a comprehensive functional assessment (LaVigna et al, in press), including the possible influence that neurological, medical or other organic variables may have on the challenging behaviour and its meaning to the person. The purpose of an assessment process is to determine this meaning or function.

One strategy for this person-centred approach to assessment is to use personal profiling and positive futures planning (O’Brien & Lovett, 1992). Futures planning is particularly useful as a way of understanding how the person’s ecology may be affecting behaviour and what ecological changes may be helpful in trying to support the person.

Personal profiling and positive futures planning is a two-step process designed to provide an understanding of a person’s life and what they have experienced from their point of view, and to develop a plan that helps them reach their goals and aspirations for the future. As with the multi-element model, this approach is based on five quality of life values (O’Brien & O’Brien, 1991) derived from social role valorisation (Wolfensberger, 1983):

• presence and participation in the community
• fulfilling valued roles and gaining social respect
• maintaining satisfying personal relationships with friends and family
• expressing personal preferences and making choices
• gaining skills and competencies.

Participating in the process are the focus person and the ‘stakeholders’ in that person’s life (a circle of support that includes family, friends, past and present support staff, and/or any others that may be able to make a contribution). If this process does not provide a sufficient understanding of the behaviour and its meaning for the person, a specific process of functional assessment should be employed.

The fundamental role of functional assessment and functional analysis in providing behavioural services represents a hallmark in the field of applied behaviour analysis (Goldiamond, 1974). Assessment methods, information and materials are considered to have treatment utility if they have been demonstrated to contribute to beneficial outcomes (Hayes et al, 1987). More specifically, the utility of assessment is defined insofar as it bears relevance for developing a support plan.

The multi-element framework provides for three aspects of assessment that may have treatment utility. The first of these is the method or process of assessment. In the past, the treatment of challenging behaviour relied almost exclusively on direct, naturalistic observation. Increasingly, however, in addition to naturalistic observations, interviewing, records review and analogue situations are being used (Durand, 1990; Iwata et al, 1982; O’Neill et al, 1997). The second aspect of assessment that bears on treatment utility is the information gathered by the assessment process. Some information may seem to have obvious treatment utility (for example knowing the controlling antecedents). Other information may still be of questionable value to some practitioners (for example knowing the history of the person and of the specific challenging behaviour). Finally, the framework reminds us that assessment materials and devices are subject to exploration for their possible treatment utility, that is, their contribution to the development of effective support plans.

**Mediation**

An inclusive framework for breaking the barriers to integration caused by challenging behaviour must also address a variety of mediator issues (Durand & Kishi, 1987; LaVigna et al, 1994). No support plan, regardless of its comprehensiveness and elegance, will produce the desired outcomes unless it is implemented fully and consistently. Our model delineates a number of dimensions that relate to this issue. First, three categories of social change agents are identified who may participate in the support team. They include natural mediators such as parents, siblings, mainstream teachers in education, supervisors at work and others whose relationship to the person is a natural one and has nothing to do with the person’s disability or challenging behaviour. Also included are professional staff whose
relationship to the person is a function of their disability, such as special education teachers, job coaches and domestic and community living support staff. Finally, included would be specialised staff whose relationship to the person is a function of the challenging behaviour. They might include behaviour specialists, the one-to-one support staff or others who are involved specifically because of the challenging behaviour.

Second, the model delineates three aspects of training, as they may relate to the three categories of mediators. They include teaching the general skills that such support people may need to support the person, teaching the specific skills that are necessary to implement the procedures incorporated into the plan, and quality assurance systems to assure full compliance with the support plan. Such quality assurance systems, based on the principles of organisational behaviour management (OBM), include clear and operational definitions of what exactly needs to be done, competency-based training for those responsible for plan implementation, socially valid monitoring of implementation, feedback based on the results of monitoring to improve and maintain full and consistent implementation (especially visual feedback) and outcome evaluation. Web-based resources (see www.ePSR.com for an example) are making such quality management systems based on the principles of OBM more accessible to behavioural service providers.

Third, we may also need to consider what it is reasonable to expect of a person providing support, particularly parents or parent surrogates, regardless of training. Some support strategies may be so involved or some situations so deteriorated that they require professional or even specialised staff. For this reason, we have developed an intensive support approach that allows the provision of specialised services without placing the person in a more restrictive setting or specialist units (Donnellan et al, 1985).

**Conclusion**

By design and definition, good research isolates independent and dependent variables and seeks to determine the effect of the former on the latter. The variables not under study are removed or otherwise controlled. In stark contrast, while individual elements may be based on a specific study or group of studies, a person-centred support plan has an array of elements, is based on a comprehensive functional assessment and is aimed at producing a broad range of outcomes. We suggest that, because this broad context is often lacking, research findings from univariate research studies may be misinterpreted and misapplied. Additionally, we suspect that narrow interpretation of research findings has led to practices that many outside and within the field have perceived as an overuse, misuse and, in some cases, abuse of punishment technology (Donnellan & LaVigna, 1990).

The model we have proposed provides a framework for generating research questions, for discussing research findings and for incorporating the findings into multi-element, comprehensive, person-centred support plans. It also provides a model for behaviour analysts to distinguish between a person-centred support plan and the experimental investigation of isolated variables. If our strength has been in the latter, our weakness may be in the former. By adopting a model such as the one proposed here, we can only enhance the field of applied behaviour analysis through full articulation of its underlying principles (Baer et al, 1968).

The proposed framework provides a value base for addressing challenging behaviour. Effectiveness is ultimately measured by clinical/educational validity, that is, by the effects of the support plan on the person’s quality of life, on the person’s increased independence and competence, social and community presence and participation, productivity, personal empowerment and choice, and relationships and support network (O’Brien & O’Brien, 1991). It is to these valued outcomes that this model is dedicated.
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References


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