

Facilitating Individualized Interventions to Address Challenging Behavior

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Overview

The early years of development are an extraordinary time. Young children are rapidly moving from being completely reliant on others to interpret and meet their needs to being able to articulate their desires, navigate the environment, and offer their interpretations and perspectives to others.

In early education programs we expect that children will use emotion and physical means to express themselves (e.g., crying, gesturing, pushing), as they will not have the language or social development to express their needs and desires in a conventional fashion. Thus, we anticipate that challenging behavior will occur and we use those occasions to help children learn the word, the routine, the behavior, or the rule that might be pertinent to the situation where they are experiencing challenges. Early educators and families use child guidance, scaffolding, and their responsiveness to the child in assisting the developing child in learning the language and behaviors that are needed to navigate the complexities of a social world.

However, there are a small proportion of children who challenge us with behavior that is persistent and unresponsive to the efforts of adults to meet their needs and guide their development. These are children whose patterns of challenging behavior are of the nature, or at a frequency, duration, or intensity that exceeds what is developmentally normative. For example, a 12-month old who consistently cries for over an hour before sleeping and has been unresponsive to efforts to soothe him or assist him in being able to settle down for a nap or bedtime. Another example might be a 3-year old that intentionally hurts peers and animals without showing remorse or empathy or a 4-year old who is withdrawn and weepy the majority of the day.

When children have persistent challenging behavior that is not responsive to the efforts of the early educator and family to address the child's needs or support the child in developing social skills; there must be an effort to develop an individualized plan for ensuring that the child, early educator, and family is successful.

This guide is designed to assist the mental health consultant in guiding teachers, teams, and families in developing and implementing an individualized plan of support that results in a reduction of challenging behavior and the promotion of communication and social skills.

The Pyramid Model and Children with Challenging Behavior

In this guide, early childhood mental health consultants and behavior specialists are provided with the tools needed to address the behavior challenges of the very few number of children who have persistent challenges. This approach is meant to be used as part of a comprehensive model designed to ensure that social emotional competence of all children is promoted and supported.

We use the Pyramid Model (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hunter & Hemmeter, 2009) to describe a tiered intervention model that includes promotion, prevention, and intervention approaches for implementation by early education programs. The first tier of the model is focused on the provision of nurturing and responsive relationships and high quality environments for the promotion of all children's social development. There is a wealth of research to support how essential this tier of promotion practices is to the child's development of social competence. The second tier of the model is to ensure that the classroom offers a rich milieu of intentional practices to guide the development of social emotional skills and the provision of intentional support and instructional practices for supporting the development of key social emotional skills by children who might have social-emotional delays or are at-risk for challenging behavior. Finally, the third tier of the model is providing intensive individualized supports to children who have persistent challenging behavior.

Challenging behavior might be defined as "any repeated pattern of behavior or perception of behavior, that interferes with or is at risk of interfering with optimal learning, or engagement in pro-social interactions with peers and adults" (Smith & Fox, 2003, p.5). Thus, challenging behaviors might include the externalizing behaviors such as aggression, tantrums, or property destruction and internalizing behaviors such as severe withdrawal. In the Pyramid Model, the third tier of intervention is additive to the previous levels of the Model in the provision of a process to collaboratively team with the early educator and family in the design of an individualized plan of support to ensure the child can be successful in the routines and activities of the early childhood program, family, and community.



Addressing Challenging Behavior

The toolkit provides you with the processes and procedures to use in the development of behavior support strategies collaboratively with the early educator and the family. This approach is not meant to replace other comprehensive interventions or mental health treatments that might be needed to support the child or family; rather it is an approach that results in a plan of support for the child within the everyday routines and activities of the early education program, home, and community. The plan of support that results from this process is designed for implementation by the child's every day caregivers. Thus, it might be used in conjunction with other treatments or supports that are provided to address the complex needs of a child or family.

The toolkit uses an individualized Positive Behavior Support approach or PBS to develop an individualized intervention plan. PBS is a broad approach for addressing challenging behavior that is science and values driven (Dunlap, Sailor, Horner, & Sugai, 2009). This approach is supported with over 30 years of research demonstrating its effectiveness with a variety of vulnerable populations with challenging behavior who range in ages, diagnoses, and abilities including very young children (Bambara & Kern, 2005; Sailor, Dunlap, Sugai, & Horner, 2009).

The values of PBS are centered on the importance of helping individuals with challenging behavior and the families or persons who support them achieve a quality of life that is defined by their personal choices. Families of young children with challenging behavior often express that their hopes and dreams for their child and family is for their child to be happy, have friends, and for the family to enjoy simple everyday activities free of the stress of challenging behavior (Fox, Vaughn, Dunlap, & Wyatt, 2001; Lucyshyn, Dunlap, & Albin, 2002).

The science of PBS is based on the assumption that human behavior can be changed as a function of the actions performed by others who are in supportive care-giving roles (Dunlap et al., 2009). Changes in behavior are achieved by:

- Developing an understanding of the behavior and its relationship to the environment, needs, and abilities of the individual;
- Identifying prevention strategies that include the redesign of environments, activities, and interactions in a manner so that the individual with challenging behavior is more comfortable with routines and interactions;
- Provide instructional and support opportunities to ensure that the individual with challenging behavior can use new skills or behavior to express their needs and desires without using challenging behavior; and
- Designing new responses to challenging behavior to ensure that challenging behavior is not reinforced or strengthened.

If you are new to the use of PBS to address challenging behavior, please refer to the resource list for related readings and helpful websites. There are a host of manuals and scholarly publications

that you might find useful for learning more information about the model. In this toolkit, we have distilled the procedures that you will need to use to guide plan development but have not provided an extensive discussion about the supportive research or theoretical underpinnings of these actions.

In addition to providing information on the development of intensive individualized interventions using PBS, we will present some information and strategies for gaining the buy-in of families and teachers who might be pessimistic about their potential for successfully addressing challenging behavior. When families are stuck in the place of helplessness or pessimism about their ability to implement change; they are often unable to implement effective interventions. We will be sharing strategies from a cognitive-behavioral approach for helping families and early educators confront their feelings of pessimism and to embrace optimism as they address the challenging behaviors of the child (Durand & Hieneman, 2008). This model involves the following **key assumptions**:

- Parental optimism about their ability to influence their child’s behavior serves as a protective factor for children in leading to better intervention outcomes. Parental pessimism often leads to a failure to implement behavior intervention procedures.
- When parents are pessimistic they often view the child’s challenging behavior as pervasive and permanent, rather than situational and temporary. Families who are pessimistic struggle with feeling that they do not have the capacity to be effective change agents in influencing their children’s challenging behavior.
- When providing training to families about their implementation of PBS, family members should be provided with the skills needed to cope with the stressors associated with having a child with persistent challenging behavior. The most effective approach for assisting families is the use of cognitive-behavioral approaches that focus on the way the family views events and situations and supports them in developing a more adaptive or optimistic style.

Developing a System for the Delivery of Individualized Interventions

A key step for early education programs is to ensure that when children have challenging behavior; a system is in place to provide individualized interventions. Far too often the program resorts to exclusion or expulsion when children have extreme challenging behavior (Gilliam, 2005). An important step for your early education program will be to develop their systems and procedures to make sure all staff understand and use a referral process for gaining the assistance of a mental health consultant or the behavior specialist to determine the child’s need for intensive individualized interventions. In addition, it will be critically important that this tier of intervention becomes part of the early education program’s policy about their approach to supporting children who have persistent challenging behavior.

We have provided three resources that can be tailored by your program to assist in the adoption and institutionalization of this approach by the early education program. They include the following:



- Using **Individualized Positive Behavior Support for Children with Persistent Challenging Behavior**—this handout can be used to explain the approach and process with teachers.
- **Helping Children with Intense Behavior Challenges**—this handout can be used to provide families with information about the approach that will be used to support their child. It is intended to be used only when a child might have a need for a behavior support plan.
- **Sample Program Discipline Policy**—this provides a sample of program discipline policies that includes reference to the use of PBS for children with persistent challenging behavior.

RESOURCE LIST

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SAMPLE HANDOUT FOR TEACHERS

Using Individualized Positive Behavior Support for Children with Persistent Challenging Behavior

What is Individualized Positive Behavior Support (I-PBS)?

I-PBS refers to a process for developing and implementing an effective behavior support plan to reduce the challenging behavior of a child and teach the child new skills to replace challenging behavior.

When is I-PBS used?

I-PBS is used when a child has persistent challenging behavior. This could be externalizing behavior such as aggression or property destruction or internalizing behavior such as withdrawal. I-PBS is used when other strategies or approaches are not effective, when teachers are unable to identify the purpose or function that challenging behavior serves, and when the child is having challenging behavior at a level that interferes with his interactions with others, early learning activities, or engagement in community activities.

Why is I-PBS called a process?

I-PBS is a process because it involves multiple steps that a team uses to develop, implement, and evaluate a plan of behavior support.

What are the steps in the process?

The process includes the following steps: 1) Gathering information that leads to an understanding of the purpose or functions of challenging behavior. This is also referred to as functional assessment; 2) Developing hypotheses about the function of challenging behavior that is informed by the functional assessment; 3) Developing a multi-component behavior support plan that is linked to the hypotheses; and 4) Implementing and evaluating the behavior support plan.

Who develops the behavior support plan?

A team of people who know the child best should develop the plan. This includes the family, the teacher, and other persons who have knowledge of the child. The I-PBS process is guided by a specialist (e.g., early childhood mental health consultant, behavior specialist) who can help the team use their observations

and knowledge of the child to develop an effective plan of behavior support.

What goes into the behavior support plan?

The behavior support plan includes the following components:

1. Hypothesis statements that summarize the triggers, the purposes or function, and the maintaining consequences of challenging behavior;
2. Prevention strategies that reduce, eliminate, or soften the triggers of challenging behavior;
3. Replacement skills that will be taught to the child to replace the challenging behavior with appropriate ways to communicate requests and needs; and
4. New responses to challenging behavior that reduce the likelihood that challenging behavior is maintained or reinforced.

Is this a developmentally appropriate process?

I-PBS meets the definition of developmentally appropriate practice in two important ways. First, all procedures that are used are individualized. Thus, the team considers what is individually appropriate for a child in consideration of the child's abilities, personality, family, culture, unique ecology, and circumstances. Second, the team considers the developmental level of the child and matches intervention strategies so that a child is supported and taught in the appropriate manner.

What happens if the plan does not work?

I-PBS is a process that is data-driven. The initial plan is developed based on the information that is gathered by the team and using the science of Positive Behavior Support. An important component of plan implementation is to measure outcomes associated with plan implementation including if the plan is implemented as designed. If a child does not respond to the plan (i.e., challenging behavior is not reduced and the child does not use the new skills that are taught), the team will meet to consider making changes in the plan.



SAMPLE HANDOUT FOR FAMILIES

Helping Children with Intense Behavior Challenges

Why do children have challenging behavior?

Children might have challenging behavior because they have not developed social skills or don't understand the rule, social expectation, or behaviors that are expected within a situation. That is why parents and teachers are always helping children understand what behaviors are expected and encouraging children as they learn those important skills. The everyday meltdowns that occur with young children become opportunities to teach the child new social skills, coping strategies, appropriate choices, and expectations.

Some children might continue to have challenging behavior because they have difficulty understanding what adults are teaching them or are unable to communicate their needs and desires in appropriate ways. We use the term challenging behavior when a problem behavior continues despite your efforts to help your child cope or use appropriate behavior.

What can be done to help children who have challenging behavior?

The first step in helping children who have problem behavior is to understand the purpose and goals of the behavior. This is done by examining when and under what conditions the behavior occurs and identifying what outcomes the behavior produces for the child. By examining the triggers of the behavior and the outcomes that follow problem behavior, it can be determined if the child's problem behavior results in access to an activity, object, or interaction or results in avoiding an activity, object, or interaction.

Once the purpose of problem behavior is identified, a positive behavior support plan can be put in place to reduce the child's need to use problem behavior and teach new skills to replace the behavior. The plan that is designed is used by the child's family and teachers in everyday activities and interactions to support the child.

Why do you use positive approaches and not punishment?

Parents might use mild forms of punishment paired with teaching children new skills and encouraging children to use appropriate behavior in the home. This is how children learn adult expectations and

social rules. However, severe punishment can cause harm to the child by inadvertently teaching the child to use aggression and causing the child humiliation or resentment of the adult. In addition, it is likely that if the child engages in problem behavior because he is unable to express his needs or feelings; then a new problem behavior will be used to replace the behavior that was punished. Punishment approaches only serve to reduce a behavior, not teach the child new skills.

What happens if my child needs a behavior support plan?

If your child is having persistent problem behavior, the program will want to meet with you to design a behavior support plan. You are an important partner in this process because you are the expert on your child and your family. The first step will be a meeting or phone call to discuss your child's needs, when behaviors are occurring, and establish goals for the behavior support plan. Then, observations and interviews will be used to gather detailed information that can lead to the identification of the purpose of the problem behavior. Once those observations and interviews are completed, you will be asked to meet with your child's teacher and other team members to develop a behavior support plan. This meeting will be guided by a team facilitator who has expertise about behavior support and knows how to help teams develop plans. However, it is the persons who interact with the child every day who will come with important information to share. Remember, you are the expert on your child and your family. The team will develop the plan together and then the plan will be implemented. The team will also discuss how to evaluate whether the child responds to the plan.

Can someone help my child with behavior at home and in the community?

It is very likely that children who have problem behavior in their early childhood program experience the same kind of challenges at home or in the community. If this is happening with your child, make sure to tell the team. The strategies that will be used to support your child at preschool can often be applied within the everyday routines and activities of family life to help the child reduce problem behavior and learn new skills.

SAMPLE PROGRAM DISCIPLINE POLICY

One of the central developmental tasks of early childhood is to develop self-regulation and social competence. This ability is one of the most important factors in later school success. In our program, developmentally appropriate child guidance procedures are used to assist children in developing the social and emotional skills they need to be successful in their interactions with others and to understand social rules and expectations.

In our program, we have established program-wide expectations that guide the behavior of children and staff. We encourage families to also apply these expectations when guiding their child's interactions with others in the home and community. Your classroom teacher will be providing you with information on how we teach these expectations to children and how you can assist in helping your child understand the expectations. Our program-wide expectations are:

- Be Safe
- Be a Friend
- Be Respectful

Teachers in our classrooms use a variety of developmentally appropriate child guidance procedures to encourage appropriate behavior and assist children in learning the rules and expectations of the classroom. These methods include: positive encouragement, redirection, setting boundaries, teaching rules for appropriate behavior, and logical consequences. Corporal punishment (i.e., spanking) is not used in our program, nor is it allowed on our campus.

An important focus of our program is the instruction of social emotional skills. Your child's teacher will be actively engaged in helping your child learn how to express emotions appropriately, identify emotions in others, develop friendship skills, use problem solving to resolve conflicts, and use language to express their needs and concerns.

If there seems to be a change in a child's behavior or your child has behavior that is causing a concern, program staff will communicate and strategize with you concerning behavioral issues and their possible cause, considering all of the factors that impact your child and family. If needed, your family will be asked to collaborate with the program in developing a behavior support plan for implementation in the classroom. Some children might also have intensive behavioral or learning difficulties that indicate referrals for more specialized services or supports might be needed.



Initiating the Individualized Intervention Process

The early childhood mental health consultant can guide the early childhood program to develop procedures for identifying children who might need more intensive interventions. Early educators should know the procedures for accessing the support of the consultant and the steps that will occur as they work with the mental health consultant towards resolving behavior issues.

We advise that programs develop a mechanism for identifying when a child is having troubling behavior incidents (either internalizing or externalizing), this would include a way to gather initial information about the context surrounding the behavior incident. The **Behavior Incident Report (BIR)** (see page 10) can be used by programs to document troubling behavior.

This form is easy to complete and provides information about the behavior incident which is helpful in understanding the nature of the problem behavior that is occurring. Its brevity allows teachers to complete the form quickly and efficiently. In making it brief enough to be efficient, we have sacrificed collecting the kind of detailed information that you might collect in a direct observation or consultation with the teacher. This form is not intended to replace those types of activities; it only serves to note that a troubling behavior incident has occurred.

Most programs copy this form on 2-page carbonless forms and institute procedures where teachers complete the form and then provide a designated person with one copy of the form while keeping the other copy in the child's records. Programs develop decision rules



Behavior Incident Report

Child's Name: _____ Date: _____

Referring Staff: _____ Time of Occurrence: _____

Behavior Description: _____

Problem Behavior (check most intrusive)		
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Property damage
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Unsafe behaviors
<input type="checkbox"/> Stereotypic Behavior	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Trouble falling asleep
<input type="checkbox"/> Disruption/Tantrums	<input type="checkbox"/> Social withdrawal/isolation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Inconsolable crying	<input type="checkbox"/> Running away	
Activity (check one)		
<input type="checkbox"/> Arrival	<input type="checkbox"/> Meals	<input type="checkbox"/> Departure
<input type="checkbox"/> Classroom jobs	<input type="checkbox"/> Quiet time/Nap	<input type="checkbox"/> Clean-up
<input type="checkbox"/> Circle/Large group activity	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Therapy
<input type="checkbox"/> Small group activity	<input type="checkbox"/> Special activity/Field trip	<input type="checkbox"/> Individual activity
<input type="checkbox"/> Centers/Indoor play	<input type="checkbox"/> Self-care/Bathroom	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diapering	<input type="checkbox"/> Transition	
Others Involved (check all that apply)		
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Peers
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Support/Administrative Staff	<input type="checkbox"/> None
<input type="checkbox"/> Therapist	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other _____
Possible Motivation (check one)		
<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Gain adult attention/comfort	<input type="checkbox"/> Avoid sensory
<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid adults	<input type="checkbox"/> Don't know
<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid task	<input type="checkbox"/> Other _____
<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Obtain sensory	
Strategy/Response (check one or the most intrusive)		
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Time with a teacher	<input type="checkbox"/> Family contact
<input type="checkbox"/> Curriculum modification	<input type="checkbox"/> Re-teach/practice expected behavior	<input type="checkbox"/> Loss of item/privilege
<input type="checkbox"/> Move within group	<input type="checkbox"/> Time in different classroom	<input type="checkbox"/> Time out
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Time with support staff	<input type="checkbox"/> Physical guidance
<input type="checkbox"/> Remove from area	<input type="checkbox"/> Redirect to different activity/toy	<input type="checkbox"/> Physical hold/restrain
<input type="checkbox"/> Provide physical comfort		<input type="checkbox"/> Other _____

Comments: _____



about how they might respond to the form. This often involves deciding to consult with a teacher if any of the following has occurred:

- A teacher reports that a child engages in a behavior that causes injury to himself or another child.
- A teacher has a number of incidents in a day or a week that involve a number of children.
- A teacher has a number of incidents (e.g., more than 5) for a child in a week.

When the consultation is conducted, the early childhood mental health consultant can determine if the teacher needs assistance in implementing universal procedures for supporting children within the classroom environment, if the child might improve with simple intervention procedures, or if a child might need more intensive individualized behavior support.

Talking with Teachers

When conducting a classroom consultation that might be triggered by behavior incident reports, it is important that your contact with the teacher is supportive. When there are behavior challenges in the classroom, teachers can easily feel emotional about their occurrence and might be initially defensive in their interactions with specialists who arrive with questions about their classroom practices. Some tips for conducting the initial meeting are provided below:

1. Find a time to meet with the teacher to review the BIR information and discuss her concerns about the child. Do not have this conversation in the presence of other children or adults who are not part of the teaching team.
2. Focus your initial questions on gathering information about the child. You might ask: “How long has the child had problem behavior?” “What seems to trigger these behaviors?”
3. Then, you can follow with providing support to the teacher, “It sounds like you are really worried about your ability to support this child and meet the needs of everyone else in the room.” You want to avoid fueling any teacher speculation about the causes of the behavior that might place blame on family circumstances or conclusions about potential disability status (e.g., “I think he has ADHD”). Use reflective listening and validate the emotions of the teacher while making sure that you don’t encourage beliefs that the child should be excluded from the program or classroom.
4. Let the teacher know that your role will be to observe the behavior in the classroom and guide the identification of strategies that will help or the development of behavior intervention approaches or a formal behavior support plan.
5. Follow these supportive statements with any additional questions you might have about the triggers of the behavior, how staff respond when behavior occurs, or previous intervention efforts. It is important that you establish rapport with the teacher before posing these types of questions.



6. You might want to ask additional questions about the information provided on the BIR form. However, you should avoid providing advice about whether a response was the correct approach. The plan of intervention and the approach to use has to be determined once the function of the behavior is identified.
7. If the teacher is expressing extreme emotional distress about the behavior incident, you might want to ask the teacher to share what her self-talk is when the behavior occurs and then assist the teacher in disputing any beliefs that might prohibit or inhibit an effective response and helping the teacher identify a positive belief that can substitute for the beliefs that are problematic (see page 125 for more information on how to do this).
8. If the problem behavior is extreme, it will take time to develop an effective behavior support plan. You should immediately help the classroom team develop a safety-net plan (see page 119 for guidance on safety-net plan development) to ensure that the child does not hurt himself or others. Be clear with the team that this plan will not resolve problem behavior, but is only being recommended to make sure that the child is safe.

Talking with Families

Your contact with families must also be carefully managed so that families do not feel frightened by your call (i.e., a parent might worry that their child will be dismissed from the program), feel judged by the program (i.e., a parent might feel shame or guilt about a child's problem behavior), or feel that they are being asked to resolve the behavior at home so that the child ceases to have problem behavior in the program. A sample script for how you might talk with the parent or other caregiver over the telephone is below.

SAMPLE PHONE CALL TO CAREGIVER

Hi,

I am **(your name)**. I help the teachers and families at your child's preschool. I was asked by **(child's teacher)** to help figure out how she might be better able to help **(child's name)** feel comfortable in her room (or you might refer to the center or use "classroom"). We want to make sure that we are doing everything we can to support your child's development and make sure he/she is happy and comfortable.

Over the past few days/weeks, we have noticed that **(child's name)** is having difficulty with (e.g., playing with others, settling down for a nap, sitting for meals, following instructions, etc.). When this happens, he/she has (hit, bit, retreated under the table, a long tantrum, etc.). We are worried about this and want to develop a plan for helping your child become more comfortable (or more successful, etc.) in the program. I am calling you to set up a time where we can meet and develop a plan for us to use in helping your child.



At this point, the family might offer that they have similar concerns. If so, validate that you think the best thing that everyone can do is to meet together to share their observations and develop a plan that can be used in all environments. You might want to assert that when everyone implements the same approach or plan, the child is most likely to benefit.

A family may also feel threatened by this discussion and react emotionally. The caregiver might say “I don’t know what you are talking about” or “She never has problems with anyone else” or “I don’t have time for all of this.” If this occurs, your stance should be confident and reassuring. Let the caregiver know that the program wants to meet the child’s needs and the child is having difficulty. Assert that “families know their children the best” and that by having a meeting the program can learn from the family.

When determining when and where to meet, you must be sensitive to family needs and challenges. If the caregivers have difficulty figuring out a way to get off work for the meeting, see if they might be willing to meet before or after work. Offer child care if the caregiver has young children and is unable to secure child care to come to a meeting. Once you have agreement to meet, review what will happen at the meeting and who will be there. Here is some sample language you can use:

- “I will be at the meeting and so will (*child’s teacher*). We will also ask (*therapist or other professional who might contribute*) because she seems to know your child so well (or because he has special expertise in _____).”
- “At the meeting, we can talk some more about what we have observed in the classroom. We will want to get your thoughts about what works for your child and what we might do differently. Our goal will be to work with you as a team to develop a plan for helping your child.”

As you review the script that is provided, please note that it **does not** include the following:

- Asking the parent if something at home might have caused the behavior. If there are family issues that are related, these can be discussed once you begin the teaming process. When a question about changes in home is one of the initial queries from the program, families might feel as if they are being blamed for the child’s behavioral concerns. Often, when there are big issues at home (e.g., divorce, new baby, deployment), a parent will offer this information during the initial call as they respond to the observation that their child seems to be struggling in the program.
- Starting off by stating that the child has problem behavior. The first description is that the teacher is requesting assistance to help the child. You want to make sure that the caregiver receives a message that the inquiry is related to how to help the child before describing the behavior challenges.
- Describing the behavior in a manner that places blame on the child (e.g., “I am calling to let you know that Patrick had a problem today that causes us concern”) or the family. We do not state that the child’s behavior creates safety issues or ask about what the family is doing to address the behavioral challenges.



Note to Home

When a behavior incident happens in the classroom that results in injury to the child or another child, the teacher must contact the caregiver to report what happened. The teacher should do this in a manner that builds a relationship with the family, rather than causing family concerns that the child might be expelled from the program. In addition, the teacher should seek to build a foundation for collaborative teaming with the family so that the child's behavioral concerns can be addressed proactively and positively with a plan of support. Below is a sample note to home that might be used if it is not possible to discuss the incident in person with the caregiver.

SAMPLE NOTE TO HOME

Today, Patrick had difficulty at naptime. It was very hard for him to fall asleep. He cried for about 20 minutes. I gave him his blankie, read a story while sitting on his cot, and rubbed his back. He kept crying. When I got up to leave his cot, he threw the book in frustration. It hit another child and caused a small cut on her forehead. She was treated and is OK. I am worried about Patrick and what we can do to help him at naptime. When you bring him in tomorrow, let's find a time that we can meet and talk about what I can do to help him in the classroom.



Developing Interventions for Children with Challenging Behavior

During the early years of development, it is expected that young children will have behavior challenges. Young children are rapidly learning how to regulate their emotions, cope with sensory input, express their desires, and develop relationships with others. It is developmentally expected that all children will have behaviors such as crying, throwing, biting, and have difficulties when learning social rules. When these kinds of behavior challenges occur, early educators and families respond by helping the child cope, navigate the situation, or learn to express their emotions and children. However, there are a small number of children whose behavior challenges are more worrisome. These are behaviors that exceed the typical developmental norms for type of behavior, behavior intensity, duration, or frequency.

Some children with challenging behavior might need fairly simple interventions to help them cope with group care environments, to learn new social rules, or to express their feelings and emotions. Other children with challenging behavior might need very focused individualized interventions to address behavior that persists and has been unresponsive to other interventions. In this section, we provide you with a decision tree that helps you match intervention complexity to child challenging behavior.

We describe the Tier 2 intervention levels as comprised of intervention focused on teaching children social rules, self-regulation, peer interaction, and coping skills and Tier 3 interventions as using the process of functional assessment and teaming to develop a comprehensive behavior support plan. Following the decision tree that helps you identify intervention level, we have provided you with a description of the **Teaching Tools for Young Children** that can be used to design Tier 2 interventions.



Teaching Tools for Young Children with Challenging Behavior (TTYC) was designed to provide ideas for behavior intervention for children who have behavior problems and need more focused support to cope with the social emotional challenges of common classroom routines at the tier 2 intervention level. It is a product that is posted on the Center for Early Childhood Mental Health Consultation web site (web address) that was initially developed to help early educators develop behavior support plans for children when the function of challenging behavior was apparent and the behavior was concerning, but not yet alarmingly severe (i.e., in need of tier 3 procedures). As practitioners have used TTYC, they find that the ideas that TTYC provides effectively resolve the problem behavior and that more intensive efforts become unnecessary. As you consult with a teacher and family about a child’s behavioral challenges, TTYC might provide an efficient process for developing intervention strategies that can be immediately applied to resolve behavior issues. Teaching Tools is designed for use when:

- A child is having difficulties with classroom routines and activities.
- The function of the child’s problem behavior is obvious and a comprehensive functional assessment might not be required.
- The child’s problem behavior can be addressed by making modifications of the environment and using social and emotional teaching strategies.

Using the Decision Tree

Before using Teaching Tools, use the decision tree (see page 17) to determine whether the target child can be supported by using the Tools. We suggest the following 5 steps in using the decision tree.

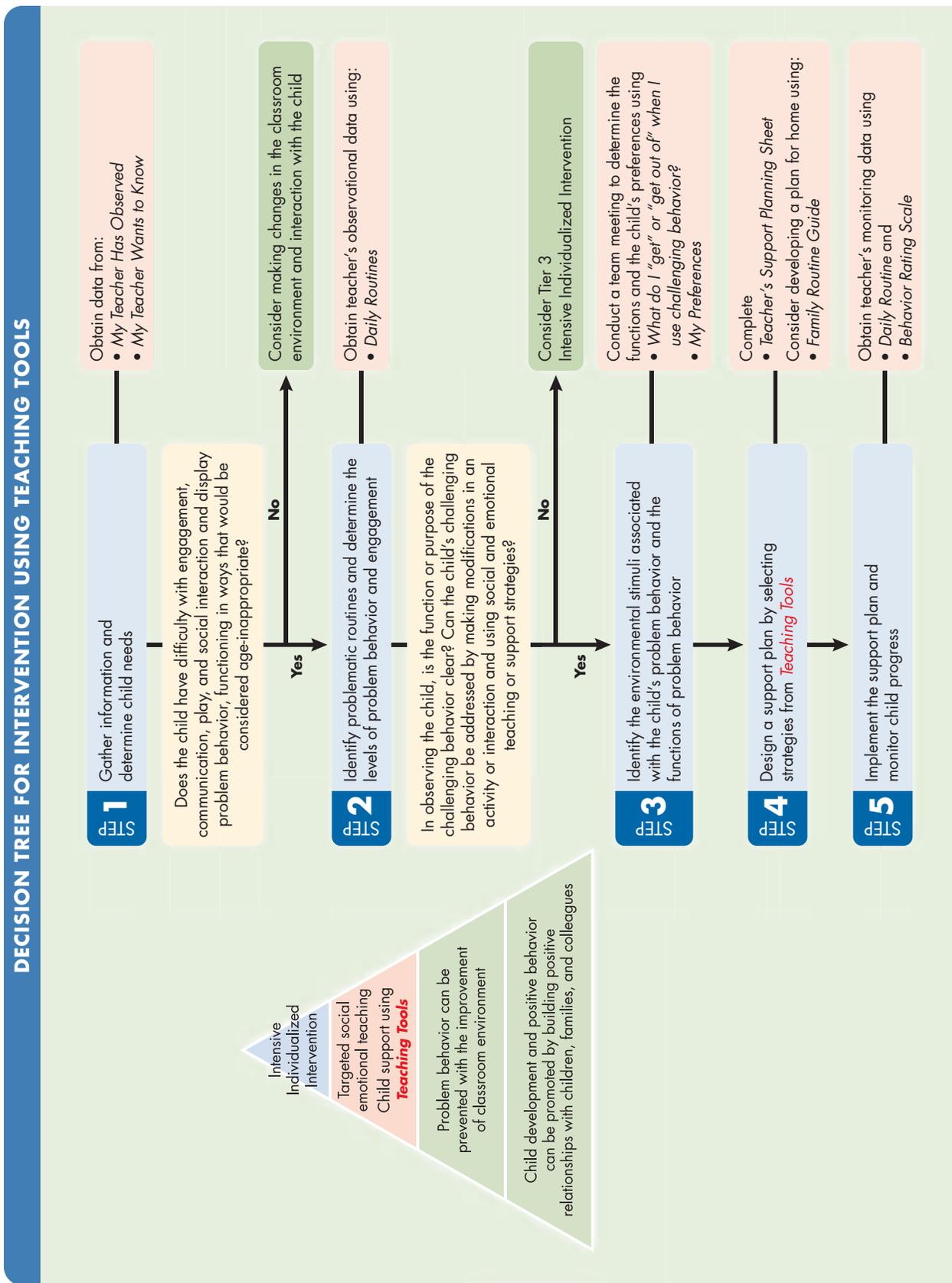
Step 1: Gather Information and Determine Child Needs

Obtain data on child in collaboration with classroom teacher and family to determine the child’s support needs. Obtaining data includes:

- Completing **My Teacher Has Observed Form** (see page 30) by classroom teacher to identify child’s needs for engagement in routines, play and social interaction skills, communication skills, and problem behavior, also included in the “Getting Started” section of TTYC.
- Completing **My Teacher Wants to Know** by family, included in the “Getting Started” section of TTYC.

Use the following questions to guide the team’s decision on the level of intervention and help the team understand the process of supporting a child:

“Does the child have difficulty with engagement, communication, play, and social interaction and display problem behavior, functioning in ways that would be considered age-inappropriate?” Consider making changes in the classroom environment and interactions with the child if the answer is “No,” and go to Step 2 if the answer is “Yes.”





Step 2: Identify Problematic Routines and Determine the levels of Problem Behavior and Engagement

Obtain observational data during classroom routines to identify target routines or activities for intervention and to determine the levels of child's problem behavior and engagement. This involves:

- Collecting indirect observational data by classroom teacher on a daily basis using **Daily Routine Form**, included in the “Getting Started” section of TTYC.
- Selecting target routines or activities that require support for child.

Step 3: Identify Environmental Stimuli and Determine Functions of Problem Behavior and Child's Preferences

Conduct a meeting to identify environmental stimuli associated with the child's problem behavior during targeted problematic routines (i.e., environmental events that are occurring when the problem behaviors occur) and to determine functions of the problem behavior and child's preferences on items, activities, or people. These involve:

- Selecting environmental stimuli contributing to child's problem behavior from **Events and Functions Associated with Problem Behavior Form** (see page 28).
- Selecting functions of the problem behavior from **Analyzing Environmental Events** (in the “Getting Started” section of TTYC).
- Completing **What do I “get” or “get out of” when I use challenging behavior?** (in the “Getting Started” section of TTYC).
- Completing **My Preference** (in the “Getting Started” section of TTYC).

Step 4: Design a Support Plan by Selecting Strategies from Routine Based Support Guide

Based on information obtained from Step 3, design a support plan selecting behavior support strategies from *Routine Based Support Guide*. Step 4 involves:

- Completing **Teacher's Support Planning Sheet** (see page 31).
- Adapting suggested strategies to fit the classroom, considering demands of the classroom and teacher teaching style.
- Individualizing the strategies to match child's developmental level and child's preferences.
- Listing the strategies in the planning sheet by function and by problematic routine.

Step 5: Implement the Support Plan and Monitor Child Progress

Implement the strategies within the target routines effectively and monitor changes in child's target skills or behaviors. Step 5 involves:

- Assembling materials and planning prompts, cues, and responses to provide child with opportunities to learn new skills.



- Implementing strategies consistently during target routines or situations.
- Obtaining teacher’s monitoring data on child’s target behaviors and skills using **Daily Routine** and **Behavior Rating Scale** (see samples of rating scales in the “Getting Started” section of TTYC).

Tips for Mental Health Consultants: Facilitating Family Partnership

It is recommended that the consultant actively facilitate family partnership during the decision making process and the use of the behavior support strategies by the family at home. When gathering initial data on the child and when designing a support plan, the consultant should encourage the classroom teacher to invite the family and help them develop a behavior support plan for home as well.

Recommendations

- Send an **Invitation Letter** (see sample page 20) to the family when gathering information and determining child need during Step 1.
- Review steps of the decision tree with family.
- Help family complete **My Teacher Wants to Know**.
- Identify child’s difficulties at home.
- Share environmental stimuli and behavior functions, and support plan developed for classroom with family.
- Help family develop behavior goals for child at home.
- Review Family Routine Guide (http://csefel.vanderbilt.edu/resources/parent/mod6/family_routine_guide.pdf) with teacher and family and determine target routines and behaviors or skills.
- Help family select strategies from Family Routine Guide.
- Jointly develop a simple behavior support plan for implementation in the home setting using the Family Planning Sheet (Family Routine Guide p. 5).
- Jointly develop a behavior rating scale to facilitate family monitoring of child’s progress toward goals.

**SAMPLE LETTER TO FAMILY**

Dear _____,

My name is _____. I work with the teachers at {program name} helping them with individual children and the classroom program. We have enjoyed having {child's name} in our program this year. We hope that you are happy with his/her classroom and feel comfortable with the care that we have provided.

{Child's name} teacher has observed that child name is having difficulty within some of the classroom routines. {Child's name} will (list behaviors) during (list routines). We want to make sure that we can help your child be comfortable in the classroom and participate fully in these activities.

We would like to schedule a meeting with you so that {child's teachers name} and I can develop some ideas about how we can better support your child within our program. In this meeting, we will talk about what we have observed in the classroom and ask you assist us in developing ideas about how to better meet your child's needs.

Your partnership in this process is very important to us. We have found that families know their child best and can be a wonderful source of information about their child's needs. If you want, we can also use the meeting to discuss any concerns you might have about {child's name} at home or in the community.

Our goal for the meeting will be to develop a plan of support for your child. This plan will guide us in better meeting your child's needs. The plan will include how to prevent your child from having difficulty in classroom routines and activities, identifying the social and communication skills that are important for us to teach, and to develop a plan for how to best respond to your child when he/she has difficulty.

Please call me at _____ to schedule a meeting OR

Please let me know if any of the meeting times below work for you. You can return this letter to {child's teacher name} and she will let me know when you are available to meet.

List times and days

I am looking forward to meeting you and talking with you. If you have any questions or concerns, you can reach me by phone and email.

Developing a Consultation Plan

The focus of effort for the mental health consultant is expected to vary depending on the types of problems faced by the classroom teachers. Attention to the child's level of support needs and classroom variables such as physical arrangement of the classroom, routines, expectations, rules, teacher interaction style and strategies, and the levels of interactions among children will lead to developing better plans.



Recommendations

The following areas should be focused on when developing a consultation plan:

- Jointly identifying and evaluating child's social-emotional and behavioral goals through a problem-solving process.
- Helping the teacher understand child's behavioral functions and utilize the data collection tools included in Teaching Tools to identify target behaviors and skills, identify behavior support strategies, and monitor child's progress in the context of problematic routines or activities.
- Conducting meetings and verifying communication systems between the consultant and teacher.
- Conducting follow-up meeting with teacher on how the behavior support plan is working.
- Facilitating family partnership in behavior support planning and progress monitoring of child success.

Initial Meeting with Teacher

During the initial meeting with the teacher, the consultant must form a relationship where the teacher is free to share information and accept feedback from the consultant. The consultant should help the teacher understand that consultation is a process of jointly solving problems in supporting the children with problem behavior. The consultant should communicate based on the teacher's level of understanding, avoiding technical terms and jargon. The initial meeting should focus on:

- Explaining to classroom teacher the purpose of the meeting and what is hoped to be accomplished in the meeting.
- Convening an interactive and responsive meeting to understand needs of the target child and classroom.
- Reviewing decision tree and procedures for supporting the child through the use of Teaching Tools.
- Reviewing tool kits of Teaching Tools and type of data to be collected.
- Coordinating meeting to review teacher performance on each step of decision making and child support procedures.
- Discussing the amount of time the consultant expects to devote to the consultation.

The following are open-ended questions suggested during the initial meeting to understand the needs of the target child and classroom:

- What are the difficulties you experience when teaching or working with the child?
- What do you see as the child's strengths?
- What do you think will be the outcome for the child?
- Have you tried any strategies before? If so, what strategies? What were the results?
- What are you presently doing to help the child?



Supporting Teacher During Implementation of the Support Plan

Consultations should focus on helping to decide how the behavior support plan is implemented in the classroom. To carry out this role successfully, the consultant:

- Works with teacher in setting up a feasible implementation of the plan.
- Develops a simple self-recording implementation checklist for teacher to monitor their implementation of the plan.
- Regularly reviews and provides feedback on teacher's child monitoring and self-recording data.
- Makes a classroom visit if necessary to observe teacher implementing the plan and child's responses to intervention.

Developing Implementation Checklist

To facilitate teacher's consistent and correct implementation of the plan across time and routines, it is suggested that the consultant develop a simple **Implementation Checklist** (see sample page 23 and in the "Getting Started" section of TTYC) for teacher to self-record their implementation of the plan or strategies. The self-recorded implementation data should be reviewed with the teacher to provide feedback on their levels of implementation and to suggest strategies to increase consistency of implementation.

Recommendations for Giving Feedback

The plan for giving feedback to the teacher should be determined during the first meeting with the teacher. The frequency and communication system should be determined at the meeting. Feedback needs to be given in an effective manner in which both the consultant and teacher clearly understand the target child progress and levels of teacher implementation of the plan. When giving feedback:

- Review teacher-collected child data with teacher and discuss the child's progress.
- Review self-recorded implementation data with the teacher and discuss teacher's consistency and difficulties or barriers to implementing the plan.
- Provide specific feedback to the teacher for efforts to implement the plan.
- If classroom observations were made, offer opinions on the extent to which the teacher effectively and consistently implemented the plan and how well the child engaged in the activities or routines.
- Suggest possible solutions to the problem and encourage the teacher to make suggestions.



SAMPLE IMPLEMENTATION CHECKLIST

Child: _____ **Date:** _____ **Completed by:** _____

Set Up

Did I:	Yes	No
Post the visual schedule on the wall?		
Have materials ready (cue cards, center choice board, first-then board, circle mini schedule, scripted stories, and activity materials)?		
Have child sit in a designated seat?		
Seat a peer buddy next to child?		

Implementation of Strategies

Did I:	Yes	No
Provide choices on a visual choice board?		
Prompt the child to say "all done" prior to use of problem behavior?		
Use "my turn" visual cue chart for highly preferred objects and activities?		
Have a peer to model the activity?		
Use "Turtle Technique" with visuals and puppet?		
Use first-then statements?		
Provide descriptive feedback for engaging in the activities?		
Show the child a "sit picture" to cue to sit?		
Assure the child that teacher will be close by if he needs help?		
Praise and attend to children who are on-task when the problem behavior occurs?		
Briefly withdraw attention and then redirect child with alternatives?		
Remind child of the "Turtle Technique" steps when the problem behavior occurs?		
Remind child that when the timer goes off, then it will be his turn?		

Monitoring Child Progress and Evaluating the Plan

It is suggested that the consultant develop a plan for monitoring the child’s progress in the target areas during the plan implementation and while evaluating the outcome at the end of the implementation phase. Teachers should record target behaviors and skills within challenging or problematic routines or activities to track the child’s progress toward an expected outcome.

Planning for Monitoring Progress

- Help teachers and families understand the importance of tracking child outcomes and the use of outcome data in making their decisions.
- Help teachers identify the data that will be collected.



- Help teachers understand the use of the **Daily Routine Form** (in the “Getting Started” section of TTYC).
- Determine how frequently data will be collected.
- Determine how data will be summarized.
- Set a date when to have a follow-up meeting to review the child’s progress.

Evaluating Support Plan

A follow-up meeting with classroom staff and the family should be planned to evaluate the behavior support plan to assess whether the plan is being implemented as designed, identify barriers to implementation, assess whether improvements have occurred, and provide suggestions on modification of the behavior support plan. Determine the following during the follow-up meeting:

- The extent to which the intervention was applied as planned.
- Whether or not the data collection plan was followed.
- Whether the data were summarized completely.
- Whether the child is making adequate progress.
- Whether revision to the plan is needed.
- The next steps.

Follow-up might include additional observations if difficulties persist in implementing the plan or if positive results have not occurred as expected.

Using Teaching Tools for Toddlers

Teaching Tools includes strategies for toddlers in addition to strategies for supporting preschool age children. Many of the strategies listed in the preschool sections can be adapted for supporting toddlers. Understanding of behavioral expectations of toddlers is essential when adapting the preschool strategies to toddler setting or in using the strategies for toddlers. Make sure:

- Your expectations are appropriate to the age and developmental level of the toddler.
- You keep your expectations clear and reasonable.
- You tell children what to do instead of what not to do to give clear guidance on you expect.

Behavioral Expectations of Toddlers

Teachers and families should consider the following behavioral expectations of toddlers when using the Teaching Tools:

- **Toddlers from 12-24 months**
 - Learn and explore by using their five senses and feel and touch everything
 - Enjoy exploring objects with others, yet do not know how to play cooperatively



- Might say some words and a few phrases, but they do not have verbal skills to communicate their frustrations or needs fully
- Might cry, hit, or bite to get their way, to express emotions, or to communicate with others
- Might show signs of anxiety during changes in the routines and when their familiar adults leave. The signs of anxiety may be demonstrated by withdrawing, crying, clinging, and wanting to be held.
- Begin to assert independence, often refuse to cooperate with daily routines
- Do not understand when we try to reason with them
- **Toddlers from 24-36 months**
 - Develop their verbal communication skills rapidly
 - Might be able to tell us how they are feeling
 - Understand that other people can have different thoughts than themselves
 - Enjoy peer play and joint exploration, yet still tend to play alongside and not with other toddlers
 - Start developing the ideas of turn taking
 - Able to understand simple rules and follow simple instructions
 - Able to make choices
 - Enjoy circle time, crafts, story time, and center activities
 - Tend to ignore or protest when being asked to do or not to do something. They often say “no” to assert their independence, frequently use the word “mine” and are not yet able to share well
 - Still require a great deal of time, attention, and affirmation from caregivers
 - Need time and supportive adults to become socially competent

Strategies for Supporting Toddler Behavior

The following are general strategies for supporting toddler behavior, which help toddlers engage in the routines and activities, minimize their problem behavior, and promote skill acquisition and development. Specific strategy suggestions by routine or activity and by function are provided in the Teaching Tools:

- Provide increased predictability and consistency by establishing consistent routines
- Use visuals to establish routines
- Modify schedule, physical environment, or materials
- Establish rules that are few, enforceable, and essential
- Carefully examine to see if children are over stimulated or if there is enough space for children
- Ensure that there are appropriate space and materials to support the active play of toddlers
- Offer multiples of popular toys so that each child can engage in parallel play
- Minimize conflicts with children by anticipating their behaviors and preparing the environment to be safe and ready for exploration
- Arrange furniture and materials to define clear boundaries



- Use simple, specific language when providing directions
- Give children limits to help them practice making appropriate decisions and to ensure the safety of children
- Check to see if more toys of the same kind are needed
- Increase familiarity with play materials and peers to promote the toddlers' interactions with materials and peers
- Have toddlers be with the same children regularly to help them learn attention getting and interaction patterns
- Provide toddlers with alternative and soothing objects
- Maintain social groups and friendship rather than moving individual children to help transition become easier
- Teach them express their needs and emotions using body language, signs, or verbal language
- Model play behavior to help toddlers learn how to play appropriately with others
- Help children feel more secure
- Teach problem-solving skills
- Regularly teach them share, take turns with toys, and other classroom expectations
- Redirect the children's attention or move them away from a problem area or activity to a new area or activity or to use alternative skills when responding to their problem behavior
- Offer different ways to express feelings
- Offer two options when providing choices. State your expectations simply and concretely when there is no choice
- Recognize the children's efforts and successes. Offer children attention when they are behaving in ways you desire
- Do not over-react to child's problem behavior and remain calm
- When problem behavior occurs, provide a language label for the underlying communicative intent or emotion
- Stay close, be supportive, and talk calmly when behavior support strategies are used
- Respond to problem behavior with logical and reasonable consequences

S E C T I O N



Blank Forms

Tools for Mental Health Consultant

Events and Functions Associated with
Problem Behavior Form

Tools for Teachers

My Teacher Has Observed Form
Teacher's Support Planning Sheet

Events and Functions Associated with Problem Behavior Form

Child: _____ Date: _____ Completed by: _____

Please check relevant item and make comments.

Activity	What happens just before the behavior?	What do adults/peers do when problem behavior occurs?	Why might the child be doing this?
Circle Time	<input type="checkbox"/> Told it is time to go to circle <input type="checkbox"/> Peer gets a turn or being told to wait for his/her turn <input type="checkbox"/> Another child gets attention <input type="checkbox"/> Provided with a difficult, age inappropriate, or non-preferred activity <input type="checkbox"/> Prompted to sit <input type="checkbox"/> Removed an object <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands to join the circle <input type="checkbox"/> Moves him/her next to teacher <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Tells child to return to his/her seat <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Puts in time out <input type="checkbox"/> Peers yell <input type="checkbox"/> Permits access to preferred activities or items <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wants to get out circle <input type="checkbox"/> Can't tolerate length or levels of circle <input type="checkbox"/> Wants attention of peers/adults <input type="checkbox"/> Doesn't know what to do <input type="checkbox"/> Wants toys or other activity <input type="checkbox"/> Other: _____
Art	<input type="checkbox"/> Told "No," "Don't," or "Stop" <input type="checkbox"/> Peer gets a turn <input type="checkbox"/> Left alone or another child gets attention <input type="checkbox"/> Provided with a difficult, age inappropriate, or non-preferred activity or material <input type="checkbox"/> Prompted to complete a task <input type="checkbox"/> Other: _____	<input type="checkbox"/> Allows access to preferred items or activities <input type="checkbox"/> Tells child to return to his/her seat or chair <input type="checkbox"/> Moves to sit next to child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other: _____	<input type="checkbox"/> Might hate getting messy <input type="checkbox"/> Might not know what to do <input type="checkbox"/> Wants attention of teacher <input type="checkbox"/> Wants materials that another child is using <input type="checkbox"/> Might not like the feel of the materials <input type="checkbox"/> Other: _____
Computer	<input type="checkbox"/> Told "No," "Don't," or "Stop" <input type="checkbox"/> Peer gets a turn or told to wait for his turn <input type="checkbox"/> Left alone or teacher talks to another child <input type="checkbox"/> Provided with a difficult, age inappropriate, or non-preferred task <input type="checkbox"/> Prompted to sit <input type="checkbox"/> Told to complete a task <input type="checkbox"/> Other: _____	<input type="checkbox"/> Allows access to preferred items or activities <input type="checkbox"/> Tells child to return to his/her seat or chair <input type="checkbox"/> Moves to sit next to the child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other: _____	<input type="checkbox"/> Might want to have a turn but doesn't know when it's his/her turn <input type="checkbox"/> Doesn't like doing activities alone <input type="checkbox"/> Doesn't want to sit <input type="checkbox"/> Other: _____
Outside Play	<input type="checkbox"/> Told to go outside play <input type="checkbox"/> Peer pushes him or her <input type="checkbox"/> Frustration with a play equipment <input type="checkbox"/> Left alone <input type="checkbox"/> Told "No," "Don't," or "Stop" <input type="checkbox"/> Removed an object <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Runs after him /her <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hates being hot and wants to go inside <input type="checkbox"/> Loves running and thinks outside means run away <input type="checkbox"/> Wants an adult as a play partner <input type="checkbox"/> Wants peer attention <input type="checkbox"/> Wants objects/activity that another child is using <input type="checkbox"/> Other: _____
Bathroom	<input type="checkbox"/> Told to go to the bathroom <input type="checkbox"/> Prompted to wash hands <input type="checkbox"/> Teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Doesn't want to go to bathroom <input type="checkbox"/> Wants attention and/or someone there <input type="checkbox"/> Doesn't want to wash hands <input type="checkbox"/> Other: _____

Activity	What happens just before the behavior?	What do adults/peers do when problem behavior occurs?	Why might the child be doing this?
Line Up	<input type="checkbox"/> Told to wait for his/her turn <input type="checkbox"/> Told to line up or inputted during preferred activities <input type="checkbox"/> Another child is first in the line <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays demands <input type="checkbox"/> Allows access to preferred activities or objects <input type="checkbox"/> Allows to get in line first <input type="checkbox"/> Holds child's hands <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has difficulty with waiting for his/her turn <input type="checkbox"/> Might not want to leave activity <input type="checkbox"/> Doesn't understand where to go next <input type="checkbox"/> Might not know how to line up <input type="checkbox"/> Might want to be first <input type="checkbox"/> Might want adult/peer attention <input type="checkbox"/> Other: _____
Clean-Up	<input type="checkbox"/> Told to clean-up or put toys away <input type="checkbox"/> Told "No," "Don't," or "Stop" <input type="checkbox"/> Removed from activity/area <input type="checkbox"/> Removed an object <input type="checkbox"/> Teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Allows access to preferred activities <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has not finished doing the activity <input type="checkbox"/> Might not have realized that clean-up time was coming up <input type="checkbox"/> Likes to dump <input type="checkbox"/> Might not want to clean-up <input type="checkbox"/> Might want adult/peer attention <input type="checkbox"/> Other: _____
Centers/Free Choice	<input type="checkbox"/> Told his or her turn is over <input type="checkbox"/> Told "No" or to play somewhere else <input type="checkbox"/> Peer takes toys from him/her <input type="checkbox"/> Frustration or failure on a task <input type="checkbox"/> Left alone or teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Allows access to the center, activity, or object the child wanted <input type="checkbox"/> Helps the child with activity <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wants a different center or wants a center that is closed <input type="checkbox"/> Wants the same toy as another child <input type="checkbox"/> Doesn't know how to play with the items in the center <input type="checkbox"/> Wants adult or peer attention <input type="checkbox"/> Other: _____
Table Activities/ Small Group	<input type="checkbox"/> Frustration or failure on a activity provided with a difficult, age inappropriate, or non-preferred activity <input type="checkbox"/> Prompted to complete a task <input type="checkbox"/> Peer gets a turn <input type="checkbox"/> Teacher helps or interacts with another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Offers other activities <input type="checkbox"/> Delays demand <input type="checkbox"/> Told to join the group <input type="checkbox"/> Helps with the activity <input type="checkbox"/> Peer yells or calls for the teacher <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Other: _____	<input type="checkbox"/> Doesn't understand the activity <input type="checkbox"/> Wants attention from other children and/or an adult <input type="checkbox"/> Doesn't like the activity <input type="checkbox"/> Other: _____
Snack/Meals	<input type="checkbox"/> Provided with non-preferred food <input type="checkbox"/> Prompted to eat <input type="checkbox"/> Told to seat on his chair <input type="checkbox"/> Removed food or told "No" <input type="checkbox"/> Other: _____	<input type="checkbox"/> Withdraws demand or offers other food <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Tells child to sit <input type="checkbox"/> Follows child to feed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has restricted eating preferences <input type="checkbox"/> Doesn't like to sit to eat <input type="checkbox"/> Wants other's food <input type="checkbox"/> Other: _____
Nap	<input type="checkbox"/> Told it is time to take a nap or to get ready for nap <input type="checkbox"/> Prompted to find his bed <input type="checkbox"/> Peer gets help <input type="checkbox"/> Left alone <input type="checkbox"/> Told "No" or "Stop" <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demand <input type="checkbox"/> Moves to sit next to the child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Doesn't like to nap <input type="checkbox"/> Wants adult attention <input type="checkbox"/> Has a hard time settling down or soothing self to sleep <input type="checkbox"/> Other: _____
Transitions	<input type="checkbox"/> Told to say "Bye" to parent <input type="checkbox"/> Told to get ready for another activity <input type="checkbox"/> Prompted to go to another activity area <input type="checkbox"/> Left alone <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demand <input type="checkbox"/> Delays separation from parent <input type="checkbox"/> Peer yells <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Doesn't want to leave activity <input type="checkbox"/> Doesn't want to leave parent <input type="checkbox"/> Doesn't like or want to go to next activity <input type="checkbox"/> Doesn't understand where to go or what to do <input type="checkbox"/> Gets attention from peers/adults <input type="checkbox"/> Other: _____

My Teacher Has Observed Form

Child: _____ Date: _____ Completed by: _____

Please check relevant item and make comments.

1. ENGAGEMENT IN ROUTINES	2. PLAY/SOCIAL INTERACTION
<p>My Strengths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I anticipate consistent daily routines <input type="checkbox"/> I follow the sequence of the routines <input type="checkbox"/> I respond to changes in routines <input type="checkbox"/> I understand classroom expectations <input type="checkbox"/> I respond to familiar activities and situations <input type="checkbox"/> I have favorite activities <input type="checkbox"/> I respond to directions <input type="checkbox"/> I follow simple directions and complete tasks <input type="checkbox"/> I am cooperative in interactions with adults <input type="checkbox"/> Other: _____ <p>My Challenges:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I require excess attention over time <input type="checkbox"/> I require individual assistance <input type="checkbox"/> I must be constantly re-directed <input type="checkbox"/> I have difficulty with transitioning <input type="checkbox"/> I avoid some activities, people, or objects <input type="checkbox"/> I become upset or overly stimulated easily <input type="checkbox"/> I require extra time to respond in unfamiliar situations and activities <input type="checkbox"/> I become easily distracted in particular routines <input type="checkbox"/> Other: _____ 	<p>My Strengths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I show my enjoyment using smiles, laughs, or verbal language <input type="checkbox"/> I understand visual cues or signs <input type="checkbox"/> I understand verbal cues and prompts <input type="checkbox"/> I express needs using verbal or physical signals and cues or language <input type="checkbox"/> I use words, phrases, or sentences to communicate with others <input type="checkbox"/> Other: _____ <p>My Challenges:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have difficulty understanding visual or verbal cues and prompts <input type="checkbox"/> I have difficulty expressing needs <input type="checkbox"/> I have a limited vocabulary for my age <input type="checkbox"/> I have difficulty paying attention when my teacher gives me directions <input type="checkbox"/> Other: _____
3. COMMUNICATION SKILLS	4. PROBLEM BEHAVIOR
<p>My Strengths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I explore new objects, toys, and materials <input type="checkbox"/> I initiate exploration of preferred toys/activities independently <input type="checkbox"/> I enjoy playing with favorite play objects <input type="checkbox"/> I engage in interactive play <input type="checkbox"/> I initiate interaction with familiar adults <input type="checkbox"/> I respond to peer's social initiation <input type="checkbox"/> I have a peer buddy <input type="checkbox"/> I take turns with others <input type="checkbox"/> I identify emotions of others <input type="checkbox"/> Other: _____ <p>My Challenges:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have limited interest in interacting with play materials <input type="checkbox"/> I require individual assistance with play <input type="checkbox"/> I rarely initiate social interaction <input type="checkbox"/> I insist on my turns <input type="checkbox"/> I have difficulty understanding social cues <input type="checkbox"/> I have difficulty playing appropriately with peers <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> I refuse to follow directions <input type="checkbox"/> I engage in disruptive behavior during activities <input type="checkbox"/> I engage in temper tantrums to get my needs met <input type="checkbox"/> I use aggression to obtain or avoid objects or social interaction <input type="checkbox"/> I use self-injurious behavior to obtain or avoid objects or social interaction <input type="checkbox"/> I frequently engage in the problem behavior <input type="checkbox"/> I engage in a prolonged periods of problem behavior <input type="checkbox"/> Other: _____
COMMENTS	

Teacher's Support Planning Sheet

What _____ **does during** _____ **:**
(CHILD'S NAME) (ROUTINE)

Why I think he/she does it:

What can I do to prevent the problem behavior?	What can i do if the problem behavior occurs?	What new skills should I teach?

Ideas for sharing _____'s _____ plan and helping the family provide support to the child at home:
(CHILD'S NAME) (ROUTINE)



Conducting Intensive Individualized Interventions

When young children have problem behavior (either externalizing or internalizing) that is persistent and the function of the behavior is not easily identified, an assessment-based behavior support plan must be developed to address the behavior challenges. The process of developing and implementing Individualized Positive Behavior Support (I-PBS) for children in need of Tier 3 intensive individualized interventions involves the following steps:

- Developing a team
- Conducting a functional assessment
- Identifying the behavior hypotheses
- Developing a behavior support plan
- Implementing and evaluating the behavior support plan

In the following section, we provide guidance on how to develop and facilitate the team in the creation and implementation of a behavior support plan.

DEVELOPING THE TEAM

I-PBS calls for team effort involving family members, teachers, and other stakeholders who are responsible for intervention and who exert direct or indirect influence on the life of the child. Therefore, the development of a well-functioning collaborative team is the key to effective I-PBS. The team effort will not only bring together knowledge and skills in addressing challenging behavior, but also identify sources of family and teacher support and strengthen relationships among important people in the child's life. The collaboration itself has the potential to nurture trust and relationships between family and the program staff.



Team Membership

The first step of developing the team is to identify those individuals who care for the child and can contribute to the I-PBS process. The behavior support team essentially consists of family members and classroom staff who have an ongoing relationship with the child and who are affected by the child's challenging behavior and support. When considering that the I-PBS requires resources, commitment, and support, it is also desirable to include program leadership team members (if any) and administrators with direct access to program resources and in a position to facilitate optimal interventions. Other potential members can include therapists, resource professionals, and possibly extended to care providers and even medical professionals. The number of members will vary from team to team based on the individual needs of the child. Most importantly, including the family as a full member of the child support team can lead to successful intervention.

Team Member Roles and Responsibilities

The roles and responsibilities of team members must be defined in the initial meeting. Careful consideration should be given to family roles while offering a range of acceptable options for their participation. When roles and responsibilities are clearly defined, meetings will be more efficient and effective. Although not all members will be directly involved in the intervention implementation and monitoring process, all members should be responsible for participation in the intervention plan development and evaluation of the child progress and intervention outcome. They should also be responsible for learning the collaborative problem solving process. Regardless of the nature of a child's problems, the team's role is *not to fix* the child. Rather, the team's role is to provide the child with as much support in the program, home, and community as possible. Team functioning requires a commitment to regular team meetings and on-going communication.

OPTIONS FOR FAMILY ROLES

- Participate in a Functional Assessment (FA) interview
- Attend training on using PBS
- Observe the child during classroom routines and activities
- Be informed of intervention strategies to be used in the classroom
- Attend team meetings
- Implement family-routine based strategies at home and in the community
- Collect information on the child's target behaviors during family routines and activities
- Be informed of the child's progress toward goals

The primary role of a mental health consultant is to be the facilitator who is responsible for convening the team, facilitating team involvement and providing consultation in the process of developing and implementing the individualized intervention plan. In order to encourage collaboration and interdependency, the mental health consultant must provide the necessary



support and structure for the team, and consider barriers to family and teacher involvement. If the team meets on an ongoing basis, the mental health consultant might consider using the **I-PBS Team Survey** (see page 52) to promote team functioning.

When Facilitating Team Building and Involvement

- The mental health consultant will:
 - Inform the team of consultative support in the process of implementing the I-PBS.
 - Be responsible for organizing team meetings.
 - Coordinate the functional assessment and behavior support plan development and implementation, progress monitoring, and plan evaluation.
 - Ensure the team has adequate knowledge and skills to participate in the I-PBS process.
 - Ensure the team has the resources required to implement the I-PBS.
 - Facilitate the members to function as a group.
 - Maintain a well-functioning team.
- A well-functioning team will:
 - Understand the context of the team’s work.
 - Function interdependently.
 - Increase commitment.
 - Communicate.
 - Openly share information.
 - Trust one another.
 - Support and respect one another.
 - Promote collaboration.
 - Resolve conflicts.
 - Evaluate their own and the team’s performance.
 - Observe privacy rights.
- Use constructive team behaviors:
 - *Cooperative*—interested in the views and perspectives of other team members and is willing to adapt for the good of the team.
 - *Clarifying*—clearly defines issues for the group by listening, summarizing, and focusing discussions.
 - *Harmonizing*—encourages participation and progress.
 - *Process Checking*—questions the group on process issues such as agenda, timeframes, discussion topics, decision methods, use of information, etc.



POTENTIAL BARRIERS TO FAMILY INVOLVEMENT

- Time constraints
- Childcare
- Economic stress
- Lack of transportation
- Limited English proficiency
- Minimal experiences with the service system
- Feeling overwhelmed
- Feeling uncomfortable attending and contributing at meetings
- Limited services for child
- Cultural norms

POTENTIAL BARRIERS TO TEACHER INVOLVEMENT

- Insufficient time during school day
- Lack of support and involvement of other teachers
- Lack of administrative support
- Feeling of discouragement and frustration
- Discomfort with receiving consultation
- Perception of insufficient expertise
- Stress and overwork
- Personal problems

Making Contact with Families

The mental health consultant should be responsible for ensuring that parents or family members are contacted before initiating the I-PBS process. It is suggested that the mental health consultant or a staff member who has a strong relationship and good communication with the child's family make the contact to the family to invite their participation in the I-PBS process as a member of the team. During this call, it will be important for the family to understand the behavioral concerns that will be addressed and the program's intention to collaborate with the family in developing an effective support plan. Families often do not know or fully understand what the concerns are that prompted the contact. Therefore, the consultant needs to explain that there are concerns for the child and discuss how the family might be involved as a team member in the I-PBS process. For some families, it is just not possible to participate in formal meetings at the program. If that occurs, a strategy for ensuring their involvement might be to conduct a home visit and plan how the family can be involved in the development and implementation of a behavior support plan. Other families might face ecological, personal, or situational issues (e.g., homeless, lack of transportation, mental health issues, etc.) that make their involvement very difficult. These issues are best addressed by teaming with other support providers and agencies in addressing those core needs while continue to communicate about the child's progress and your desire to work in partnership with the family. To ensure that families who want to participate can be involved, the program should consider making adjustments about when and where they hold meetings so that families are more likely to attend or provide supports such as transportation or child care so the parent can attend.



SAMPLE SCRIPT FOR PHONE CONTACT WITH FAMILIES

Hi,

I am **(your name)**. I help the teachers and families at your child's preschool. I have been working with **(child's teacher)** to help **(child's name)** in the classroom. We are concerned because **(child's name)** is having a difficult time with (describe the context of the behavior issues). During these activities, **(child's name)** will (describe behavior). We want to develop a plan to help your child get his needs met without using challenging behavior. Our goal is to have a plan that we can all use so that your child is more comfortable in the program and that we are best able to support **(child's name)**'s development. I am calling you to set up a meeting for developing this plan. We find that when families meet with us, the plan we develop is better since the family knows the child best. When we meet we can also share ideas that can help the child in the home and community as well as our program. We also find that when we all work together in implementing a plan; the child is more likely to stop having behavior issues.

Would you be able to come to the program for a meeting? What day works best for you? What time do you prefer? (Go on to ask about what supports might make it easier for the family to attend if needed including having the meeting at their home or at a neutral location such as their church or the community center). The meeting will involve you, **(child's name, teacher, me, and list others by name and explain their role if needed)**. Is there anyone else you think should be at the meeting? I think it will take about 1 hour. At the meeting we will talk about how we can work together to help **(child's name)** and the steps that we will take to come up with plan that can work.

Guidelines for Conducting a Home Visit

Meeting with a mental health consultant can be an intimidating and unsettling experience for families. It is recommended that the mental health consultant attend to the following suggestions when making a home visit:

- **Value Families**—Make families feel welcome by clearly communicating the value and importance of their participation in the I-PBS process and appreciating them taking the time to meet with the consultant.
- **Empathize with Denial**—Understand that denial and resistance, even from the most educated and caring parents, is natural. Do not be surprised when they react with disbelief and suspicion, rather, accept it as normal, listen to it, empathize with it and stay with the facts.
- **Accommodate Families**—Whenever possible, accommodate family schedules.
- **Welcome Input**—Invite and remain open to information from families about the child.
- **Emphasize Positives**—Balance discussion of child strengths with the concerns. Emphasize that the intent of the I-PBS is to build upon child strengths and help the child adjust to the environment and promote child development. Stay positive and hopeful about the child.
- **Eliminate Jargon**—Use laymen's language. Where it is necessary to apply technical terms or concepts, be sure to provide clear explanations in order to facilitate communication, understanding, and cooperation.



Conducting the Initial Team Meeting

The mental health consultant should oversee the steps of the I-PBS process and ensures that all necessary information and tools are available to conduct the initial team meeting. The initial team meeting should focus on understanding the challenge by discussing the child's recent behavioral difficulties and setting the intervention goals for the child. To set a positive tone, it is imperative that the team discuss the child's strengths and interests at the meeting.

The mental health consultant should present the child's information regarding difficulties in the routines and activities including the types, frequency, and intensity of challenging behavior to be addressed. The focus should be on facilitating problem solving by giving members a quick view of the substantiated, prevailing concerns.

Before Meeting

- Be sure all information are collected and organized
- Remember to include all people who may have information about the child
- Have all materials ready for participants
- Assign any outside information review in advance of the meeting

During Meeting

- Remember the outcomes of the meeting and stay with them
- Say what needs to be said with care and concern for the child
- Portray interest in working collaboratively for the good of the child
- Ask for input from every member
- Use good listening and communication skills
- Record areas of agreement and responsibility of both classroom staff and family

Making Team Meetings Efficient and Effective

It is critically important that the team meeting is conducted efficiently. It is very hard to get teachers and families to dedicate time to a meeting; you want to ensure they feel their investment of time is well spent. Therefore, you will want to facilitate the use of procedures and standards to ensure productivity in all of the team activities. The suggestions below will help ensure that team meetings are effective and efficient.

Suggestions for Making Meeting Efficient and Effective

Before Meeting

- Develop and use a **Meeting Planner Checklist** (see sample page 40)
- Create an **Agenda** with input from team members (see sample page 40)
- Ensure agenda is sent out and achieved
- Ensure that room arrangements are made
- Arrange for a recorder and process to distribute minutes afterward



- Assemble meeting materials and supplies (e.g., agenda, handouts, feedback sheets, markers, papers, folders, etc.)
- Reminder calls or emails to participants one week before meeting

During Meeting

- Start the meeting on time
- Review agenda, roles, ground rules, and any handouts
- Keep discussion focused on agenda items
- Set a positive tone for discussion
- Encourage all members to offer ideas and question the ideas of others
- Help the team reach decisions
- Summarize decisions at the end
- Agree on action; what needs to be done by whom and by when
- Draft agenda for next meeting(s)

After Meeting

- Ensure that **Meeting Minutes** (see page 50) are produced and promptly distributed to participants
- Ensure that agenda, minutes, and meeting supporting documents are kept together if archiving is required
- Communicate as needed to ensure that actions occur as agreed
- Review all documentation on progress of goals to determine if progress is being made

Guidelines for Running Meetings Smoothly

Assign and rotate key roles by designating different members at each team meeting to ensure that team decisions reflect everyone's contribution and that meetings proceed as efficiently and effectively as possible. In addition, ground rules might be used to make the team process efficient. Roles that many teams have found helpful are facilitator, timekeeper, recorder, observer, and developer of the next meeting's agenda.

Sample **ground rules** that are helpful for making team meeting process both cooperative and efficient are provided below. Be thoughtful about the notion of ground rules and its fit for the culture and preferences of the teacher and family. If establishing ground rules is not a cultural fit for the family, you might want to ask the family for their ideas about how to structure the meeting so that it is most comfortable for them.

- One person speaks at a time.
- Everyone turns off cell phones.
- Keep the discussion focused.
- Begin and end the meeting on time.
- Team members should share their disagreements openly.
- Information shared in meetings can be shared with others unless a member asks that it be kept confidential.
- Decide ahead of time how decisions will be made.



SAMPLE MEETING PLANNER CHECKLIST

ACTIVITY	DUE DATE
<input type="checkbox"/> Select meeting date and time, and check for potential conflicts	1/12
<input type="checkbox"/> Reserve meeting room (consider disability access needs)	1/12
<input type="checkbox"/> Notify or send an electronic meeting request to all participants	1/12
<input type="checkbox"/> Reserve type and quantity of equipment needed <ul style="list-style-type: none"> • Laptop • Flip chart and easel • Projector and screen if sharing video or slides 	1/12
<input type="checkbox"/> Determine handouts/information to route prior to the meeting	1/15
<input type="checkbox"/> Arrange for food or beverages, as needed	1/15
<input type="checkbox"/> Preview meeting room, check for: <ul style="list-style-type: none"> • Seating capacity • Room set up • Wall space for hanging charts • Needed equipment and materials 	1/20
<input type="checkbox"/> Make arrangements for parking	1/12
<input type="checkbox"/> Copy handouts and assemble meeting materials packets	1/20
<input type="checkbox"/> Send meeting reminder notice (include directions to meeting location)	1/20
<input type="checkbox"/> Set up meeting room and test equipment	1/27
<input type="checkbox"/> Introduce participants	
<input type="checkbox"/> Produce and distribute meeting notes	
<input type="checkbox"/> Schedule next meeting with group	

SAMPLE MEETING AGENDA

Date: 9/10/10	Time: 12:30–1:45 PM	Location: Staff Lounge	Child: Tony
Purpose of Meeting	Identifying issues and functional assessment.		
Role for the Meeting	RECORDER: Amy, Classroom Teacher TIMEKEEPER: Katie, Tony's Mother FACILITATOR: Laura, Consultant		
AGENDA ITEMS	<ul style="list-style-type: none"> • Introduction, purpose of the meeting, agenda review • Identify behaviors and routines of concern • Discuss classroom observation results • Complete Functional Assessment Interview and checklist • Develop plan for gathering any additional data • Set the time and date for meeting to develop plan 	5 min 15 min 15 min 25 min 5 min 5 min	



TEAM MEMBER ROLES AT EACH MEETING

Facilitator:

- Keeps the team focused on the agenda and ensures all items are addressed
- Takes responsibility for guiding process of decision-making

Timekeeper:

- Keeps the team aware of time spent and sticks to time limits
- Responsible for letting team know when time for a given agenda item is almost up and is up

Recorder:

- Takes notes during meeting regarding items discussed and the team decisions
- Provides each team member with a copy of the minutes

Observer:

- Shares the responsibility for bringing a runaway conversation back and encourages others to participate (e.g., "I would be interested in what others think who haven't said anything yet."
"We need to listen to others' ideas.")

Developer of the Meeting Agenda:

- Responsible for reviewing what items should be included on the next meeting agenda

Consultant Responsibilities at Each Team Meeting

- Intervene if the discussion starts to fragment.
- Identify and intervene in dysfunctional behavior.
- Prevent dominance and include everyone.
- Summarize discussions and conversations.
- Bring closure to the meeting with an end results or action.

As a consultant and member of the team, it is expected that the mental health consultant will use effective and active listening skills. Using active listening techniques can be helpful in checking assumptions, clarifying thoughts, and understanding others.

ACTIVE LISTENING TECHNIQUES

- Encourage to convey interest and to keep the member talking; don't agree or disagree with speaker; use non-committal words with positive tone of voice (e.g., "I see...." "Uh-huh...." "Tell me more about...." "Go on....")
- Restate to show that you are listening and understanding; to help speaker grasp the facts, restate the speaker's basic ideas in your own words (e.g., "If I understand...." "Your situation is...." "In other words, your decision is....")
- Reflect to show that you are listening and understanding; reflect speakers' basic feelings in your own words (e.g., "You feel that...." "You believe that....")
- Summarize to pull important ideas and to establish a basis for further discussion and to review progress; restate, reflect, and summarize major ideas and feelings (e.g., "These seem to be the key ideas you expressed...." "I understand you. You feel this way about....")



Consultant Challenges

While facilitating the team process, consider the following challenges the mental health consultant might face:

- Continually focusing on and attending to the group.
- Being comfortable with ambiguity and information overload.
- Processing misperceptions and emotional reactions.
- Focusing exclusively on process rather than content.
- Helping the team develop so that they can ultimately work without the consultant.
- Addressing teacher and family objections and concerns.

Helpful Tips

When Teachers are Resistant or Reluctant

Teachers who are resistant or reluctant at the beginning of the I-PBS process frequently voice the following objections (Chandler & Dahlquist, 2002):

- I don't have time to do this.
- It is not my job.
- It is not fair to treat children differently.
- It won't work.
- I have tried that already and it didn't work.

Although the teacher's resistance or reluctance might not be legitimate, the mental health consultant should address their stated objections or concerns in a positive manner and help them collaborate in the process. It should be noted that the teachers might feel threatened when they are contacted by the mental health consultant. The following strategies are suggested when working with resistant or reluctant teachers (Chandler & Dahlquist, 2002):

- Explain the amount of time and effort that might be required in the initial stage of I-PBS and that their time and effort will decrease over time and eventually will be less than they currently employ.
- Find ways to decrease the amount of time (e.g., asking teachers to implement the intervention in one routine or activity rather than throughout the day).
- Explain that the child's behavior must be addressed in the environment in which it occurs and that it is the responsibility of every individual who interacts with the child.
- Explain that teachers often make accommodations for individual children and that making the extension to individualization of behavior goals and interventions is no different from individualization that is currently occurring in the classroom.
- Discuss that other children in the classroom might benefit from intervention strategies developed for an individual child and suggest applying those strategies to all children, if feasible.
- Discuss their previous effort, how they implemented the intervention, and how it worked.



- Acknowledge their expertise and efforts and explain that what they are doing works for most of the children in the classroom, but an individualized plan is necessary for the target child
- Provide modeling or in-vivo coaching, feedback, and reinforcement to the teacher in the process of implementing the I-PBS.

When Families are Resistant or Reluctant

Including families in the I-PBS process can be a real challenge for some teams. Families might resist or challenge the efforts of the team. Consider using the following suggestions to prepare for and address these circumstances:

- Explain concerns for the child.
- Present specific, observable, and factual information.
- Offer helpful options that can be accepted with dignity.
- Do not challenge beliefs.
- Convert negative responses to questions or issues to be discussed, rather than issues to be debated or argued.
- When confused, share feelings and speak to the concerns.
- Make ongoing efforts to recognize, respect, and reflect the values and preferences of the family in the process.
- Ensure ongoing consideration of the family's perspective.
- Emphasize information sharing in contrast to information giving.
- Avoid describing differences in a negative or judgmental manner.
- Overcome barriers to family involvement.

OVERCOMING BARRIERS TO FAMILY INVOLVEMENT

Time—when it is hard for families to find enough time to attend meetings

- Encourage flexibility in meeting and events
- Offer meetings in the morning or at night
- Be efficient in meetings
- Hold meetings at a place where families can easily attend

Childcare—when childcare is not offered at center meetings or family is unable to afford childcare

- Ask classroom assistants to volunteer for childcare
- Hire high school or college students in child development classes

Not Valued—when families feel they have nothing to contribute or feel intimidated by staff

- Survey families about their interests and abilities
- Extend a personal welcome to parents
- Build relationship with families based on mutual trust and respect

Language Difficulties—when families might not understand printed materials

- Identify interpreters and translators for meetings and training
- Translate printed materials into native language



Addressing Negativity During Meetings

Families may have a variety of emotional responses to the outreach efforts of consultants. Some of the reactions from families can include anger, feeling overwhelmed, and apathy. Described below are some ideas for turning three negative reactions into positives:

- **Apathy**

- Negative Family Comment

“I give up. My child is out-of-control! I quit.”

- Positive Consultant Response

“You sound frustrated. I know you feel like quitting, but I think I can help. Let’s work on it together.”

- **Overwhelmed**

- Negative Family Comment

“My child is just too much to handle! I don’t know what to do. I am sick and tired.”

- Positive Consultant Response

“I know that it must be very hard to care for a child with challenges, and take care of the rest of your family’s needs. I have some ideas. Let’s focus on _____ first.”

- **Anger**

- Negative Family Comment

“You are making a big deal out of nothing! You’re always blaming other people for your own incompetence.”

- Positive Consultant Response

“I know you’re tired and angry, and I am glad you told me. It shows how much you want to help your child. I am positive things can get better if you let me help. Let’s work together.”

Creating Strong Teams

- Make sure all members feel and are treated as equals. If some members come to the team not feeling valued, they won’t be open to sharing solutions and ideas.
- Focus on common interests rather than differences (e.g., concerns for the child).
- Establish goals through a group process of team interaction and agreement. Each team member should be willing to work toward achieving these goals.
- Distribute leadership among team members and encourage sharing of resources.
- Deal with conflict, don’t suppress it. Team members should be allowed to express negative feelings.
- Identify and recognize each team member’s resources, talents, skills, knowledge, and experience.
- Encourage risk taking and creativity. When mistakes are made, treat them as a source of learning rather than reasons for punishment.
- Encourage participation—ensure that all members have an opportunity to participate in each meeting.

**TALKING WITH FAMILIES ABOUT PROBLEM BEHAVIOR
DO'S AND DON'T****DO**

Begin the discussion by expressing concern about the child.

Let the parent know that your goal is to help the child.

Ask the parent if he or she has experienced similar situations and are concerned.

Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.

Tell the parent about what is happening in the classroom, but only after the parent understands that you are concerned about the child, not blaming the family.

Offer to work with the parent in the development of a behavior support plan that can be used at home and in the classroom.

Emphasize that your focus will be to help the child develop the skills needed to be successful in the classroom.

Stress that if you can work together, you are more likely to be successful in helping the child learn new skills

DON'T

Begin the discussion by indicating that the child's behavior is not tolerable.

Indicate that the child must be punished or "dealt with" by the parent.

Ask the parent if something has happened at home to cause the behavior.

Indicate that the parent should take action to resolve the problem at home.

Initiate the conversation by listing the child's problem behavior. Discussions about problem behavior should be framed as "the child is having a difficult time," rather than losing control.

Leave it up to the parent to manage problems at home; Develop a plan without inviting family participation.

Let the parent believe that the child needs more discipline. (The child needs instruction and support.)

Minimize the importance of helping the family understand and implement positive behavior support.

S E C T I O N



Blank Forms

Tools for Mental Health Consultant

Meeting Planner Checklist

Meeting Agenda Template

Meeting Minutes Template

Tools for Teachers and Families

I-PBS Team Survey

Meeting Planner Checklist

ACTIVITY	DUE DATE
<input type="checkbox"/> Select meeting date and time, and check for potential conflicts	
<input type="checkbox"/> Reserve meeting room (consider disability access needs)	
<input type="checkbox"/> Notify or send an electronic meeting request to all participants	
<input type="checkbox"/> Reserve type and quantity of equipment needed <ul style="list-style-type: none"> • Laptop • Flip chart and easel • Projector and screen if sharing video or slides 	
<input type="checkbox"/> Determine handouts/information to route prior to the meeting	
<input type="checkbox"/> Arrange for food or beverages, as needed	
<input type="checkbox"/> Preview meeting room, check for: <ul style="list-style-type: none"> • Seating capacity • Room set up • Wall space for hanging charts • Needed equipment and materials 	
<input type="checkbox"/> Make arrangements for parking	
<input type="checkbox"/> Copy handouts and assemble meeting materials packets	
<input type="checkbox"/> Send meeting reminder notice (include directions to meeting location)	
<input type="checkbox"/> Set up meeting room and test equipment	
<input type="checkbox"/> Introduce participants	
<input type="checkbox"/> Produce and distribute meeting notes	
<input type="checkbox"/> Schedule next meeting with group	

Meeting Agenda

Date:	Time:	Location:	Child:
Purpose of Meeting:			
Role for the Meeting:			
AGENDA ITEMS			

Meeting Minutes

Child/Team: _____

Date: _____ Time: _____ Location: _____

Purpose of Meeting:			
People Present	Role for Today	Absentees	Guests
	FACILITATOR: NOTE TAKER: TIMEKEEPER:		

AGENDA TOPICS	Time Allotted
1. _____	_____
2. _____	_____
3. _____	_____

AGENDA TOPIC:	NOTES	
<p>DISCUSSION</p> <p>KEY POINTS:</p> <p>DECISIONS:</p> <p>ACTIONS:</p> <p>DUE DATE(S):</p>		
<p>CONCLUSIONS:</p>		
Action Items	Person Responsible	Deadline

Meeting Minutes

AGENDA TOPIC:	NOTES	
<p>DISCUSSION</p> <p>KEY POINTS:</p> <p>DECISIONS:</p> <p>ACTIONS:</p> <p>DUE DATE(S):</p>		
<p>CONCLUSIONS:</p>		
Action Items	Person Responsible	Deadline

AGENDA TOPIC:	NOTES	
<p>DISCUSSION</p> <p>KEY POINTS:</p> <p>DECISIONS:</p> <p>ACTIONS:</p> <p>DUE DATE(S):</p>		
<p>CONCLUSIONS:</p>		
Action Items	Person Responsible	Deadline

I-PBS Team Survey

This survey is designed to determine the extent to which team effectiveness exists. Using the 1–5 scale noted below, have each team member answer the questions. Add up the results and discuss with your team.

1 = STRONGLY DISAGREE 2 = DISAGREE 3 = NEITHER 4 = AGREE 5 = STRONGLY AGREE

	1	2	3	4	5
1. Our team has clearly defined goals for the child.					
2. Our team gathers to meet and collaborate around the child's needs.					
3. All team members are fully committed to supporting the child.					
4. Our team roles and responsibilities are clearly defined.					
5. Our team members support and respect one another.					
6. Our team members listen to each other and effectively problem solve.					
7. Our team members openly share information.					
8. Our team members acknowledge and meet the challenges together when planning collaboratively.					
9. Family members play an active role on the team in the process of designing and implementing the behavior support plan, and monitoring the child's progress.					
10. Our team works hard and wastes little time.					



Conducting Functional Assessment

Functional Assessment (FA) is a systematic process for gathering information that is used to determine why challenging behavior occurs and persists. It results in the development of hypotheses about the purpose or intended function of the challenging behavior. The main purpose of FA is to provide information that will be used to design effective behavior support plans.

The focus when conducting FA is to gather information on:

- Conditions under which challenging behavior is most and least likely to occur.
- Consequences that maintain the challenging behavior.
- Function(s) of challenging behavior or the message(s) the child is communicating through the behavior.

As discussed in the introduction section, the purpose of challenging behavior is determined by examining the context in which behavior occurs and interpreting the purpose the behavior serves for the child within that context. Children learn to behave in ways that satisfy a need or that results in a desired outcome. As such, the focus when conducting FA is to identify the purpose of challenging behavior (e.g., what the child gains, avoids, or controls through the behavior). The identification of the purpose or function of the challenging behavior is essential to developing strategies and supports to reduce or eliminate behavior that interferes with successful participation in the routines and activities in the classroom and home. In addition, when conducting FA, it is critical to identify child-specific social and environmental factors associated with the occurrence and non-occurrence of challenging behavior to better understand the function



or purpose behind the child's behavior. The **All About Functional Assessment** handout (see sample page 55) can be provided to teachers and family members so that they can become informed about the functional assessment process, understand their role in the process, and the critical importance of functional assessment to behavior support plan development.

In this section, we detail the steps in conducting FA and describe methods and tools for team members to use in the process of conducting FA. Tools that can be used in the Functional Assessment (FA) process are also provided.

Steps in Conducting FA

When conducting FA, we recommend the following 5 steps. The first step takes place in the very beginning to collect information on the child. Steps 2-3 are to gather specific information on the environment and child's behavior. Steps 4-5 are used to gather supplementary information on the classroom and family routines and activities to further develop an understanding of the focused child's behavior and to identify additional supports that might be helpful in addressing the child's challenging behavior. The last step involves analyzing and summarizing the assessment results.

Step 1: Reviewing Records

The first step of conducting a FA should involve gathering initial background information on the child whose behavior requires a FA. This might involve examining the child's records to identify the current services the child is receiving, history of challenging behavior, child's social and medical history, child's progress in early education programs, and the child's areas of strengths and weakness. Reviewing records is a good way to gather the child's information and obtain insights into the social aspects of the child's life that might need attention. The following sources of information might be relevant during a record review:

- Developmental profile
- Family information
- Diagnostic and medical records
- Assessments from therapists
- Previous behavior assessment and intervention efforts
- Individualized education programs
- Individualized family service plan
- Behavior incident reports
- Teacher notes
- Home-center communication



SAMPLE HANDOUT FOR TEACHERS AND FAMILIES

All About Functional Assessment

What is Functional Assessment?

Functional assessment is a process that is used to determine the “why,” “purpose,” or “function” of a child’s challenging behavior. It is an information gathering process that results in an identification of the conditions under which challenging behavior is likely to occur.

Why is Functional Assessment done?

A functional assessment helps identify why the child is engaging in challenging behavior. Once the “why” is identified, a behavior support plan can be designed that will reduce the use of challenging behavior and increase the child’s use of appropriate social and communication skills. Functional assessment is done when teachers and family members are not able to reduce challenging behavior by using appropriate child guidance or discipline procedures and when they are not about why the child has challenging behavior. A functional assessment is done, so that an effective behavior support plan can be developed that is a match for the individual child.

Who is involved in a Functional Assessment?

Functional assessment is best done by a team, with family members and the teacher as the major players on the team. Family members and the teacher know the child best and have the best information on the child’s behavior, likes and dislikes, and the child’s daily life. Professionals who are on the team will know the process of functional assessment and developing behavior support plans, but will not know the child as well as the family and teacher.

What exactly happens during a Functional Assessment?

Functional assessment is a process. It is not a test or one form to complete. A professional (e.g., mental health consultant, school psychologist, behavior specialist) on the team will organize and lead the process. Functional assessment will involve observing the child within daily activities to gather information on what might trigger challenging behavior and to determine under what conditions the child does not use challenging behavior. These observations are usually guided by a checklist, observation guide, or observation cards. Everyone on the team, including the teacher and family can help with observations. Functional assessment will also involve the use of interviews so that the professional on the team can gather a lot of information about the child and the child’s behavior that might not be seen during an observation. These interviews are usually done with the teacher and with a family member. In addition to observations and interviews, functional assessment involves reviewing records and gathering information that will help in understanding the child and the child’s unique circumstances and abilities. All information that might be relevant to why the child has challenging behavior should be reviewed.

How are the results of a Functional Assessment shared?

The functional assessment process results in observations and information that must be summarized so that a behavior support plan can be developed. The professional on the team will review the information that is collected and develop behavior hypothesis statements from the information. A behavior hypothesis statement is a statement that identifies the triggers of challenging behavior, the purpose or function of the behavior, and the events or responses that are maintaining the behavior. The professional will provide the team with draft statements that can be discussed at the team meeting. The goal of the discussion is to get team agreement that the hypothesis statements are good summaries of what has been observed. Once the hypothesis statements are finalized, the process of developing a behavior support plan to address the behavior challenges can begin.



Step 2: Conducting FA Interviews

Collecting FA data can be a time-consuming process. We recommend that the consultant begin the FA by interviewing the classroom teacher(s) and child's parent(s) or primary caregiver. The results of the FA interview will help identify contexts and conditions for direct observation and establish initial hypotheses.

The interview provides a mechanism to gain information from the child's teachers, family members, and other adults who have direct contact with the child. It is beneficial to interview the people who interact with the child across a variety of circumstances and know the child best. The interview can help determine the concerns and perspectives about the child and to identify events associated with the challenging behavior. However, interviews must be conducted in ways that promote open communication. When interviewing people:

- Avoid judgment and unnecessary interpretation.
- Ask clear open-ended, non-leading questions.
- Engage in active listening .
- Reflect on important points to allow the interviewee to expand his or her point of view.

Using Interview Forms

There are two forms that should be used in the process of conducting FA interviews: the **Functional Assessment Interview-Teacher Form** (see sample page 59) and the **Functional Assessment Interview-Parent Form** (see page 86). The focus of the interview is to collect data on the child's behavior including contextual events that are associated with the behavior and the functions of the behavior. Specifically, the following data is collected through the interviews:

- Target challenging behavior and its definitions.
- Target routines or activities and specific situations or events that trigger the challenging behavior.
- Frequency, duration, and intensity of the challenging behavior.
- Times when the behavior does not occur.
- Specific aspects of the child, classroom, and home that make the child's challenging behavior worse or more likely to happen.
- Consequences that follow and maintain the behavior and potential functions.
- Child's preferences and previous behavior interventions.

First Section:

The first section (**Part A**) of the teacher and family interview is designed to identify and define the challenging behavior. In addition, it includes questions to identify the problematic classroom and family routines or activities, the antecedents that trigger the challenging behavior, and the severity of the behavior in terms of frequency, duration, and intensity. In this section, potential antecedents commonly found in the routines of early childhood setting and home are listed to help the team members identify the situations, events, or conditions in which a child's

challenging behavior occurs. If none of the examples are responsible for triggering the child’s behavior, it is the consultant’s role to help the classroom staff, family members, and other team members identify the triggers.

When identifying the challenging behavior, the consultant should facilitate the respondent (i.e., teacher or family member) to clearly describe the behavior. Clear and precisely defined behavior will permit clear communication among members of a child’s support team when he/she refers to a specific behavior and allow for the accurate measurement of behavior in the data collection process. The behavior should be defined in observable and measurable terms. When defining the behavior, consider the following questions:

- What does the behavior look like?
- What does the behavior sound like?
- What are some typical examples of the behavior?

EXAMPLES OF BEHAVIORAL DEFINITIONS	
NON-EXAMPLE	EXAMPLE
Joel throws a tantrum.	Joel drops to the floor, kicks, and screams for longer than 20 seconds.
Joel is noncompliant.	Joel refuses to put toys away when requested by saying “no” and continuing to play.
Joel is aggressive toward peers.	Joel hits or attempts to hit his peers with his fist.

We recommend that team members prioritize challenging behavior to select target behaviors for intervention. Prioritizing challenging behavior means deciding which behavior is most serious and therefore warrants immediate intervention. First, review the information on the frequency, intensity, and duration of each challenging behavior, and then consider the following factors to prioritize challenging behavior and to determine target routines or activities:

- How harmful the behavior is to the child or others
- Whether the behavior hinders participation in activities and interferes with learning
- The likelihood the behavior will impede positive social relationships and social acceptance
- The likelihood the behavior prevents the child from participating in the inclusive environment
- Whether the behavior prevents the family from participating fully in things that they like to do
- The likelihood the behavior, if changed, will have the most positive impact on the child



Second Section:

The purpose of the second section (**Part B**) is to identify setting events. Setting events are ecological events or conditions that increase the likelihood that challenging behavior may occur or make the child's behavior worse. In this section, potential setting events with regard to specific circumstance of child, classroom, and home are listed.

Important information to obtain during the interview is whether the child's challenging behavior is due to an inability to appropriately communicate wants or needs, whether he/she currently has an acceptable alternative communicative strategy, and whether he/she has age appropriate play skills. This information will be helpful to not only understand the child's circumstance, but also to determine replacement communicative skills for intervention. As such, two questions in this section help determine whether the child's challenging behavior is more likely to happen due to the child's inability to communicate, or limited play skills.

Third Section:

The third section (**Part C**) is aimed at identifying the consequences that might be maintaining the behavior. In this section, the interviewer identifies how peers and adults respond to the behavior and what purpose the behavior might serve for the child.

Fourth Section:

The fourth (**Part D**) section helps identify the child's preferences on objects, events, or activities that are reinforcing for the child. Things that the child spontaneously seeks and others typically provide can be good indicators of functional reinforcers. Identifying these reinforcers is important because they can be used for teaching new replacement skills during intervention.

Fifth Section:

In the last section (**Part E**) of the interview, we recommend that the consultant summarize the assessment results, develop initial hypotheses on the challenging behavior, and then bring the information to the meeting. For each identified antecedent within a routine or activity, indicate if there are any setting event(s), target challenging behavior, consequence, and perceived function(s). The following is an example of the completed teacher interview form.



SAMPLE FUNCTIONAL ASSESSMENT INTERVIEW—TEACHER FORM

Child's Name: Jason Age: 4 Date: 11/10

Person(s) Interviewed: Nancy Interviewer: Judy

A. Challenging Behavior and Situations

1. What is the behavior(s) of concern? What does the behavior(s) look like?

Check Behaviors	Describe the Specific Nature of the Behavior
<input checked="" type="checkbox"/> Hitting/Kicking/Throwing	<i>Throws toys or objects</i>
<input type="checkbox"/> Grabbing/Pushing/Biting	
<input checked="" type="checkbox"/> Tantrums	<i>Cries, stomps his feet, screams, kicks</i>
<input type="checkbox"/> Noncompliant	
<input type="checkbox"/> Not eEngaged	
<input type="checkbox"/> Not Responsive	
<input type="checkbox"/> Yelling/Making Noise	
<input type="checkbox"/> Engaging in Dangerous Behavior	
<input type="checkbox"/> Self-injury	
<input type="checkbox"/> Self-stimulation	
<input type="checkbox"/> Other: _____	

2. When is the challenging behavior most likely to occur? Are there routines or activities when challenging behavior is most likely to occur? Are there any specific situations or events in the routine or activity that trigger the challenging behavior?

Routines/Activities	Specific Situations or Events
<input checked="" type="checkbox"/> Arrival	<input type="checkbox"/> Parent saying "Bye" <input checked="" type="checkbox"/> Other (SPECIFY): <i>Teacher saying he cannot keep his toys from home.</i>
<input type="checkbox"/> Circle	<input type="checkbox"/> Waiting for turns <input type="checkbox"/> Teacher presenting non-preferred activity <input type="checkbox"/> New materials <input type="checkbox"/> Teacher interacting with others <input type="checkbox"/> Other (SPECIFY): _____
<input checked="" type="checkbox"/> Transitions between Activities	<input type="checkbox"/> Being requested to clean-up <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Waiting in line <input checked="" type="checkbox"/> Teacher taking objects away <input type="checkbox"/> Other (SPECIFY): _____
<input checked="" type="checkbox"/> Center/Free Play	<input type="checkbox"/> Desired toys or centers denied <input type="checkbox"/> Object out of reach <input type="checkbox"/> Teacher helping others <input checked="" type="checkbox"/> Peer takes toys <input type="checkbox"/> Waiting for turns <input type="checkbox"/> Interruption in activities <input type="checkbox"/> Other (SPECIFY): _____

CONTINUED



SAMPLE FUNCTIONAL ASSESSMENT INTERVIEW—TEACHER FORM CONTINUED

QUESTION 2 CONTINUED

Routines/Activities	Specific Situations or Events
<input type="checkbox"/> Outside Play	<input type="checkbox"/> Waiting for turns <input type="checkbox"/> Desired toys denied <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Meal/Snack	<input type="checkbox"/> Waiting <input type="checkbox"/> Given non-preferred food <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Access to desired food denied <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Nap	<input type="checkbox"/> Preferred items not available <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other (SPECIFY): _____

3. What are the frequency, intensity, and duration (each time) of the challenging behavior(s) during the problematic routine or activity?

Problematic Routine and Behavior	Frequency	Intensity	Duration
Routine: <i>Arrival</i> Behavior: <i>Tantrums</i>	<input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Excessively	<input type="checkbox"/> Bothersome <input checked="" type="checkbox"/> Disruptive <input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> Less than 1 minute <input checked="" type="checkbox"/> 1-5 minutes <input type="checkbox"/> More than 5 minutes
Routine: <i>Transition</i> Behavior: <i>Tantrums</i>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input checked="" type="checkbox"/> Excessively	<input type="checkbox"/> Bothersome <input type="checkbox"/> Disruptive <input checked="" type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> Less than 1 minute <input checked="" type="checkbox"/> 1-5 minutes <input type="checkbox"/> More than 5 minutes
Routine: <i>Center Time</i> Behavior: <i>Throws objects, hits</i>	<input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Excessively	<input checked="" type="checkbox"/> Bothersome <input type="checkbox"/> Disruptive <input type="checkbox"/> Excessive/Dangerous	<input checked="" type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-5 minutes <input type="checkbox"/> More than 5 minutes
Routine: Behavior:	<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Excessively	<input type="checkbox"/> Bothersome <input type="checkbox"/> Disruptive <input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-5 minutes <input type="checkbox"/> More than 5 minutes

4. Are there any routines, activities, or situations in the classroom where the child’s challenging behavior never or rarely occurs? If so, what are those routines, activities, or situations?

During free play when he is allowed to choose preferred activities or toys.



SAMPLE FUNCTIONAL ASSESSMENT INTERVIEW—TEACHER FORM CONTINUED

B. Setting Events

5. Are there any specific aspects of child, classroom, and home that make the child’s challenging behavior worse or more likely to happen?

Child	Classroom	Home
<input type="checkbox"/> Sickness <input type="checkbox"/> Allergies <input type="checkbox"/> Change in diet <input type="checkbox"/> Medication <input type="checkbox"/> Not having meals/hunger <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Constipation <input type="checkbox"/> Seizures <input type="checkbox"/> Other:	<input type="checkbox"/> Change in routine, schedule, or activity <input type="checkbox"/> New teacher <input checked="" type="checkbox"/> Absence of preferred teacher <input type="checkbox"/> Presence of disliked teacher <input type="checkbox"/> Change in peers <input type="checkbox"/> Unexpected visitors <input type="checkbox"/> Uncomfortable room temperature <input type="checkbox"/> Loud noises <input type="checkbox"/> Too many people <input type="checkbox"/> Inappropriate lighting <input type="checkbox"/> Other:	<input type="checkbox"/> Parent not home <input type="checkbox"/> Change in routines <input type="checkbox"/> Moving to new home <input type="checkbox"/> New family member <input type="checkbox"/> Parent discord <input type="checkbox"/> Unexpected visitors <input type="checkbox"/> No contact with siblings <input checked="" type="checkbox"/> Other: <i>Mother is unable to drive him to school</i>

6. Is the child’s challenging behavior due to an inability to appropriately communicate wants or needs? If so, what are the general expressive communication strategies used by or available to the child (e.g., vocal sound, signs/gestures, communication books/boards, etc)?

Has limited verbal communication skills: can understand directions; can speak simple words to express his needs, but not easily understood.

7. Does the child play with other children his/her age? What toys or games?

Not often: he prefers solitary play.

CONTINUED



SAMPLE FUNCTIONAL ASSESSMENT INTERVIEW—TEACHER FORM CONTINUED

C. Consequences

8. What usually happens after the behavior occurs? What is the teacher’s or peer’s reaction?

Teacher	Peers
<input type="checkbox"/> Sends the child to the office	<input type="checkbox"/> Yells
<input type="checkbox"/> Reprimands	<input type="checkbox"/> Laughs
<input type="checkbox"/> Puts in time out	<input type="checkbox"/> Hits
<input checked="" type="checkbox"/> Provides what child wants	<input type="checkbox"/> Cries
<input type="checkbox"/> Removes privileges	<input checked="" type="checkbox"/> Gives up toys
<input checked="" type="checkbox"/> Provides helps	<input checked="" type="checkbox"/> Tells the teacher
<input checked="" type="checkbox"/> Holds or restrains the child	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stops demands	
<input type="checkbox"/> Delays routines or activities	
<input type="checkbox"/> Redirects	
<input type="checkbox"/> Other: _____	

9. Does the child’s challenging behavior seem to be exhibited in order to gain attention from adults or peers? If so, who are adults or peers?

Yes. Teaching staff.

10. Does the child’s challenging behavior seem to be exhibited in order to obtain objects (e.g., toys, food)? If so, what objects?

Yes. Miniature cars, puppets, bubble blowing kit.

11. Does the child’s challenging behavior seem to be exhibited in order to avoid or escape from demands, or non-preferred activities or people? If so, what or who?

No.

12. Does the child’s challenging behavior seem to be exhibited in order to obtain sensory stimulation? If so, what sensory stimulations?

No.

13. Does the child’s challenging behavior seem to be exhibited in order to avoid sensory stimulation? If so, what sensory stimulations?

No.



SAMPLE FUNCTIONAL ASSESSMENT INTERVIEW—TEACHER FORM CONTINUED

D. Child’s Preferences and Previous Behavior Interventions

14. What are the types of social interactions (e.g., reading picture books with teacher) or things that the child really enjoys or prevent him/her from having problem behavior?

Playing with his favorite toys (cars, animal puppets, bubbles), when teacher joins his play.

15. What kinds of things have classroom staff done to try to change the child’s challenging behavior?

Warnings, time outs.

E. Summary Statements for Each Major Trigger and Consequence

Setting Event	Routine or Activity	Immediate Antecedent (Trigger)	Challenging Behavior	Maintaining Consequences	Function
<i>When his mother is unable to drive him to school</i>	<i>Arrival</i>	<i>Teacher tells him he cannot play with toys from home</i>	<i>Cries, stomps his feet, screams, kicks</i>	<i>Teacher lets him keep his toys</i>	<i>Obtain toy</i>
	<i>Transition</i>	<i>Teacher takes objects away from him</i>	<i>Cries, stomps his feet, screams, kicks</i>	<i>Teacher gives his toys back</i>	<i>Obtain toy</i>
	<i>Center</i>	<i>Teacher says “no” when he tries to access preferred toys</i>	<i>Throws objects, cries, stomps his feet, screams, kicks</i>	<i>Teacher gives him what he wants. Teacher holds him.</i>	<i>Obtain toy, Teacher attention</i>



Step 3: Conducting FA Observations

Once the interviews are completed, the mental health consultant should conduct direct observations to observe the target challenging behavior and the context and conditions that surround the behavior. By observing the context in which challenging behavior occurs, the mental health consultant can identify the events that are antecedent and consequent to child behaviors. There are several tools to select from in recording direct observation data. The most common and effective tools are Scatter Plots and Antecedent-Behavior-Consequence (ABC) observations.

Using Scatter Plot Charts

A scatter plot chart can be used to explore the relationship between time of day or activity and challenging behavior. The scatter plot is an interval recording method designed to discover temporal patterns of challenging behavior. The scatter plot is a grid with periods of time plotted vertically. The horizontal line on the scatter plot grid designates the date the observation occurs. The scatter plot is a graphic inspection technique in which response frequencies are visually depicted on the chart. A scatter plot chart can be developed to observe and record the relationship between a specific set of classroom variables and behaviors (e.g., circle time and child's off-task behavior) to analyze a particular situation. For example, hitting might be measured in increments of 1-5 minutes, while following directions might be recorded daily across routines or activities. See two completed samples of **Scatter Plot Charts** on page 65.

One advantage of using the scatter plot is that a number of measurement strategies, such as counts, frequency, duration, or latency can be used. Data can also be recorded using different codes. For example, low rates of occurrence can be recorded using a “triangle” and high rates of occurrence with a different symbol.

The mental health consultant can design a scatter plot form for direct observation recording by the parent and/or the teacher. These data will reveal patterns of behavior that can be used in combination with other direct observation data to determine antecedents and consequences that might be related to the challenging behavior. The scatter plot is always used with supplemental data and is not designed to directly generate information regarding functions of behavior.

Using ABC Observation Forms

ABC observation allows an observer to record anecdotal or descriptive information on the child's interaction with others. It provides information on antecedent and consequent events that are frequently contiguous with challenging behavior. Using this observation method, the child may be observed in routines, activities, or situations when the behavior is most likely to occur.

Use of the **Antecedent-Behavior-Consequence (ABC) Observation Form** (see sample page 67) suggested in this section is straight forward. Events are recorded whenever a behavioral incident or episode occurs. The observation form has four sections: 1) identification, date, target behavior,



SAMPLE SCATTER PLOT CHART 1

Child: Rachel Observer: Tim Dates: 1/10-1/25

Target Behavior: Hitting peers

Did Not Occur 4 or Less 5 or More NA Did Not Observe

Time	Routine	Dates											
		1/10	1/11	1/12	1/13	1/14	1/17	1/18	1/19	1/20	1/21	1/24	1/25
7:30	Arrival						NA						
8:00	Free Play		/			■	NA				■	■	
9:00	Circle		/	/			NA				/		
9:30	Centers	■	■	/	■	■	NA		■	■	■	/	■
10:30	Snack						NA						
11:00	Outside		/				NA						
11:30	Story						NA						
12:00	Lunch						NA						
1:00	Nap						NA						
2:30	Outside						NA						
3:00	Circle						NA						
3:30	Departure						NA						

SAMPLE SCATTER PLOT CHART 2

Child: Andy Observer: Jamie Dates: 1/10-1/26

Target Routine: Circle Target Behavior: Tantrum-screaming, kicking, and stomping

Did Not Occur Occured NA Did Not Observe

Time	Dates													Total
	1/10	1/11	1/12	1/13	1/14	1/17	1/18	1/19	1/20	1/21	1/24	1/25	1/26	
9:00-9:05	■	■		■	■		NA	■	■		■		NA	7
9:05-9:10	■			■	■		NA	■		■	■		NA	7
9:10-9:15						■	NA						NA	1
9:15-9:20		■					NA						NA	1
9:20-9:25							NA				■		NA	1
9:25-9:30							NA						NA	0
TOTAL	2	2	0	2	2	2	NA	2	1	1	3	0	NA	



setting event, and observation time information; 2) ABC data including duration of each behavior incident, context, and perceived function; 3) observation summary; and 4) comments. Sample observation data collected are as follows.

First Section:

1. Indicate the dates on which the data are being collected, who is being observed, who is collecting the data, and how long the observation lasted
2. List the types of challenging behaviors to be recorded and setting events reported by the classroom staff on the day of observation; obtain data on the setting event from the classroom staff, based on the potential setting events identified during the interview

Second Section:

1. Indicate the beginning and ending times of each target behavior occurrence.
2. Indicate general context of routines or activities in which observation is taking place; indicate what activity (e.g., calendar activity during circle time) or social interaction (playing fishing game with peers at the manipulative center) the child was participating in when the target behavior occurred.
3. Record data on the event or stimulus that triggered each behavioral incident; before the observation, review the antecedents as triggers (predictors) identified in the interviews and the potential triggers listed in the form to help identify correct triggers.
4. Indicate each incident or episode of target behavior; when particular behaviors occur in combination, record them as a single incident (e.g., screaming, kicking, throwing objects, and dropping to the floor may all be recorded under tantrum).
5. Record data on the actual consequences that follow target challenging behaviors; refer to the potential consequences identified from the interview and the ones listed in the form.
6. Indicate function(s) of each behavioral incident; make best guess regarding what you perceived as the apparent function of the behavior; refer to the functions stated in the interview summary and the potential functions listed in the form.

Third Section:

1. Summarize the observation by recording information on when (e.g., under what events or stimuli) the target behaviors occur most often during the problematic routine or activity, what setting events may affect the behaviors as distant antecedents that increase the likelihood of the behaviors, and the perceived function(s) of each target behavior.
2. Record data on the total duration of observation and total number of occurrences and duration of target behaviors.

Fourth Section:

1. Annotate a comment if the target challenging behavior did not occur during the observation time.
2. Write any desired comments.



SAMPLE ANTECEDENT-BEHAVIOR-CONSEQUENCE (ABC) OBSERVATION FORM

Child: Mathew Observer: Kim Date: 1/15/10

Target Behavior(s): Cry, stomp his feet, scream, kick, and scratch

Reported Setting Event(s): Mother was not able to drive him to school

Observation START Time: 8:00 am Observation STOP Time: 9:00 am

Time (Begin & End)	Context	Antecedent	Behavior	Consequence	Preceived Function
8:03-8:04	Arrival	Teacher told Mathew that he couldn't have the toy from home, and told him to put it in his cubby.	Mathew cried while stomping his feet.	Teacher let Mathew keep his toy.	Get toy
8:03-8:04	Transition	Teacher took the puppet Mathew was playing with.	Mathew started screaming and kicking his teacher.	Teacher gave the puppet back to him and told him he could have it for 5 more minutes.	Get toy

<p>Potential Antecedents</p> <ol style="list-style-type: none"> 1. Waiting 2. Peer given a turn 3. Requested to do task/activity 4. Did not get desired item/activity 5. Non-preferred activity/items presented 6. Teacher helping others /left alone 7. Interruption 8. Peer taking toys 	<p>Potential Consequences</p> <ol style="list-style-type: none"> 1. Reprimanded/punished 2. Discomfort relieved 3. Teacher request/demand stopped 4. Given item/activity 5. Redirected to activity 6. Teacher provided help 7. Peers yelled/upset/laughed 8. Separated within classroom/time out 9. Moved next to teacher 	<p>Functions</p> <ol style="list-style-type: none"> 1. Obtain attention 2. Obtain tangibles (i.e., object) 3. Escape request/demand 4. Escape activity 5. Escape person 6. Self-stimulation
--	---	--

Observation Summary:

1. Target challenging behaviors occur most often when: Mathew's preferred toys are removed or he is not allowed to have them, during arrival or transition time.
2. His mother's unavailability to drive him to school seems seems to be a setting event that increases the likelihood of the behaviors.
3. The function(s) of Mathew's tantrum (crying, stomping his feet, screaming, and kicking) seems to be: To gain access to tangibles.

Total Duration of Observation: 60 minutes

Total Number of Occurrences of Target Behaviors: 2

Total Duration of Target Behaviors: 2 minutes

Comments: _____



SAMPLE ABC RECORDING FORM

Child: Mark Routine/Activity: Story Time Date: 5/22

Target Behavior: Physical aggression toward peers and teachers (hit, push, bit)

Observation Started: 10:40 am Observation Ended: 11:00 am

Time	A-antecedents (What happened before the behavior?)	B-behavior (What specifically did the child do or say?)	C-consequences (What happened after or as a result of the behavior?)
10:41	Teacher cues Mark to join the group.	Mark pulls away and hits the teacher.	Teacher gives him puzzles at a table and then leaves him to join in story time.
10:45	Assistant teacher asks Mark if he is ready for story.	Mark kicks the teacher.	Teacher leaves him alone.

SAMPLE ABC OBSERVATION CARD

Child: <u>Nicolas</u>		Observer: <u>Teacher</u>	Date: <u>9/18</u>	Time: <u>10:15 am</u>
General Context	<u>Circle time</u>			
Social Context	<u>Playing alone in the block area. Teacher comes over to Nicolas and asks him to join the circle. When he doesn't respond, the teacher tries to assist him by taking his arm to nudge him to stand.</u>			
Challenging Behavior	<u>Nicolas begins to protest by screaming as he pulls away from the teacher.</u>			
Social Reaction	<u>The teacher walks away and says, "I will be back in a few minutes to see if you are ready."</u>			
POSSIBLE FUNCTION	<u>Escape from circle time.</u>			



Since teacher and family observations provide valuable information, it is important for the mental health consultants to help them observe the child's behavior in typical routines and activities. It is necessary to help them observe the child objectively and learn what to look for during observation while taking note of what is happening around the child's behavior. We recommend that the consultants provide a simplified ABC observation form for families and teachers to use when they observe the children, **ABC Recording Form** (see sample page 68). Families and teachers can also use an **ABC Observation Card** (see sample page 68) to capture information related to an event where challenging behavior has occurred.

Using Checklists and Rating Scales

In addition to direct observation of the child during problematic routines or activities, the use of indirect observation tools such as checklists and rating scales can be an efficient way to gather information on environmental events associated with the child's challenging behavior. Indirect observation tools do not replace the use of direct observation or interviews, but can be used to provide supplementary information. The **Setting Events Checklist** (see page 96) is an example of an indirect observation tool designed for assessing young children's challenging behavior. This form could be completed by teachers and then followed by an FA interview. The Setting Events Checklist is designed to identify antecedents of behavior that might not be observed when the behavior occurs. A variety of setting events commonly encountered in the early childhood setting and home are explored in the checklist, including physical, social-emotional, and environmental.

There are two commonly used rating scales designed to identify functions of problem behavior which are freely available on the Web: **Motivational Assessment Scale** (MAS) (Durand & Crimmins, 1992) and **Problem Behavior Questionnaire** (Lewis, Scott, & Sugai, 1994). The MAS is a 6-point rating scale that contains items designed to identify functions or motivations of problem behavior. It consists of 16 items. The items describe specific situations, and the respondent rates how likely the target behavior is to occur and assist in identifying the function(s) of a behavior based on four categories: sensory, escape, attention, and tangible. The MAS is available online at: <http://www2.monacoassociates.com/masontheweb/index.aspx>.

The Problem Behavior Questionnaire is a 6-point rating scale designed to be completed by teachers to develop functional hypotheses about the problem behavior exhibited by students with mild disabilities or who are at-risk for school failure. The scale consists of 15 items. The functions are grouped into four categories (attention from teachers/peers, escape/avoidance of teacher/peer attention, and setting events). The scale is limited to only identifying social attention or setting events. It does not allow us to gather information about other antecedent events or other possible functions (e.g., access to preferred activity or tangible item). The Problem Behavior Questionnaire is available online at: <http://cecp.air.org/fba/problembehavior2/Appendix%20E.pdf>.



Step 4: Collecting Information about the Classroom

As the mental health consultant and team members gather information about the specific environmental events that influence child's behavior, collecting further information on the classroom might be necessary to better understand the classroom ecology and the child's behavior. The mental health consultant might wish to review or use additional classroom assessments that provide information about the teacher's general classroom arrangements, instructional practices, and the emotional climate of the classroom. Such tools might include the Early Childhood Environment Rating Scale (ECERS) (Harms, Clifford, & Cryer, 2005), Classroom Assessment Scoring System (CLASS) (Pianta, Paro, & Hamre, 2008) or the Teaching Pyramid Observation Tool (TPOT) (Hemmeter, Fox, & Snyder, 2009). These tools will provide information on whether the teacher has practices in place that promote and support the appropriate behavior of children. Effective classroom management requires a comprehensive approach that includes the following:

- Structuring the classroom environment
- Creating a positive social emotional climate
- Actively promoting child engagement
- Implementing classroom routines and rules
- Enacting procedures that encourage appropriate behavior

Step 5: Collecting Information about Home and Community

The purpose of collecting information about home and community is to identify family routines and activities that were not focused on during the FA and that might be targeted for intervention. The **Family Routines and Activities Questionnaire** (see sample page 71) is intended for the family complete. Consultants are encouraged to develop their own questions. It is important to gather information about what routines and activities the child has difficulty with and what the child does during each difficult routine. The consultant should pay particular attention to identifying the child's engagement, independence, social relationship, and family expectations during the problematic routine(s) or activity(s).

Step 6: Analyzing and Summarizing the Assessment Results

The information gathered from the interviews, observations, and other tools is analyzed to form hypotheses. The mental health consultant should pull together and compare information collected from various sources to identify possible patterns of behavior, conditions that trigger problem behavior and functions that reinforce the behavior. A hypothesis is the best informed guess as to the function of the behavior. In other words, what does the child get from engaging in the challenging behavior? Hypotheses provide a starting point for behavior support strategies. The team may discover that events at home and in the community may overlap with those problem situations at the center. The understanding of overlapping situations between home and center helps in developing a more consistent analysis that may result in similar or common behavior support strategies across both living and learning environments. The use of similar strategies at home and center strengthens the support plan and provides a more consistent plan for the child.



SAMPLE FAMILY ROUTINES AND ACTIVITIES QUESTIONNAIRE

Child: Christian Respondent: Mrs. B. Date: _____

We'd like to learn about your child's daily routines and activities and identify potential times and places for your child's intervention.

1. What routines and activities (e.g., personal hygiene, mealtime, play, household chores, nap, watching TV, bath, bedtime, etc.) occur on a regular basis?
Mornings: Get dressed, breakfast, brush teeth, watch TV
Afternoons: Snack, play outside, watch TV
Nights: Dinner, share books, bath, watch TV
Weekends: Play in yard, grocery store, visit grandma
2. Are there any activities or places you go that occur on a less than regular basis (e.g., once a week)?
Mall, park
3. Are there other events that occur fairly regularly or during the weekend (e.g., shopping, going to church)?
Grocery store
4. Who are important people who participate in your child's life? Who are helpful in your child's care, and who may also have activities and routines with your child (e.g., grandparents, brother, neighbor)?
Grandma, Emily (mother's friend)
5. What routines or activities does your child enjoy doing?
Play outside, visit Grandma
6. Are there opportunities for your child to interact with other children?
Preschool, play in yard, park, mall
7. What routine or activity(s) does your child not like or have difficulty with?
Grocery store, get dressed, brush teeth
 - What does your child usually do during the routine/activity? How does your child participate in the routine/activity? To what extent is your child engaged with materials or family members during the routine/activity?
Tantrums
 - What expectations do you have for your child during the routine/activity?
Follow directions
 - Does he/she seem understand the expectations?
Not sure

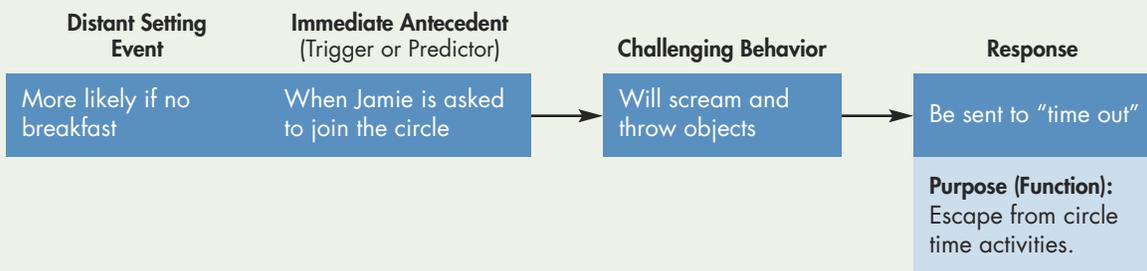


SUMMARY OR HYPOTHESIS STATEMENTS SHOULD INCLUDE:

- Triggering events (antecedents)
- Description of the challenging behavior
- Responses (consequences)
- Purpose (function) of the behavior
- Influential environmental setting events

Create a visual diagram, see example below, to develop the summary statements (O’Neill et al., 1997).

EXAMPLE VISUAL DIAGRAM



Sample Statements

“When Jamie is asked to join circle time, she will scream or throw objects and be sent to “time out,” which results in escaping from the circle time activities. Her problem behavior is more likely to occur when she does not eat breakfast.”

“Jason is likely to tantrum (prolonged whining, screaming, and dropping to the ground) when the teacher asks him to clean up. When Jason tantrums, he is often allowed to continue playing or clean up time is prolonged. This results in temporarily escaping the demand or delaying clean-up.”

Identifying Replacement Behavior and Reinforcers

Identifying Replacement Behavior

Changing challenging behavior requires addressing both the environmental features (removing the need for use of challenging behavior to get needs met) and developing a replacement behavior. Developing a replacement behavior involves teaching a functionally-equivalent behavior that the child can use to get that same need met in an acceptable way.

The new replacement behavior MUST:

- Be easier for the child to do than the challenging behavior.
- Meet the same need (function) as the challenging behavior.
- Work as well as or better than challenging behavior in meeting the child’s needs.
- Provide socially acceptable alternatives to challenging behavior.

**Consider the following questions when determining the replacement behaviors:**

- Does the child have the ability to learn this replacement behavior? Is the child at the pre-symbolic or symbolic stage of cognitive development? Can the child understand the use of pictures or symbols to portray real items, activities, or actions?
- Are tools (e.g., picture exchange communication system, augmentative communication device) available for the child to learn the new skills?
- Will the challenging behavior be decreased as the child learns to use the new skill?
- Can the child use the new skill to get what he/she wants or wants to avoid by using the new skill?
- How quickly can the child learn to use the replacement skill?
- Is the child expected to use the new skill at home? Will the same materials be available to the family members for home use?

Replacement behaviors for young children can usually be categorized into three types of behaviors: functional communication, self-regulation, and social skills. Functional communication skills refer to how a child uses language skills to make wants and concerns known. Self-regulation skills refer to children's capacity for controlling emotions, self-management, and self-relaxation. Social skills include daily interaction skills such as cooperation with peers, compliance, participation in activities, and managing relationships. Effective replacement skills have the potential to enhance functional skills that are critical to success in the environment.

When the purpose of the behavior cannot be honored, different replacement behavior that might not serve the same function should be identified and taught. For example, for a child who screams and kicks to escape the car seat, teaching the child to select a toy and play while in his car seat would be more appropriate than teaching him to say "no." Keep in mind that the

POTENTIAL EFFECTIVE REPLACEMENT BEHAVIORS**Functional Communication**

- Request attention, turns, objects, help, information, break
- Say, "No," "All done"
- Regulate others' behavior (ask for response, initiate)

Self-regulation

- Express feeling
- Self-management of behavior
- Self-control (impulse regulation, delay of gratification, anger control)
- Self-soothing and self-calming

Social Skills

- Cooperation with peers (sharing, taking turns, playing cooperatively)
- Compliance with adult directions
- Participation in routines and activities
- Managing social relationship (showing interest in others, asserting needs and rights, effective communication and problem solving)



challenging behavior may serve multiple functions for the child. For example, a child may head bang to end play demands and to request food. In that case, the child must be taught skills intentionally using planned procedures that will serve as replacement skills for each function—to communicate “finished,” as well as ways to mediate the demands and a request for food.

One other important consideration in identifying alternative, replacement skills is determining when and where the new skill will be taught. The key to ensuring that the child learns a replacement skill is to make sure that instruction is repetitive and consistent.

A **Routine-Based Activity Skills Matrix** (see sample below) offers an easy way to identify and plan for the instruction of the replacement skills. The matrix form can be used to identify routines in the classroom where a new skill may be taught (preferably at times when the child is not displaying challenging behavior) or routines at home where the parent can prompt the use of the new skill. A matrix is used by listing the skills to be taught across the top of the chart and the routines or activities down the side. The support team then looks at those activities or routines and identifies ways that the new skill can be taught. When these conditions are met, the potential for successful skill acquisition becomes greatly increased.

SAMPLE ROUTINE-BASED SKILLS MATRIX

Child's Name: Connor

Target Skill(s): Requesting help, requesting objects, saying "All done," taking turns, getting in line

Routine/ Activity	SKILL 1: Request Objects	SKILL 2: Request Help	SKILL 3: Say "All Done"	SKILL 4: Take Turns	SKILL 5: Get in Line
Arrival		✓ (cubby)			
Breakfast			✓		
Free Play	✓	✓ (puzzles)		✓	
Circle			✓	✓	
Center	✓	✓ (computer games)		✓	
Clean-up		✓ (blocks)			✓
Outside Play	✓	✓ (swing, slide)		✓	✓
Lunch			✓		
Nap	✓				
Outside Play	✓	✓ (swing, slide)		✓	
Small Group		✓ (open container)	✓		✓
Departure					



Identifying Reinforcers

When teaching the replacement skills, effective reinforcers must be identified to increase the likelihood of the occurrence and maintenance of the new skills. A reinforcer is an event that follows the behavior and increases the probability that the behavior will be repeated. In general, reinforcers for young children are the provision of specific and positive feedback, touch (e.g., high five, hug, pat) or the provision of a desired object or activity.

During the initial stage of learning, we will want to use a reinforcer frequently. Our goal is to ensure that the child learns the replacement skill quickly. After the child uses the new skill fluently, the use of these reinforcers can be faded. Teachers might object to the use of praise or a desired object or activity for teaching the new skill. The consultant should assist teachers in understanding that using reinforcers will ensure that the child learns the skill quickly.

When determining reinforcers:

- Determine the child's preferred categories of reinforcement.
- Consider least intrusive reinforcers which can be delivered with enough frequency and variety to support the desired behavior.
- Consider whether the child requires a high degree of immediacy so that he/she understands that a specific behavior is earning the reinforcer.
- Consider how powerful the reinforcer will need to be to support the desired behavior.
- Vary the reinforcers so the child does not become satiated and the reinforce ceases to be effective.

When the Functions of Challenging Behavior are Unclear

Sometimes the function of a child's behavior is not readily apparent. In times like this, it helps to ask the following questions to prompt further understanding of the context in which the behavior occurs:

- Would the child's challenging behavior stop or be resolved if you allowed the child to access a desired activity or object?
- Would the child's challenging behavior stop or be resolved if you removed an item, object, activity, or person?
- Would the child's challenging behavior stop or be resolved if you allowed the child to leave the situation?

As discussed in the introduction section, challenging behavior may occur in order to escape from or obtain internal events. Children with developmental disabilities may engage in repetitive behaviors (including rocking or self-injury) which are maintained by internal physiological



factors or sensory stimulation. Although the behaviors in these cases may not be maintained by social situations or events, the environment still has an impact on the frequency and intensity of problem behavior. For example, when a child's behavior (e.g., head banging) results in immediate concern from his teacher who provides comfort and high levels of attention, the child may engage in the behavior because he knows his teacher will give him immediate comfort and attention. This example tells us that in the case of behaviors that are maintained by multiple functions, it may be difficult to identify the functions served for the child.

Direct observations of the child should be used to support the hypotheses that were initially developed through interviews. However, when functions of the behavior are unclear, we recommend that the mental health consultant collect more observation data to confirm the hypotheses.

Hypothesis Testing

When the functions are not clear, the team needs to decide whether hypothesis testing is necessary. For most children, testing the hypothesis is not necessary because the history of their behavior problem is relatively short and uncomplicated. However, other times hypothesis-testing is advisable if the target behavior is maintained by more than one function, or if the intervention requires a significant commitment of resources or is questioned by team members. Consider testing a hypothesis when:

- Challenging behavior might be maintained by multiple functions that are difficult to identify through interviews and observations alone.
- Implementing a behavior support plan might require a significant investment of time and effort by a number of people.
- Doubts about the likely effectiveness of an intervention that usually leads to poor implementation.

Testing hypotheses is advisable to clearly identify the functions of the behavior, use time efficiently, and enhance team member confidence in the PBS strategies before the support plan is fully implemented.

In natural environments, hypothesis testing uses a straightforward approach. For example, when it is hypothesized that a child is more likely to engage in challenging behavior during non-preferred activities, two conditions (with and without the child's preference) should be organized to test the hypothesis. The child needs to have the opportunity to participate in both identified preferred and non-preferred activities. During the first condition, the child would participate in the circle time without being offered preferred activities. During the second condition, the child would engage in the circle time but be provided an opportunity to participate in preferred activities. If the child engages in the challenging behavior at consistently low rates during the preferred activity conditions, it can be determined that preference is a contributing variable that causes the high rates of challenging behavior.



When a child's challenging behavior is hypothesized to be maintained or reinforced by attention it receives from the classroom teacher, two conditions (with and without teacher attention) would be arranged. During the condition with teacher attention, the child would participate in an activity while the teacher provides verbal comments on his engagement or helps with the activity, keeping proximity with the child. During the second condition, without teacher attention, the child would participate in the activity and the teacher would interact with the child very little, or not at all. During this condition, the child may constantly engage in challenging behavior because the behavior previously resulted in consistent teacher interaction. If the child's target behavior increases during this condition, we can conclude that the function of the challenging behavior is to gain attention.

As described above, in classroom and home settings, hypothesis testing is conducted during the naturally occurring daily routine, often through brief (e.g., 10-minute) conditions. The procedure should not interfere with the classroom or home routine or ecology. The child should not be removed from usual activities or routines; rather the activity or routine should be modified, or the teacher's or care-givers behavior should be modified, to see its effect on the child's response.

Helping Families and Staff Understand the Relationship between Belief and Behavior

As the mental health consultant helps families and teachers understand the child's behavior, it is necessary to explain to them why conducting an FA is essential to effective behavior support, and the role families and teachers should play in the process. Some families and teachers might be negative or pessimistic about the child's future and their role as an effective parent or teacher as they encounter problems dealing with child's challenging behavior and are overwhelmed and frustrated. Their negative thoughts and frustrations can prevent them from positively addressing the child's behavior, which in turn prevents them from actively participating in the FA and follow-through intervention process. For example, parents with negative thoughts or pessimistic beliefs might describe a child's difficult trip to the supermarket as something pervasive and permanent by saying, "Going shopping with my child is a disaster," whereas parents with high levels of optimism describe it as something logical and temporary by saying, "My child is not yet ready for long shopping trips." The former description suggests that all shopping is a problem and the problem is permanent (shopping might never get better), while the latter optimistic belief is logical and temporary; the problem is the long shopping trips and that someday the child will be ready (Durand & Hieneman, 2008).

Thus, one important role of the mental health consultant in the FA process is to help families and teachers recognize their negative thoughts and the circumstances that precipitate those thoughts, and understand the consequences of their negative thoughts or beliefs. The consultant can help families and teachers understand that it is their interpretation of events, rather than the events themselves, that cause the negative emotional and behavioral consequences they experience in a given situation.



Identifying Negative Beliefs

Just as a child's behavior is triggered by environmental events and maintained by consequences or social responses that follow the behavior, family and teacher negative thoughts or pessimistic beliefs are also triggered by an unpleasant event or situation (e.g., occurrence of child's challenging behavior), which in turn result in an unpleasant emotional state and behavior. The following explains the relationship among the three elements:

- **A** = Activating event: an unpleasant event or situation that activates or triggers the irrational belief in the person.
- **B** = Belief about the event: individual's irrational, pessimistic beliefs and self-talk statements (thoughts and feeling) triggered by the activating event.
- **C** = Emotional and behavioral consequence: an unpleasant emotional state and actions (behaviors) resulting from the belief or reactions to the belief.

The ABC model shows that A does not cause C. It is B that causes C. During the phase when the mental health consultant and team members conduct ABC observations on the child's behavior, we suggest that the consultant help the family and teachers identify and define their negative thoughts on the child's behavior and their abilities to work with the children's challenging behavior. Help the families and teachers define their negative and pessimistic thoughts or beliefs by having them describe their recent negative thoughts or beliefs when the child's challenging behavior occurred. The following are examples of negative or pessimistic thoughts:

- I don't know what to do.
- I can't stand this—it's too hard.
- I am losing control and will explode soon.
- I'm a terrible parent/teacher.
- His behavior will never change.
- This is ridiculous; I have too many children in my class.
- Ignoring will never work.
- I am going to put her in "time out"—it's the only way to get her to stop.
- His parents don't care, so why should I.
- She will never stop head banging. It's her disability.
- It's all his parents' fault for not teaching their child how to behave.



Determining the Consequences of Negative Beliefs on Behavior

During the phase when the mental health consultants conduct ABC observations on the child’s behavior, we suggest that the consultants use the **ABC Self-Analysis Form** (see sample below) to help families and teachers identify the triggers for their negative thoughts or beliefs and determine consequences of the thoughts/beliefs. Have the families and teachers record their thoughts and feelings when they record the child’s behavior. Help them record:

- What exactly happened (what was happening at the time they became upset/stressed/angry/guilty/depressed/etc.; where they were, who was there, what was going on).
- What they were thinking when the child’s challenging behavior happened (what was their irrational or negative thought or belief that lead to their reaction to the child’s behavior).
- How they reacted as a result of their thoughts or feeling (how did their thoughts affect them and their behavior; which of their behaviors do they want to change).

SAMPLE ABC SELF-ANALYSIS FORM

Name: Kelly

Date: 1/20-1/22

Date/Time	Activating Event (Situation) What happened?	Beliefs (Thoughts) What did you think or feel (self-talk)?	Consequences What happened as a result?	Comments
1/20 3:15 pm	Mathew threw temper tantrums by screaming, kicking, and dropping to the floor in the supermarket when I made him stop grabbing candy.	I thought I would never make him behave well in the supermarket. I felt that grocery shopping with him would always be a problem.	I bought him the candy so he would stop tantrums.	I shouldn't have given in, but I didn't want to cause a disruption in the supermarket.
1/21 5:30 pm	Mathew screamed and threw the soap bottle when I tried to help him wash his hands before dinner.	I felt I would not be able to correct his behavior.	I let him eat dinner without washing his hands so that I could pay attention to Sarah.	



Blank Forms

Tools for Mental Health Consultant

Functional Assessment Interview–Teacher Form

Functional Assessment Interview–Family Form

Scatter Plot Chart 1

Scatter Plot Chart 1

Antecedent-Behavior-Consequence (ABC) Observation Form

Tools for Teachers and Families

ABC Recording Form

ABC Observation Card

Setting Events Checklist

Family Routines and Activities Checklist

Routine-Based Skills Matrix

ABC Self-Analysis Form

Functional Assessment Interview—Teacher Form

Child's Name: _____ Age: _____ Date: _____

Person(s) Interviewed: _____ Interviewer: _____

A. Challenging Behavior and Situations

1. What is the behavior(s) of concern? What does the behavior(s) look like?

Check Behaviors	Describe the Specific Nature of the Behavior
<input type="checkbox"/> Hitting/Kicking/Throwing	
<input type="checkbox"/> Grabbing/Pushing/Biting	
<input type="checkbox"/> Tantrums	
<input type="checkbox"/> Noncompliant	
<input type="checkbox"/> Not eEngaged	
<input type="checkbox"/> Not Responsive	
<input type="checkbox"/> Yelling/Making Noise	
<input type="checkbox"/> Engaging in Dangerous Behavior	
<input type="checkbox"/> Self-injury	
<input type="checkbox"/> Self-stimulation	
<input type="checkbox"/> Other: _____	

2. When is the challenging behavior most likely to occur? Are there routines or activities when challenging behavior is most likely to occur? Are there any specific situations or events in the routine or activity that trigger the challenging behavior?

Routines/Activities	Specific Situations or Events
<input type="checkbox"/> Arrival	<input type="checkbox"/> Parent saying "Bye" <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Circle	<input type="checkbox"/> Waiting for turns <input type="checkbox"/> Teacher presenting non-preferred activity <input type="checkbox"/> New materials <input type="checkbox"/> Teacher interacting with others <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Transitions between Activities	<input type="checkbox"/> Being requested to clean-up <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Teacher taking objects away <input type="checkbox"/> Waiting in line <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Center/Free Play	<input type="checkbox"/> Desired toys or centers denied <input type="checkbox"/> Object out of reach <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Peer takes toys <input type="checkbox"/> Waiting for turns <input type="checkbox"/> Interruption in activities <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Outside Play	<input type="checkbox"/> Waiting for turns <input type="checkbox"/> Desired toys denied <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Meal/Snack	<input type="checkbox"/> Teacher helping others <input type="checkbox"/> Given non-preferred food <input type="checkbox"/> Access to desired food denied <input type="checkbox"/> Waiting <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Nap	<input type="checkbox"/> Preferred items not available <input type="checkbox"/> Teacher helping others <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other (SPECIFY): _____

Functional Assessment Interview—Teacher Form

3. What are the frequency, intensity, and duration (each time) of the challenging behavior(s) during the problematic routine or activity?

Problematic Routine and Behavior	Frequency	Intensity	Duration
Routine:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Bothersome	<input type="checkbox"/> Less than 1 minute
Behavior:	<input type="checkbox"/> Frequently	<input type="checkbox"/> Disruptive	<input type="checkbox"/> 1-5 minutes
	<input type="checkbox"/> Excessively	<input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> More than 5 minutes
Routine:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Bothersome	<input type="checkbox"/> Less than 1 minute
Behavior:	<input type="checkbox"/> Frequently	<input type="checkbox"/> Disruptive	<input type="checkbox"/> 1-5 minutes
	<input type="checkbox"/> Excessively	<input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> More than 5 minutes
Routine:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Bothersome	<input type="checkbox"/> Less than 1 minute
Behavior:	<input type="checkbox"/> Frequently	<input type="checkbox"/> Disruptive	<input type="checkbox"/> 1-5 minutes
	<input type="checkbox"/> Excessively	<input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> More than 5 minutes
Routine:	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Bothersome	<input type="checkbox"/> Less than 1 minute
Behavior:	<input type="checkbox"/> Frequently	<input type="checkbox"/> Disruptive	<input type="checkbox"/> 1-5 minutes
	<input type="checkbox"/> Excessively	<input type="checkbox"/> Excessive/Dangerous	<input type="checkbox"/> More than 5 minutes

4. Are there any routines, activities, or situations in the classroom where the child's challenging behavior never or rarely occurs? If so, what are those routines, activities, or situations?

B. Setting Events

5. Are there any specific aspects of child, classroom, and home that make the child's challenging behavior worse or more likely to happen?

Child	Classroom	Home
<input type="checkbox"/> Sickness	<input type="checkbox"/> Change in routine, schedule, or activity	<input type="checkbox"/> Parent not home
<input type="checkbox"/> Allergies	<input type="checkbox"/> New teacher	<input type="checkbox"/> Change in routines
<input type="checkbox"/> Change in diet	<input type="checkbox"/> Absence of preferred teacher	<input type="checkbox"/> Moving to new home
<input type="checkbox"/> Medication	<input type="checkbox"/> Presence of disliked teacher	<input type="checkbox"/> New family member
<input type="checkbox"/> Not having meals/hunger	<input type="checkbox"/> Change in peers	<input type="checkbox"/> Parent discord
<input type="checkbox"/> Lack of sleep	<input type="checkbox"/> Unexpected visitors	<input type="checkbox"/> Unexpected visitors
<input type="checkbox"/> Constipation	<input type="checkbox"/> Uncomfortable room temperature	<input type="checkbox"/> No contact with siblings
<input type="checkbox"/> Seizures	<input type="checkbox"/> Loud noises	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Too many people	
	<input type="checkbox"/> Inappropriate lighting	
	<input type="checkbox"/> Other:	

Functional Assessment Interview—Teacher Form

6. Is the child’s challenging behavior due to an inability to appropriately communicate wants or needs? If so, what are the general expressive communication strategies used by or available to the child (e.g., vocal sound, signs/gestures, communication books/boards, etc)?

7. Does the child play with other children his/her age? What toys or games?

C. Consequences

8. What usually happens after the behavior occurs? What is the teacher’s or peer’s reaction?

Teacher	Peers
<input type="checkbox"/> Sends the child to the office <input type="checkbox"/> Reprimands <input type="checkbox"/> Puts in time out <input type="checkbox"/> Provides what child wants <input type="checkbox"/> Removes privileges <input type="checkbox"/> Provides helps <input type="checkbox"/> Holds or restrains the child <input type="checkbox"/> Stops demands <input type="checkbox"/> Delays routines or activities <input type="checkbox"/> Redirects <input type="checkbox"/> Other:	<input type="checkbox"/> Yells <input type="checkbox"/> Laughs <input type="checkbox"/> Hits <input type="checkbox"/> Cries <input type="checkbox"/> Gives up toys <input type="checkbox"/> Tells the teacher <input type="checkbox"/> Other:

9. Does the child’s challenging behavior seem to be exhibited in order to gain attention from adults or peers? If so, who are adults or peers?

10. Does the child’s challenging behavior seem to be exhibited in order to obtain objects (e.g., toys, food)? If so, what objects?

11. Does the child’s challenging behavior seem to be exhibited in order to avoid or escape from demands, or non-preferred activities or people? If so, what or who?

Functional Assessment Interview—Teacher Form

12. Does the child’s challenging behavior seem to be exhibited in order to obtain sensory stimulation? If so, what sensory stimulations?

13. Does the child’s challenging behavior seem to be exhibited in order to avoid sensory stimulation? If so, what sensory stimulations?

D. Child’s Preferences and Previous Behavior Interventions

14. What are the types of social interactions (e.g., reading picture books with teacher) or things that the child really enjoys or prevent him/her from having problem behavior?

15. What kinds of things have classroom staff done to try to change the child’s challenging behavior?

E. Summary Statements for Each Major Trigger and Consequence

Setting Event	Routine or Activity	Immediate Antecedent (Trigger)	Challenging Behavior	Maintaining Consequences	Function

Functional Assessment Interview—Parent Form

Child's Name: _____ Age: _____ Date: _____

Person(s) Interviewed: _____

A. Challenging Behavior and Situations

1. What is the behavior(s) (e.g., hitting, biting, tantrum, yelling, noncompliant) that concerns you the most about your child? What does the behavior(s) look like?

2. When is the challenging behavior most likely to occur? Are there routines (e.g., morning, bathroom, play, mealtime, bath, bedtime) when challenging behavior is most likely to occur?

3. What do you think causes the challenging behaviors in your child?

4. Are there any specific situations or events in the routines that trigger your child's challenging behavior?

Routines/Activities	Specific Situations or Events
<input type="checkbox"/> Morning	<input type="checkbox"/> Prompted to get up <input type="checkbox"/> Prompted to get dressed <input type="checkbox"/> Prompted to take medication <input type="checkbox"/> Taking a shower <input type="checkbox"/> Parent helping other siblings <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Prompted to brush teeth <input type="checkbox"/> Prompted to wash hands <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Driving to School or Home	<input type="checkbox"/> Driving to school or home <input type="checkbox"/> Prompted to put on seat belt <input type="checkbox"/> Desired music denied <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Play	<input type="checkbox"/> Desired toys/materials denied <input type="checkbox"/> Parent leaving play <input type="checkbox"/> Sibling taking toys <input type="checkbox"/> Being requested to clean-up <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Mealtime/Dinner	<input type="checkbox"/> Desired food denied <input type="checkbox"/> Given non-preferred food <input type="checkbox"/> Parent helping siblings <input type="checkbox"/> Waiting <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Bath	<input type="checkbox"/> Prompted to get into bathtub <input type="checkbox"/> Having hair washed <input type="checkbox"/> Being soaped and washed <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Bedtime	<input type="checkbox"/> Desired objects/materials denied <input type="checkbox"/> Putting on pajama <input type="checkbox"/> Parent turning the light off <input type="checkbox"/> Parent leaving the room <input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other (SPECIFY): _____

Functional Assessment Interview—Parent Form

5. Are there any specific routines or settings in the community (e.g., shopping, park, social events) where your child’s challenging behavior occurs?

6. Are there any routines or situations in the home where the child’s challenging behavior never or rarely occurs? If so, what are those routines or situations?

B. Setting Events

7. Are there any specific aspects of child or home that make the child’s challenging behavior worse or more likely to happen?

Child	Home
<input type="checkbox"/> Sickness <input type="checkbox"/> Allergies <input type="checkbox"/> Change in diet <input type="checkbox"/> Medication <input type="checkbox"/> Not having meals/hunger <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Constipation <input type="checkbox"/> Seizures <input type="checkbox"/> Other:	<input type="checkbox"/> Change in routine <input type="checkbox"/> Moving to new home <input type="checkbox"/> Absence of preferred adults <input type="checkbox"/> New sibling/family member <input type="checkbox"/> Unexpected visitors <input type="checkbox"/> Parent discord <input type="checkbox"/> Too many people <input type="checkbox"/> Other:

8. Is the child’s challenging behavior due to inability to appropriately communicate wants or needs? If so, what are the general expressive communication strategies used by or available to the child (e.g., vocal sound, signs/gestures, communication books/boards, etc)?

9. Does the child play with other children his/her age? What toys or games?

C. Consequences

10. What usually happens after the challenging behavior occurs? How do you (your family) react or respond to your child’s challenging behavior?

Parent	Sibling
<input type="checkbox"/> Reprimands <input type="checkbox"/> Puts in time out <input type="checkbox"/> Provides what child wants <input type="checkbox"/> Removes privileges <input type="checkbox"/> Holds or restrains the child <input type="checkbox"/> Stops demands <input type="checkbox"/> Delays routines <input type="checkbox"/> Redirects <input type="checkbox"/> Other:	<input type="checkbox"/> Yells <input type="checkbox"/> Laughs <input type="checkbox"/> Hits <input type="checkbox"/> Cries <input type="checkbox"/> Gives up toys <input type="checkbox"/> Tells the parent <input type="checkbox"/> Other:

11. Does your child’s challenging behavior seem to be exhibited in order to gain attention from parents or siblings? If so, from whom?

12. Does your child’s challenging behavior seem to be exhibited in order to obtain objects (e.g., toys, food)? If so, what objects?

13. Does your child’s challenging behavior seem to be exhibited in order to avoid or escape from demands, or non-preferred activities or people? If so, what or who?

14. Does the child’s challenging behavior seem to be exhibited in order to obtain sensory stimulation? If so, what sensory stimulations?

15. Does the child’s challenging behavior seem to be exhibited in order to avoid sensory stimulation? If so, what sensory stimulations?

D. Child’s Preferences and Previous Behavior Interventions

16. What are the types of social interactions (e.g., coloring with parent) or things that the child really enjoys or prevents him/her from displaying problem behavior?

17. What kinds of things have parents done to try to change the child’s challenging behavior?

E. Summary Statements for Each Major Trigger and Consequence

Setting Event	Routine or Activity	Immediate Antecedent (Trigger)	Challenging Behavior	Maintaining Consequences	Function

Scatter Plot Chart 1

Child: _____ Observer: _____ Dates: _____

Target Behavior: _____

Did Not Occur
 4 or Less
 5 or More
 NA Did Not Observe

Time	Routine	Dates											

Scatter Plot Chart 2

Child: _____ Observer: _____ Dates: _____

Target Behavior: _____

Did Not Occur
 Occured
 NA Did Not Observe

Time	Dates												Total	

Antecedent-Behavior-Consequence (ABC) Observation Form

Child: _____ Observer: _____ Date: _____

Target Behavior(s): _____

Reported Setting Event(s): _____

Observation **START** Time: _____ Observation **STOP** Time: _____

Time (Begin & End)	Context	Antecedent	Behavior	Consequence	Perceived Function

<p>Potential Antecedents</p> <ol style="list-style-type: none"> 1. Waiting 2. Peer given a turn 3. Requested to do task/activity 4. Did not get desired item/activity 5. Non-preferred activity/items presented 6. Teacher helping others /left alone 7. Interruption 8. Peer taking toys 	<p>Potential Consequences</p> <ol style="list-style-type: none"> 1. Reprimanded/punished 2. Discomfort relieved 3. Teacher request/demand stopped 4. Given item/activity 5. Redirected to activity 6. Teacher provided help 7. Peers yelled/upset/laughed 8. Separated within classroom/time out 9. Moved next to teacher 	<p>Functions</p> <ol style="list-style-type: none"> 1. Obtain attention 2. Obtain tangibles (i.e., object) 3. Escape request/demand 4. Escape activity 5. Escape person 6. Self-stimulation
--	---	--

Antecedent-Behavior-Consequence (ABC) Observation Form

Observation Summary:

1. Target challenging behaviors occur most often when: _____
_____, during _____.

2. _____ seems to be a setting event that increases the likelihood of the behaviors.

3. The function(s) of _____
seems to be: To _____.

4. The function(s) of _____
seems to be: To _____.

Total Duration of Observation: _____

Total Number of Occurrences of Target Behaviors: _____

Total Duration of Target Behaviors: _____

Comments: _____

ABC Recording Form

Child: _____ Routine/Activity: _____ Date: _____

Target Behavior: _____

Observation **Started**: _____ Observation **Ended**: _____

Time	A-antecedents (What happened before the behavior?)	B-behavior (What specifically did the child do or say?)	C-consequences (What happened after or as a result of the behavior?)

ABC Observation Card

Child:	Observer:	Date:	Time:
General Context			
Social Context			
Challenging Behavior			
Social Context			
POSSIBLE FUNCTION			

Setting Events Checklist

Child's Name: _____ Teacher: _____ Date: _____

Check the item(s) that appear to contribute to the likelihood of challenging behavior.

	Yes	No
Physical		
Meal missed/hunger	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sleep	<input type="checkbox"/>	<input type="checkbox"/>
Illness	<input type="checkbox"/>	<input type="checkbox"/>
Medication side effects	<input type="checkbox"/>	<input type="checkbox"/>
Pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Other (list): _____		
Social-Emotional		
Irritable or agitated	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>
Disappointment	<input type="checkbox"/>	<input type="checkbox"/>
Reprimanded	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with peers	<input type="checkbox"/>	<input type="checkbox"/>
Other (list): _____		
Environmental		
Change in classroom, routine, activity, or order	<input type="checkbox"/>	<input type="checkbox"/>
Interruption in routine	<input type="checkbox"/>	<input type="checkbox"/>
Change in teacher or caregiver	<input type="checkbox"/>	<input type="checkbox"/>
Absence of preferred caregiver or teacher	<input type="checkbox"/>	<input type="checkbox"/>
Change in peer or placement	<input type="checkbox"/>	<input type="checkbox"/>
Uncomfortable room temperature	<input type="checkbox"/>	<input type="checkbox"/>
Loud noise	<input type="checkbox"/>	<input type="checkbox"/>
Other (list): _____		

Comments/Unusual Events:

Family Routines and Activities Questionnaire

Child: _____ Respondent: _____ Date: _____

We'd like to learn about your child's daily routines and activities and identify potential times and places for your child's intervention.

1. What routines and activities (e.g., personal hygiene, mealtime, play, household chores, nap, watching TV, bath, bedtime, etc.) occur on a regular basis?

Mornings: _____

Afternoons: _____

Nights: _____

Weekends: _____

2. Are there any activities or places you go that occur on a less than regular basis (e.g., once a week)?
3. Are there other events that occur fairly regularly or during the weekend (e.g., shopping, going to church)?
4. Who are important people who participate in your child's life? Who are helpful in your child's care, and who may also have activities and routines with your child (e.g., grandparents, brother, neighbor)?
5. What routines or activities does your child enjoy doing?
6. Are there opportunities for your child to interact with other children?
7. What routine or activity(s) does your child not like or have difficulty with?

- What does your child usually do during the routine/activity? How does your child participate in the routine/activity? To what extent is your child engaged with materials or family members during the routine/activity?

- What expectations do you have for your child during the routine/activity?

- Does he/she seem understand the expectations?

ABC Self-Analysis Form

Name: _____ Dates: _____

Date/Time	Activating Event (Situation) What happened?	Beliefs (Thoughts) What did you think or feel (self-talk)?	Consequences What happened as a result?	Comments



Developing Behavior Support Plans

After data are collected, the mental health consultant will collaborate with classroom staff and other team members to develop a Behavior Support Plan (BSP). The mental health consultant should conduct a BSP planning meeting to review results of the functional assessment and to design the BSP.

Preparing for the BSP Planning Meeting

We find that the BSP meeting will proceed more efficiently if the mental health consultant or behavior specialist organizes the functional assessment information for presentation to the team and is ready to actively guide the team in identifying behavior support plan strategies. The following steps should be used to prepare for the meeting:

1. Review all the functional assessment information and develop hypothesis statements that summarize what was observed and reported about the child. Use the words of the family and teachers in these summary statements (see step 6 on page 70 for guidance).
2. Develop ideas about the replacement skills that might be taught as functional equivalents to the problem behavior and/or additional skills that are related to the challenging behavior and might be included in the support plan.
3. Review the types of strategies that might be used (see selecting prevention, teaching, and response strategies listed on page 107 of this section) so that you are prepared to guide the team in the brainstorming process.



4. Create the support plan brainstorming charts in advance of the meeting. Consider using color coding to assist in the presentation of the data. At the top of the chart, list the triggers and setting events in red, problem behavior in blue, and maintaining consequences in green. Leave the section for function blank as that will be completed by the team. Make one chart per function within routine or activity. If activities or routines have the same general triggers and lead to challenging behavior that is the same function, combine those activities and routines (e.g., coming to snack table and coming to lunch, asked to brush teeth or asked to wash hands).
5. Carefully plan how to present the information you have to share and how you will guide the team in identifying intervention goals and brainstorming the plan. You want to be realistic about the time that is allocated for the meeting and ensure that you will be able to complete your planned agenda during the time you have allocated.

At the BSP planning meeting the mental health consultant will complete the following steps:

- Review and explain the FA results including what was learned from all tools that were used (e.g., Interviews, Observations, Family Routine and Activities Questionnaire)
- Develop intervention goals
- Guide team members to complete the Behavior Support Plan Brainstorming Chart

Steps in Developing Behavior Support Plans

The steps and activities in each step that should occur at the BSP planning meeting are as follows:

Step 1: Review and Explain the Results of Assessment

- Review the FA results and explain the hypotheses regarding the child's problem behavior and the purpose the behaviors serve.
- Discuss the environmental events that trigger the child's behavior and the setting events that might be contributing to the child's challenging behavior.
- Look carefully at the child's need to communicate a desire or protest.
- Discuss staff needs in addressing children's challenging behavior.
- Review information about family routines and activities gathered from the **Family Routines and Activities Questionnaire** (see section 5) and discuss the child's difficulties at home and in the community.
- Discuss potential family routines or settings for intervention.
- Discuss family needs in addressing the child's challenging behavior within family routines.



Step 2: Develop Intervention Goals

Once the team members understand hypotheses about the environmental events that trigger and reinforce the child's problem behaviors, the mental health consultant will help team members develop intervention goals to be included in the BSP. A goal defines the end toward which effort is directed or an outcome for a specific behavior. The goals must reflect behavior that can be measured and achieved in a reasonable time frame. Write a goal using the following examples:

- When peers have turns during circle and center time activities, Tom will wait for his turn.
- Tom will use sign language to say "all done" with verbal prompts when he is finished eating during lunch.

The intervention goal should focus on the child's acquisition of replacement or functionally equivalent behavior or skills. The replacement behavior will be a substitute for the problem behavior and the first step toward extinguishing the problem behavior. Review the replacement behavior identified during FA as well as the examples listed below, and select and develop specific, observable and measurable goals.

When selecting the replacement behavior, consider whether the child:

- Understands multiple directions, single sentences, words, gestures, pictures, or objects.
- Can express needs and wants using verbal language, sign language, gesture, or pictures.

Identify behavior that:

- Provides the same consequence or function as the problem behavior:
 - The problem behavior will decrease as the child learns to use the new replacement behavior.
 - The child will get what he or she wants or avoids by using the replacement behavior.
- Is easier and more efficient for the child to engage in than the problem behavior.

EXAMPLES OF REPLACEMENT BEHAVIOR OR SKILLS

- Use verbal language, sign language, gesture, or picture communication system to communicate
 - When needing help, attention, or comfort (e.g., saying, "help," "play with me," raising hand, reaching)
 - When needing toys, activities, or food (e.g., saying, "car," "more," tapping objects)
 - When being tired, wanting to take a break from activities, or wanting to avoid a task or demand (e.g., saying, "all done," "no," "break")
- Stay with activities, play with toys or others, or interact with others
- Comply with demand or follow directions
- Follow routines and rules
- Share and take turns with peers
- Make choices
- Express feelings
- Self-control (delay gratification, tolerate frustration, or control anger)
- Calm self when upset



Step 3: Complete Behavior Support Plan Brainstorming Chart

Use the **Behavior Support Plan Brainstorming Chart** (see samples pages 105-106) to facilitate a brainstorming session where team members identify and select behavior support strategies. Selecting multi-component support strategies should be facilitated to address each of the elements in the hypothesis statement.

Recommended Steps:

1. Present and review the Behavior Support Plan Brainstorming Chart.
2. Describe the brainstorming rules (e.g., generate ideas, don't evaluate them until later, give everyone a chance to come up with strategies).
3. Present a chart completed with one of the hypothesis statements developed in the functional assessment process:
 - a. First, review the **setting events, triggers, target problem behavior, and maintaining consequences** listed in each column on the chart. Discuss the hypothesis and ask the team to agree on a word or phrase that describes the function of the problem behavior. Write the functions of the problem behavior in the box marked "function."
 - b. Second, on the bottom half of the chart, list brainstormed **prevention strategies** that might be used to address the triggers of the challenging behavior. Use the same color for prevention strategies as you did for writing the triggers and setting events. This will help the team see that prevention strategies that are identified should relate directly to the triggers and setting events.
 - c. Third, write identified new replacement and desired skills or behaviors to teach (these should include replacement skills that can serve as functional equivalents to the challenging behavior). Use the same color that you used to write in the problem behavior section to note replacement skills to emphasize the relationship between replacement skills and problem behavior.
 - d. Fourth, brainstorm new ways to respond to the child's problem behavior so that problem behavior will not be reinforced or maintained. Use the same color marker for new responses that was used to note the maintaining consequences. The team should also identify how the child will be reinforced as he/she begins to use the replacement skills.
4. Discuss the strategies that have the most promise; narrow it down to the optimal strategies
5. Determine the set of strategies that will be used in the plan based on teacher/family values, willingness, and ability to implement the strategies
6. Place an asterisk next to chosen strategies on the brainstorming list.

Tips:

- Make sure the team receives adequate time and facilitation to generate a range of interventions within and beyond the classroom.
- Be sure that the facilitated process encourages the team members to be creative in generating ideas for behavior support.
- Be sure that the strength of intervention matches the severity of the concern.



SAMPLE BEHAVIOR SUPPORT PLAN BRAINSTORMING CHART 1

Target Routine: *Circle Time*

Triggers	Behaviors	Maintaining Consequences
<ol style="list-style-type: none"> 1. Teacher presents number and picture cards 2. Teacher comes over to Brad to prompt him to join the circle 	<ol style="list-style-type: none"> 1. Leaves his seat and plays in the bathroom 2. Screams and cries 	<ol style="list-style-type: none"> 1. Teacher lets him to stay in the bathroom for a few minutes and tells him to join the circle 2. Teacher withdraws the request to join the circle
<p>Setting Events:</p>	<p>Function: <i>Escape from circle time</i></p>	
Prevention Strategies	New Skills & Teaching Strategies	New Response Strategies
<ol style="list-style-type: none"> 1. Reduce activity demand 2. Embed preference into circle 3. Offer choices 4. Use "first/then" phrases when giving directions 	<ol style="list-style-type: none"> 1. Request "break" by holding a break cue card <ul style="list-style-type: none"> • Provide verbal prompt to ask for break 2. Remain in his seat engaging in activities <ul style="list-style-type: none"> • Use a visual cue card and verbal prompts • Use visual circle time mini schedule 3. Make choices <ul style="list-style-type: none"> • Use a circle time choice board • Cue him to point at the picture of the activity he wants and name the picture 	<p>To Challenging Behavior:</p> <ul style="list-style-type: none"> • Redirect to request "toys" or "help" • Briefly withdraw or delay interaction until the child calms down <p>To New Skill:</p> <ul style="list-style-type: none"> • Satisfy his requests by providing him with his request • Gradually delay the provision of requests • Provide specific praise when he uses his new skills



SAMPLE BEHAVIOR SUPPORT PLAN BRAINSTORMING CHART 2

Target Routine: *Clean-up*

Triggers	Behaviors	Maintaining Consequences
<ol style="list-style-type: none"> 1. Teacher tells Brad to clean up 2. Teacher comes over to Brad to prompt him to clean up <p>Setting Events:</p>	<ol style="list-style-type: none"> 1. Continues to play with toys 2. Screams and drops to the floor <p>Function: <i>Access to toys/Escape from cleaning up</i></p>	<ol style="list-style-type: none"> 1. Teacher lets him to play with toys for a few minutes 2. Teacher withdraws the request to clean up
Prevention Strategies	New Skills & Teaching Strategies	New Response Strategies
<ol style="list-style-type: none"> 1. Use transition warning and visual cues 2. Use "first/then" phrases 3. Use visual prompts that show the sequence of clean-up tasks 	<ul style="list-style-type: none"> • Initiate and complete transition tasks (steps) • Review the tasks for the clean-up with Brad • Use verbal and model prompts to teach him to complete the tasks 	<p><i>To Challenging Behavior:</i></p> <ul style="list-style-type: none"> • Redirect or re-cue Brad to initiate and complete clean-up tasks • Remind him of the expectations by showing him visual cues and help me comply with tasks <p><i>To New Skill:</i></p> <ul style="list-style-type: none"> • Provide verbal praise when he initiates and complies with transition tasks



Selecting Prevention, Teaching, and Response Strategies

The purpose of Step 3 is for the mental health consultant to explain potential behavior support suggestions to team members and to help team members select strategies. The consultant should help teachers and families understand the logic behind multi-component prevention, teaching, and response strategies that are linked to the hypotheses of problem behaviors. Strategies should be identified across each level of the FA: setting events, immediate antecedents (triggers), teaching behavior, and consequences.

Prevention Strategies

Prevention strategies focus on both preventing the setting events from occurring and changing the triggers to challenging behavior to reduce the child's need or likelihood to engage in the problem behavior. Prevention strategies make problem behavior irrelevant to the child by changing antecedents in a way that the child does not need challenging behavior to get his or her needs met.

The following are considerations for **prevention strategies** that might be identified for toddlers and preschoolers:

- **Changes related to setting events**

- Meet physical needs at program (e.g., food or clothes, place to sleep or clean up, medical care)
- Meet emotional needs at program (e.g., place to calm down, someone to talk to)
- Modify routines when needed due to setting events (e.g., plan for parent to communicate special situations)
- Create or increase positive setting events at program (e.g., opportunities for supportive interactions, opportunities for spending time with parents or for preferred activities when arriving at school)
- Reduce or eliminate environmental stimulus that might be contributing to target problem behavior (e.g., lighting, noise)

- **Changes related to immediate antecedents (i.e., triggers)**

- When being provided with activity or task demands including non-preferred activities:
 - Modify activities—reduce activity or task duration
 - Modify task difficulty level
 - Modify routines—reduce steps in routines, modify the schedule of the routines, reduce transition time, keep a consistent pace during mealtime
 - Use first/then statement or safety signal (e.g., “First circle, then play.” “One more bite, then play.”)
 - Embed preference into activities
 - Provide preferred activities or “easy” tasks interspersed or alternate less preferred activities with more preferred activities
 - Provide opportunities for choice of activity, material, order of activity, food, and partner
 - Communicate about what is happening
 - Provide signs, posters, signals, schedule, and other visual cues to clarify upcoming events and activities



- When being engaged in interactions with peers (e.g., turn-taking, sharing toys, etc.)
 - Have clear rules or behavioral expectations and review /remind them frequently
 - Use a visual turn-taking chart
 - Use a timer
 - Provide seating arrangement
 - Set firm limits; have clear guidelines for the child
- When preferred items or activities are removed
 - Provide a warning to child that the end of activity is near
 - Remind of upcoming fun activities
 - Provide a visual schedule to show upcoming fun events and activities
 - Set firm limits; have clear guidelines for the child
- When adult attention is not available
 - Provide frequent offers of assistance
 - Provide frequent attention
 - Provide activities that require less assistance
 - Have child become a special helper
- When being in unstructured, transition time
 - Reduce wait time
 - Have materials available and ready to go
 - Provide signs, posters, signals, schedule, and other indirect cues to clarify upcoming events and activities

The following are examples of **prevention strategies at home**:

- Modify routines
- Provide signs, posters, signals, schedules, and other indirect cues
- Provide more frequent interaction time with the child or schedule time with adults or siblings
- Provide scheduled access to desired object or event
- Provide choice of activity, material, and play partner
- Provide frequent offers of assistance
- Set limits or have clear rules
- Provide a safety signal or use first/then statement

Teaching Strategies

In the teaching strategies section of the plan, the team should identify the replacement skills that will be taught to the child during target routines and activities as well as across routines. The plan should target teaching replacement behavior (skills) that the child can use to have the same need met in an acceptable way. Teaching replacement behavior allows the child to receive the same reinforcers or escape from ongoing demands by requesting reinforcing items or attention, or requesting a break using an appropriate behavior. The following are examples of **teaching strategies**:



- **Replacement skills to teach**
 - Teach to say, “Help”
 - Teach to stay with activities
 - Teach to comply with demand
 - Teach to follow the transition routine
 - Teach to wait for turns
 - Teach to make choices
 - Teach child to request break
 - Teach child to request help
 - Teach child to ask for item
 - Teach child to request attention
- **Teaching strategies**
 - Provide direct instruction related to replacement and other appropriate behaviors throughout routines and activities using systematic teaching procedures
 - Use pre-correction (e.g., restate rules, remind the child of the target replacement or desired behavior, redirect the behavior when the problem behavior is about to start)
 - Demonstrate for child how to use desired behavior (e.g., “we stack the blocks like this, we don’t throw the blocks”)
 - Use peer modeling procedures
 - Identify peers who are skilled at the behavior or skill and friendly and helpful
 - Have the peers model the behavior (one skill at a time)
 - Use several different models
 - Use repetition
 - Use role-playing
 - Provide feedback (positive reinforcement for enhancing role-playing behavior)
 - Use self-monitoring procedures (This is for children who are developmentally 4-years-old or older.)
 - Create a simple visual checklist for child to self-record target behaviors
 - Review the goals or expectations with the child
 - Explain to child that he/she will earn a reward (e.g., special activity, sticker) each step or goal completed
 - Provide the reward contingent on completing the step or meeting the goal

Responses Strategies

Response strategies focus on how to handle target problem behavior if it occurs again and how to reinforce the replacement and desired behaviors when the child uses the new behaviors or skills. Responding to the problem behavior in a way that it does not reinforce the problem behavior is critical to reduce or terminate the behavior while responding to the new behavior in a way that it will repeatedly occur. The following are examples of **response strategies**:

- **When problem behavior occurs**



- **At the beginning stage:**
 - Prompt the alternative replacement behavior
 - Acknowledge the child’s feeling/behavior (e.g., let the child know that you understand that he is mad/sad)
 - When the child is having trouble within the group, move him to another group or space and state, “I think this new center will be better for you. I can see you’re trying.”)
 - Limit access to materials/toys when the child begins to misuse or abuse; use calm voice if de-escalation is desired.
- **At mid behavior stage** (problem behavior is fully present and requires staff to handle the behavior safely):
 - Use calming words
 - Distract—focus the child’s attention on something different (e.g., begin an activity with the other children that the focused child would enjoy, discuss a topic of interest to the child, such as special food for lunch and special events coming up)
 - Present choices or redirect to use new skills
 - Wait patiently for compliance
 - If the child does not understand or is not aware of the behavior that is occurring, describe to him what he is doing by commenting an observable behavior, which serves as a reminder and as a warning that the behavior is unwanted (e.g., “when you throw toys while we are playing, you are breaking toys, and you are hurting your friends too.”)
 - Praise the child for using the target skills or complying with requests
- **At problem-solving/debriefing stage:**
 - Ask the child to rejoin the activity when he is ready
 - Debrief with the child to review what happened, practice the replacement behavior, and plan what to do next
- **When replacement or desired behavior occurs**
 - Honor child’s requests immediately by providing what is requested (e.g., allow escape, provide tangible items) and gradually delay the reinforcement
 - Provide verbal encouragement when performing desired behavior
 - Provide special time with adult, activities, or tangible items based on the behavioral function
- **Key points to remember**
 - Have consistent consequences built into routines
 - Make consequences reasonable and logical
 - Catch the child when he/she engages in desired behavior and provide descriptive feedback (e.g., “You are playing nicely with your friend, you are taking turns and sharing the toys.”)
 - Provide reinforcement immediately following the behavior and gradually increase the reinforcement interval
 - Individualize and vary reinforcers available to the child
 - Use natural reinforcers (e.g., adult responsiveness, play with peers) rather than tangible items (e.g., stickers, toys) when possible



Writing the BSP

After completion of the Behavior Support Planning Chart, the mental health consultant should draft the BSP for team review and final approval. In most cases, a brief plan (e.g., 1-3 pages) is sufficient to describe information needed for the team to follow. A child who engages in more serious problem behavior will require a longer BSP in order to provide the details necessary for team members to successfully implement the interventions. Regardless of whether a team is supporting a child with minor problem behavior or a child who has more complex support needs, the key elements of the BSP plan remain the same.

IMPORTANT ELEMENTS OF A BSP

- The problem behavior of concern
- A summary of the functional assessment
- Intervention goals (problem behavior and replacement skills)
- Descriptions of the behavior support strategies to be implemented
 - Prevention strategies (setting event and immediate antecedent strategies; specifies environmental, curriculum, and interaction changes to remove need to exhibit the problem behavior)
 - Teaching strategies (specifies how the functionally equivalent replacement behavior and other desired behaviors will be systematically taught within the context of the natural routines and activities)
 - Response strategies (specifies how the child's engagement in replacement or desired behavior will be reinforced and how the adults will respond when the child engages in the problem behavior)
- Descriptions of safety net procedures (if needed)
- Behavior support at home (goals to address at home and strategies to be used)
- A plan for monitoring the target behaviors
- A plan for communication with parents
- A plan for evaluating the effectiveness of the plan (other data to be collected to evaluate the outcomes of the plan)

Directions

1. Describe the problem behavior of concern providing clear definitions of each target behavior.
2. Briefly summarize the functional assessment results.
3. Write the identified intervention goals; determine a date by which team members expect the child to achieve those goals.
4. Write the **behavior support strategies** identified at the brainstorming session using the **Behavior Support Plan Brainstorming Chart** (see page 130). Develop a one-page summary sheet so that the plan can be reviewed quickly while the plan is being implemented.
5. Write the **Safety-Net Procedures** (see sample page 112) if needed to provide guidelines for interrupting and managing dangerous behavior.



6. Write the **monitoring plan** (e.g., the procedures and frequency of data collection to measure progress toward goals; communication methods between staff and family for exchanging monthly behavior data summary).
7. Write the **evaluation plan** (e.g., data to be collected to evaluate the outcomes of the plan).
8. The plan might also include the following:
 - Summary of child’s strengths.
 - The extent to which the mental health consultant will provide training and technical assistance on implementing the plan to teachers and family members, including the frequency of the consultation to be provided by the consultant.
 - Resources needed to implement the plan. List the staff, materials, and equipment that are necessary to ensure that the plan will be implemented successfully.

SAMPLE SAFETY-NET PROCEDURES FOR JOSHUA

The following procedures are implemented in conjunction with behavior support strategies when Joshua engages in extreme behaviors that jeopardize his safety and the safety of others.

When Joshua:

- Pushes children from the loft
- Tries to throw objects through the window or break the window
- Picks up large and dangerous objects (e.g., chair, dump truck) and threatens to throw them at children

An Adult will:

- Physically guide Joshua to leave the classroom or playground by placing an arm around his shoulders and gently guiding him to leave the area (do not pull him by his hands or arm)
- Instruct Joshua to sit on a bench or on the ground (outside playground gate)
- Stand near Joshua without commenting, interacting with him, or making eye contact until he has calmed down (e.g., panting stops, fists are unclenched, crying stops)
- Prompt Joshua about the expected behavior and the rule once he is calm for a minimum of 2 minutes
- Return with Joshua to the classroom or playground and shadow Joshua on his re-entry for the next 10 minutes to ensure that the episode is over
- Document the event in his behavior log and complete an incident report

Following are two **Sample Behavior Support Plans**: one for **Brad** who is a preschooler and one for **Nathan** who is a toddler. Brad’s plan includes most recommended elements including description of problem behavior, summary of the functional assessment, behavioral goals, behavior support strategies, behavior support at home, progress monitoring, communication with family, and evaluation. Nathan’s plan is a short, 2-page plan that includes only behavior support strategy components (i.e., prevention, teaching, and response). If providing guidance is necessary for staff and families to collaborate in implementing the plan across settings and collecting monitoring data, it is recommended that the team develop a plan like Brad’s.



SAMPLE BEHAVIOR SUPPORT PLAN 1

Brad's Behavior Support Plan

Child: Brad Cook Teacher: Ms. Mary Date: 9/11/10Program: Rainbow Child Development Center Classroom: Pre-KTeam Members: Brad's parents, teaching staff (lead teacher, Mary and assistant teacher, Judy), family specialist (Jane), and program director (Martha)

PROBLEM BEHAVIOR

Circle Time

During circle time, Brad often goes to the bathroom and remains in the bathroom for more than 5 minutes. Brad engages in tantrums (prolonged crying, screaming, dropping to the floor, kicking, and throwing) if an adult tries to bring him back to the circle. Because his tantrums disrupt the circle time activities, the adult often withdraws the request to join circle and he is allowed to leave the circle area.

Clean-up Time

Brad has difficulty during clean-up time. During this routine, Brad screams, drops to the floor, and continues to play with his toys instead of following teacher direction. Teachers repeat the direction, but will allow him to continue to play if he refuses to clean up as they are needed to help other children with washing hands and setting up lunch tables.

SUMMARY OF FUNCTIONAL ASSESSMENT

During circle time, Brad is likely to leave his seat and play in the bathroom when the teacher presents non-preferred number and picture cards or storybook reading activities. He refuses to comply with adult requests to join the circle by screaming, crying, kicking and throwing in order to escape from the activity demand. The withdrawal of the request for joining circle or letting him escape from the circle time activity demand have served as maintaining consequences for Brad's problem behavior.

During transition between center and lunch times, Brad is likely to scream, drop to the floor, and continue to play with his toys when an adult prompts him to put his toys away in order to gain access to his preferred toys. The withdrawal of the request to clean up while letting him continue playing with toys has served as a maintaining consequence for Brad's problem behavior during transition time.

GOALS

- When needing a break during circle time activities, Brad will ask for a break by holding a break cue card when being prompted (e.g., "Brad, do you need a break?").
- During circle, Brad will remain seated and follow the sequence of circle time activities.
- During circle time, Brad will choose the activity he wants by saying the name of songs and books when being cued with picture cue card.
- When time to clean up, Brad will initiate his transition tasks (putting his toys away and washing his hands) after the teacher gives direction.



SAMPLE BEHAVIOR SUPPORT PLAN 1 CONTINUED

BEHAVIOR SUPPORT STRATEGIES

PREVENTION STRATEGIES

Circle Time

- Reduce activity demand: Reduce non-preferred pre-academic activity time within circle time (e.g., naming numbers and pictures) that are difficult for Brad and other children. Implement those activities during small group activities with children who can respond.
- Embed preference into circle: Provide his favorite songs and physical movement activities ('five little monkeys', 'alligator', 'jumping in the water', 'sunny sunny'), books, puppets, props (flannel materials, flash, mirror...), etc. Use a variety of visual activities.
- Offer choices: Offer as many choices during circle time as possible. Use picture cue card or visual choice board and ask Brad what song or book he wants. Use photograph activity cards.
- Use circle mini schedule: Show when favorite circle activities will occur.
- Use "first/then" phrases when giving directions: Use first/then phrases to help Brad understand expectations and point out what fun activity is coming up: "First join the circle, then you can play with the toy."; "First, criss-cross, then Ms. Mary can play the song"; Use visual cue cards when using first/then phrases.

Clean-up Time

- Use transition warning and visual cues: Give transition warnings before clean up time, particularly when Brad is playing with his favorite toys (turning the lights off-on 5 minutes prior to change or ring the bell). Go to Brad and give him the visual cue of clean-up while telling him to clean up ("Brad, it's time to clean up"). Give another warning 2 minutes before clean up.
- Use "first/then" phrases: Help Brad understand the transition expectation and point out what favorite time is coming up; "First, clean up and then you can have lunch."
- Use visual prompts: Provide visual prompts that show the sequence of transition tasks (e.g., putting toys away, getting in line, washing hands, sitting at the table) to help Brad to comply with the transition tasks independently.

NEW SKILLS TEACHING STRATEGIES

Asking for break: Teach Brad to appropriately request break by saying "break" during circle time, when prompted. Use prompting strategies to help Brad ask for break (e.g., "Brad, remember to say break when you need break"; "Brad, do you need break?"; "Say break").

Engaging in circle time activities: Teach him how to stay in the circle, using a visual cue card (e.g., a photograph of a child sitting in the circle) and verbal prompts. Remind him of the circle time expectations and show him the cue card when he is about to leave his sit and several times during circle time. Teach him to anticipate and follow the sequence of circle time routine, using a visual circle time mini-schedule.

Making choices: Teach him to point at the picture of the activity he wants and say, "Monkey," "Jumping in the water," "Alligator..." Cue him to use picture cards and verbal words prior to his use of problem behavior. Ask him frequently what he wants during circle time.

Initiating clean-up tasks: Teach Brad to independently initiate and complete transition tasks (steps) in a timely manner and with cooperation.

- Review the tasks (steps) for transition with Brad, using a transition goal sheet, titled "My Clean-up Goals," every day before transition time.
- Use verbal and model prompts to teach Brad to complete requested transition tasks.

**SAMPLE BEHAVIOR SUPPORT PLAN 1 CONTINUED****RESPONSE STRATEGIES****When target replacement or desired behavior happens**

- Satisfy his requests immediately by providing him with his request for a week and then gradually delay the provision of requests
- Comment and encourage him when he sits, participates, makes a choice, or uses picture cue cards and his words. Pat him on the knee or comment “Look how straight and tall you are sitting!”
- Provide verbal praise every time Brad initiates and complies with transition tasks.

When the problem behavior happens

- Re-cue to look at circle mini schedule for upcoming fun activities
- If problem behavior continues, remind him of new alternative skills and routine expectations
- If he doesn't stop his tantrum, wait until he becomes calm and then assist him in choosing an alternative activity by showing him the circle time visual choice board. Giving him a hug for stopping tantrums/crying and choosing an activity.
- Redirect or re-cue him to sit and listen, initiate transition tasks, or to use his new skills.
- Remind him of the expectations by showing him visual cues, help him comply with one task, and then allow transition to lunch. Gradually increase the number of tasks.

BEHAVIOR SUPPORT AT HOME**Problems**

Brad often refuses to wash hands after using the toilet and before meal time. He will scream, drop to the floor, and kick to escape being taken to the sink. When Brad engages in these behaviors, the adult will wash his hands for him using a wash cloth or withdraw the request.

Goals

When time to wash hands, Brad will initiate washing hands after his parents' verbal prompt.

Strategies

The following prevention, teaching, and response strategies will be used by Brad's parents:

- Use visual prompts that depict the sequence of washing hands to help with
- Embed preference: make the routine like a game
- Use first/then phrase: “First washing hands, then food”
- Teach how to initiate the hand-washing routine
- Provide verbal praise and encourage him when he initiate or complete steps of washing hands
- Remind him of the routine expectations when resisting washing hands

PROGRESS MONITORING**Data Collection Procedures**

The following direct observation data will be collected weekly to monitor Brad's progress toward goals:

- Rating of problem behavior during circle time
- Frequency of using replacement skills (i.e., asking for a break) during circle time
- Duration (the number of minutes) of engaging in the circle time
- Rating of initiation during transition time
- Parent rating of Brad's washing hands before meal time at home

CONTINUED



SAMPLE BEHAVIOR SUPPORT PLAN 1 CONTINUED

Person Responsible for Data Collection:

DAILY LOG DATA: Lead teacher, Ms. Mary

WEEKLY DIRECT OBSERVATION DATA: Assistant teacher, Ms. Judy and family specialist, Ms. Judy (biweekly to ensure the reliability of direct observation data)

WEEKLY HOME LOG DATA: Brad’s mother

Projected Review Meetings

Progress monitoring data will be reviewed during consultant’s biweekly classroom visits to provide feedback to classroom staff about Brad’s progress and staff’s implementation of the plan.

COMMUNICATION WITH FAMILY

Use daily **School-Home Note** to inform Brad’s parents of his progress. Brad’s parents will review the School-Home Note with Brad and provide him with a reward when Brad has a good day. Brad’s parents will hand in weekly home log data to classroom staff when dropping off Brad in the morning.

EVALUATION

Data Collection

The following data will be gathered to evaluate outcomes of BSP implementation

- Summary of direct and indirect monitoring data on Brad’s target behaviors
- Post assessment of family’s and staff’s acceptability and satisfaction on the process and outcome of the intervention

Review Meeting

DATE: 12/11/10 PARTICIPANTS: All Team Members

ANALYSIS OF BEHAVIORAL DATA SHOWS:

- | | |
|---|---|
| <input type="checkbox"/> Desired decrease in problem behavior | <input type="checkbox"/> Desired increase in replacement behavior |
| <input type="checkbox"/> Undesired decrease in problem behavior | <input type="checkbox"/> Desired increase in desired behavior |
| | <input type="checkbox"/> Undesired increase in replacement behavior |
| | <input type="checkbox"/> Undesired increase in desired behavior |

ASSESSMENT OF FAMILY’S AND STAFF’S ACCEPTABILITY AND SATISFACTION SHOWS:

- Strong acceptance and satisfaction with the process and outcome of the plan
- Moderate acceptance and satisfaction with the process and outcome of the plan
- Low acceptance and satisfaction with the process and outcome of the plan

ACTION TO BE TAKEN: Continue Plan Modify Plan Plan for Generalization

PLAN OF ACTION:



SAMPLE BEHAVIOR SUPPORT PLAN 2

Nathan's Plan

The Problem

1. Nathan is likely to have tantrums (prolonged crying, screaming, dropping to the floor, kicking, and throwing) when he is frustrated with a toy or object. When this happens, someone gives him help and attention.
2. Nathan is likely to have tantrums when he wants something that is out of reach or if he wants to do an activity (e.g., go outside). When this happens, an adult tries to figure out what he wants and give it to him or complies with his activity request.
3. Nathan is likely to have tantrums when someone makes demands of him in self-care routines (e.g., brush teeth, change diaper) and play (e.g., "I'll play with you." or "Do it like this."). When Nathan tantrums, the adult usually withdraws the demand or provides attention to Nathan.
4. Nathan is likely to throw toys at Lara when she approaches him or touches toys in his area. When this occurs, the adult removes Lara from the room.

Long-Term Support

1. Provide Nathan with a well-rounded, predictable activity schedule that includes both indoor and outdoor playtime. A photo activity schedule should be used to inform Nathan of the activities of the day and the choices he may make.
2. Nathan's caregivers and older brother will be taught to use strategies for supporting Nathan's communication and social development in play. Nathan's play partners will be taught how to use pacing and wait time to encourage Nathan's engagement in play.

Skills to Teach throughout the Day

1. Nathan will be taught to say "help" paired with a natural gesture to request help.
2. Nathan will be taught to say "no" to express a protest or escape an activity.
3. Nathan will be taught to say "want" paired with a natural gesture to request objects.
4. Nathan will be taught to select choices of activities and toys using a photo menu board.

To Prevent the Behaviors

1. Nathan will be prepared for transitions that are going to be difficult by the use of a safety signal by caregivers. Caregivers will tell him "Nathan, pretty soon we will _____" and then the transition will follow in 5 minutes.
2. Caregivers will tell Nathan what is happening using simple language. For example, "Daddy is leaving," "Good-bye Dad."
3. If Nathan expresses a request that cannot be met, the caregiver will state that "Nathan wants _____. I'm sorry that is not a choice" and then follow immediately with two choices.
4. If Nathan expresses a no (verbally or through gesture), respect his no if possible. If Nathan pulls a caregiver to a toy or cabinet, make an effort to let him communicate his request. For example, "Nathan, show me. What do you want?"



SAMPLE BEHAVIOR SUPPORT PLAN 2 CONTINUED

5. Caregivers will provide concrete choices of activities (walk, play, TV, outside) and objects (toys, food, stuffed animals, videos) throughout the day.
6. Caregivers will break language down for Nathan and use short phrases when interacting with him e.g., "Nathan do you want to play on the computer?" "Nathan?" "play?" "play computer?"
7. Caregivers will wait at least 4 seconds after making a request to allow Nathan to respond.
8. Caregivers will verbally indicate to Nathan that Lara will be playing in the room and provide Lara with her own set of toys (e.g., "Nathan. Look. Lara is going to play. Lara can play with the cars.").
9. Caregivers will bring Nathan and Lara together for brief play sessions (e.g., 5 min). Caregivers will use a toy set that has multiple identical items (e.g., balls, blocks, cars) and guide Nathan to engage in parallel play with Lara.

When the Behaviors Happen

If Nathan has a tantrum, put a language label on what he is expressing before you do anything else. For example, "Nathan is angry." "You don't want to go inside." If you can't change the situation, explain "Time to go in." Try not to use the word no (e.g., "No, Nathan. Stop it. You must go in.") which appears to him that you are not listening to the message. Follow the event immediately with a choice. "We can read a book or have a snack." Do not attend to the tantrum if it continues.

1. If Nathan has a tantrum because he is frustrated with a toy, respond to him by asking if he needs help ("Need Help?") while holding your hand out. Then say "show me help" while holding your hand out again. Wait four seconds and then provide him help while saying, "I'll help you." Do not say anything about the tantrum or toy throwing.
2. If Nathan has a tantrum because he doesn't want a toy or object that is offered, say to him "You're telling me no." Pause and then say, "Say no." Pause for a response, but after 2 seconds remove the toy or object.
3. If Nathan has a tantrum because he wants to escape a demand with a toy, say to him "you don't want to" pause and say, "Let's do it one more time," do the action and then say "Bye-bye _____" and remove the toy.
4. If Nathan has a tantrum about a transition, proceed with the plan while showing him the picture schedule about what comes next. If he physically resists moving, say, "I'll help you" and gently guide him.
5. If Nathan has a tantrum because something he wants is out of reach, say to him, "You want the _____." "Say want" paired with the gesture. Pause for 2 seconds and then provide the object.
6. If Nathan hits Lara with a toy or throws a toy at her, first comfort Lara. Pull Lara to a corner of the room and provide her with a toy set. Go to Nathan and say "Nathan is playing with puzzles. Lara is playing with cars."



Using Safety-Net Procedures

Safety-net procedures refers to the use of procedures in response to potentially dangerous behavior. These procedures should be planned for children who have a history of dangerous outbursts. These procedures provide adults with a script for how to respond to a child's intense challenging behavior in a manner that keeps other children safe and/or prevents the child from harming his or herself.

GUIDELINES FOR USING SAFETY-NET PROCEDURES

Safety-Net Procedures Should be Used to

- Develop specific procedures or strategies to follow whenever the child engages in challenging behavior that potentially place either the child or any other person in danger
- Develop a script for what adults will do when the child engages in behavior that is potentially dangerous

Some Guidance about the Development of Safety-Net Procedures

- If a child is in danger of harming himself or others, you must first be concerned about safety
- Adults can hold or remove the child from the situation to keep children safe
- Safety-net procedures only keep children safe; they do not change behavior
- Safety-net procedures are only appropriate when there is also a full behavior support plan or intention to develop a plan. They should be designed in collaboration with a team.

Cautions: The Dangers of Holding/Restraint

- Can lead to injury to the child or adult
- Could lead to abuse of the procedure
- Can provoke additional challenging behavior
- Could frighten other children
- Could traumatize child
- Provides adult with opportunity for control that may be reinforcing when the situation seems to be out of control
- No therapeutic benefit

Would Physical Control Procedures Ever be Used?

- Identify the behaviors of concern—dangerous to self or others
- Use First Response strategies (de-escalation procedures)
 - *Verbal*—direction about what to do (e.g., “put the sand in the sand box”), direction about appropriate behavior (e.g., “ask for a turn”), direction to de-escalate (“take a

deep breath), validate emotion (“it looks like you are very angry)

- *Physical*—moving the child, blocking the child, interrupting aggressive action with physical guidance, guiding child to correct action
- *Environmental*—removing materials from area, removing children from proximity of the child having challenging behavior, putting a barrier between child and others
- Distinction between physical interventions and physical control. Physical interventions that are effectively used are to prompt, redirect, temporarily restrict movement (e.g., hand on shoulder), block, or physically moving a child. Physical control describes holding or restraining.
- Effective options if de-escalation does not work immediately
 - Remove the class
 - Block the child
 - Remove the demand
 - Move child to safe place to deescalate
- Physical control should be *very rarely used and is an intervention of last resort* to prevent harm to the child or to others (citation). It should only be used when the following conditions are met:
 - Dangerous behavior
 - Behavior is escalating
 - First response strategies failed
- If physical control (e.g., holding) will become part of the safety plan, staff must be trained in the procedures to be used. Please note that many agencies and programs prohibit the use of physical control procedures.

Next Step

- Complete Incident Report (same day)—all information pertinent to incident (who involved, date, time, incident description, behavior), family notification
- Convene meeting to review and initiate support planning process or review plan that is in place



Developing Intervention Steps

Developing specific steps to implement strategies is recommended to guide staff and families to implement the BSP with fidelity. The steps, also called intervention scripts dictate a series of implementer words or actions. The steps help with clarification in communication of planned strategies and consistent implementation of strategies across staff and families. Thus, developing steps or scripts enhances implementation fidelity and helps with assessing fidelity. Some example steps or scripts are provided in the sections describing **examples of response strategies**, **prompting procedures**, and **mand-modeling procedures**. Although specific, detailed steps provide clear guidance for implementing strategies, the number of steps should be reasonable for staff or families to implement with ease. The following are more examples of implementation steps to teach a child to sit in the circle:

1. Toward the end of transition from free play to circle time, go over the picture schedule with the child.
2. Set up the circle time mini-schedule at the circle area and have the child's preferred materials ready.
3. Provide verbal prompt to help the child join circle and sit at his designated spot (e.g., "Brad, it's time for circle." "Find your name on the floor and sit.").
4. Upon child's sitting, remind the child of the circle time expectations (e.g., It's not okay to leave the group, Wait for turns, Use quiet voices).
5. Use a circle time mini-schedule to help the child make a choice of circle time activities.
6. Provide verbal praise and the activity chosen contingent upon the child's initiation.
7. Provide verbal praise approximately every 30 seconds to the target child or peers for staying in the circle.
8. Upon the child's first attempt to leave the circle, use "first/then" phrase (e.g., "First circle, then center.").
9. If the child attempts to leave the circle again, remind him/her of the circle time expectations.
10. If the child has a tantrum because he doesn't want to come back to circle, show him/her the picture schedule about what comes next, and say, "Let's do one more activity, and then center." Gently bring the child to the circle and do the activity. Do not say anything about the tantrum.

Teaching Replacement Skills

A critical component of the behavior support plan is the instruction of the replacement skills. Changes in child problem behavior will occur when the child has more conventional and effective ways to communicate his or her wants and needs or has the social emotional skills needed to cope with challenges presented in the environment and interactions. Thus, it is essential that the teacher and family implement planned and systematic approaches to teaching replacement skills. Strategies that can be used within everyday routines, interactions, and planned activities to teach replacement skills are presented below.



Prompting Procedures

Prompting procedures may involve the use of **verbal prompts** (e.g., saying “Wait your turn.”), **gestural prompts** (e.g., pointing toward a choice cue card), **model prompts** (e.g., saying “Help me please” to show child how to ask for help, having child watch teacher put toys away), **physical prompts** (e.g., guiding the child physically through an entire sequence of behavior), **pictorial prompts** (e.g., pictures of bathroom sequence), or **time delay** (e.g., prompting child to say “help me,” and then waiting for the child’s response for a few seconds).

For example, use the following prompting procedures when a child is about to engage in problem behavior:

1. Tell the child what the expectations are each time the child is about to scream and cry to escape from a demand (e.g., “Karen, sign/say ‘all done’ if you want no more food.”). Wait 4 seconds for the child to sign/say “all done.”
2. If no response, repeat the verbal prompting along with pointing out a visual cue (show the child the photograph of a child signing “all done”).
3. If no response, model the expected behavior (e.g., sign “all done” while verbalizing it).
4. If no response, give a partial physical prompt (e.g., tap the child’s hand).
5. Repeat the verbal cue and physically prompt the child, from the elbows, to bring his/her arms forward. Wait 4 seconds for the child to sign “all done.”
6. Repeat the verbal prompting and fully assist the child to sign hand-over-hand.

Tips:

- Provide the least amount of help necessary to promote the child’s independence.
- Use prompts just before the child is expected to perform the target skill(s) or as child performs the skill(s).
- Use prompts only when the child is attending to the teacher or the task at hand and pay close attention to the child in order to know when and how much help should be provided.
- Withdraw the prompts as the child’s learning progresses.

Prompt Hierarchy Levels:

- *Independent*—the child is able to perform the skill on his/her own with no prompts or assistance.
- *Indirect* (Verbal or Nonverbal)—telling the child that something is expected, but not exactly what (e.g., “Now what?”) or use body language (e.g., expectant facial expression, questioning hand motion with a shrug, etc.).
- *Direct Verbal*—telling the child what he/she is expected to do or say (e.g., “Put your toys away.”).
- *Gesture*—indicating with a motion what the child is supposed to do (e.g., pointing).
- *Modeling*—showing the child what to do.
- *Partial Physical Assistance*—providing minimal supported guidance.
- *Full Physical Assistance*—providing hand-under-hand guidance to help the child complete the desired task.



Most-to-Least Prompting

Most-to-least prompting is a systematic prompting procedure that uses a decreasing prompt hierarchy, going from the highest level of prompting necessary for the success of the child and decreasing the level of prompting to none. This procedure is used for children who do not know how to perform a new skill.

Most-to-least prompting example of teaching to say “all done” with gesture:

1. Physically assist child using hand-over-hand to gesture “all done.” Use this prompt for 8 days in a row.
2. Partially assist child by placing hands on elbow to prompt gesture “all done.” Use this prompt for a week. If the child does not respond, provide full physical prompt as correction.
3. Model gesture and verbally direct child by stating, “Say all done.” Use this prompt for 8 days. If the child does not respond, provide partial assistance. If child does not respond to partial assistance, provide full physical assistance.
4. Ask child, “What do you want?” If child does not respond, provide verbal direction with gesture for “all done.” If child does not respond to verbal with gesture, provide partial physical prompt. If child still does not respond, provide full assistance.

Least-to-Most Prompting

Least-to-most prompting procedure uses an increasing prompt hierarchy, allowing the child to attempt the skill before providing assistance and then only giving the amount of assistance necessary for the child to successfully use the skill. This procedure is used for children who have a level of skill established or for children who have the skill, but do not use it in the target context.

Least-to-most prompting example of teaching to clean-up:

1. Look at child with expectation to clean-up.
2. If child doesn’t clean-up, state, “Clean-up please.”
3. If child doesn’t clean-up with verbal direction, gesture to clean-up by patting toy while stating, “Clean-up.”
4. If child still doesn’t clean-up, physically guide child to clean-up and praise for cleaning up.

Mand-Modeling Procedures

The mand-model procedures are used for promoting replacement communicative skills. The procedures use specific types of adult verbalization: “mand,” adults’ statements or questions (non-yes-no questions) that require a specific response (e.g., “Karen, what do you want?”) and provide a model of behavior (e.g., “Say help me please.”) if the child does not use the desired communicative behavior, indicating that you want the child to imitate your statement.



For example, use the following steps for using the procedure with a child whose problem behavior is maintained by obtaining toys from peers:

1. Identify times and activities in which the procedure will be used.
2. Allow or help the child to play with peers and toys that are likely to evoke the child's problem behavior.
3. Observe what the child is doing and if the child is about to use the problem behavior to obtain the toy from a peer.
4. Ask a question (mand): "What do you want?"
5. Look expectantly at the child and give him a few seconds (i.e., 3-5 seconds) to answer.
6. If the child produces a correct production of the target communicative skill, provide descriptive feedback of "You asked for the toy" and provide the natural reinforcement (toy) the child requested.
7. If the child does not answer, provide a model (e.g., "Say, toy please" and look expectantly for the child to imitate the statement).
8. Repeat the sequence over the course of the next few minutes.

Developing Socially Valid, Contextually Fit Plans

Contextual fit between the behavior support plan and the classroom staff (and family members), resources, and environment are essential to the successful implementation of the plan. Plans with good contextual fit and that are acceptable and easily implemented by the caregivers are considered to be socially valid.

Developing Most Effective and Easily Implementable Plans

Make sure the plan:

- Includes strategies for which there is prior evidence of its positive effects (i.e., empirical evidence).
- Accommodates competing demands on teaching staff and family.
- Is consistent with the teacher and family skill levels.
- Is manageable.

Make sure the specific strategies selected:

- Relate to the hypothesis developed to be the primary factor causing the problem.
- Are congruent with child motivation (function of behavior).
- Are appropriate for the context in which behavior occurs.
- Build on the child's strengths, interests, preferences, and relationships.
- Have the highest probability of success.
- Are easy to use and easy to remember.
- Have a high level of acceptance among those adults responsible for its implementation.



Considering Resource and Staff Availability

An often overlooked but important task in positive behavior support is to gather information that considers issues related to contextual fit by conducting a system-level assessment. A system level assessment looks at resource and staff availability as well as staff development processes.

Consider the following areas:

- Amount of staff time available.
- Amount of energy required to implement the plan consistently.
- Financial and material resources necessary to implement the plan.
- Staff training system that already exist and extra training needs.
- Members' relationship with one another.
- Other resources available to make the plan work.
- Typical routines and activities.

Developing Culturally Sensitive Plans

At team meeting:

- Enhance cultural self-awareness.
- Emphasize information sharing in contrast to information giving.
- Help parents select goals and strategies.
- Identify issues associated with the plan's contextual fit.
- Identify staff and family concerns and ideas to get their input. Use the following open-end questions:
 - What parts of the plan will work best?
 - What will be the most difficult part of this plan for you?
 - What might be good about changing this plan?
 - What will make it easier for you?
- Discuss staff and family values, cultural perspectives, communication and language backgrounds.
- Adapt the plan based on the family's interaction style.
- Develop ongoing communication systems.
- Develop a plan for ongoing training program in which families and teachers are both teachers and learners.

Make sure the plan:

- Delineates how the learning environment will change to address the behavior and the child's unique developmental, behavioral, and cultural characteristics and needs.
- Include strategies that work well in the target environment.
- List the positive, culturally appropriate instructional strategies and behavioral supports that are most likely to be acceptable, easy to implement, culturally sensitive, and least intrusive.



Assessing Contextual-Fit of the BSP

The **Self-Assessment of Contextual Fit for Early Educators** (see page 136) is a tool designed to assess contextual fit of the BSP. The mental health consultant should have the classroom staff self-assess the plan using the tool. This tool uses a 6-point rating scale rated as 1 (strongly disagree)-to-6 (strongly agree) and consists of 8 areas designed to measure the contextual fit of the plan: 1) knowledge of elements in the BSP, 2) skills need to implement the BSP, 3) the extent to which the values are consistent with elements of the BSP, 4) resources available to implement the plan, 5) administrative support, 6) effectiveness of the plan, 7) the extent to which the plan is in the best interest of the child, and 8) the extent to which the plan is efficient to implement. The tool includes 16 items, 2 items in each area.

Assessing BSP Quality

It is recommended that the mental health consultant assess the BSP quality using the **Behavior Support Plan Quality Checklist** (see page 135) to make sure the plan includes the critical features of a behavior support plan. The BSP quality assessment measures the quality of the BSP in 5 areas: 1) components, 2) FA summary statement, 3) goals, 4) behavior support strategies, and 5) contextual fit. A total of 18 items, 2-6 items in each area are included in the tool. The assessment focuses on whether the plan includes essential behavior support components (prevention, teaching, and response) that are linked to FA results and address child's needs and have high levels of teacher and family acceptance.

Helping Families and Staff Shift Attention Away from Any Pessimistic Thoughts

Given the nature and frequency of the problem behavior exhibited by children with challenging behavior, it is not surprising that teachers and families often feel pessimistic about achieving changes in the children's behavior. Teachers and families who are pessimistic tend to resist new ideas and methods. Their attitudes toward the children's problem behavior may be expected to influence their resultant behavior. Teachers might believe children's problems exist solely within the child, and are not related to their context and functions. The teachers who have this belief are likely to resist altering their way of thinking because they feel nothing will help or make a difference.

To help staff and families shift attention away from any pessimistic thoughts during the behavior support plan development phase, we suggest that the mental health consultant help classroom staff and families keep a self-talk journal and help them substitute pessimistic thoughts with positive affirmation by using disputation strategies.



Keeping the Self-Talk Journal

By keeping a journal, families and teachers can become better observers of their habitual thinking and change negative beliefs. To help them keep the self-talk journal:

- Develop a **Self-Talk Journal Form** (see page 137) by adding two more columns, “Disputation” and “Substitution” to the **ABC Self-Analysis Form** (see page 99) developed during the functional assessment phase.
- Ask staff and families to record on the form every time a problem occurs, review the problem, and identify automatic negative, pessimistic thoughts, and the consequences of their negative thoughts.
- Help them challenge and replace their negative thoughts while recording them in the Disputation and Substitution sections.

Helping Families and Staff Replace Negative Thoughts

We strongly encourage the mental health consultant to interact with staff and families in ways that help them take realistic responsibility for their actions and become more positive, committed, and optimistic about their ability to achieve positive outcome and change child behavior. Follow the steps listed below when working with families and teachers to help them challenge and replace their negative thoughts (Durand & Hieneman, 2008):

- Review the self-talk journal and ask the family and staff to choose one success and one difficulty from the past day (week) and share the entry (the situation, self-talk, and consequences of self-talk).
- Help them recognize their thoughts and feelings, the circumstances that precipitate them, and the consequences of those thoughts.
- Review with them what the consequences were for their pessimistic beliefs, using facilitating questions (i.e., What exactly happened? What were you thinking when that happened? How did you react as a result of your thoughts or feeling?).
- Point out any positive events that they fail to take credit for.
- Guide them through the disputation process using questions such as “Do you think the belief is true? If so, why?” “What are other reasons why that could have happened?” and “So given all of this, is this belief helpful?” Help them challenge the accuracy of their thinking, be clear about what evidence supports it, and think of every reason why their thought may not be true or may be exaggerated.
- Explain the importance of interrupting the negative, pessimistic thoughts (engagement in unproductive self-talk) to handle problematic situations.
- Discuss **distraction strategies** to shift their attention away from negative, pessimistic thoughts.
- Help them decide what distraction strategies they will use during situations when the strategies might be helpful.

**Examples of distraction strategies:**

- Thinking about positive things that have happened in the past.
- Playing music that can bring back memories of good times.
- Singing to oneself.
- Calling or visiting friends.
- Going to a private place and shouting “Stop” aloud or silently scream “Stop.”
- Splashing water on the face.
- Going to a quiet place and praying.
- Taking a vacation in one’s mind (closing eyes and thinking about a favorite spot; spending a few minutes there on a mental vacation).
- Writing down the negative thought or belief and throwing the piece of paper away.
- Scheduling a time each day to think negative thoughts.
- Thinking negative thoughts only in the negative-thinking “office” (e.g., a room, a chair, a certain window).
- Scheduling time to think through the negative thought or belief (e.g., when the kids are in bed).



Blank Forms

Tools for Mental Health Consultants

Behavior Support Plan Brainstorming Chart
Behavior Support Plan Form
Behavior Support Plan Quality Checklist

Tools for Teachers and Families

Self-Assessment of Contextual Fit for Early Educators
Self-Talk Journal

Behavior Support Plan Brainstorming Chart

Target Routine: _____

Triggers	Behaviors	Maintaining Consequences
Setting Events:	Function:	
Prevention Strategies	New Skills & Teaching Strategies	New Response Strategies

Behavior Support Plan

Child: _____ Teacher: _____ Date: _____

Program: _____ Classroom: _____

Team Members: _____

PROBLEM BEHAVIOR

Routine/Activity: _____

.....
Routine/Activity: _____

SUMMARY OF FUNCTIONAL ASSESSMENT

GOALS

Behavior Support Plan

BEHAVIOR SUPPORT STRATEGIES

PREVENTION STRATEGIES

Routine/Activity: _____

Routine/Activity: _____

NEW SKILLS TEACHING STRATEGIES

Behavior Support Plan

RESPONSE STRATEGIES

What target replacement or desired behavior happens:

When the problem behavior happens:

BEHAVIOR SUPPORT AT HOME

Problems

Goals

Strategies

Behavior Support Plan

PROGRESS MONITORING

Data Collection Procedures

Person Responsible for Data Collection

DAILY LOG DATA:

WEEKLY DIRECT OBSERVATION DATA:

WEEKLY HOME LOG DATA:

Project Review Meetings

COMMUNICATION WITH FAMILY

EVALUATION

Data Collection

Review Meeting

DATE:

PARTICIPANTS:

ANALYSIS OF
BEHAVIORAL

- Desired decrease in problem behavior
- Undesired decrease in problem behavior

- Desired increase in replacement behavior
- Desired increase in desired behavior
- Undesired increase in replacement behavior
- Undesired increase in desired behavior

DATA SHOWS:

ASSESSMENT OF FAMILY'S AND STAFF'S ACCEPTABILITY AND SATISFACTION SHOWS:

- Strong acceptance and satisfaction with the process and outcome of the plan
- Moderate acceptance and satisfaction with the process and outcome of the plan
- Low acceptance and satisfaction with the process and outcome of the plan

ACTION TO BE TAKEN: Continue Plan Modify Plan Plan for Generalization

PLAN OF ACTION:

Behavior Support Plan Quality Checklist

Child's Name: _____ Date: _____

Team Members: _____

		Yes	No	Comments
Components	Behavior support plan has at least 4 sections:			
	1. FA summary statement (behavior hypothesis).			
	2. Prevention strategies (antecedent strategies, things to do all the time).			
	3. Teaching strategies.			
	4. New responses response strategies (consequence strategies)			
FBA Summary Statement	Functional assessment summary (behavior hypotheses) statement has 4 parts:			
	1. Behavior.			
	2. Triggers.			
	3. Maintaining consequences.			
	4. Function.			
Goals	Problem behavior and skill acquisition goals are included:			
	1. There is a well-defined problem behavior to decrease that affects other aspects of child's life.			
	2. There is a well-defined replacement skill identified that will replace each function identified in the hypothesis statement. If there are multiple hypotheses statements, there are multiple replacement skills targeted.			
Behavior Support Strategies	Behavior support strategies include 3 components (prevention, teaching, and response strategies):			
	1. Prevention strategies are identified that are linked to the triggers—strategies include visual supports, activity or physical environment modifications, and/or changes in interactions and materials.			
	2. Teaching strategies are included that will teach the child replacement and desired skills within the context of natural routines.			
	3. Response strategies are included that guide how to respond to problem behavior when it occurs so it does not result in a payoff.			
	4. Reinforcement strategies are included that will increase the child's new skills.			
Contextual Fit	The behavior support matches the values, skills, and resources among those adults responsible for its implementation:			
	1. The plan includes culturally appropriate instructional strategies and behavior supports.			
	2. The plan includes strategies that work well in the target routines.			
	3. The plan is easy for caregivers to implement.			
	4. The plan is consistent with the teacher and family skill levels.			
	5. The plan accommodates competing demands on teaching staff (and family).			
	6. The plan is manageable.			

Self-Assessment of Contextual Fit for Early Educators

This checklist provides a reflection tool for early educators to assess the extent to which the behavior support plan fits with the contextual features of your classroom. It asks you to rate your knowledge of the elements of the plan, the skills that will be needed for plan implementation, and your confidence about if the plan can be implemented with fidelity. This checklist will help you identify potential contextual fit issues prior to plan implementation. After this checklist is completed, discuss the concerns you have about the behavior support plan with the team. The team should discuss each concern and develop potential solutions or strategies to address each issue.

1. I understand all of the elements of the behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I know what I am expected to do to implement this behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I have the skills needed to implement this behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. I am comfortable implementing the elements of this behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. The strategies in the plan are consistent with the developmentally appropriate practices I use in my classroom.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

6. I have the time needed to implement this behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7. I have the materials needed to implement this behavior support plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

8. I believe the behavior support plan will be effective in supporting the target child

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Self-Talk Journal

Name: _____ Dates: _____

Date/Time	Activating Event (Situation) What happened?	Beliefs (Thoughts) What did you think or feel (self-talk)?	Consequences What happened as a result?	Disputation Was this a useful or accurate belief? Is the belief true? Are there other explanations? Is this belief helpful?	Substitution What is a more positive belief (affirmation)?	Comments



Behavior Support Plan Implementation

Implementation of a behavior support plan (BSP) requires attention to detail and consistent consultation support. Ensuring that the BSP is implemented with fidelity is often more difficult than development of the plan. Even evidence-based interventions will not work if teachers and families will not or cannot implement them at a high enough frequency and quality to be effective. Most teachers and families will require coaching and performance feedback to become fluent in their implementation of new interventions. Therefore, it is critical that the mental health consultant provides support to teachers (and families) during implementation of the plan and ensures that the BSP is implemented every day with a high degree of fidelity while carefully monitoring the implementation of the BSP. If the implementation fidelity is not regularly monitored, the effectiveness of the intervention will be diminished.

IMPLEMENTATION OF BSP REQUIRES

- Strong motivation on the part of teachers and families in their efforts to support the child's behavior and social-emotional development.
- A reliable data collection system for monitoring the child's progress.
- Training, support, and monitoring to ensure the BSP is implemented with a high degree of fidelity.
- Regular team meetings to enable and enforce the use of data to adjust the BSP as needed.
- Regular adjustments to the BSP based on child progress.
- Enough resources to implement the plan with sufficient intensity.



Supporting Staff and Families During Plan Implementation

The degree to which the BSP is implemented and initial training on how to use specific strategies is strongly affected by the amount and type of implementation support by the consultant. Classroom staff and family members should be supported so they feel comfortable with the implementation procedures, understand the role of the consultant, and are clear about their roles and responsibilities. The following steps can be used to support implementation:

Step 1: Develop an Implementation Fidelity Monitoring Tool

- Jointly develop an objective list of steps to monitor implementation progress (see sample **Implementation Fidelity Checklist**, page 141).
- Determine whether both the consultant and the teacher or family will use the checklist to monitor implementation progress.

Step 2: Determine the Level of Support

- Assess what level of support (e.g., didactic training, coaching, feedback) is needed for classroom staff or families to initiate implementation and adherence to the identified steps.
- Determine the frequency and schedule of the classroom or home observations and support.

Step 3: Facilitate Implementation of the plan

- Provide training and coaching to ensure that the classroom staff (and family members) has the needed skills and support needed to implementing the plan.
- Help staff and family members self-monitor their implementation of the plan and conduct direct classroom (and home) observations to monitor the plan implementation and the child's progress.

MAKE SURE:

- The plan is being implemented consistently.
- The steps or components of behavior support strategies are being implemented correctly.
- Steps or components that require troubleshoot are identified to improve the implementation fidelity and to improve the outcomes.
- Issues within the classroom or family environment influencing implementation are identified
- The child monitoring data collection plan is followed.
- The child is making adequate progress.
- Regular communication with the classroom staff and family members are established to provide feedback.



SAMPLE IMPLEMENTATION FIDELITY CHECKLIST

Implemented by: George Towson

Target Activity/Routine: Circle Time

Child Target Behaviors: Remaining in his seat and following the sequence of circle time activities.

Steps of Intervention to Observe	3/3/10	3/4/10	3/5/10
1. Toward the end of transition from free play to circle time, go over the picture schedule with the child.	Y N	Y N	Y N
2. Set up the circle time mini-schedule at the circle area and have the child's preferred materials ready.	Y N	Y N	Y N
3. Provide verbal prompt to help the child join circle and sit at his designated spot (e.g., "Brad, it's time for circle." "Find your name on the floor and sit.").	Y N	Y N	Y N
4. Upon child's sitting, remind the child of the circle time expectations (e.g., It's not okay to leave the group, Wait for turns, Use quite voices).	Y N	Y N	Y N
5. Use a circle time mini-schedule to help the child make a choice of circle time activities.	Y N	Y N	Y N
6. Provide verbal prompt to help the child join circle and sit at his designated spot (e.g., "Brad, it's time for circle." "Find your name on the floor and sit.").	Y N	Y N	Y N
7. Provide verbal praise and the activity chosen contingent upon the child's initiation.	Y N	Y N	Y N
8. Upon the child's first attempt to leave the circle, use "first/then" phrase (e.g., "First circle, then center.").	Y N	Y N	Y N
9. If the child attempts to leave the circle again, remind him/her of the circle time expectations.	Y N	Y N	Y N
10. If the child has a tantrum because he doesn't want to come back to circle, show him/her the picture schedule about what comes next, and say "Let's do one more activity, and then center." Gently bring the child to the circle and do the activity. Do not say anything about the tantrum.	Y Y	Y N	Y N
Percent of Steps Observed			



Step 4: Establish Team Meeting Times

- Plan regular team meetings (e.g., biweekly) for team members to review the implementation progress and address any issues with the implementation of the plan.
- Compile information needed to present the BSP implementation progress to the team, including all relevant summarized data gathered between meetings.
- Disseminate an agenda to team members prior to the meeting specifying items to be reviewed for the child, issues requiring follow-up, and ongoing discussion topics; assign a time limit to each agenda item to facilitate an efficient meeting.
- Distribute meeting minutes within a day or two following the team meeting to facilitate communication and prompt completion of tasks; meeting minutes should provide information on what was discussed for the child, data that were presented, action steps, and person responsible for action steps.
- Jointly determine whether the plan should be continued, modified, or discontinued and what changes or additions to the plan are necessary for the child to be successful.

Step 5: Evaluating Meeting Effectiveness

- Evaluate whether the meeting was focused and directed and whether goals were achieved.
- Review what was agreed upon and who will do what tasks.
- Record and distribute copies of these agreements to the affected staff members and family members.
- Determine if there is unfinished business or areas of confusion with the staff and family and how to address them.
- Determine what information is appropriate to share with the team.

Step 6: Evaluate the Consultation Process

- Establish procedures for monitoring the effectiveness of the consultation process in solving problems.
- Use consultation logs to monitor and evaluate responsiveness and adherence by the classroom staff and family members.
- Review the child monitoring data to monitor the child's response to intervention.
- Have classroom staff and family members fill out a consultation evaluation form (see **Consultation Evaluation Form**, page 151).

Creating and Use of Consultation Logs

As the consultant becomes involved in the delivery of consultation support, a log should be created and used to record consultation activities (e.g., phone calls, emails, direct observations, coaching, feedback meetings, team meetings). In addition to the major activities, the consultation log can include key pieces of information such as agreements made, issues, and future scheduled contacts. The consultation log allows for an examination of the frequency of contacts, support



provided, the information conveyed, and adherence to the consultation process. (See page 149 for **Consultation Log**.)

Providing Coaching

The role of the mental health consultant as a coach is to provide supervision, teaching while engaged in practice activities, assessment and feedback, and emotional support. Training and coaching are considered as one continuous set of operations designed to produce changes in teacher and family behaviors (Joyce & Showers, 2002; Rush, Shelden, & Hanft, 2003).

Coaching typically takes place directly in the classroom or at home when the goal is to help the teachers and families acquire, enhance, or refine specific intervention implementation strategies. When providing coaching the mental health consultant should focus on improving individual and team performance and provide the process for improving practice, solving problems, and building collaborative relationships. Ongoing encouragement and support should be provided as new skills are learned.

EFFECTIVE COACHING INVOLVES

- Gathering data on the child's behavior and implementation of the staff and family plan, and reviewing the data with staff and family members.
- Providing feedback to staff or family about implementation fidelity that includes feedback on strategies implemented well and suggestions for improving strategies that are inconsistently or incorrectly implemented.
- Verbally guiding, demonstrating or modeling for staff and families.
- Problem solving or troubleshooting aimed to remove implementation roadblocks and facilitate maintenance of effective strategies.
- Decision making.

Providing Feedback

Performance feedback is an effective way to provide training to teachers and families in the process of implementing BSPs. Various verbal, written, and graphical methods can be used to deliver performance feedback. Information on the percentage of intervention steps implemented correctly and the frequency of the child's behavior can be provided when delivering feedback.

EFFECTIVE FEEDBACK INVOLVES

- Commitments about specific use of strategies by the teacher and family.
- Descriptive feedback on the number of steps implemented during the observation.
- Positive comments on their correct implementation of the strategies.
- Corrective feedback by describing the steps or strategies implemented incorrectly or missed.



Helpful Tips

Problem Solving

Problem solving for future implementation is one of the key elements of coaching. When problem solving:

- Give constructive feedback about implementation activities and report successes and failures.
- Ensure that child progress monitoring data is being collected.
- Promote teachers and families to report concerns, barriers, and solutions encountered during implementation of the plan.
- Evaluate monitoring data to see if the child is responding to the intervention and determine if modification of the plan is necessary.

Examining the Environmental Factors

The mental health consultant should be aware that there might be environmental factors that have a positive or negative impact on classroom staff implementation efforts. Some of the factors can be addressed by the mental health consultant during implementation of the BSP. The environmental factors frequently identified in the consultation literature include:

- Severity of the target child's challenging behavior,
- Acceptability of the plan,
- Time required to implement the interventions,
- Teacher attitude and perception,
- Teacher motivation,
- Staff turnover rates,
- Leadership team leader or teacher supervisor, and
- Program administrators.

Teacher attitude and perception can contribute to differences in the BSP implementation. Teachers with more experience might have more positive attitudes towards implementation of the plan. Also, if the teachers perceive the plan to be overwhelming, difficult to implement, or not helpful, and if their perception of the work environment is that it offers little support, their implementation of the plan is likely to be poor. Similarly, teachers who are more satisfied with and committed to their jobs may be more likely to implement the plan with fidelity.

The level of teacher acceptability of the plan, the time required to implement the plan, and the severity of the child's target challenging behavior also affect the implementation fidelity. If the teachers feel that the complexity of the intervention is simply too great for them to manage on top of all of their other classroom duties, and the child's challenging behavior is too disruptive or difficult to handle, then their implementation of the plan will be poor. Therefore, it is critical to



develop a plan which contextually fits and involves all team members, and it is equally critical to provide strong support to the teacher during implementation of the plan.

It should be noted that turnover rates in community early childhood settings are high. The consultant should consider involving all classroom staff and team members in the process of developing and implementing the plan in order to promote consistent implementation of the intervention during transition to new classroom teaching staff.

It is essential that someone in the program effectively oversee the BSP and ensure all steps are implemented. Problems can occur if things are left undone during the consultant's absence. The task of follow through may be assigned to a leadership team leader or teacher supervisor. Strong direction by the leadership team leader is critical to the on-going program effort in order to address the children's challenging behavior.

In addition, the mental health consultant should continue to work closely with program administrators during the ongoing implementation of the plan. It will be necessary to examine whether the administrators allocate time to address staffing issues and provide necessary support to classroom staff during implementation of the plan. It is important that the administrators be encouraged to participate in team meetings or that the consultant provides regular debriefings to the administrators to promote the implementation fidelity and sustainability.

Helping Families Stay Involved in Implementation of the Plan

Poor intervention adherence and premature termination by the family is a major obstacle to fully realizing the benefits of individualized behavior support. However, the high demands placed on families in the individualized intervention relative to other levels of intervention must be appreciated when addressing the issues pertaining to family involvement. To help parents see their child's problem behavior in a more positive constructive context, the child's strengths and the child's progress toward goals should be recognized. Families with high-risk conditions such as depression, substance use, unhealthy adult relationships, parenting stress, poverty, lack of access to community resources, and social isolation are likely to have limited capacity to provide an environment that is conducive to promoting the child's behavior regulation and social emotional competence. Therefore, the consultant should focus on relationship building with the families and between the classroom staff and families; family capacity building through training and on-going support; and incorporation of family, teacher, and contextual factors to provide a comprehensive perspective that supports social-emotional competence and behavior regulation of the child.

When Families and Classroom Staff have Difficulty Implementing the Plan

- Simplify the intervention steps and data collection systems.
- Graph and review implementation fidelity data with them and engage them in problem solving for future implementation.



- Increase the frequency of coaching or feedback meetings and acknowledge their efforts.
- Examine family-teacher communication; ask the following questions when examining their communication:
 - Is communication presented as a two-way, reciprocal, shared responsibility?
 - Under what circumstances do teachers and families feel comfortable sharing their thoughts and ideas?
 - How often and under what circumstances do interactions occur between teachers and families to foster the development of a positive, working relationship?
 - Do you develop partnerships with mentor teachers and the leadership team to provide professional development and training?
 - Do you examine resource and staff availability?

DAILY MEETINGS CAN

- Provide teachers and families with opportunities to work with the consultant to develop solutions to new or unanticipated implementation problems.
- Serve as a prompt for teachers and families to implement the plan later in the day.
- Promote teachers and families to provide accurate reports on their implementation.
- Provide daily reinforcement on correct implementation of strategies through positive comments.

Helping Families and Staff feel Optimistic about Their Implementation Efforts

Resistance to consultation and feeling pessimistic about their ability to implement the plan can have serious negative impacts on implementation fidelity, child behavior, and consultant efforts to work with the teachers and families. The resistance typically follows a struggle-with-and-work-through pattern (Patterson & Chamberlain, 1994). If a pessimism results in resistance, it is likely that resistance will change once the teacher or family experiences the benefits of the plan as it results in improvements in the child's behavior. However, it should be noted that their resistance can lessen consultant attempts to engage in coaching and problem solving, which can reinforce resistant behaviors in the teacher and family. Therefore, when their resistance or pessimistic behaviors, such as making statements like, “I can’t do...,” or “That won’t work...” are noted, the mental health consultant should help staff and families shift attention away from any pessimistic thoughts. As suggested in Section 6, the mental health consultant should help classroom staff and families maintain a **Self-Talk Journal** (see page 137) and help them substitute pessimistic thoughts with positive affirmation by using disputation strategies.



Blank Forms

Tools for Mental Health Consultants

Implementation Fidelity Checklist
Consultation Log

Tools for Teachers and Families

BSP Implementation Log for Teachers
Consultation Evaluation Form

Implementation Fidelity Checklist

Implemented By: _____

Target Activity/Routine: _____

Child Target Behaviors: _____

Steps of Intervention to Observe						
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
	Y	N	Y	N	Y	N
Percent of Steps Observed						

Consultation Log

Program: _____

Teacher (Family): _____ Child: _____

Date	Time	Type of Support	Met With	Activities	Comments/ Recommendation

BPS Implementation Log for Teachers

Child: _____ Classroom: _____ Teacher: _____

Target Skills and Problem Behavior: _____

Dates	Routines/ Activities	Strategies	Modifications Made to Strategies	Results	Issues/Comments

to					

to					

FAMILY CONTACTS

Date	Contact Mode	Content of Communication

Consultation Evaluation Form

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. The consultant was generally helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The consultant offered useful information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The consultant's ideas about appropriate practices and early childhood education were similar to my own ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The consultant helped me find alternative solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The consultant was a good listener.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The consultant helped me identify useful resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The consultant worked well in our program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The consultant encouraged me to consider a number of points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The consultant viewed his or her role as a collaborator rather than as an expert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The consultant helped me find ways to apply the content of our discussions to specific children or classroom situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The consultant was able to offer assistance without completely "taking over" the management of problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I would request services from this consultant again, assuming that other consultants were available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Erchul, W. P., & Chewning, T. G. (1990). Behavioral consultation from a request-centered relational communication perspective. *School Psychology Quarterly*, 5, 1-20.



Monitoring Child Progress and Evaluation

Monitoring child progress and evaluating the effectiveness of the behavior support plan (BSP) are essential in the support of children with challenging behavior. Progress monitoring is an ongoing assessment that provides objective data on target problem behavior and new skills to determine whether the child is making adequate progress toward goals and benefiting from the BSP, or whether changes in the plan are needed. Progress monitoring data are used to provide feedback to classroom staff and families on their implementation of BSP. Therefore, monitoring data collection has two critical components: information gathering and decision making. The data helps decision-makers assess whether to continue, modify, stop, or begin a different plan.

While monitoring focuses on keeping track of progress, evaluation focuses on assessing the effectiveness of the plan. Evaluation involves reviewing progress data and finding value in it. The focus of evaluation is to determine whether the goals of the behavior support plan (BSP) have been met, and whether the plan resulted in positive child outcomes. Monitoring and evaluation are closely related and can happen at the same time.

When planning progress monitoring the mental health consultant will:

- Help classroom staff and families understand the importance of tracking child outcomes to make decisions
- Help them identify the specific data that will be collected
- Help them understand the use of different data collection methods
- Determine how frequently data will be collected
- Determine how data will be summarized and analyzed



Involving Classroom Staff and Families in Collecting Progress Monitoring Data

It is crucial that the mental health consultant and team members agree to collaboratively collect monitoring data that will be used to determine whether desired BSP outcomes are being achieved. Collecting baseline data should begin as soon as the challenging behavior is identified. It is important to include all involved classroom staff, family members, and other team members as data collectors whenever possible. The following is a sample script for a mental health consultant to use when explaining to classroom staff and families the importance of being involved in collecting monitoring data:

SAMPLE SCRIPT FOR EXPLAINING THE IMPORTANCE OF BEING INVOLVED IN MONITORING DATA COLLECTION

"It is important that we keep track of Sammy's progress. As a team, we need to know whether the behavior support plan that we have developed is making a difference for Sammy. The best people to provide those observations will be Sammy's teachers and family members since you are with her in her daily environment. When we keep track of Sammy's progress, we need to make sure that our data is unbiased and objective. So, I am going to ask you to record every instance of when Sammy tantrums and uses language to ask for toys during free play time on these daily record sheets. These daily records will provide important information about whether Sammy's problem behavior is decreasing and whether she is learning new skills. The data we collect on Sammy's behaviors will help us determine whether we need to change Sammy's behavior support plan."

Guidelines

- Convince staff and families of the importance of collecting and using monitoring data.
 - Explain the need for keeping track of child progress in that ongoing and repeated information is important for team members to detect whether the child behavior is improving.
 - Explain why data collection is necessary for devising an intervention plan.
- Develop a relationship in which everyone works as a team toward mutually agreed-upon goals.
 - Be committed to and enthusiastic about collecting and using data throughout intervention.
 - Be prepared in advance for data collection by having forms available for staff and families before the planning meeting.
- Involve staff and families in decision making about collecting data.
 - Decisions on which behaviors to record, when and how to record, and how to summarize and analyze data.
 - Decisions on the logistics of carrying out data collection.
- Teach staff and families how to collect and use data.
 - Illustrate how the data collected can help by showing a graph of a past case and explaining what the data tell about the behavior and how it helped.



- Demonstrate appropriate use of the recording form with a description, role-playing of the behaviors to be recorded, or video clips.
- Have staff and families practice the recording.
- Remind them how important it is for them to comply with the decisions made on collecting monitoring data.
- Use easy data collection systems (keep the recording simple).
 - Select 1-3 behaviors that are the most important and feasible to measure at the moment.
 - Select a time period (observation session) each day during which data will be collected, which is convenient and not too lengthy.
 - Reduce the data collector’s task (e.g., recording simply “yes (+)” or “no (-)” every hour or completing a rating scale following a target activity).

Developing Data Collection Systems

To monitor the child’s progress toward goals and to determine if the goals have been met, the team members will need to collect data on the child’s target behaviors during implementation of the plan. Therefore, the mental health consultant needs to develop data collection systems jointly with the team members. The data collection systems will differ depending on the goals and the behavior support strategies. Both direct and indirect data collection systems can be used in order to provide a comprehensive picture of the child’s behavior and outcomes of the support plan. Most early childhood classrooms do not have the resources to carry out systematic direct observations. Therefore, indirect observation using rating scales or less frequent direct observation data collection is most often used.

Guidelines

- Must be easy to use.
- Must provide meaningful information.
- Should not interrupt or detract from the instructional flow.
- Should fit within the child’s natural routines or activities.

Types of Data Collection System

Progress monitoring involves the use of various data collection systems such as direct observations, rating scales, and checklists. Examples of direct observation systems are event recording, duration recording, latency recording, task analysis, and time sampling (e.g., momentary time sampling, interval recording). We describe mainly event recording, duration recording, and task analysis systems in this section because they are simpler to use than other direct observation data collection systems.



Event Recording

Event recording is ideal for collecting data on behavioral goals focused on increasing or decreasing the number of times the behavior occurs. Event recording is good to use for a behavior that can be easily counted (see sample **Event Recording Forms**, page 157).

An observer using event recording makes a tally mark or documents in some way each time a child engages in a target behavior. The observer also records the time period in which the behavior is being observed.

When to use the event recording

- For behavior that has a clear beginning and ending and that can easily tell when it starts and when it ends (e.g., asks for help, leaves seat, hits peers).
- For behavior that occurs over extended periods of time.

Strengths

- It can be easy to use and can be used while teaching.
- It is flexible to record the behavior as we can use several ways to keep track of behaviors as they occur (e.g., using a wrist counter, putting paper clips/pennies/buttons in one pocket and move them to a different pocket each time behavior occurs, making tally marks on a piece of paper.).

Weaknesses

- It is not appropriate to record behaviors that occur at a high rate (e.g., body rocks, rapid talking).
- It is not appropriate to record behaviors that occur for extended durations (e.g., engagement in activities, staying on task).

How to report event recording data

- The **number of times** a behavior occurred (e.g., Billy left his seat 3 times during the 10-minute circle time; Billy left his seat an average of 3 times during 10-minute circle times).
- The **rate** (frequency) of the behavior when length of observation time varies. The data gathered during event recording is documented as a rate (per minute or per hour) by dividing the number of occurrence by observation length in minutes (e.g., Billy hit his peers at a rate of 0.5 per minute).
- The **correct and incorrect frequency** of a behavior that occurs (e.g., 5 correct and 2 incorrect verbal requests per hour or 71% accuracy).
- The **number of steps** completed in correct sequence.

Duration Recording

Duration recording is used when measuring the length of time that behavior occurs in an observation period. Duration is a measure that is useful for measuring how long a continuous ongoing behavior lasts. Using a stopwatch is recommended to record the duration precisely.



SAMPLE EVENT RECORDING FORM 1

Child: Ben Observer: Debbie Dates: 1/15-1/19

Routine Activity: Center

Target Behavior: Grabbing toys, hitting or attempting to hit, and spitting

Directions: **1.** Write down the date. **2.** Make a tally mark every time the behavior occurs. **3.** Total the number of tally marks for that day. **4.** Calculate and write down the rate per min (dividing the number of occurrence by observation length in minutes).

Observation/Recording Duration: 50 minutes

Date	Time Period of Observation When recording period begins and ends	Recording Tally every time the behavior occurs	Total Number of Times Behavior Occurs	Rate Per Min.
1/15		++++ ///	8	
1/16		++++	5	
1/17		++++ //	7	
1/18		++++ /	6	
1/19		////	4	

Mean Number of Occurrence: 5

Mean Rate Per Minute*: _____

*Provide mean rate per minute if observation length varies.

SAMPLE EVENT RECORDING FORM 2

Child: Ben Observer: Debbie Date: 1/15/10

Session Number: 5 Child Target Behavior: Make a choice of toys onteh choice board

Teacher Behavior: Verbal prompt, physical prompt, and praise

CODE: **C** = Correct **N** = No Response **IC** = Incorrect Response

Trial	Child Target Behavior			Teacher Behavior			Comments
1	C	(N)	IC	(VERBAL PROMPT)	(PHYSICAL PROMPT)	PRAISE	
2	(C)	N	IC	(VERBAL PROMPT)	(PHYSICAL PROMPT)	(PRAISE)	
3	C	N	(IC)	(VERBAL PROMPT)	(PHYSICAL PROMPT)	PRAISE	
4	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	(PRAISE)	
5	C	N	(IC)	(VERBAL PROMPT)	(PHYSICAL PROMPT)	PRAISE	
6	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	PRAISE	
7	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	(PRAISE)	
8	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	PRAISE	
9	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	(PRAISE)	
10	(C)	N	IC	(VERBAL PROMPT)	PHYSICAL PROMPT	(PRAISE)	

Total number of correct: 7
 Total number of incorrect: 2
 Total number of verbal prompt: 10
 Total number of physical prompt: 4
 Total number of praise: 5

Percentage of correct response: 7/10 = 70%
 Percentage of incorrect response: 2/10 = 20%
 Percentage of verbal prompt: 10/10 = 100%
 Percentage of physical prompt: 4/10 = 40%
 Percentage of praise: 5/7 = 71%



When to use the duration recording

- When the goal is to decrease behaviors that last for too long or to increase behaviors that last for too short of a time period (e.g., if the child engages in tantrums for more than 20 minutes at a time or on-task for less than 1 minute at a time).
- For behaviors that occur at high rates and are hard to measure using event recording (e.g., rocking).
- For behaviors that occur for an extended time (e.g., engagement, off-task, screaming).

Types of duration recording

- Recording total duration per session—measuring the cumulative amount of time in which the child engages in the behavior (e.g., whenever the child engages during center time, activate, stop, and resume the stopwatch, but do not reset it).
- Recording duration per occurrence—measuring the duration of time that each instance of the behavior occurs (e.g., measuring each off-task behavior over the one hour center time); this data can be used to calculate mean duration per occurrence.

Strengths

- It can be used while teaching
- It is useful to measure behaviors that do not have discrete beginnings, but are difficult to measure using event recording (e.g., vocal sound)
- It is useful to measure the intensity of behavior which provides more accurate information on the behavior than event recording (e.g., a child may still cry three times during transition in the morning but the length has decreased from an average of 20 minutes to 5 minutes in duration compared to the baseline phase)

Weaknesses

It may be difficult or less convenient for teachers or caregivers to use than using event recording during on-going classroom activities because of time required to write down the length of time that the behavior lasted for each time the target behavior occurs (see sample **Duration Recording Forms**, pages 159-160).

How to report duration recording data

- The total number of minutes the child engaged in the target behavior (e.g., Billy participated in the activities for 5 minutes during 15 minutes circle time).
- Percentage of total time observed that the child engaged in the target behavior (when duration of activity or routine varies from day to day, i.e., $\text{total duration of social play} \div \text{duration of center time} \times 100$).
- Average duration per occurrence (e.g., Billy's crying today had an average duration of 12 minutes, with a range of 8-19 minutes).



SAMPLE DURATION RECORDING FORM 1

Child: Kacie Observer: Laura Date: 2/2

Routine Activity: Center Time

Target Behavior: Engaging in play with peers

Directions: Each time the target behavior occurs: **1.** Enter the event (episode) number. **2.** Log the time when the behavior began. **3.** Log the time when the behavior stopped. **4.** Enter the duration of the behavior. **5.** Calculate and record the total duration of occurrence. **6.** Calculate and record mean duration per occurrence.

Observation Duration: 60 minutes

Occurance	Time Behavior Began	Time Behavior Stopped	Duration of the Behavior
1	9:00	9:04	4 min
2	9:10	9:13	3 min
3	9:17	9:22	9 min
4	9:30	9:34	4 min
5	9:35	9:40	5 min
6	9:42	9:50	8 min
7	9:53	9:54	1 min

Total Duration of Enggement: 34 min Mean Duration of Engagement Per Occurance: 4.9 min

SAMPLE DURATION RECORDING FORM 2

Child: Kacie Observer: Laura Dates: 2/3-2/11

Routine Activity: Center Time

Target Behavior: Engaging in play with peers

Directions: Each time the target behavior occurs: **1.** Enter the date. **2.** Record the time when the observation began. **3.** Record the time when the behavior began. **4.** Record the time when the behavior stopped, **5.** Calculate the length of time that the behavior lasted (duration) and log it in minutes. **6.** Record the time when the observation ended. **7.** Log the total duration of observation. **8.** Calculate the percentage of time that the behavior occurred during the observation time period.

Date	Observation Start Time	Observation End Time	Time Behavior Began	Time Behavior Stopped	Duration of Behavior	Duration of Observation	% of Time Engaged in the Behavior
2/3	9:35	10:25	9:50	10:04	14 min	50	28%
2/4	9:35	10:15	9:45	10:01	16 min	40	40%
2/5	9:30	10:25	9:37	10:19	32 min	55	64%
2/6	9:30	10:20	9:30	9:52	22 min	50	44%
2/7	9:35	10:20	9:35	9:49	14 min	50	28%
2/10	9:35	10:28	9:32	10:00	28 min	43	65%
2/11	9:30	10:30	9:40	10:14	34 min	60	57%

Mean Percentage of Time being Engaged in the Behavior: 50%

Mean duration of engagement per session (day), if observation durations are equal across sessions: _____



SAMPLE DURATION RECORDING FORM 3

Child: Kacie Observer: Laura Dates: 2/3-2/11

Routine Activity: Center Time

Target Behavior: Engaging in play with peers

Directions: Each time the target behavior occurs: **1.** Enter the date. **2.** Record the time when the observation began. **3.** Record the time when the behavior began. **4.** Record the time when the behavior stopped. **5.** Calculate the length of time that the behavior lasted and write it in minutes. **6.** Write down the time when the observation ended. **7.** Write down the total duration of observation.

Date	Observation Start Time	Observation End Time	Time Behavior Began	Time Behavior Stopped	Duration of Behavior	Duration of Observation	% of Time Engaged in the Behavior
2/3	9:35	10:23	9:50	10:04	14 min	48	29%
2/4	9:33	10:25	9:45	10:01	16 min	52	31%
2/5	9:30	10:25	9:47	10:09	22 min	55	40%
2/6	9:37	10:20	9:30	9:52	22 min	43	51%
2/7	9:32	10:22	9:35	9:49	14 min	50	28%
2/10	9:35	10:28	9:32	10:00	28 min	53	53%
2/11	9:30	10:30	9:33	9:54	21 min	60	35%

Mean Percentage of Time being Engaged: 38%

Mean duration of engagement per session (day), if observation durations are equal across sessions: _____

SAMPLE DURATION RECORDING FORM 4

Child: Ben Target Behavior: Sitting at the table

Target Routine: Mealtime Week of: 3/8/10

Directions: Starting from the bottom, shade the number of boxes that represent the length of the target behavior. Each box represents TWO minutes.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30	30	30	30	30	30	30
28	28	28	28	28	28	28
26	26	26	26	26	26	26
24	24	24	24	24	24	24
22	22	22	22	22	22	22
20	20	20	20	20	20	20
18	18	18	18	18	18	18
16	16	16	16	16	16	16
14	14	14	14	14	14	14
12	12	12	12	12	12	12
10	10	10	10	10	10	10
8	8	8	8	8	8	8
6	6	6	6	6	6	6
4	4	4	4	4	4	4
2	2	2	2	2	2	2

Average Duration for Week: 17 minutes



Task Analytic Recording

Task analytic recording is used when measuring a child's accuracy for each step of a fixed skill sequence (e.g., brushing teeth, getting dressed, putting toys away). The measurement process begins by constructing a task analysis or listing the individual behaviors that constitute the entire skill sequence. Below is such a list for washing hands:

1. Approach sink
2. Turn on water
3. Place hands in water
4. Pump soap onto hands
5. Rub hands together
6. Rinse hands
7. Turn off water
8. Dry hands on towel

The data collection form for the task analysis (see sample **Task Analysis Data Form**, page 162) should include all of the steps of the behavior and spaces for recording the child's performance. Scores are expressed as the percentage of steps completed successfully.

Rating Scales

Rating scales are indirect measurement systems that rely on observer's memory to complete scales after the fact. In many instances, rating scales are easier to use than direct observation systems and can be implemented throughout the day by teachers and other caregivers. The use of rating scales can promote communication within the program and between classroom staff and families. Often scale scores range from one to three or one to five, but any range can be used. The following is an example of a range of possible responses to a request for a child to clean-up.

Response to Clean-Up Request

1. Threw toys or kicked the teacher.
2. Continued to refuse to clean-up by ignoring requests.
3. Initially refused, but began to clean-up.
4. Cleaned-up promptly with no refusal.

This section provides several rating scales designed for use by early childhood educators and families (see sample **Rating Scale Forms**, pages 163-164). The mental health consultant should work with the team members to select simple and efficient rating scales based on the child's target behaviors. Data from rating scales must be scored and summarized in a consistent matter.



SAMPLE TASK ANALYSIS DATA FORM

Child: Matt Teacher: Mary Dates: 4/19-4/23

Target Skills: Wash hands before meals

Target Criterion: 80% accuracy, 2 meals

Chain: Backward Chain Error Correction: Backstep if not on the target step.

Generalization (Stimulus Factors): Vary staff, setting (classroom and home), meals (breakfast, lunch, snack, dinner)

Generalization (Response Factors): Vary accuracy and rate, fade caregiver proximity, decrease time to wash hands

Directions: **1.** Teacher will complete all of the steps of the task analysis except the last step. **2.** Show the child a picture of “wash hands” and then prompt to complete the target step. **3.** Use the prompt hierarchy for teaching this step. **4.** Indicate the child’s response and the prompt level required to complete the step. **5.** Once the child has 3 correct responses on the target step, add the second to the last step to the sequence.

Steps	Mon		Tues		Wed		Thurs		Fri	
	RPS	PMT								
1. Approach sink	-		-		-		-	-	-	
2. Turn on water	-		-		-		-	-	-	
3. Place hands in water	-		-		-		-		-	
4. Pump soap onto hands	-		-		-		-		-	
5. Rub hands together	-		-		-		-		+	FP
6. Rinse hands	-		-		-		+	FP	+	PP
7. Turn off water	-		+	FP	+	FP	+	PP	+	M
8. Dry hands on towel	+	FP	+	FP	+	PP	+	M	+	G
TOTAL	+: 1 -: 7 nr: 0	FP: 1 PP: 0 M: 0 G: 0 V: 0	+: 2 -: 4 nr: 0	FP: 2 PP: 0 M: 0 G: 0 V: 0	+: 2 -: 6 nr: 0	FP: 1 PP: 1 M: 0 G: 0 V: 0	+: 3 -: 5 nr: 0	FP: 1 PP: 1 M: 1 G: 0 V: 0	+: 4 -: 4 nr: 0	FP: 1 PP: 1 M: 1 G: 1 V: 0
Percent Correct	13%		25%		25%		38%		50%	

Code: RPS (response):
+ = Correct
- = Incorrect
nr = No response

PMT (prompt level):
FP = Full physical
PP = Partial physical
M = Model
G = Gesture
V = Verbal



SAMPLE RATING SCALE 1

Child's Name: Juan

Dates: 2/15-2/20



4

Laughing, stayed



3

Cooperated, stayed briefly



2

Fussed, took several turns



1

Cried, refused to play

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	4	4	4	4	4
3	3	3	3	3	3
2	2	2	2	2	2
1	1	1	1	1	1

SAMPLE RATING SCALE 2

Child: Ben

Target Behavior: Engagement

Week: 3/8-3/12

Directions: Rate of engagement at the end of each activity.

1 = Disruptive

2 = Not Engaged

3 = Engaged Some of the Time

4 = Engaged Majority of the Time

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Average
Circle	4	4	4	4	4	Rating: <u>2.4</u>
	3	3	3	3	3	
	2	2	2	2	2	
	1	1	1	1	1	
Art	4	4	4	4	4	Rating: <u>3</u>
	3	3	3	3	3	
	2	2	2	2	2	
	1	1	1	1	1	
Free Play	4	4	4	4	4	Rating: <u>3.2</u>
	3	3	3	3	3	
	2	2	2	2	2	
	1	1	1	1	1	
Average	Rating: <u>2.3</u>	Rating: <u>2.3</u>	Rating: <u>2.7</u>	Rating: <u>3.3</u>	Rating: <u>3.7</u>	Rating: <u>2.9</u>

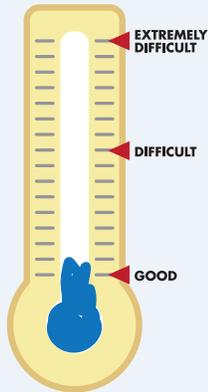


SAMPLE RATING SCALE 3

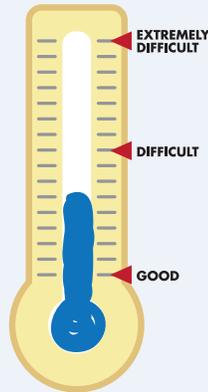
Child: Krystal Observer: Ms. B. Date: 10/22

Target Behavior: Noncompliant when given a direction (e.g., refuse, hit, scream)

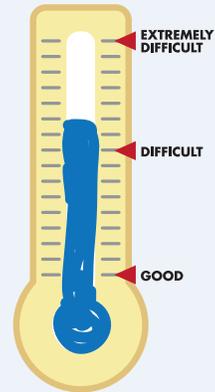
Directions: Shade in the thermometer to indicate Krystal's target behavior.



Morning Circle



Centers



Outside Play

SAMPLE SCHOOL-HOME NOTE

Child: Sue Observer: Teacher Date: 3/15

Directions: **1.** Put a happy face next to each target behavior achieved. Slash if not achieved. **2.** Calculate total points for the day.

Target Behavior	Circle	Arts	Centers
Wait for Turns 			
Use Quiet Voices 			
Raise Hands 			

Total Points Today: 6 (67%)

Goals: 77%



Checklists

Behavior checklists are lists of specific behaviors that are completed by persons familiar with the child. They are easy to use and can be a sensitive data collection system if they are developed for an individual child. A check mark is used to record whether the behavior did occur or is present. For a progress monitoring checklist, it is ideal to list specific behaviors that the teachers and families wish to change, and then make them into a checklist to be completed daily. Classroom staff and families can be asked to record by checking “yes” or “no” for behaviors on the checklist. The mental health consultants might choose to use parts of an existing checklist that seems relevant and develop an individualized checklist based on those.

The individualized checklist should be brief and simple to help staff and families complete consistently and thoughtfully. This section provides an example of a very simple checklist that can be used as a school-home note (see sample **School-Home Note**, page 164). In the example, the teacher recorded whether each of four target behaviors occurred during four routines.

Scheduling Progress Monitoring

Once the team members have decided that they want to implement child progress monitoring, it is necessary to schedule when data will be collected. Teachers often wonder when and how often data collection is required for effective behavior progress monitoring. Finding time to record data on child behavior is a significant barrier to effective progress monitoring for many teachers (and families). It is often difficult for them to find time to disengage from the class or family routines in order to perform this task. It will be important to identify a system for progress monitoring that will work for busy families and teachers with multiple demands.

The monitoring schedule is the frequency of data collection. There are no preset guidelines for who must monitor or how often to monitor target behaviors. If it is expected that there will be improvement within a month or less, daily measurement can be planned. **Weekly** monitoring is appropriate if it is likely to take more than a few months. Most of all, monitoring should be consistent and active, and the monitoring schedule should reflect the child’s needs. Follow the recommendations below when developing the monitoring schedule.

Recommendations

- Consider collecting daily, weekly, or biweekly data depending on the target behaviors selected, intensity of the intervention, routine, setting, and available resources.
- Collect baseline data to determine current levels of child’s problem behavior and targeted replacement and desired skills.
- Plan on collecting data from a minimum of 3-5 intervention sessions to obtain initial information on whether the BSP is working.
- Plan for regular team meetings to review the BSP, to determine whether the child’s behavior is improving or is getting to be more problematic, and to discuss options for modifying and adjusting the BSP.



Implementing Progress Monitoring

Once the times for data collection have been established, it is important to stick to the schedule. To be sure data is reliable and representative of a child's levels of target behaviors, remember the following key points:

- Consistent implementation and consistent data collection are necessary to refine the intervention and increase child success.
- Data on target behaviors or skills should be collected within and across targeted routines or activities to track the progress a child makes toward an expected outcome.
- Data should be periodically reviewed by the behavior support team to ensure communication, make any adjustments as needed, and review progress toward short-term and long-term goals.

Summarizing and Analyzing Data

To be useful, information gathered through data collection must be easily readable. Tallies or other forms of raw data are sometimes difficult to interpret. Graphing data provides an easy, systematic way of displaying information about the target behaviors. Graphing is a two-step process. First, raw data must be converted to a usable form, such as percentage, number correct, or rate, as explained in the section describing types of data collection systems.

Summarizing Data

It is recommended that monitoring data are summarized using averages per week, high or low ratings, and graphs. The most frequently used graph for displaying data is the line graph. The line graph includes two axes, the horizontal or x -axis and the vertical or y -axis. The axes are labeled with the time dimension (e.g., session, day) placed on the x -axis and the description of behavior (e.g., tantrums, engagement, verbal requests) placed on the y -axis. Each data point is placed at the intersection of the session in which it occurred and the level of behavior (see a sample line graphs page 167).

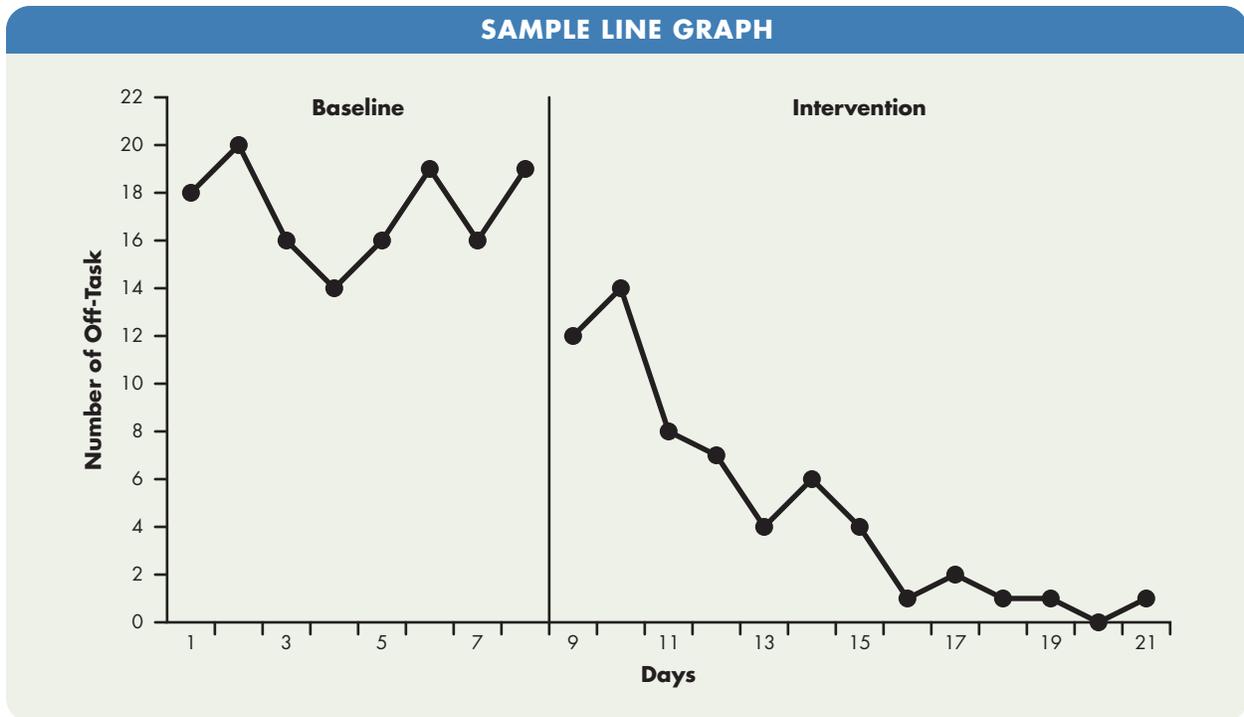
The following are advantages of arranging data in graphic format:

- Can consolidate the data into a compact form providing an instantly interpreted picture of child's progress.
- Keeps team members focused on specific goals by inspecting the graph with staff and families.
- Can cue the mental health consultant to inquire about events on those particular days when there are sudden changes in the behavior.
- Provides feedback to staff and families.



Analyzing Data

After data are graphed, the next step is to conduct a visual analysis of the data. Visual analysis includes examining change in the average, change in level or trend, immediacy of change, and variability (the amount of variation in range or consistency in a set of data). Data from baseline (before intervention) can be compared with data from the intervention phase. An example of graphical data that depicts change in trend is presented below.

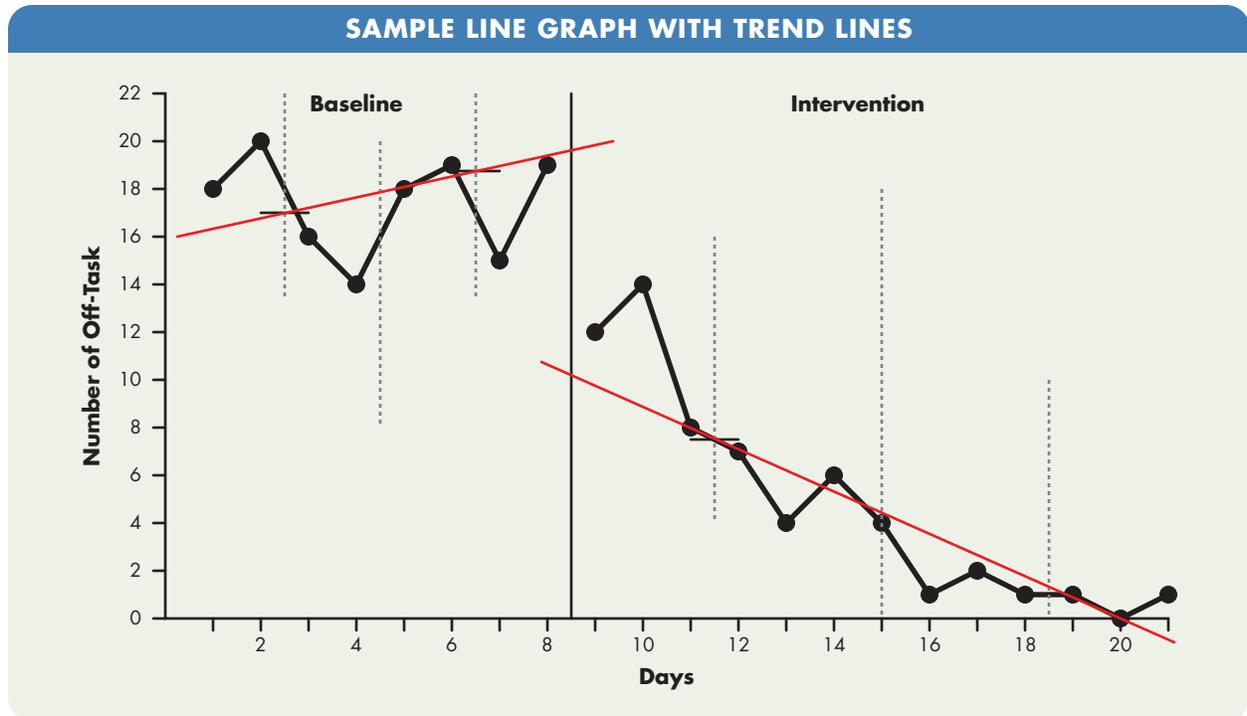


In the sample graph, “off-task” (*y*-axis) was recorded once a day for 8 days in baseline and 13 days in intervention (*x*-axis). Visual analysis reveals that the maximum number of off-task reported in a day is 20 during baseline and 14 during intervention. Consecutive data points within each baseline and intervention phases are connected.

To determine a trend: 1) simply draw an approximate “line of best fit” that visually represents the direction the data are taking; 2) take the average of the first half of the data points and the last half in each phase. Use a median value, not a mean if there are some very deviant data points; 3) plot these averages and draw a line between; and 4) take an average of data collected and plot these data to show the slope or trend of the data (see a sample line graph with trend lines page 168).



In the sample graph, during baseline there was a slightly increasing trend with moderate variability. After intervention was introduced on Day 9, a small downward level change was observed, and a rapid decreasing trend with little variability was observed over the course of the intervention phase. By comparing the intervention trend line to the baseline trend, it is determined that the effect of the behavior support plan is positive because the off-task behavior decreased after the plan was implemented.



Evaluating Monitoring Data and the BSP

Periodic Reviews and Decision Making

Once data are collected, the mental health consultant and team members should periodically review and evaluate the progress monitoring data and the BSP: to ensure consistent communication about the child’s progress; to make any adjustments as needed (in the event that challenging behavior returns or no changes in behavior); and to assess progress relative to the long-term vision for the child (and family).

Recommendations

- Review both the child’s behavior support plan and the data itself to help reorient everyone to the team’s vision for the child and to communicate and interpret results.
- Carefully review the data that has been collected, looking for any particular patterns or trends (e.g., whether the behavior is occurring more or less on particular days or at certain times of day).



- In the event when challenging behavior returns, determine whether or not the behavior pattern is due to an extinction burst (i.e., brief instances when a child's behavior gets worse before it gets better).
- Examine events to determine if there are any new triggers that may predict the child's challenging behavior.
- Examine the degree to which the plan is implemented with accuracy or fidelity.

Frequency of Reviews

The BSP and monitoring data should be reviewed on a regular basis. “Regular” is based upon the current needs of the child. Monthly, quarterly, or semi-annual reviews are all standard practice. An unscheduled review may be prompted by significant changes in the child's behavior.

QUESTIONS TO BE ASKED DURING REVIEWS

- Is the child making progress?
- Are classroom staff and families satisfied with the child's progress?
- Is the BSP being consistently implemented by all persons responsible for implementation?
- Are there any environmental factors affecting the child?
- Are there any barriers to implementing the plan? What steps are being taken to address the barriers?
- Is revision to the BSP needed because of changes in the child's behavior, factors affecting the child's behavior, or barriers to implementing the plan?

Decision Making

To provide valid and reliable information regarding a child's progress, data collection must be a continuous, ongoing process. To determine if a BSP has been effective, it helps to evaluate trends in child's behavior by focusing on systematic and consistent **increases** or **decreases** in target behaviors and skills. Trends are defined as 3 or more data points in the same direction. If the analysis of the trend shows the data to be headed in the desired direction and at an acceptable speed, it is best to continue intervention with no changes. If the trend is opposite to the desired direction, immediately consider how best to change the BSP. Trends in data indicate the effectiveness of the BSP and assist team members in determining the need for program changes.



Making Adjustments to the Plan

When the child is not making progress, the team needs to determine why by reviewing and analyzing behavior data and making adjustments in physical arrangements, routines, activities, and rules or expectations based on what is working and what is not working to assure success. The classroom staff and parents may want to adjust the way they respond to the child's behavior or reinforce target skills. Changing the frequency, duration, and intensity of supports may have a more positive effect.

The mental health consultant and the team might look at the original hypotheses again. Revising functional assessment information and adjusting the plan to address emerging or newly identified behaviors is important. For instance, if a child's behavior support team guessed that the child's difficulty engaging in the circle time activities was due to activity demand, and the function was really to get attention, then the strategies would have to be adjusted to factor in the child's need for attention. Changing the child's behavioral goals might also be necessary when making adjustment to the plan.

In addition to reviewing the original hypotheses, the mental health consultant should review the implementation fidelity to ensure that the BSP was consistently implemented in the manner intended. The mental health consultant and the team members should discuss whether the intervention strategies included in the plan were difficult to implement and need additional training or resources to implement the plan with fidelity, and whether there was sufficient time for them to prepare the intervention strategies.

Helpful Tips

Encouraging Staff and Families to Remain Engaged in Monitoring Progress

Encouraging classroom staff and families to remain engaged in monitoring progress is an important part of the mental health consultant's tasks. It is the consultant's responsibility not to just provide assistance, but also to provide motivation or increase the likelihood that the team will follow through with the plan and progress monitoring. Use the following recommendations to support classroom staff and families to persist with progress monitoring.

Recommendations

- Simplify the data collection systems.
- Graph and review data with classroom staff and family members, and work with them on their problems with the data collection.
- Frequently acknowledge their efforts.



Some family members might not read well enough to understand instructions on data collection procedures. Making the written materials unnecessary or using pictograms instead of words when creating data collection forms might assist families with limited reading skills to collect data on the child's behavior. Consider other mechanisms to collect information on child progress from the family that is less cumbersome such as weekly brief phone calls to review the child's response to the implementation of the BSP within routines at home.

On-going communication needs to occur among all team members and between the mental health consultant and team members. Determine who communicates with whom, how frequently and in what manner. The communication needs to be frequent enough to result in the continuous teaming necessary to achieve success. Communication can be sent home in writing, through email or voice mail, or face-to-face meetings.

EXAMPLES OF COMMUNICATION BETWEEN TEAM MEMBERS

Team Members

Parents, classroom staff, mental health consultant, program director, and family specialist

Frequency

DAILY: Daily report on Billy's use of replacement behavior as well as the occurrence of problem behavior will be sent to home; parents report back on strategies used at home.

WEEKLY: Teacher will send a weekly summary of Billy's behavior to program director, parents, consultant, and family specialist.

BIWEEKLY: Mental health consultant will make biweekly classroom visits to observe interactions between staff and Billy, and to provide classroom staff with feedback about Billy's progress and staff's use of strategies.

PER INCIDENT: Behavior incidents that include throwing objects and spitting will be reported to the program director and mental health consultant. The mental health consultant, teacher, and parents will communicate among themselves about the incident which has yielded important insights about future interventions.

Manner

DAILY : Written report sent daily to family

WEEKLY : Email summaries using a report chart

BIWEEKLY : Written feedback report to teacher and Billy's parents

PER INCIDENT : Paper copy to team members



Using a BSP Review Form

To help with the decision making process use the **BSP Review Form** (see page 174). The form includes a simple checklist to help determine whether the intervention strategies address the functions of the child's problem behavior; the BSP is written with enough clarity and detail that the classroom staff and/or family members can understand and implement; the staff and family members have training in the strategies; the monitoring data is being collected; the BSP is being fully implemented; and the child is making progress toward the goals. The form also includes a checklist to record the decisions made or actions required as to whether the goals are met and the BSP can be discontinued; to continue implementing the BSP (the BSP is appropriate and no modifications are needed); the BSP needs modification; the classroom staff or family members need additional training or resources; and the staff and family should discontinue implementing the BSP.



Blank Forms

Tools for Mental Health Consultants

BSP Review Form

Tools for Teachers and Families

Event Recording Form 1

Event Recording Form 2

Duration Recording Form 1

Duration Recording Form 2

Duration Recording Form 3

Duration Recording Form 4

Rating Scale 1

Rating Scale 2

Rating Scale 3

School-Home Note

BSP Review

Child: _____ Classroom: _____ Date of Review: _____

Team Members: _____

Target Behaviors: _____

Strategies, Plan Implementation, and Child Progress	Yes	No
Intervention strategies address functions of the problem behavior		
BSP is written with enough clarity and detail for classroom staff and/or family members to understand and implement		
Classroom staff and/or family members have training in the strategies		
Monitoring data is being collected as planned		
BSP is being fully implemented with fidelity		
Child is making progress toward goals		

Action(s)

- Goals are met
- BSP is appropriate and no modifications are needed
- Modify the BSP
- Train/provide resources to staff
- Train/provide resources to family

Comments: _____

Event Recording Form 2

Child: _____ Observer: _____ Date: _____

Session Number: _____ Child Target Behavior: _____

Teacher Behavior: _____

CODE: **C** = Correct **N** = No Response **IC** = Incorrect Response

Trial	Child Target Behavior			Teacher Behavior			Comments
1	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
2	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
3	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
4	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
5	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
6	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
7	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
8	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
9	C	N	IC	Verbal Prompt	Physical Prompt	Praise	
10	C	N	IC	Verbal Prompt	Physical Prompt	Praise	

Total number of correct: _____

Percentage of correct response: _____

Total number of incorrect: _____

Percentage of incorrect response: _____

Total number of verbal prompt: _____

Percentage of verbal prompt: _____

Total number of physical prompt: _____

Percentage of physical prompt: _____

Total number of praise: _____

Percentage of praise: _____

Duration Recording Form 2

Child: _____ Observer: _____ Dates: _____

Routine Activity: _____

Target Behavior: _____

Directions: Each time the target behavior occurs: **1.** Enter the date. **2.** Record the time when the observation began. **3.** Record the time when the behavior began. **4.** Record the time when the behavior stopped, **5.** Calculate the length of time that the behavior lasted (duration) and log it in minutes. **6.** Record the time when the observation ended. **7.** Log the total duration of observation. **8.** Calculate the percentage of time that the behavior occurred during the observation time period.

Date	Observation Start Time	Observation End Time	Time Behavior Began	Time Behavior Stopped	Duration of Behavior	Duration of Observation	% of Time Engaged in the Behavior

Mean Percentage of Time being Engaged in the Behavior: _____

Mean duration of engagement per session (day), if observation durations are equal across sessions: _____

Duration Recording Form 3

Child: _____ Observer: _____ Dates: _____

Routine Activity: _____

Target Behavior: _____

Directions: Each time the target behavior occurs: **1.** Enter the date. **2.** Record the time when the observation began. **3.** Record the time when the behavior began. **4.** Record the time when the behavior stopped. **5.** Calculate the length of time that the behavior lasted and write it in minutes. **6.** Write down the time when the observation ended. **7.** Write down the total duration of observation.

Date	Observation Start Time	Observation End Time	Time Behavior Began	Time Behavior Stopped	Duration of Behavior	Duration of Observation	% of Time Engaged in the Behavior

Mean Percentage of Time being Engaged: _____

Mean duration of engagement per session (day), if observation durations are equal across sessions: _____

Duration Recording Form 4

Child: _____ Target Behavior: _____

Target Routine: _____ Week of: _____

Directions: Starting from the bottom, shade the number of boxes that represent the length of the target behavior. Each box represents TWO minutes.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30	30	30	30	30	30	30
28	28	28	28	28	28	28
26	26	26	26	26	26	26
24	24	24	24	24	24	24
22	22	22	22	22	22	22
20	20	20	20	20	20	20
18	18	18	18	18	18	18
16	16	16	16	16	16	16
14	14	14	14	14	14	14
12	12	12	12	12	12	12
10	10	10	10	10	10	10
8	8	8	8	8	8	8
6	6	6	6	6	6	6
4	4	4	4	4	4	4
2	2	2	2	2	2	2

Average Duration for Week: _____ minutes

Rating Scale 1

Child's Name: _____

Dates: _____



4
Laughing, stayed



3
Cooperated, stayed briefly



2
Fussed, took several turns



1
Cried, refused to play

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	4	4	4	4	4
3	3	3	3	3	3
2	2	2	2	2	2
1	1	1	1	1	1

Rating Scale 2

Child: _____ Target Behavior: _____ Week: _____

Directions: Rate of engagement at the end of each activity.

1 = Disruptive

2 = Not Engaged

3 = Engaged Some
of the Time

4 = Engaged Majority
of the Time

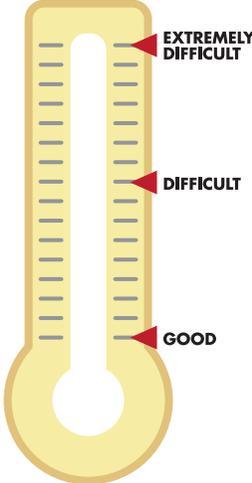
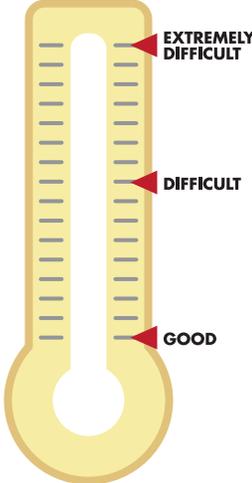
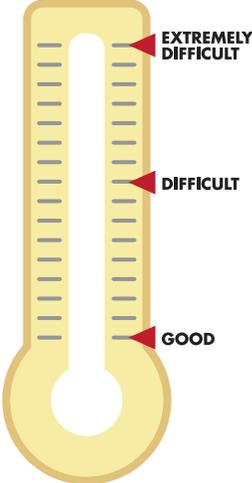
Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Average
	4	4	4	4	4	Rating: _____
	3	3	3	3	3	Rating: _____
	2	2	2	2	2	Rating: _____
	1	1	1	1	1	Rating: _____
	4	4	4	4	4	Rating: _____
	3	3	3	3	3	Rating: _____
	2	2	2	2	2	Rating: _____
	1	1	1	1	1	Rating: _____
Average	Rating: _____					

Rating Scale 3

Child: _____ Observer: _____ Dates: _____

Teacher Behavior: _____

Directions: Shade in the thermometer to indicate _____'s target behavior.



School-Home Note

Child: _____ Observer: _____ Dates: _____

Directions: 1. Put a happy face next to each target behavior achieved. Slash if not achieved. **2.** Calculate total points for the day.

Target Behavior	Activity:	Activity:	Activity:

Total Points Today: _____ Goals: _____



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