

# Positive Behaviour Support Plan for CC at Home

April 2022

## Introduction

CC is a bright, cheerful, and energetic 5-year-old girl who lives at home with her mom and her maternal grandparents. She enjoys water play, Youtube, drawing, colouring, crafts, and baking. CC has a diagnosis of autism spectrum disorder, which affects her behaviour, cognitive, and language development. CC attends the local elementary school, receiving 1:1 support from a school-based behaviour interventionist within the classroom and in a segregated room. CC's mom is not currently working, so she spends most of her time supporting CC at home, taking her to school or to engage in outdoor activities. Grandparents also play a key role in supporting mom with childcare responsibilities, especially when she has to other responsibilities and appointments to go to.

This behaviour support plan is necessary because CC has a history of problem behaviours at home and in the community that interferes with the family's quality of life. When CC wants to escape a demand/task, and/or gain access to a preferred item or activity, she will engage in problem behaviour of wandering around, mouthing, non-compliance or physical resistance from an adult or peer. The goal is for CC to be able to safely engage in activities with the family outside of the home, to express her wants and needs clearly, and to interact with peers in an appropriate way. The plan is based on a comprehensive functional assessment (FA) and was developed in collaboration with CC's mom, behaviour interventionists and a behaviour consultant. This plan includes a summary of the functional assessment and a description of a multi-component comprehensive positive behaviour support plan.

## Caution

This is a comprehensive positive behaviour support plan based on the results of a comprehensive functional assessment, which looks at the different aspects and features of CC's problem behaviour (e.g. environmental factors, triggers, topography, function of problem behaviours), while using multiple components to address these features (e.g. ecological/lifestyle strategies, preventive strategies, teaching strategies, consequence strategies). This plan looks at CC's problem behaviour as a whole, addressing most if not all of the issues that develop or maintain the behaviours. Due to the comprehensive nature of the plan, it can be overwhelming to process all the aspects mentioned.

To better navigate through this plan, it is important to proceed with the following four things in mind. First, the strategies do not need to be implemented altogether at the same time. Collaboration between the stakeholders and professionals will determine the most doable interventions and the highest priority. Overtime, depending on the progress of the initial interventions, additional strategies may be added to deal with potential challenges or to further generalize. Second, if emphasis is placed on the implementation of ecological/lifestyle and preventive strategies, this can likely minimize or prevent problem behaviours from occurring. As a result, it will reduce the need to implement consequence strategies that are reactive to the occurrence of problem behaviours. Third, the plan also provides guidance to situations where new problem behaviours may arise without the need to re-developing a plan from the very beginning. Lastly, I will be available to provide guidance and assistance in making sure that the implementation of the strategies mentioned in the plan will be successful.

## Functional Assessment Summary

**Behaviours of concern:** Non-compliance/defiance (wandering around, mouthing toys when asked to clean up); physical resistance (push adult/peer away, fall onto the ground); destructive/disruptive behaviour (spit onto table/floor and play with saliva; draw around the walls); physical aggression (pull mask or glasses off others)

**Functions of problem behaviour:** CC's problem behaviour serves two functions. First, CC engages in problem behaviour to avoid or escape difficult demands, requests, tasks, and transitions. Second, CC engages in problem behaviour to extend or gain access to a preferred toy or activity.

**Person factors:** Two person-specific factors set the stage for problem behaviour in which CC wants to escape a demand/request, or get a preferred item/activity.

1. Pervasive skill deficits. CC has pervasive skill deficits that increase the likelihood of escape-motivated problem behaviours. She has poor communication skills, difficulty paying attention and delays in social development and fine motor skills. These skill deficits make learning and completing new activities difficult for CC.
2. Physical condition. CC is overweight, and this can impede her willingness and ability to participate in certain tasks or activities. When sitting in a small chair, CC will feel uncomfortable and prefers to walk around, stand, or lie down on the floor. When a certain area of her body is itchy, CC has difficulties reaching her lower body or her back, which can make her less cooperative during the day. When CC has not had a meal or feels hungry, problem behaviours are also more likely to occur.

**Environmental/Quality of Life Factors:** Four environmental/quality of life factors set the stage for problem behaviour in which CC wants to escape a demand or get a preferred item or activity.

1. Unsupportive environments. CC does not do well in environments that: (a) lack predictability, (b) contain a high amount of demands, (c) offer little or no choice, (d) are loud and/or crowded. In these contexts, CC is more likely to engage in escape-motivated problem behaviour or perform problem behaviour to gain access to a preferred item or activity.
2. Unsupportive adults. CC also does not do well in environments where adults are not predictable or consistent with their expectations or when they ignore her communicative attempts, which is particularly evident when interacting with adults whom she is not familiar with. These interactions will increase the likelihood of problem behaviour.
3. Limited range of activities in house. Problem behaviour maintained by access to preferred item/activity is more likely to occur when: (a) an item is present, and an adult denies access, or (b) an adult interrupts/terminates access to the preferred item or activity. In these contexts, CC is more likely to display problem behaviour as there are limited preferred choices available.

**Triggers:** There are several observable events in CC's immediate environment that often trigger problem behaviour. These triggers are listed below by function of problem behaviour.

1. Triggers for *escape-motivated* problem behaviour

- a. Request/demand to engage in academic task
  - b. Request/demand to transition from preferred to non-preferred activity
  - c. Request/demand to wait
  - d. Adult interrupts/terminates preferred activity
2. Triggers for *item/activity-motivated* problem behaviour
    - a. Item present and access denied
    - b. Adult interrupts/terminates preferred activity
    - c. Request to wait to get access to preferred item/activity

## **Positive Behaviour Support Plan**

### **Ecological/Lifestyle Strategies**

1. Use visual supports. Use visual supports to provide predictability and choice. These include: (a) picture sequences of CC's daily schedule at school and at home; (b) picture sequences of the steps in specific tasks, activities, or routines at home, at school, or in the community (c) choice boards in which CC is given the opportunity to choose a preferred task, activity, or item; and (d) picture sequences of common positive contingencies (e.g. do work, then play; wait, then get access to preferred item/activity)
2. Use a timer to indicate the termination of an activity. Provide a warning when the preferred activity is coming to an end by setting a visual countdown timer for CC. Tell her that the activity is almost done and that she has x minutes left. Make sure that the timer is in her proximity, so she can see the countdown and hear the timer when it goes off.
3. Embed reinforcers in tasks/activities. During difficult tasks, activities, or routines at home or in school, embed preferred materials, types of activities, and/or types of interaction into the task, activity, or routine. This may include: (a) preferred foods during mealtime; (b) highly preferred toys during free time; (c) favourite items or fidget toys to play with while waiting; (d) high-interest books during reading activities; and (e) use favourite cartoon character plate/utensils/placemat during mealtime; (f) drawing/colouring activities when waiting for meals.
4. Have headphones available for home and school. Acquire one set of headphones for home and one set for school. When CC does not need the headphones or is not placed in a crowded or noisy environment, store them in a standard and safe place. Teach CC to get, put on, and return her headphones to the safe place at the end of the day at school or at home. Teach CC to verbally request for headphones when on outings to crowded environments.
5. If CC is tired, decrease demands and increase the level of support to complete task. After a difficult school day, lack of sleep and/or extended exposure to a crowded environment reduce the number of demands and increase the prompting level to assist with completing required tasks (especially non-preferred or difficult tasks). Examples include:
  - a. BI session: Prompt CC to verbally request "help" at the beginning of the reading or counting task before she escapes her seat or table area. Prompt CC to verbally request for "break" when she gets fidgety on the chair before she escapes and hides under the table.
  - b. Mealtime: Prompt CC to verbally request "finish" after eating before she hides under the dining table or wanders around the eating area. Physically assist with fine motor tasks (i.e. using utensils to eat food).

6. Have a fixed eating schedule and a healthy diet plan for CC. Upon consulting a dietitian, discuss appropriate goals, and develop a fixed eating schedule and healthy diet plan for CC to be followed throughout the week.
7. Incorporate regular exercises or community outings in CC's weekly schedule. By increasing the number of opportunities CC engages in exercises (i.e., swimming) or participates in community outings (i.e., neighbourhood walks, playground, zoo visits), this may decrease the intensity of emotional arousal and excitement when she visits a new place. Ideally, CC would have the opportunity to either exercise or go on a community outing once per day.
8. Have CC sit in a chair that is suitable for her body and comfortable for mealtimes and sessions. Acquire a set of chairs and tables that are suitable for CC's height and comfortable for her to sit through during mealtimes and BI sessions. When seated, make sure the seat is appropriate for CC's body and that CC's feet are touching the floor.

### **Preventive Strategies**

1. Use prompting strategies to promote cooperation. These include: (a) natural positive contingencies (e.g., "After we finish this work, you can take a break", "First eat dinner, then water play"), (b) visual aid (e.g., countdown strip, visual timer), (c) offering choices that fit the task or activity (e.g., "Do you want to read this book or that book?", "Do you want to eat noodles or rice for dinner") When offering choices, it is helpful to do so with a visual presentation of the choices (e.g., pictures, actual items)
2. Pre-correct behavioural expectations prior to task/activity and how to request needs/wants. Before the non-preferred task/activity, remind CC of what she is supposed to do and not do verbally with a modelling prompt and visual aid. Also, remind CC how to request her needs and wants verbally using a model prompt and visual aid. Examples of behaviours or skills that may need pre-correction include: (a) waiting for a meal; (b) reading/counting tasks; (c) completing a new task; (d) waiting for access to preferred toy/activity; (e) transitioning from preferred task to non-preferred task. An example of a pre-correction for transitioning would be: (1) CC might engage in escape-motivated problem behaviour (hiding under the table, pushing BI/parent, falling onto the floor); (2) CC needs to use her words to express her desire to have more time with preferred toy/activity; (3) Tell CC: "CC, use your words and say, 'Two more minutes.', and you keep your hands to yourself." Get her to repeat after you and practice keeping her hands to herself. Provide brief social praise before beginning the transition.
3. Provide more support before transitions. Before a transition: (a) provide CC information beforehand; (b) present the information visually if possible (e.g., picture sequence, social story); (c) identify reinforcer(s) in the next or new situation; (d) use a positive contingency that motivates CC to transition (e.g., "Let's sit at the dining table and you can pick the dessert for today"); (d) if CC completes the transition, make sure to provide access to the reinforcer as promised.
4. Use "safety signals". Before interrupting a preferred activity or when CC is displaying minor problem behaviours during a non-preferred task/activity, provide a "safety signal" (e.g., "1 more bite, then all done", "1 more sentence, then all done") that helps CC predict when the non-preferred task/activity will end.
5. Set expectations firmly and consistently across all family members and BIs. To ensure CC's understanding and cooperation of expected positive behaviour, all family

members and BIs should be aware and implement expectations consistently in daily routines within the home and community. For example, if an expectation is for CC to sit and eat meals at the dining table, then all family members should deliver the same expectation to CC during meal times.

6. Use visual supports. These are the different ways to incorporate visual supports for CC.
  - a. Visual schedule. The visual schedule can help make difficult routines or activities more predictable. An example of a visual schedule for a regular weekday at home would be: (1) brush teeth and wash the face; (2) eat breakfast; (3) change into outside clothes, (4) head to school; (5) back from school; (6) snack time; (7) BI session; (8) free play; (9) bath time; (10) dinner time; (11) free play; (12) go to bed. Place the visual schedule on the door of CC's bedroom for easy access. In the beginning of the day and after coming home from school. Review the visual schedule with CC.
  - b. Positive contingency visual. This visual predicts the reinforcer after CC engages in a difficult task/activity. This may be a simple "First \_\_\_\_, Then \_\_\_\_" visual that shows CC that he gets a highly preferred item/activity (e.g., snack, water play, 15 minutes on the I-pad) after she completes the difficult task (e.g. sitting at the table during mealtime, completing a reading/counting task, waiting). This will be reviewed with CC prior to the difficult task.
  - c. Positive contingency map. This provides a visual to CC with regards to the desired behaviour and problem behaviour pathways and their consequences for certain routines or activities. Review the map before the difficult activity (e.g., mealtime, BI session, waiting for access to preferred item/activity). The contingency map will include 2 pathways. An example of the mealtime routine would look like this:
    - i. Desired behaviour pathway: Time to eat -> I will sit at the table and eat -> Mom will be happy -> I get to choose a dessert or toy to play with
    - ii. Problem behaviour pathway: Time to eat -> I run around or hide under the table -> Mom will be sad -> I don't get to have dessert or play with toys

## Teaching Strategies

1. Teach verbal language skills. Teach CC to use verbal language to fulfil her wants and needs. When teaching the use of language, model the language (i.e., say the phrase you want her to use in that situation), prompt CC to say it, and reinforce the attempt as well as progress and successful independent use. The common phrases that you will want to teach CC are listed below.
  - a. Ask for help: "I need help.", "Help, please." "I don't know.", "Can you help?"
  - b. Ask for a break: "I need a break.", "I want to rest.", "Break, please"
  - c. Ask for more time: "Five more minutes," More time."
  - d. Expressing refusal: "No, thank you.", "I don't want to.", "I don't want this."
  - e. Requesting an item or activity: "I want [item].", "I want [activity]."
  - f. Negotiation and/or accepting a reasonable compromise: "Just one?", "Do it later.", "Okay, thank you.", "Okay, later."
2. Teach skills related to the completion of non-preferred tasks/activities. Teach CC to become more independent when completing non-preferred tasks/activities to increase compliance and allow adult assistance when necessary. Determine what skills CC lacks for each specific task/activity, and use errorless teaching strategies (i.e.,

providing the appropriate verbal, gestural, physical, or modelling prompt prior to CC's attempt of completing the task) to reduce CC's frustration with learning a new skill related to the non-preferred task/activity.

3. Teach tolerance of interruption, termination, or denial of preferred item/activity.  
Teach CC to accept: (a) not having access to a preferred item/activity and (b) when access is stopped during a preferred item/activity. Make sure to be firm with your demand (whether you interrupted, ended, or denied a preferred item/activity), and do not give into problem behaviour when they arise. Examples include:
  - a. Interruption: Use a planned progression of steps (i.e., start with having CC wait for 10 seconds before regaining access to iPad or playdoh, then slowly increase the time required for CC to wait before she regains access to the preferred item/activity)
  - b. Interruption/Termination: Prepare and provide visual support to CC prior to the interruption or termination of a preferred item/activity, using a countdown strip, visual timer, and/or "safety signal" (i.e., Reading time is in 3 minutes, then you can choose your favourite book.)
  - c. Denial: Provide CC with choices of available options to choose from in situations where access is denied (i.e., "You cannot do water play now. You can either play with playdoh, or do some colouring together.")

### **Consequence Strategies**

1. Provide CC with specific praise and reinforcer (i.e., "Nice waiting! Here is your toy.", "Good sitting at the table! Here is your marker and paper.") for successful independent completion of desired behaviour: (a) following through with instructions from parent/BI, (b) completing the assigned task, (c) stay calm and accept a limit to not having access to desired item/activity, (d) find another toy to engage with when desired item/activity is not available, and (e) wait for turns.
2. Honour CC's wants or needs when she uses acceptable language (i.e., verbal). For example: (a) give CC more time with a preferred activity/item before termination and/or transition when she requests "more time," (b) give CC a break upon her request for a "break" from a non-preferred task/activity, (c) end the activity/task if possible when CC requests to be "all done," (d) provide appropriate help when CC requests for "help", (e) switch the current activity when CC requests for a different activity, (f) provide access to the preferred item when CC attempts to verbally negotiate a reasonable compromise. Try not to provide CC extra time with preferred item/activity, change of activity, break, or help when problem behaviour was used to communicate her wants or needs. Once CC is able to reliably use language to meet her wants/needs, introduce the use of "safety signals" to gradually build her endurance for delay.
3. When CC engages in "precursor behaviours" or minor problem behaviours that typically precede significant problem behaviours, try to redirect or de-escalate the behaviour. The following are two strategies:
  - a. Actively ignore the precursor behaviour or minor problem behaviour and redirect CC to engage in the task/activity. When she is re-engaged, return to using positive, proactive support strategies.
    - i. Example: CC lies down on her chair when reading a story with mom. Re-present the visual schedule to remind CC that she can get a preferred activity after finishing the story while sitting nicely. "It is storytime. Let's sit nicely. After the story, we can do colouring."

- b. Prompt verbal language that matched her want or need. Prompt CC to make a request one or two times, then honour her request or use a “safety signal.”
  - i. Example: CC says “no” and does not comply when you tell her that I-pad time is over. This behaviour often precedes more intense refusal and physical resistance. You can say, “It seems like you want more time with the I-pad. Say “More time”... say it again... Thank you for telling me you want more time. Sure, five more minutes,” and set a timer for five more minutes.
  - ii. Example: CC fidgets on the chair and starts standing up during the counting task. This behaviour often precedes more out-of-seat behaviour and wandering around, especially if the task is over 5 minutes and CC is making multiple errors. You can say, “It looks like you want to be done. Say “Break, please”... say it again... Thank you for asking. Let’s take a 3-minute break,” and set a timer for 3 minutes.
- 4. Contingent on major problem behaviours, use extinction procedures. Major problem behaviours include non-compliance (wandering around, mouthing toys when asked to clean up, running away); and physical resistance (pushing adult/peer, falling onto the floor).
  - a. When CC escalates into moderate to high-intensity problem behaviour to avoid or escape, do your best not to let CC immediately avoid or escape the transition or non-preferred task/activity. You need to show CC that engaging in problem behaviours will not get her what she wants, i.e., problem behaviours are inefficient and ineffective in allowing an escape/avoidance.
    - i. Very briefly and clear reprimand CC. Say, “That’s not okay.” In a firm, but neutral tone.
    - ii. Show her the visual support (e.g., visual schedule, First-Then board)
    - iii. Quickly prompt CC to finish the task or the next step of the task that she was trying to escape. Do this with physical prompts and minimal words.
    - iv. Use a safety signal, e.g., “We’re going to do two more, and then you can take a break.”
    - v. After prompting CC through the task, give her a break. Use a visual timer to show how much time she gets.
    - vi. When she returns from the break, use proactive strategies to prevent escape-motivated problem behaviours (i.e., using pre-corrections, safety signals, visual schedules, etc.)
  - b. When CC escalates into moderate to high-intensity problem behaviour to get access to an item or activity, try not to provide CC access to the item/activity. You need to show CC that engaging in problem behaviours will not get her what she wants, i.e., problem behaviours are inefficient and ineffective in obtaining an item/activity.
    - i. Very briefly and clearly reprimand CC. Say, “That’s not okay,” in a firm but neutral tone.
    - ii. Deny her access to the item/activity that she wanted and all other desired items/activities for 5 minutes.
    - iii. Use a safety signal, e.g., “Try again and ask nicely in x more minutes.”
    - iv. Once 5 minutes are over, use proactive strategies to prevent tangible-motivated problem behaviours (using pre-corrections, safety signals, etc.).

- v. Make sure to reward asking nicely with access to the item/activity and add a positive social interaction (e.g., hugs, high fives).

## **Evaluation**

1. Implementation checklist: CC's mom will complete the implementation checklist to self-monitor and self-evaluate: (a) the level of implementation of CC's PBS plan, (b) the level of problem behaviour engaged in by CC, and (c) the acceptability and importance of the PBS plan's goals, procedures, and outcomes (i.e., social validity). At first, the implementation checklist will be filled out on a daily basis. Once the plan is firmly in place and implemented with high implementation fidelity, the implementation checklist can be completed once a week.
2. Behaviour Rating Scale: CC's mom will complete the behavioural rating scale to assess the levels of CC's problem behaviour (i.e., non-compliance, physical resistance) and desired behaviour (i.e., positively engaged in daily family routines in home and community, use verbal language to communicate a want or need). At first, the behaviour rating scale will be filled out on a daily basis. Once the plan is firmly in place, the behaviour rating scale can be completed once a week.



**Positive Behaviour Support Plan  
Implementation Checklist  
For CC at Home  
April 2022**

Date/Week Of: \_\_\_\_\_ Person Using Checklist: \_\_\_\_\_  
(indicate whether you are evaluating for  
one day or across a week by circling either  
“day” or “week of”)

Instructions: The purpose of this implementation checklist is to help you implement CC’s positive behaviour support plan with fluency, track CC’s behavioural progress, and rate the social validity (acceptability) of the plan. On the right is a place to evaluate your level of implementation. A “1” indicates that the strategy is not implemented (i.e., you have not used it yet). A “5” indicates that the strategy is fully implemented (i.e. you are using it). Before using the checklist, it is important to read the PBS plan to ensure your understanding of how to implement the strategies listed below. At first, the implementation checklist can be filled out on a daily basis. Once the plan is firmly in place and fluently implemented, the checklist can be completed once a week.

	Not in Place		Fully in Place		
<b>Set Stage for Success</b>					
1. Use visual supports to provide predictability and choice: (a) daily visual schedule, (b) routine-specific schedule, (c) choice board, and (d) positive contingency visual.	1	2	3	4	5
2. Use a timer to indicate the termination of activity.	1	2	3	4	5
3. Embed reinforcers (i.e., preferred foods, preferred toys, fidget toys, preferred materials, types of activities, preferred characters) in non-preferred tasks/activities.	1	2	3	4	5
4. Have headphones available for home and school.	1	2	3	4	5
5. If CC is tired (i.e., a difficult school day, lack of sleep, extended exposure to a crowded environment), decrease demands and increase the level of support provided to complete a non-preferred or difficult task.	1	2	3	4	5
6. Maintain a regular eating schedule and healthy diet plan with CC, as discussed with the dietitian.	1	2	3	4	5
7. Incorporate regular exercises (i.e., swimming) or community outings (i.e., neighbourhood walk, playground, zoo visits) into CC’s daily schedule (at least once per day).	1	2	3	4	5
8. Have a set of chairs and tables that are comfortable for CC to sit in during mealtimes and sessions.	1	2	3	4	5

### **Prevent Problem Behaviour**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Use prompting strategies to promote cooperation: (a) first-then board, (b) countdown strip, (c) visual timer, and (d) offer choices.   | 1 | 2 | 3 | 4 | 5 |
| 2. Pre-correct behavioural expectations prior to task/activity (i.e. what she is supposed to do and not do) and how to request needs/wants verbally.  | 1 | 2 | 3 | 4 | 5 |
| 3. Provide more support before transitions: (a) provide CC information beforehand using visual support (i.e., visual schedule, first/then board), and (b) use positive contingency statements (i.e., “Let’s sit at the dining table and you can pick the dessert for today”). | 1 | 2 | 3 | 4 | 5 |
| 4. Use “safety signals” (i.e., “1 more bite, then all done”) that helps CC predict when the non-preferred task/activity will end.   | 1 | 2 | 3 | 4 | 5 |
| 5. Set expectations firmly and consistently across all family members and BIs, to increase CC’s understanding and cooperation.  | 1 | 2 | 3 | 4 | 5 |
| 6. Use visual supports. (i.e., visual schedule, positive contingency visual, positive contingency map)  | 1 | 2 | 3 | 4 | 5 |

### **Teach New Behaviours and Skills**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Teach verbal language skills to fulfil her wants and needs. (i.e., “I need help,” “I don’t know,” break please,” “5 more minutes,” “No thank you,” “I want [item/activity],” “Okay, thank you”)   | 1 | 2 | 3 | 4 | 5 |
| 2. Teach skills related to the completion of non-preferred tasks/activities to increase compliance and allow adult assistance when necessary, using errorless teaching strategies (i.e. provide verbal, gestural, physical or modelling prompts) to reduce CC’s frustration.   | 1 | 2 | 3 | 4 | 5 |
| 3. Teach tolerance, termination, or denial of preferred item/activity by being firm with your demand and not giving into problem behaviour: (a) use a planned progression of steps to gradually increase tolerance, (b) use a countdown strip/visual timer/“safety signal” to prepare CC for the removal of the preferred item/activity, and (c) provide choices of available options. | 1 | 2 | 3 | 4 | 5 |

**Reinforce Positive Behaviour**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Provide specific praise and access to preferred item/activity (i.e., Nice waiting! Here is your toy.) for successful independent completion of desired behaviour: (a) following through instructions from parent/BI, (b) completing assigned tasks, (c) stay calm and accept limit, (d) engage in another toy when desired item/activity not available, (e) wait for turns. | 1 | 2 | 3 | 4 | 5 |
| 2. When CC communicates a want or needs using appropriate verbal language (i.e., “more time,” “break,” “all done,” “help”), honour her request. Once she reliably uses language to meet her wants/needs, introduce “safety signals” to gradually build her endurance for delay.  | 1 | 2 | 3 | 4 | 5 |

**Remove and Reduce Reinforcers for Problem Behaviour**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. For minor problem behaviour: (a) actively ignore the behaviour and redirect CC to engage in task/activity, or (b) prompt language that matches her want/need.  | 1 | 2 | 3 | 4 | 5 |
| 2. For major problem behaviour to avoid/escape: (a) reprimand and say, “That’s not okay”, (b) quickly prompt CC to finish tasks or the next step of task with physical prompts and minimal words, (c) use a “safety signal,” (d) give her a break using a visual timer, (e) when she returns from break, use proactive strategies to prevent escape-motivated problem behaviours.   | 1 | 2 | 3 | 4 | 5 |
| 3. For major problem behaviour to obtain access to item/activity: (a) reprimand and say, “That’s not okay,” (b) deny her access to item/activity and all other desired items/activities for five minutes, (c) use a “safety signal,” (d) after 5 minutes, use proactive strategies to prevent tangible-motivated problem behaviours, (e) reward asking nicely with access to the item/activity and add a positive social interaction. | 1 | 2 | 3 | 4 | 5 |

**Problem Behaviours**

- |                        |   |   |   |   |   |           |
|------------------------|---|---|---|---|---|-----------|
| 1. Non-Compliance      | 0 | 1 | 2 | 3 | 4 | 5 or more |
| 2. Physical Resistance | 0 | 1 | 2 | 3 | 4 | 5 or more |

**Social Validity**

- |  |   |          |   |   |   |       |
|--|---|----------|---|---|---|-------|
|  |   | Disagree |   |   |   | Agree |
| 1. The goals of the PBS plan are acceptable and important.               | 1 | 2        | 3 | 4 | 5 |       |
| 2. The goals are consistent with my family’s goals, values, and beliefs. | 1 | 2        | 3 | 4 | 5 |       |
| 3. The PBS strategies are useful and effective.                          | 1 | 2        | 3 | 4 | 5 |       |
| 4. The strategies and procedures are difficult to use.                   | 1 | 2        | 3 | 4 | 5 |       |
| 5. CC’s behaviour has improved at home.                                  | 1 | 2        | 3 | 4 | 5 |       |

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 6. CC's behaviour has improved in the community.   | 1 | 2 | 3 | 4 | 5 |
| 7. Overall, this behavioural support effort is supportive and has strengthened our family. | 1 | 2 | 3 | 4 | 5 |



<b>Desired Behaviour:</b> Use verbal language to communicate a want or need.  <i>(i.e., “More time,” “break,” “all done,” “help,” “I need help,” “I don’t know,” “Break please,” “5 more minutes,” “No thank you,” “I want [item/activity]”)</i>	10+ times	5	5	5	5	5	5	5	5
	7-10 times	4	4	4	4	4	4	4	4
	4-6 times	3	3	3	3	3	3	3	3
	1-3 times	2	2	2	2	2	2	2	2
	0 times	1	1	1	1	1	1	1	1

**Implementation Support Plan  
For CC at Home  
April 2022**

## **Introduction and Rationale**

CC's support team developed this comprehensive positive behaviour support (PBS) plan for CC. The purpose of this plan is to help you learn how to implement the comprehensive PBS plan with your daughter CC, that we developed together a few months ago. The PBS plan includes multiple components and strategies. There are two reasons. First, the functional assessment indicated that CC's problem behaviours served at least two functions (i.e., to gain access to a preferred item/activity, escape/avoid a demand/request or aversive situation). Strategies are needed to address all of these functions of problem behaviour. Second, family insights during the assessment process revealed several setting events that set the stage for problem behaviour (i.e., lack of sleep, loud/crowded environment, previously ignored communicative attempts, lack of predictability/choice, lack of toys to play with, hunger) and several antecedent events that trigger problem behaviour (i.e., item present and adult denies access, adult interrupts/terminates preferred activity, demand to transition from preferred to non-preferred activity, demand to complete the non-preferred activity, asked to wait to get access to item/activity, a non-preferred task that extends over 5 minutes). Each of these components of the problem behaviour needs to be addressed in a support plan. Due to CC's need for a comprehensive, multi-component PBS, it is necessary to provide training and support to family members responsible for implementing the plan. As PBS is a new technology and a novel approach to managing behaviour proactively, implementation support is necessary for PBS. This implementation support plan includes support activities, roles and responsibilities, and a timeline.

## **Support Activities**

1. Weekly meeting with CC's mom to provide support and training. Weekly in-person and/or Zoom support and training on the implementation of the PBS plan will be provided by the Behaviour Consultant. Strategies of modelling, coaching, and role play will be used to support mom in using the strategies effectively at home and in the community. This will involve showing and telling mom when, where, and how to effectively use the strategies listed in the plan. Problem-solving discussions will also take place during the meetings to help develop mom's understanding of the behaviour and thus increase mom's confidence in implementing the plan independently and across settings.
2. Train CC's grandparents to implement the PBS plan. CC's mom will be the main implementer, but the grandparents will also have active roles as implementers when present during a routine in the home and/or community. The Behaviour Consultant will briefly model, coach, and role play with the grandparents regarding the proper way to implement the PBS support strategies in Mandarin, with the help of mom to translate any concepts that are more complex or unclear.
3. Work on one problematic routine at a time. Several routines have been identified by mom during the functional assessment. However, a consensus was reached between the Behaviour Consultant and mom that one routine will be the initial focus to ensure simplicity and success. Once the routine is mastered with no problem behaviour and placed into maintenance, the next problematic routine can then be introduced.

4. Design specific support plans that draw from the comprehensive PBS plan. Strategies will be derived from the master comprehensive PBS plan to create routine-specific plans (i.e., mealtime, reading time). Each plan will be based on one problematic routine, with strategies that directly target the problem behaviour.
5. Prepare materials before the implementation of the PBS plan.
  - a. Prepare visual support and train family members on proper use. The Behaviour Consultant and Behaviour Interventionist will create and provide the needed visual support for the implementation of the PBS plan (i.e., first/then board, visual schedule, choice board, countdown strip, positive contingency map). Training will be provided on how to effectively use the visual supports within the routines, using the strategies from the PBS plan. Visual supports will be developed and modified on an ongoing basis based on the needs of CC and the family.
  - b. Organize current toys at home and purchase new toys. The Behaviour Consultant will support mom in organizing the toys available at home. Family members will be trained on buying new age-appropriate toys that help maintain the PBS plan. Highly preferred toys will be stored away and used as reinforcers that will be delivered contingent on desired and appropriate behaviour. If needed, Behaviour Consultant will attend a shopping outing with the family to provide guidance on the types of toys that are age-appropriate and motivating for CC.
  - c. Purchase any recommended materials. Prior to the implementation of the strategies, it is advised to have the recommended materials ready for use (i.e., visual timer, cartoon placemat/utensils, shorter chair and table for BI session and dining table, headphones).
6. Use of an implementation checklist and behaviour rating scale. Mom will use an implementation checklist and a behaviour rating scale to self-evaluate and monitor CC's behaviour. At first, both the implementation checklist and the behaviour rating scale will be completed daily but will later be transitioned to once a week when the plan is effectively implemented and firmly in place.
7. Teach CC's mom how to conduct functional assessments and develop PBS plans. To fully prepare the family in creating a supportive environment for CC in the future, the Behaviour Consultant will be involved in training CC's mom in the completion of functional assessments of problematic routines (i.e., waiting in line, visiting the doctor/dentist) and the development of effective and contextually appropriate strategies. Through training, CC's mom will be able to tackle new problematic routines as they arise from an Applied Behaviour Analysis perspective.

## **Roles and Responsibilities**

1. Plan Implementation: Mom (primary implementer role), grandma, grandpa
2. Training Team: EG (Behaviour Consultant), CC (Senior Behaviour Interventionist)

## **Timeline**

Four months