

PUTTING THE “I” BACK INTO THE “BIP”

The Behavior Intervention Plan (BIP) is included in the 1997 amendments to the Individuals with Disabilities Education Act (IDEA). In general, the amendments include:

- More collaboration with relevant education personnel to resolve behavior problems that may interfere with academic progress.
- Team exploration of strategies and support systems to address any behavior that may impede the learning of the child with the disability or the learning of his peers.
- If a disciplinary action is leveled, the IEP team meets within 10 days to perform a behavioral assessment to collect data necessary to formulate a Behavior Intervention Plan or if one already exists to review and revise as necessary.
- Additional inservice and preservice to learn how to develop implementing positive intervention strategies

The need to properly assess behavior of those with special needs was driven by the fact that behavior often interfered with the ability of one with special needs to be educated in the least restrictive environment. When the special needs student becomes disruptive, noncompliant or avoidant he can become estranged from his peers and isolated from the social interaction necessary for meaningful inclusion. The behavior becomes a discipline issue which in reality is more likely a manifestation of the disability.

Disciplining the behavior out of a challenged student is impossible, especially if it is a manifestation of the disability. IDEA requires that the IEP include a BIP in lieu of a traditional school discipline policy when behavior impedes learning and is a manifestation of the child's disability.

In order to properly design a good BIP, a number of preliminary steps must be taken. Creating an effective BIP for individuals with FXS is similar to designing a sound instructional program. Recognizing that the environment plays a major role in the way a student with FXS learns and behaves is critical. Identifying overt behaviors (physical aggression, yelling out, destruction, etc.) although important, does not identify the cause of the aggression. It is my contention that if the behavior reaches an aggressive level it is most likely due to a weakness in the behavioral support system. There are usually antecedents (triggers) that when unaddressed contribute to the behavioral escalation. For example; if a child becomes silly when presented with a transition and is simply admonished without any modification, the behavior will continue, because the function of the behavior has not been addressed. The student's behavioral repertoire will change to meet his need to avoid. Without modifications, the behavior will escalate to an aggressive form (hitting, kicking, yelling). When the level of aberration is increased, it can no longer be ignored and the behavior serves the ultimate purpose; to make the transition stop.

This example highlights the need for a Functional Behavior Assessment (FBA). This assessment is designed to identify the contextual factors that contribute to the behavior. When properly conducted, the FBA identifies the conditions under which the student is successful or unsuccessful. In the example given it may initially appear that the student is oppositional whenever asked to comply, but the student may anticipate a fearful experience created by the unknown. Because the student lacks the ability to express the affective nature of his behavior, he must act it out. Often with students with FXS anxiety becomes the driver for aberrant behaviors. The underlying fear must be addressed in order to effectively intervene.

Because students with FXS demonstrate a behavioral delay – the behavior does not always immediately follow the antecedent – the FBA should be conducted over several days and should utilize a team of professionals from a number of disciplines. When a team approach is used, the assessment gains perspective. The educator may be able to determine that a skill deficit is the antecedent, while an occupational therapist might identify an environmental antecedent that has sensory implications (loud sounds, proximity or crowded conditions) and a speech therapist might identify an expressive language deficit that causes embarrassment that results in aggressive outburst.

After assessing the function of the behavior the intervention begins. Often, a student with FXS has habituated a behavioral response so a prosocial response needs to be taught. This is the true essence of the BIP; teaching an intervention that replaces the maladaptive behavior.

The reason for writing this article is to highlight the importance of the intervention portion of the BIP. Without the focus on “I”, the BIP is simply a piece of paper to document behavioral episodes. Designing an intervention requires careful consideration. It is necessary to identify the antecedent, but equally important is finding ways to teach the student new coping strategies. With proper support the student gains benefit from the intervention and becomes more prosocial in his reactions.

Plan to be proactive and understand that IDEA provides ways to keep the student with FXS viable and included with typical peers.

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BRADEN ON BEHAVIOR

OPPOSITIONAL.....OR MERELY ANXIOUS?

I'm often asked, "Is he just defiant, or is there something else going on? He refuses to comply and he seems to want to manipulate me."

Actually, children with or without FXS learn to maneuver in their environments in order to survive and thrive. In order to discern whether a behavior is oppositional or merely a reaction to anxiety, pay attention to your reaction. If you provide social attention (everyone's looking at us, what do you want?), emotional attention (what's wrong, why are you crying?) or negative attention (stop that, you won't get ice cream if you continue to yell, etc.) you are most likely reinforcing a behavior that will persist.

I've talked a lot about the need to break behavioral chains by changing the habituated responses of the caregivers. This strategy can be an effective way to change a behavioral outcome. In other words, if reinforcing the behavior maintains it, it is most likely oppositional because your reaction can have an effect on the behavior. If on the other hand, the behavior continues to escalate even after dutifully changing your reaction, the child is most likely reacting to his physiological system. A number of researchers have noted that children with FXS have higher levels of physiological arousal in stressful situations (Cohen, 1995, Miller et al. 1999).

Generally, the oppositional behavior in children with FXS escalates when the stressful event persists. If the child is reacting to stress, the defiance will increase as the stress increases. If the stressful condition is modified, the reaction changes because it is no longer necessary for the child to react to the stress, proving that the behavior is a reaction to the anxiety. If the behavior occurs randomly and in isolation, it most likely is not a reaction to stress and therefore not anxiety driven.

Sometimes, it is a challenge to eliminate the condition that causes the child to become anxious and oppositional. Perhaps a novel experience – going to a new school, joining a club, attending a youth group elicits an initial reaction to avoid the experience. In these situations it is important to encourage the child to increase his tolerance and experience the new situation. This can be accomplished by providing desensitization through a gradual process. First, expose the child to the novel experience with a set end time. As the child becomes comfortable, the length of time expected to tolerate the experience should be increased. It is important to be concrete and exact with the desensitization process. Consistency helps the child trust this process. Knowing that there is a time certain ending and it is predictable, allows the child to relax and successfully participate.

Timers, pagers and token boards can be used to provide a tangible reminder of how much longer the experience will last. A token board is a version of a token economy but can also be used to signal completion of a task. The board becomes a motivational tool to provide tangible evidence of progress toward a goal. This tangible evidence is in and of itself reassuring. Providing verbal reminders of an abstract end time (10 more minutes) is not helpful. When the child is stressed, 10 minutes may as well be an eternity.

The token board can also provide distraction when a child's anxiety becomes overwhelming. As the child pays attention to the tokens being moved, he is distracted from the anxiety provoking event. The tokens can be moved across the board to provide a visual count of how much time has passed and what remains. Customizing the board by using pictures and tokens that reflect special interests provides familiarity which is comforting.

In summary, remember that children with FXS often fear their own anxiety and become even more upset during an emotional meltdown. This anxiety impacts their ability to function in the mainstream and access their environments. If we provide them with a way to communicate distress without acting out, we can help release them from feelings of guilt and embarrassment associated with a behavioral reaction. This kind of behavioral support helps the child gain control and ultimately manage his own behavior.

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