

Braden on Behavior



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 fragile X syndrome is similar to designing a sound instructional program. Recognizing that the environment plays a major role in the way a student with fragile X syndrome 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 above 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 fragile X syndrome anxiety becomes the driver for aberrant behaviors. The underlying fear must be addressed in order to effectively intervene.

Because students with fragile X syndrome 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 fragile X syndrome 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 fragile X syndrome viable and included with typical peers.

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EDITOR'S NOTE: Marcia Braden, PhD, is a psychologist and a longtime advisor to the National Fragile X Foundation. She is also the author of the acclaimed book, "Fragile, Handle With Care," and a nationally known lecturer on fragile X. Her sessions at the NFXF's International Conferences are always "standing room only."



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