So, why is it SO important that we don’t have illusions when it comes to FBA’s and BSP’s?

Traditional ways of thinking lead us to traditional ways of intervening:
- Operant Systems
- Didactic Lessons

- When operant systems don’t work, these youth don’t perceive their experiences as “The school agency’s FBA/BSP has failed me.”
- They see it as “I’m a failure” and “Even the adults in my life can’t make me behave, so I must be hopeless…”

We CAN make gains with youth with chronic challenging behavior!

Behavioral Gains AND Academic/Vocational Gains!!
What’s the most traditional way of thinking about an FBA?
- An assessment of what a youth is trying to “get” or “avoid”?

Key Question... Do other youth get and avoid stuff every day?
- How do those youth manage that without hitting, cussing or running out of the room?
- Do they have more adaptive ways of “getting” and “avoiding”?
- Do they maybe have some higher level skills for tolerating situations in which they want to “get” or “avoid” something, but can’t?

What’s different about these youth with chronic challenging behavior?

Options for “the why” of behavior...?
Obtain/Get Something  or  Escape/Avoid Something

Assumption: Behavior continues as a result of a “maintaining consequence”
What about a Behavior Support/ Intervention Plan?
--- What are traditional ways of thinking about these?

• A contract that an adult makes with a youth regarding what behavior they will not do again?

• Or maybe a list of the lessons that we’re going to teach the youth about how to “behave better”?

• Or maybe it describes the “replacement behaviors” that we want to try to teach the youth?

• Or maybe it lists rewards and consequences or privileges the youth will receive for doing/not doing something?

These are all based upon the premise that “Behavior is a function of its consequences...” when the cause is likely much more complex than this.

What makes these things all a FANTASY?

We’re aiming straight for the prefrontal cortex, regardless that the gates are likely closed...

We’re ignoring the sequence by which the brain processes information...

Our “lessons” aren’t activating networks in the brain involved in the complex neurocognitive skills that need to be built...

Think of a youth right now that has behavioral challenges...
Some possible explanations...

- Has experienced many “Adverse childhood Experiences”
- Is not “neuro-typical” and experiences life in ways that can be traumatic
- Has had one or more traumatic events in life
- Has experienced “toxic stress” repeatedly or for lengthy periods of time
- Has “Private Logic” that he/she is locked into proving to him/herself

ACEs and its Effects on Students

Compared with children with no adverse childhood experiences, children with three or more ACEs were

- 3 times more likely to fail
- 5 times more likely to have severe attendance problems
- 6 times more likely to have severe behavior problems
- 4 times more likely to have self-reports of poor health

Dr. Chris Blodgett, Washington State University’s Area Health Education Center
Racism as toxic stress/trauma


Bullying as toxic stress/trauma

Up to 35% of people are estimated to have experienced bullying at some point. The mental health effects can be serious and last a lifetime:

- 20% of people who have been bullied experience some kind of mental health problems later in life, even at the age of 50
- Victims of bullying report more severe anxiety symptoms and depression than others that can lead to suicidal ideation, and even suicide attempts
- 40.5% of girls and 27.6% of boys show PTSD symptoms at the time of being bullied

Toxic Stress can be a daily experience in school/transition settings for students with ADHD and LD…

“Students [Youth] with learning disabilities or ADHD, when confronted with the stress created by exposure to tasks [expectations/demands] that are, in reality or in their perception, too difficult (and thus threatening), exhibit protective behavior of any organism under extreme stress: They fight, they flee, or they freeze.”

-- Dr. Jerome Schultz, Ph.D. “Nowhere to Hide: Why youth with ADD/ADHD and LD Hate School, and What We Can Do About It”

What does the basic neurobiological research tell us about impacts of ACEs and toxic stress?

- Fight or flight becomes the “new normal”
- Neural pathways don’t develop well or fully
- Brain structures that regulate emotion, memory and behavior can be smaller in size
- Stress of adverse experiences creates elevated levels of cortisol (and other stress hormones)
- Ordinary life (school) situations feel like a constant threat
The True Achievement Gap

“This is the true achievement gap,” Perry said, after describing a hypothetical child who lives with an unreliable caregiver, experiences violence in his home, and then has trouble taking a test at school the next day.

“That gap is not about race, shitty teachers or bad curriculum; it’s about a sensitized stress response system…” Perry said.

“Inside the Bruce Perry Show” - The Chronicle of Social Change, 5/28/18
https://chronicleofsocialchange.org/news/inside-the-bruce-perry-show

Back to our conventional FBA’s & BSP’s...

The idea that youth do behaviors that “work” in order to “get” or “avoid” isn’t necessarily wrong...

We just haven’t dug DEEP ENOUGH…!

Why are THEY, unlike other youth, unable to handle or approach a situation in which they would prefer to “get” or “avoid” something in a way that’s more adaptable???

When we use traditional reward/consequence systems, and plans aimed solely at the cortex we neglect to take into account the fact that:

• Even in the use of rewards, we are activating the “stress response system” (SRS) in a youth whose SRS is overactive already

• We’re causing them to move up the arousal continuum into a higher state of alarm

• We’re causing their brain to shut down in the exact areas that we want them to access at those times – reflective, flexible, problem-solving types of thinking
Everything we experience has to go through the dumbest part of the brain! – Dr. Bruce Perry

From Dr. Bruce Perry, The youth Trauma Academy

Neuroscience 101 for Behavioral Change…

What is “behavior change”?  
- Behavioral change is BRAIN CHANGE. It’s the formation of new connections – associations in the brain that create new pathways up which signals travel when they receive a certain stimulus (input).  
- Behavioral change occurs when we receive enough repetitions (DOSES) of signals activating and traveling a new pathway for that pathway to become the brain’s “default pathway” – the pathway that signals will automatically travel when confronted with a demand.  
- Behavior change is MUCH more complex than behavior being a “function of it’s consequence”

On the converse, let’s stop and think…

When we impose punishments, on which pathways might we be running a repetition in that youth’s brain?  
- The adaptive pathway? – No.  
- The trauma pathway – the one that says:  
  - I’m stupid  
  - I don’t belong here  
  - I’m not a good youth/student  
  - I’ll never do things right  

Result: We’re digging that trauma pathway/groove even deeper with our conventional ways of responding.

The CPS Philosophy – A Shift of Lens

If we know behavioral change is “brain change”, then what do we need to work on to see new patterns of behavior in youth who currently have maladaptive patterns of behavior that negatively impact themselves and others?  

Specifically, we have to work on the parts of the brain involved in 5 areas of neurocognitive skills required to handle the stress and everyday situations and expectations as identified by the Collaborative Problem Solving Model™.

Source: Think.youth, Mass General Hospital
The **Collaborative Problem Solving** approach tells us that chronic challenging behavior is a result of a lack of skill (not will) in 5 areas of neurocognitive skills:

- Language and Communication Skills
- Attention and Working Memory Skills
- Emotion- and Self-Regulation Skills
- Cognitive Flexibility Skills
- Social Thinking Skills

This is where we come back to the title of this training ~ Your FBA is a Fantasy!

Dr. Bruce Perry puts it this way when referring to the use of cognitive therapies with youth who have been through significant trauma and/or neglect:

"You’re going to do 20 sessions of Cognitive Behavioral Therapy and expect change? That’s B@$%&! (expletive) That’s a fantasy!"

So, what does it take to ACCESS a brain, and to cause CHANGES to that brain?

Small doses of positive stress change the STRESS RESPONSE SYSTEM:
- Moderate
- Predictable
- Controlled

Rather than one long dose, i.e., a 45 minute therapy session, they need many small doses from people with whom they have trusting relationships — teachers, staff, parents, etc.

The longest period of time that a neuro-typical person/brain can remain focused on an outward stimuli is 18 seconds.

- That includes YOU and ME!!
Dosing... Dosing... Dosing...

Once you begin to dose in ways that **Regulate** and **Relate**, THEN you can begin to approach the areas that require **Reasoning**...

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**Why Collaborative Problem Solving?**

What makes this such a powerful core to any Functional Behavior Assessment (FBA) or Behavior Support/Intervention Plan (BSP/BIP)?

**First:** it helps us change our lens

We see the “Lagging Skills” as the “Why” behind the behavior

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**What’s SO special about the CPS intervention? How does that work?**

**Plan B** is a conversation in which the adult:

- **Empathizes** (with the youth’s concern/perspective) = **Regulates**
- **Shares** the adult concern = **Relates**
- **Collaborates** on a Solution = **Reasons**

---

**Second:**

It gives us a way to build the skills that is **NOT** a “FANTASY” through the CPS Intervention called “Plan B”
Why choose Collaborative Problem Solving?

Because CPS has operationalized the sequence that the brain needs to heal trauma, repattern the stress response system, and build skills in a simple process that can be used by any professional who works with or serves youth:

- Administrators
- Teachers
- Counselors
- Educational Assistants
- Secretaries
- Parents
- Caregivers
- Even peers will catch on and begin to use it with one another!

How does this compare to traditional FBA/BSPs?

Traditional approaches...

- Often focus on expectations that the student doesn’t have the skills to meet
- Often focus on the Challenging Behavior (which is simply a byproduct of lack of skill, and places our focus on the wrong point of intervention)
- Rarely help to create or restore a helping relationship with the youth
- Rarely solve problems durably
- Rarely build skills, confidence, competence and intrinsic motivation in the youth
- Rarely result in significant improvements in academic performance
- Rarely result in a youth feeling increased belonging and connectedness (vs. decreased belonging and isolation)

So... What can we do to create effective trauma-informed FBA’s and Behavior Support Plans that will produce outcomes in functioning:

- Emotionally?
- Behaviorally?
- Socially?
- Academically?

Recognizing that all youth try to GET and AVOID things at times.

Youth with trauma may be impacted in ways that mean they lack the skills to do this in the same adaptive ways their peers do.
Moving away from our old conventional ways of thinking that operant conditioning can teach complex neurocognitive skills, something it was never intended to do.

Recognizing that operant systems are actually often likely to trigger challenging behavior and re-traumatize youth with trauma history.

- Even offers of rewards can be a trigger to a youth who has been through trauma and neglect.

Looking past the behavior to assess the impact and reaction of the stress response system, and the trigger or expectations that lead to the challenging behavior.

Recognizing that the over-sensitized stress response system and the lagging neurocognitive skills that a youth may have that are needed to handle a trigger or expectation are the “Why” behind the behavior.
Consider “Universal Precautions”:

Assess what is happening in the youth’s school or work or other settings that may be re-traumatizing or escalating behavior.

Focusing on the calming of the Stress Response System, and the combination of Triggers/Expectations & Lagging Skills that come together to prevent the youth from responding in more adaptive ways.

Having a “Proactive Regulation Plan” as part of the “Behavior Support Plan”

How are we proactively providing ways for the youth to regulate and form relational connections?

Working on the skills that are lagging within the context of a process that activates the brain with moderate, predictable, controlled doses of stress because it must:
- First REGULATE
- Then RELATE
- Then REASON
Hanging in there through the many, many, many repetitions it may take to de-sensitize the youth’s stress response system to develop a new neural pathways that will become the brain’s new “Default Pathway” (rather than the old maladaptive pathway/behavior).

What does a Trauma-Informed, Brain-Based, Skill-Focused FBA include?

Assessing:
- Trauma/Life Events history that informs us about acute or toxic stress
- Use of a skills inventory such as the Collaborative Problem Solving Assessment and Planning Tool (CPS-APT™)
  - Triggers/Expectations
  - Lagging Skills
  - Behaviors

Identifying:
- What universal systems (classroom or school) may be triggering the youth?
- What Expectations or Triggers relate directly to the identified challenging behavior?

Determining:
- What situations are leading to the challenging behavior, and what skills need to be built in order to handle them adaptively?
  (taking off the fire-fighter suit...)

What does a Trauma-Informed, Brain-Based, Skill-Focused BSP/BIP include?

Environmental Modifications:
- Assessing school, work or other Systems
- Removing Triggers
- Altering Environments
- Adding Supports

Proactive Regulation Plan:
- Proactive plan to support the youth in: becoming/remaining regulated

Goals & Strategies, and a plan to measure progress:
- Scripts for staff to help regulate (vs. dysregulate and/or power struggle)
- Strategies/activities that build the lagging skills
- Plan for measuring and recording data on the interventions & supports

For information on upcoming FBA/BSP or Collaborative Problem Solving Trainings or to contact us:

http://bowmanconsultgroup.com/collaborative-problem-solving-training/

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