Positive Behavioral Interventions and Support as Behavior Analysis in Practice: Why Is This Even Controversial?

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Abstract The inclusion of Positive Behavioral Intervention and Supports as a type of applied behavior analysis has often spurred considerable controversy. This controversy seems related to at least three areas of contention: measurement issues, views on aversive control, and the overall target of treatment. The present paper discusses these three areas in light of Horner and Sugai's target article and the current state of the field of applied behavior analysis. In the end, the authors are left wondering why this is even an ongoing controversy.

Keywords Prevention · Positive behavioral intervention · Punishment · Methodology

Some time back, certain behavior analytic practices came to be known as Positive Behavioral Interventions and Supports (PBIS). These applied practices, which focused on the use of positive reinforcement to the exclusion of aversive control, often incorporated person-centered planning processes in the core conceptualization of individual treatment and often focused on the class- or school-wide supports (Carr et al. 2002). PBIS was not a movement by fringe behavioral scientists, but rather from pillars of the behavior analytic community well-trained in behavior analytic principles and their application (e.g., Horner, Carr). Horner and Sugai's (2015) paper suggests that many of these scientists still identify with applied behavior analysis (ABA)—this is a good thing. Variability is good for our science (Madden 2013), and our hope is that the orthodoxy among some applied behavior analysts does not

damage this ongoing relationship. In our experience, there are at least three areas of controversy.

Area one is methodological. Horner and Sugai note that much measurement in PBIS pulls directly from the behavior analytic tradition. Many applied behavior analysts, however, criticize the proxy measures used in PBIS research (e.g., office referrals). They argue that these measures run contrary to the tradition of direct observation cherished by many applied behavior analysts. Although direct observation often is preferred to proxy measurement for determining intervention effects, the sheer scale of measurement, the topographical variation in the functional response classes targeted, and the risk of reactivity in many PBIS programs make direct observation impractical. These factors leave the researcher with two options: (1) do not attempt to answer questions of such large scope or scale, or (2) find a reasonable yet imperfect way to measure the effects of the independent variable on a behavior of relevance to consumers. In PBIS, the consumer is often a school or school district for which the orderly management of a classroom or other school environment is of primary interest. Much like a clean urinalysis reading suggests the absence of drug use in a participant in an intervention using contingency management, the fewer office referrals suggest less challenging behavior. We have little to say in favor of Option 1 as it betrays Skinner's all-encompassing vision for his science of behavior (Skinner 1954; 1948) and paints ABA into a corner. Option 2, however, requires judgment and experience (Sidman 1960; Perone and Hursh 2012) which are much harder to teach behavior-analysts-in-training than the more packaged and structured approach to social problems that is increasingly taught. For what it is worth, this measurement debate mirrors the debates between the use of automated measurement (i.e., from the tradition of the Experimental Analysis of Behavior) and allowing direct observation as a less perfect yet more flexible methodological approach (Wolf 1993). As is evident, ABA decided in favor of allowing direct observation—a decision that expanded the scope of our growing field

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in the 1960s. The outcome of this parallel controversy suggests that it may be time to analyze the scope of acceptable measurement in ABA.

A second area of potential discrepancy between ABA and PBIS involves the use of aversive control. Many iterations of PBIS foundationally oppose aversive control (Carr et al. 2002). This rejection is consistent with Sidman's assertion that aversive control is ineffective (Sidman 2000), and Skinner's assertions that aversive control is not only ineffective but also generates counter control (Skinner 1954). By contrast, many practitioners in mainstream ABA prefer to avoid using aversive control yet keep such techniques in their toolbox (BCBA code of conduct). Interestingly, large-scale program reviews (see Kurtz et al. 2011) tend to show that punishment is used more frequently than expected. Independent of one's philosophical musings, aversive control is underexplored in both the basic and applied literature (Lerman and Vorndran 2002), making such techniques difficult to advocate as evidence-based treatment.

The last area of controversy between ABA and PBIS that we will discuss entails the focus of treatment. Horner and Sugai (2015) present a three-tiered model wherein all individuals receive a primary prevention package, individuals whom need greater support receive a secondary prevention package, and a small yet important set of individuals for whom even greater supports are needed receive an individualized behavior support plan developed by an interdisciplinary team of professionals. Tiers 1 and 2 entail packaged treatments delivered relatively unmodified to all individuals in the population. Given that behavioral modification is often defined as the use of blanket reward- or punishment-based treatments rather than a function-based approach, critics could reasonably assert that individuals in Tiers 1 and 2 receive behavioral modification as opposed to behavior analytic treatment. This criticism, however, could be levied at many areas of ABA (e.g., programmed instruction, contingency management, organizational behavior management, early intensive behavioral intervention). Thus, the above criticism could more accurately be stated as Tiers 1 and 2 of the model are not functional behavioral assessment. Because PBIS is prevention science, Tiers 1 and 2 are not meant to be functional behavioral assessment. Prevention is an area sorely lacking research in ABA, and it should be considered an important part of a comprehensive approach to social problems.

Given the present considerations, it is difficult to understand why the notion of PBIS being a manifestation of behavior analysis in practice is controversial. The challenges to the

widespread acceptance of PBIS say more about the current state of ABA than they do about PBIS. The methodological concerns are levied by orthodox behavior analysts who often fail to provide measurement alternatives despite the fact that limiting the scope of our science is contrary to Skinner's vision. The move away from punishment is consistent with Skinner and Sidman's concerns with the efficacy of punishment and the general lack of evidence supporting its use. And, much like other subdisciplines of ABA, portions of the PBIS model can be called behavioral modification. This categorization, however, speaks more to the restricted definition of behavior analysis than the appropriateness of a PBIS focus on problems worthy of research.

Compliance with Ethical Standards The authors do not have any conflicts of interest, and the current work involves neither human nor animal subjects.

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