

# MINDFULNESS-BASED POSITIVE BEHAVIOR SUPPORT (MBPBS)

**Nirbhay N. Singh, PhD, BCBA-D**

Clinical Professor of Psychiatry and Health  
Behavior, Medical College of Georgia, Augusta  
University, Augusta, GA

**EDITOR-IN-CHIEF**

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# WEBINAR Road Map

- ◆ Challenging Behaviors
- ◆ Development of Mindfulness-Based Positive Behavior Support (MBPBS)
- ◆ Components of MBPBS
- ◆ Research supporting the use of MBPBS
- ◆ The practice of mindfulness
- ◆ Take home message



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# CHALLENGING BEHAVIORS

# Challenging Behaviors

Singh, N. N., Lancioni, G. E., Winton, A. S. W., & Singh, J. (2011). Aggression, tantrums, and other externally driven challenging behaviors. In J. L. Matson & P. Sturmey (Eds.), *International handbook of autism and pervasive developmental disorders* (pp. 413-435). NY: Springer.

- Scope of challenging behaviors children, adolescents, and adults with intellectual and developmental disabilities
- Challenging behaviors restrict opportunities for physical and social community involvement
- High levels of challenging behaviors put individuals at risk for negative health outcomes that may affect long-term wellness

# Challenging Behaviors: Treatments

- Psychopharmacological interventions used when:
  - Effectiveness
  - Limitations

Deb, S. (2016).  
Psychopharmacology. In N.  
N. Singh (Ed.), *Handbook of  
evidence-based practices in  
intellectual and  
developmental disabilities*  
(pp. 347-381). NY: Springer.

# Challenging Behaviors: Treatments

- Psychosocial interventions
  - Long history of psychosocial interventions, as well as fads and treatments de jour
  - Applied Behavior Analysis (ABA) has the strongest claim to an evidence-based approach to effective treatment
  - Effectiveness
  - Limitations


Singh, N. N. (Ed.), *Handbook of evidence-based practices in intellectual and developmental disabilities*. NY: Springer. Pp. 984.

# Challenging Behaviors: Treatments

Morris, K. R. & Horner, R. H. (2016). Positive behavior support. In N. N. Singh (Ed.), *Handbook of evidence-based practices in intellectual and developmental disabilities* (pp. 415-441). NY: Springer

MacDonald, A. (2016). Staff training in positive behavior support. In N. N. Singh (Ed.), *Handbook of evidence-based practices in intellectual and developmental disabilities* (pp. 443-466). NY: Springer

- Positive Behavior Support (PBS) is science-based, prevention oriented, and focused on quality of life
  - Effectiveness
  - Limitations
  - Details covered in a previous webinar by **Dr. Meme Hieneman—An Integrated Perspective on PBS: Implications for Practice** (June 21, 2016).

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# DEVELOPMENT OF MINDFULNESS-BASED POSITIVE BEHAVIOR SUPPORT (MBPBS)



# Rationale for Developing the MBPBS Approach

- Our practice and research begins with a simple premise: *How can I make an individual's life better today?* The “individual” includes the caregiver and the care recipient.
- Caregiver views of caregiving
- MBPBS was developed in response to a need expressed by caregivers—parents, teachers and paid staff, and the care recipients

# MBPBS

Singh, N. N., Lancioni, G. E., Manikam, R., Latham, L. L., & Jackman, M. M. (2016). Mindfulness-based positive behavior support in intellectual and developmental disabilities. In I. Ivtzan & T. Lomas (Eds.), *Mindfulness in positive psychology* (pp. 212-227). London, UK: Routledge

- MBPBS is a hybrid approach for providing services to individuals with challenging behaviors—regardless of the disorder or disability, gender, age, race, and other related variables of the individuals
- Who is it intended for?
- What is it intended for?
- What can it achieve?



# Components of MBPBS

# Mindfulness

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science & Practice*, 10, 144-156.

Knaster, M. (2010). *Living this life fully: stories and teachings of Munindra*. Boston, MA: Shambhala.

- Example of a Western definition:
  - Mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment” (Kabat-Zinn, 2003, p. 145).
- Example of a Eastern definition:
  - Mindfulness “is not thinking, but experiencing from moment to moment, living from moment to moment, without clinging, without condemning, without judging, without criticizing—choiceless awareness . . . It should be integrated into our whole life. It is actually an education in how to see, how to hear, how to smell, how to eat, how to drink, how to walk with full awareness” (Knaster, 2010, p. 1).
- Mindfulness as clinical intervention

# Mindfulness- Based Approaches

- At the core of mindfulness-based approaches is the simple notion that we cannot control what happens—what people say or do, what events take place in the world—but we can certainly control how we respond to events that take place in our lives
  - Responding to events in our daily lives
  - Mindfulness as a transformative process
  - How to achieve mindfulness



MB + PBS =  
MBPBS



- The **MINDFULNESS** Component
  - **8-week MBPBS Course**
    - 2hr training per week for 8 weeks
    - Meditation instructions and practice
    - Home practice
  - **7-day MBPBS Intensive Course**
    - 1-day instruction in meditation practice
    - Practice for 4-6 weeks
    - 5-day intensive meditation instruction and practice
    - Practice for 4 to 6 weeks
    - 1-day meditation practice and review
  - **MBPBS-lite**
    - Customized course for individuals, schools, and agencies

MB + PBS =  
MBPBS



- The **PBS** Component
  - Guiding principles
  - Goals for the caregivers or treatment team
  - Gather specific information
  - Analyze the data
  - Develop a Mindful Engagement Support Plan
    - Setting event strategies
    - Preventive strategies
    - Teaching strategies
    - Consequent strategies
    - Measure quality of life outcomes
- Train caregivers and implement the Mindful Engagement Support Plan on the same or next day
- Collect data about twice a week, or as needed
- Review with caregivers as often as possible and tweak the program, as needed, to strengthen outcomes



# Research supporting the use of MBPBS



# Outcomes

## What Does the Research Show?

- **Care Recipients**
  - Statistically and clinically significant reductions in verbal (to very low levels) and physical aggression (often to zero levels)
  - Increased learning of objectives in the individuals' Individualized Support Plans
  - Stop hitting peers
  - Stop hitting staff

# Outcomes

What Does the  
Research Show?

## Care Givers

- Stop using physical restraints
- Stop using emergency medication for aggressive behavior
- Psychological stress reduced to “normal” levels
- Increased compassion satisfaction
- Decreased burnout
- Decreased secondary traumatic stress

# Outcomes

## What Does the Research Show?

- **Agency**
  - Stop using 1:1 staffing for aggressive behavior
  - Almost no staff turnover due to burnout
  - Benefit-Cost Analysis:
    - 40-week study, MBPBS vs. Training-as-Usual (TAU)
    - 37 staff trained in MBPBS vs. 38 staff in TAU
    - Savings due to MBPBS above usual costs: **\$457,920.00**
    - Similar savings in two other studies



# The practice of mindfulness

# Transformative Effects of MBPBS

## Regulation of Emotional Arousal



- Translating the components of meditation—attention, awareness, remembrance—to everyday life and work activities
- Transformational aspects of **the Four Immeasurables**—equanimity, lovingkindness, compassion, and joy
- Effects of **Beginner's Mind**
- Effects of **Seeing everything as if for the first time**
- Effects of **Being in the present moment**

# Transformative Effects of MBPBS

- Effects of understanding and being aware of the three poisons—attachment, anger, and ignorance
- **Five simple mindfulness practices** for mastering emotional arousal
- Transformation is strengthened with each instance of meditation, but it may take up to 8 weeks of 20-min daily practice for new neural networks to form in your brain to solidify these changes.



# TAKE HOME MESSAGE

## Outcomes for CAREGIVERS

- Stress reduced to “normal levels”
- Enhanced psychological wellbeing
- Enhanced mindful caregiving skills— parenting, teaching, or caregiving
- Enhanced ability to respond with equanimity, lovingkindness, compassion, and joy to life’s ups and downs
- Enhanced positive trajectory of transactions with children, family members, teachers and society
- More mindful as a sentient being



# TAKE HOME MESSAGE

## Outcomes for Care Recipients

- Enhanced positive behavioral repertoire—  
much reduced challenging behaviors
- Enhanced learning
- Enhanced reciprocal relationship with  
peers, parents, teachers, and other  
caregivers
- More socially appropriate
- Enhanced quality of life





# TAKE HOME MESSAGE

## Outcomes for Agencies



- Staff stress and burnout is normalized
- Staff turnover is much reduced, leading to stability of staff
- Staff and peer injuries are eliminated
- Use of emergency procedures with care recipients—physical restraints, medicines, aversive procedures—are eliminated
- Much reduced cost of operations
- Enhanced quality of life for both staff and executives
- Both staff and executives are more mindful and the effects of mindfulness generalizes to home and community

# TAKE HOME MESSAGE

## CAVEATS



- Requires a dedicated personal meditation practice of 20 min a day
- For agencies: requires management and staff to be trained—and not be motivated by financial savings
- For families—best results are achieved when the whole family uses the same approach
- The training is intensive in terms of time but shorter than the periodic in-service trainings
- Slow arrival of effects—change comes slowly, but dissipates slowly as well
- Training must be provided by authentic trainers—people who embody mindfulness

# NO MUD, NO LOTUS

Nothing ever goes away until it has taught us what we need to know

--Pema Chödrön



**THANK YOU  
NAMASTE**

[nisingh@augusta.edu](mailto:nisingh@augusta.edu)

