BEHAVIOR MANAGEMENT STRATEGIES FOR RELATED PROFESSIONALS

Tatyana Elleseff  MA CCC-SLP
Speech Language Pathologist
University of Medicine and Dentistry of New Jersey
Smart Speech Therapy LLC

Workshop Objectives

- By the end of the workshop participants will be able to:
- Explain what type of common challenging behaviors can manifest in children with genetic, psychiatric, and neurological disorders
- List behavior management hierarchy from most to least intrusive methods for students with differing levels of cognitive functioning (high-average IQ to varying levels of MR)
- Describe positive proactive strategies used to prevent inappropriate behaviors from occurring

Common Diagnoses with Behavior Challenges:

- Autistic Spectrum Disorders (including Asperger’s)
- Nonverbal Learning Disability
- Mental Retardation: (Genetic, Neurological, Acquired)
  - Down Syndrome, Fragile X, CHARGE, Prader-Willi
  - Injuries at Birth, Infections, Iodine Deficiency
  - Encephalitis, Meningitis, Fetal Alcohol Spectrum Disorder
- Psychiatric Disorders (e.g. Mood Disorders; Anxiety Disorders, ODD, ADHD, etc)
- Traumatic Brain Injury (frontal lobe)
- Severe Communication Impairments

Team Approach to Behaviors

- Why Team?
- Problem Solving Approach
- Carryover - requires multiple interventions, multiple providers, consistency
- Schools (teachers, assistants, ST, OT, PT, parents track and carryover for consistency)
- Specialized Schools (above team members plus psychiatrist, psychologist, behavior specialists, etc)
- Out of School Support – outpatient consultations with related professionals (e.g., psychologist) and colleagues
### Type of Behaviors targeted by Functional Behavior Analysis (FBA)

- Aggression
- Refusal
- Avoidance
- Withdrawal
- Interruption
- Inattention
- Self-Stimulation
- Sexualized Behavior*
- Self-Injurious Behavior*

### But first: Is it behavior, sensory or language based?

- The Listening Inventory (2005) Academic Therapy Publications
- Screening Questionnaire (for parents and teachers)
- Administration 15 minutes; rates 6 areas:
  - What perceived as social behavioral issues may actually be the result of sensory/motor difficulty/ or a language understanding difficulty
  - Get advice from your friendly ST

### Possible Function of Behaviors

- Seek Attention/reward
- Seek Sensory Stimulation
- Seek Control
- Boredom
- Task Complexity
- Abrupt/significant routine changes
- Physical/medical concerns (illness; lack of sleep)
- Meds interference (e.g., missed a dose)
- Significant life events/disruptions (divorce, loss in family)

### Assessment/Treatment Overview

- Identify problematic behavior/s
- Measure target behaviors (how often? how long?)
- Identify antecedents/triggers
- Make sure NOT to focus on behavior itself! But on
- Why is the behavior occurring? (Behavior Function)
- Design intervention
- Evaluate intervention
- Adjust intervention if needed
### Examples of Antecedents

- Therapist requested that child work on task
- Child bored w/t task
- Favorite task/activity taken away
- Child couldn’t obtain desired object/activity
- Environment changed (interruption, loud noise, etc)
- Child provoked by another group member (actions/noises/words)
- Child needed to transition to another activity
- Therapist switched attention to others
- Behavior occurred without any warning

### Data Collection

- Behavior may serve a **FUNCTION** for student at a particular time
- At least 5+ sessions are needed to establish consistency of triggers (w/t less there’s too much room for error)
- Do NOT correct ALL behaviors at once; choose 1 or 2
- Create hierarchy of problem behaviors (e.g., which ones are causing greatest interference with your sessions)
- Specifically describe and measure problem behaviors
  - John perseverated on topic 10x during a 30 minute session
  - Amy refused to speak 7x during 60 minute session

### Importance of Determining Behavior Function

- “Danny” 7 years old
- Diagnosis: Impulse Control D/O NOS, LD D/O
- Problem Behavior: aggression towards others (hitting) during select therapy sessions
- Consequences: call for back up; staff use physical restraints, therapeutic hold **BUT**
- FBA revealed: Danny hits to gain attention from others;
- Physical restraints are a positive reinforcement, as long as they are implemented she will continue to hit.
- Antecedents may trigger behavior but inappropriate consequences will maintain the behavior.

### Prioritizing Intervention

- Primary Goals: Urgent Behaviors which Affect Safety
  - Aggressive, Self-Injurious, Elopement
- Secondary Goals: Serious Behaviors which Interfere w/t Functioning
  - Refusal, Avoidance, Withdrawal (academic tasks)
- Tertiary: Socially Maladaptive Behaviors
  - Self-stimulation, Inattention, Interruption
Behavioral Observations

- Antecedent/Trigger (what was happening immediately before behavior occurred)
- Behavior (what type)
- Response/Consequence (How did you respond to behavior when it took place? How did you process w/t child after behavior took place?)

Note on Punishment

- Elimination/Punishment works poorly; involves aversive methods, lacks long-term “learnability”;
- Teaching replacement strategies is more effective
- What will you do next? (Anticipate and Replace)

Examples of Behaviors

- Inattention/Excessive Movement/Off task
- Noncompliance/Refusal (“I won’t do it!”)
- Physical Aggression (hitting, kicking, biting)
- Verbal insults towards therapist
- Provoking/teasing other children
- Elopement/Running Away

Examples of Behaviors (con’t)

- Screaming/Crying/Tantrum
- Property Destruction
- Self-Stimulation (rocking, tapping, flapping)
- Sexualized behavior (e.g., disrobing, touching)
- Self-injurious Behavior (e.g., hitting, biting self)
Examples of FBA write-ups

- When peer takes Jonny’s toy (antecedent) he begins screaming, hitting, and kicking (behavior) to get the toy back (function).
- When Jack sleeps poorly the night before (setting event) and is asked to complete task in OT (antecedent) he stalls for time (behavior) to escape the task (function).
- When Michael is asked to wait in line (antecedent), he attempts to run away (behavior), to escape waiting (function).

Examples of FBA write-ups (con’t)

- When Josh is in large groups (antecedent) he becomes disruptive (behavior) to obtain attention (function).
- When Anna is called on during group sessions (antecedent) she starts to cry (behavior) to escape attention (function).
- When Alex is given an instruction to follow (antecedent) he refuses task participation (behavior) to obtain control (function).

Consequences/Processing

- Select settings: child required physical restraint
- Child was redirected physically to activity (hand/hand)
- Child was removed from room/area (taken for a walk by an aid)
- Timer was used to complete an activity
- Timer was used for a time-out/sit out (duration)

Consequences/Processing

- Behavior was interrupted/blocked
- Child was redirected verbally to activity
- Behavior was ignored (Planned Ignoring)
- Behavior was discussed (Verbal Child, Average IQ)
- Behavior was Replaced
Behavior Management Hierarchy:
Most Intrusive

- Physical (Restraint, Hold Hand, Hand on Shoulder)
- Physical Proximity (sit by to reduce behavior)
- Take Space/Time Out
  - [Link to portableparenting.com](http://www.portableparenting.com/) (apps, mat)
- Verbal redirection/Verbal prompting
- Use of predetermined consequences
  - loss of sticker, loss of desired activity

Behavior Management Hierarchy:
Least Intrusive

- Indirect/Supportive Changes to Improve Behavior
- Environmental Modifications (Physical Changes in the Room; rearranging set up)
- Session Modification (change of structure, increase in breaks, reduction in complexity, etc)
- Use of aids (schedules, timers, written/visual rules in Do vs. Don’t language)
- Use of manipulatives (“holdables”)

Positive Behavior Rules Charts

- Keep your body safe vs. “no hitting”
- Speak softly vs. “no yelling”

Instructional Changes: Use of Social Stories to Improve Behaviors

- Carol Gray ([Link to video](http://www.youtube.com/watch?v=vilYbVldl))
- Teach student how to behave and what to do in social situations (e.g., group therapy, lunchroom)
- Provide rationale for appropriate behavior
- Explain feelings and perspectives of others
- Use positive language only
- See Carol Gray’s website
- [Link to social-stories](http://www.thegraycenter.org/social-stories/what-are-social-stories)
- Applicable to lower functioning students (PPT form)
Social Story: Circle Time

- It is circle time.
- When it’s my turn to join the group, I go and sit on a therapy ball.
- I say “good morning” to the kids next to me.
- I keep my feet on the floor and my hands on my lap.
- I help my teacher at circle by listening...with my eyes and
- Wait for my turn...to answer
- I sit nicely on my ball.
- When circle is over, I wait until I am told to go to my seat.
- I did great job at circle today!

Session Structure Changes to Reduce Behaviors

- Use of schedules (to establish routine, identify order to activities, facilitate transitions)
- Several Changes of Activities (+/- 3 per session to reduce frustration)
- Seat modifications (e.g., therapy ball, disco seat, wedge cushion, Zuma Rocker instead of standard chair to reduce hyperactivity and impulsivity)

Session Structure Changes to Reduce Behaviors (con’t)

- Use of sensory breaks (2-3 min move to music, jumping jacks)
- Use of sensory manipulatives in sessions (to squeeze, shake)
- Infinity Walk (Sunbeck) http://www.infinitywalk.org/
- http://www.youtube.com/watch?v=Y5jAGZ8SWJA
  Demonstrated by John Murray (4:00 min)

Proactive/Positive Interventions

- Increase session predictability (schedules for activity order, written rules or pictures for clear expectations, timers to specify activity length)
- Offer choices to give student control (*no more than 2)
- “Errorless Learning”- design procedures so the learner does not make mistakes as s/he learns new skills (building on existing skills)
Proactive/Positive Interventions (con’t)

- 80/20 session activity breakdown – incorporating previously known information with teaching new tasks
- Use of predetermined strategies (e.g., list of what to say when having trouble, showing/pointing at a ____ for non-verbal/minimally verbal students)

Proactive/Positive Interventions (con’t)

- Use of easier/preferred/alternative activities when behaviors escalate (still have a therapy session vs. no session) but also to build tolerance (5 more minutes, one more activity, etc)
- Incorporate student’s interests into activities
- Model appropriate behaviors (e.g., role-play with other students)
- Catch student “being good” – praise for positive behaviors such as staying on task, completing activity

Proactive/Positive Interventions (con’t)

- Praise
  - Specific Praise – praise for specific positive behavior
  - Pivot Praise – ignore child who is acting inappropriately, praise children (by name) who are acting appropriately, so the child models appropriate behavior and receives praise for it
  - Planned ignoring w/ praise - ignore child who is acting inappropriately then when child shows positive behavior, s/he get’s praise

Proactive/Positive Interventions (con’t)

- Cause and Effect Charts
- Rewards charts (what are you working for?)
Consequences and Response
Consistency

- Anticipate Behavior (triggers) → Use Redirection and Distraction
- If Behavior occurs
  - respond immediately
  - respond consistently
  - If throws away paper → must pick it up
- Consistent Use of Planned Ignoring
- Consistent praise for use of positive strategies
  - child requested break, help, attention

Teaching Replacement Behaviors

SR 8.6 female IA at the age of 16 mos
- Diagnoses: FASD, LD D/O, Mod-Severe L/D
- Problem: Doesn't ask for clarification when lacks understanding; shuts down and refuses to talk
- Replacements (when confused):
  - Raised index card with words “I Need Help!”
  - Now Says “I Need Help!”
- Reinforcements:
  - Social praise to increase self-esteem
  - Use of “tangibles” (stickers, candy spray) as immediate reinforcement for using her strategies

Teaching Replacement Behaviors
(SR con’t)

- Problem: Poor self-regulation (refuses breaks during a 60 min session → again leads to shut downs)
- Replacement:
  - Mandatory sensory breaks (e.g., infinity walk, musical break) during the session (especially after difficult activities involving reading and writing)
- Reinforcements:
  - Use of sensory manipulatives (“squishies”) to increase attention
  - Use social praise to increase self-esteem

LET’S TAKE A LOOK

- CASE EXAMPLES
Case Example 1: “Immature Behaviors”
- JR 7 years old (Social Pragmatic Language D/O)
- Psychiatric Diagnoses: PDD NOS; LD NOS
- Problem Behavior: Frequently cries in the middle of a session when asked “why”; “how” questions
- Cause/s?
- Thoughts on Extinguishing/Replacing Behavior?

Case Example 2: “Noncompliance”
- JK 7.5 years old (Social Pragmatic Language D/O)
- Psychiatric Diagnoses: None
- Problem: At times, seemingly out of nowhere, begins to provide “odd/bizarre” responses when answering story questions (e.g., How is soil important to animals? “Animals eat rocks”)
- Cause/s?
- Thoughts on Extinguishing/Replacing Behavior?

Case Example 3: Aggressive Tantrum
- HR 9.3 years old (Severe Language Disorder)
- Psychiatric Diagnoses: Psychosis NOS; ODD; LD; Mixed Receptive/Expressive D/O
- Problem: Often seemingly “without reason” engages in tantrums (bangs on table, kicks chairs; hit self on the head) when working on various cognitive-level activities
- Cause/s?
- Thoughts on Extinguishing/Replacing Behavior?

Case Example 4: Excessive Talking/Topic Perseveration
- AR 10 years old (Social Pragmatic Language D/O)
- Psychiatric Diagnoses: Asperger’s, Anxiety D/O NOS; ODD D/O
- Problem: When asked to answer a question, student takes an excessively long time to answer and perseverates on topic. Continues to speak despite interruptions. If consequenced (loses points) becomes disruptive (verbal grunts; foot stomping, etc)
- Cause/s?
- Thoughts on Extinguishing/Replacing Behavior?
Case Example 5: Severe Inattention and Impulsivity

- JS 11.4 years old (Severe Language Disorder)
- Diagnoses: Fragile X; ASD
- Problem: Difficulty maintaining focus on topic; When reading/writing skips words and letters due to impulsivity; asks every 5 minutes “Are we done yet?”
- Cause/s?
- Thoughts on Extinguishing/Replacing Behavior?

TIME FOR

- QUESTIONS???
- COMMENTS???
- SUGGESTIONS???

THANK YOU FOR YOUR TIME

If Home Carryover...Then

- Get Parents on Board!
- Parent Education
  - Clear; Simple
  - Role Play
- Written Home Plan Development
  - Short
- Implementation
  - Easy (e.g., Charts, Collection Forms)
  - Reasonable
- Provide/Share Materials (uniform across the board)

References

References (con’t)


Presenter Contact Information:
Tatyana Elleseff MA CCC-SLP

1. University of Medicine and Dentistry of New Jersey
   Call: 732-235-5829
   Website: www.umdnj.edu
   Email: elleseta@umdnj.edu

2. Smart Speech Therapy LLC
   Call: 917-916-7487
   Website: www.smartspeechtherapy.com
   Blog: http://www.smartspeechtherapy.com/blog/
   Email: tatyana.elleseff@smartspeechtherapy.com