

# Identifying and Managing Challenging Behaviors A Practical Approach

Developmental Disorders Program  
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# Disclosures

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# Spring Harbor Hospital Developmental Disorders Program

- Serves children with developmental disorders, such as autism, pervasive developmental disorder, intellectual disabilities, Down Syndrome and other disorders
- Addresses behavioral problems (aggression and self injury) and Mental Health Challenges (Obsessive-Compulsive Disorder, Depression, Anxiety, Bipolar D/O, etc.)
- 5-21 years old
- State of Maine and outside the State

# What do children want?

- Attention
- Stimulation (intellectual, recreational, social)
- Food, sleep
- Rewards
- Routine
- Avoid non-preferred activities
- Independence

# How do they get it?

By communicating:

- Verbally (appropriately or not)
- Behaviorally (appropriately or not)

# Our Agenda

- Common Misperceptions
- Common Behavioral Issues with Autism
- Functions of Behavior
- Communication
- Sensory
- Education
- Care for the Caregivers
- Questions and Comments

# Common Misperceptions Regarding Behavior

- “It comes out of nowhere” – no known trigger
- “He/she is just being manipulative” – means to do it
- “We’ve tried it all and nothing works” – (nothing is reinforcing; works for a bit and then stops)

# The Reality.....

- Children do the best they can to meet their needs in the moment.
- Children *increase* behaviors that get them what they want.
- Children *decrease* behaviors that do not get them what they want.
- Intermittent reinforcement is the most powerful way to change and maintain behaviors (positive and negative)
- *Problematic behavior takes time to develop and it takes time to learn replacement behaviors.*

# Behavior is Learned

Examples of every day reinforcement of problem behaviors:

- Tommy repetitively bangs his fists on the table, and he is given chicken nuggets.
- In school, Chris hits people when he is asked to clean up his area and he then gets to leave the classroom.
- Mom is talking on the phone while Lisa continuously tantrums. Mom immediately ends the call and attends to Lisa.

# Common Problem Behaviors in Children with Autism

- Aggression (hitting, kicking, biting)
- Self-injury
- Impulsivity
- Property destruction
- Screaming/tantrums
- Non-compliance
- Disrobing
- Inappropriate sexualized behavior
- Elopement (darting)
- Food selectivity
- Inflexible adherence to routines and problem-solving
- Social inappropriateness
- Hygiene/ADLs (Activities of Daily Living)

# Functions of Behavior

Challenging behavior is often related to one or more of these five communicative purposes:

- to obtain attention
- to escape or avoid a request, activity, or person
- to obtain an item or activity
- to receive sensory feedback
- to decrease pain or discomfort



Children with developmental disabilities will often communicate through their behaviors.

# Assessing the function of your child's behavior

## Formal Assessment

- Behavioral assessments using Antecedent/Behavior/Consequence (ABC) sheets, behavior checklists, functional rating scales (school providers)
- Assessment of your child's sensory needs (OT)
- Assessment of your child's communication functioning (SLP)



# Example of ABC Sheet

| ABC Data Sheet  |  |
|---|--|
| <b>Date/Time:</b>   |  |
| <b>Location of Incident:</b>  |  |
| <b>Target Behavior.</b> (Please provide what happened from beginning to end. Provide narrative including the behavior, frequency, duration)                                 |  |
| <b>Activity in Progress:</b> (ADLs, self care, transition, milieu program, etc.)  |  |
| <b>Immediate Antecedent:</b> (What was child doing right before and what was happening in the environment - Activity ended, given instruction, noise level elevation, etc.) |  |
| <b>Possible Distant Antecedents:</b> (Medical concerns, upcoming events, unit/school changes, etc.)   |  |
| <b>Immediate Consequence:</b> (What happened right after? Attention, work requirement abbreviated, active withdrawal of attention, etc.)                                    |  |
| Name: _____   |  |
| Signature: _____  |  |
| *Please leave completed form in Kim R.'s box*   |  |

# How can families assess function of behavior?

- Are all basic needs being met?
- Is there a pattern?
  - When does it happen?
  - Time of day-what's changed; is it a transition time? (Bus is coming, Dad comes home, visitors arrive, change in routine, time for bed)
- Look at the child's environment
  - Lights, temperature, noise, space
- Keep a log – your own version of an "ABC" form

# Early Signs

- Whining
- Rocking
- Clenching Fists
- Pacing
- "No"
- Not answering
- Unable to obtain attention
- Increased escape/avoidance behaviors – silliness / roving / hyperactivity

# Increasing Positive Behavior

- ✓ **Take care of the basics**
  - food, sleep, hygiene
- ✓ **Pick your battles**
  - prioritize what to work on
- ✓ **Catch them being good!**
  - Praise and reinforce what you want more of
    - ~ Specific and immediate

# Reducing Negative Behavior

Your idea of the function leads to your response...

If the function is Attention, Ignore

If the function is Avoidance, Persist

If the function is Sensory seeking, Provide stimulation

If the function is Obtaining a desired item, Encourage  
alternate communication

If the function is to Decrease discomfort, Treat the  
problem

# Let's Talk about Communication....

Communication involves:

- establishing attention
- taking in information
- interpreting that information
- remembering past information
- formulating a response



These areas encompass both language comprehension and expression, as well as social understanding and use of language.

# Barriers to Communication

- Can have *extraordinary* difficulty processing spoken language
- Often non-verbal or limited verbal
- Obsessive focus on specific items (hyper-focused)
- Intolerance of change from established patterns or routines
- Difficulty staying on task related to
  - Short attention span
  - Sensory dysregulation

*The inability to access communication can often lead to challenging behaviors.*

# Auditory v. Visual

- *Visual information is STATIC and more easily processed than auditory information because it can be attended to as long as needed for it to make sense*
- *Auditory information is FLEETING and must be encoded instantly...*

# Learning through Seeing

Research has demonstrated that when children with autism and other similar disabilities are given opportunities to learn with visual supports, they:

- Exhibit more focused attention
- Reduce aggressive or self-injurious behavior
- Decrease frustration and anxiety
- Learn to adjust to changes at home and school
- Complete tasks by themselves
- Gain independence

# Strategies to assist with comprehension

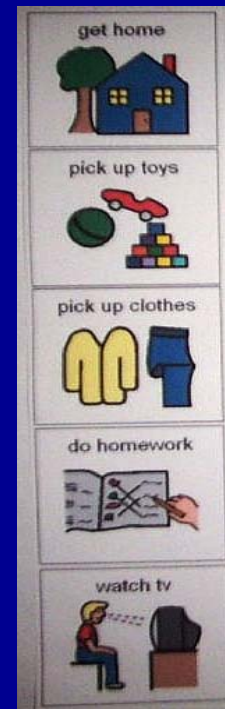
## □ Strategies

- Obtain the child's attention
- Minimize verbal
- Simplify language and vocabulary
- Allow time to process
- VISUAL SUPPORTS

# Visual Supports

To assist with comprehension of language:

- Visual schedules
- Checklists/organizers
- Calendars
- First/Then Boards
- Social stories
- Helping boards/Power cards



# “Total Communication”

To maximize functional communication we want to encourage kids to communicate through any and all modes available to them:

- *Verbal*
- *Sign language/gestures*
- *Written/visual aids*
- *Augmentative-Alternative Communication*

# Let's talk about Sensory...

Typical Sensory Integration is the body's ability to take in information from our environment and make appropriate adaptations



# Children on the Spectrum may exhibit these Sensory symptoms...

- Tactile Defensiveness (touch sensation)
- Gravitational Insecurity
- Poorly Controlled Motor Responses
- Impaired Proximal Stability (weak posture)
- Poor Motor Planning
- Inadequate Sense of Body
- Impaired Protective Responses
- Impaired Bilateral Coordination (Hansch, 1995)

If you think your child exhibits any of these symptoms and they are significantly effecting the child's functioning, contact your physician.

# Behavioral and Emotional

- Irritability and Impatience
- Increased Anxiety
- Reduced Tolerance for Stress
- Lack of Initiative (may be mistaken as apathy)
- Lack of Inhibition (may result in aggression, cursing and inappropriate sexual behavior)
- Inflexibility
- Flattened or Heightened Emotional Responses and/or Reactions

# Modulation Problems

- Difficulty with Transitions
- Hyperactivity
- Distractibility
- Upset with Change
- Shutdown
- Persistent Self Stimulatory Behavior

# Specific Interventions

- Brushing and Compressions
- Swinging
- Bean bag squishes, compression vest
- Weighted vests, lap pads, blankets, wrist/ankle weights
- Dead Phones/music headphones
- Gum, jerky, pretzels etc..
- Animal walks/obstacle courses
- Yoga

# Let's talk about Social Intervention...

- Kids with ASD will not acquire social skills from exposure; they require mediated experiences.
- Verbal, written and graphic supports are effective (e.g. video modeling).
- Peer involvement is an essential element.
- ***Not all programs are effective and most require long-term intervention.***

# Spectrum of Social Understanding

## Teaching “social skills” vs. “social thinking”

### Social Skills Programs

- Best for moderate to low functioning kiddos
- Concrete concepts
- Rote learning
- Experiential
- Model and practice
- Examples: Circles Program, Video modeling, social scripts



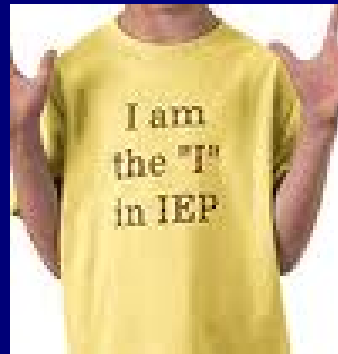
### Social Thinking Programs

- Best for high-functioning end of spectrum
- Teaches how social minds work
- Learn to consider how others perceive and respond to them
- Learn perspective taking
- Examples: SuperFlex, Being a Social Detective



# Let's Talk about Special Education...

- An "IEP TEAM" is suppose to be *collaborative*, make sure the document reflects the child..
- If it's not in writing, it may not become part of the child's daily school activities. **INCLUDE IT** in the IEP!
- The final regulations for IDEA '97 define the term *related services* as "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education..." [Section 300.24(a)].



# Educationally Relevant Strategies



- Limit the number of problems asked of a child
- Modify work to student's current level
- Give them processing time
- Give them some choice
- Give them clear routines, time limits, and visual schedules
- Give them some quiet time without pressure to complete things

# Strategies (cont.)...

- Find their confidence level
- let them share their knowledge with others.
- Give them respect- ask what they need to get a task done.
- Give them lots of practice before moving on to the next set of skills.
- Show them why it's important to learn
- Limit visual and auditory distractions



# *Let's Talk about the Caregivers. . .*

Caring for special-needs children requires

- **Time**
- **Attention**
- **Education**
- **Skills**

# Caring for a special-needs child can result in our own

- Emotional exhaustion
- Physical exhaustion
- Impatience with self and others
- Compromised executive functions
- Loss of perspective
- Isolation
- Illness
- Burn-out

# ***Stress is sneaky.***

**One person's stress become the next person's anxiety!**

## ***Who is effected?***

Our special-needs child

Our other children

Our partners

Our co-workers

***Those we care for the most!***

# What to do?

*You've heard it all before!*

- ❖ Share parenting
- ❖ Develop a support system
- ❖ Budget time for yourself
- ❖ Budget time for your family
- ❖ Budget time for your partner
- ❖ Obtain "clinical supervision"
- ❖ Exercise
- ❖ Eat right
- ❖ Sleep enough
- ❖ Pursue a hobby
- ❖ Manage intake of stimulants and depressives

*Thank you for your  
participation!*

Questions and Comments?