

Addressing Problem Behaviors

A Successful Team Approach




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Overview

- ▶ *Why do kids misbehave (or behave)* – strongly related to what is reinforced!
- ▶ Inappropriate behavior serves a purpose
- ▶ Environmental events **influence** behavior (antecedents / consequences)

Functional Behavioral Assessment (FBA)

- ▶ Functional assessment seeks to answer the question “Why does he/she do that?”
- ▶ Looking at~
 - ▶ what **antecedents** occasion behavior (what sets the stage?)
 - ▶ what **consequents** maintain behavior (what keeps it going?)
- ▶ School forms vary. The key is to conduct a solid evaluation to identify the function(s). It requires more than completing a form. Outside resources/support may be needed.

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- ▶ Interventions based on the function of the behavior have been shown to be more effective and less likely to involve aversive procedures.
 - ▶ The goal is to replace the function of the inappropriate behavior.
 - ▶ Behaviors that look identical can be maintained by totally different functions (for different reasons)
 - ▶ Staff may initiate the process. Also, parents can request that an FBA be conducted when there are concerns.

Why important to address?

- ▶ Interfere with skill acquisition; can be socially-stigmatizing
- ▶ Reduce available opportunities (e.g., social, **inclusion**) and limit generalization
- ▶ Deficits can translate as behavioral problems, decreasing options
- ▶ Educators can effect significant change in the child's environment
- ▶ Effective change will be based on evidence-based strategies

Developmental Stages and Other Setting Events

- ▶ Normal behavioral challenges (and opportunities!) present at various stages, affecting behavior (initial transition to school, middle school/ adolescents, new sibling).
- ▶ Other conditions set stage for problem behaviors to develop: ASD, anxiety, ADHD (impulsivity), learning disorders (content is too hard), poor executive functioning (gets stuck/can't initiate or shift)
- ▶ How handled by adults can be critical

Behavior Looks Like...

Brain

Intervention

Oppositional, Stubborn:
Refuses to do work he doesn't like

EF: shifting, organization.
Motivation/salience

Structure, preview, Explain
"why"

Can do it if he wants to:
Refuses to do work he doesn't like!

EF: overload—easier to do rally
resources for what interests you

Explain "why," break things
down

Won't put good ideas on paper: Short, curt sentences.
Paltry paragraphs.

Fine motor issues, EF (main
ideas, organization, initiation)

Scribes, type, voice to text,
check lists, rubrics

Sloppy, erratic: Misses
deadlines, doesn't hand in
work

EF: organization, initiation,
inhibition, working memory

Organization systems,
rubrics, checklists (all
written)

Won't control outbursts:
Melts down when he is doing
something he doesn't want to
do.

EF: inhibition, shifting, salience,
Emotional Self-awareness

Calming Strategies, Plan B
(made in advance)

Interfering Behaviors

Form (What it looks like) -

- ▶ Disruption (out of seat, getting under desk, calling out)
- ▶ Task refusal (off task, homework refusal)
- ▶ Tantrums (whining, yelling)
- ▶ Poor organization, inflexibility
- ▶ Aggression (pushing, fighting with peers, impulsive behaviors)

Interfering Behaviors

Function (Reason) -

- ▶ Escape / Avoid (regulate sensory? Task is hard?)
- ▶ Attention (peer, teacher)
- ▶ Access to Preferred Items / Activities
- ▶ Automatic (behavior provides own reinforcement)
- ▶ Other (i.e., conditioned fears)

What is Functional Assessment?

- A continuum of assessment procedures from indirect methods to experimental methods
- Used to identify the “reason” the behavior is occurring.
- Considers factors which set the stage for a problem (antecedents) or which *maintain* problem behavior (e.g., skill delays, difficulty maintaining attention establishes escape as more reinforcing, getting someone’s attention or a break can keep the problem behavior going).

Functional Assessment Methods



Less precise to more precise~

Questionnaires

Rating scales

Interviews

Antecedent-Behavior-Consequence Analysis

Functional Analysis

*Multi-method is important
with a skilled evaluator

Functional Assessment Methods

- ▶ IDEA mandates FBAs, few guidelines
- ▶ Educational settings may see minimal training (knowledge gap)
- ▶ Should not constitute only the teacher's impressions and thoughts.
- ▶ Behavior analysis (ABA) field can help – provides solid methodology as standard in the field

FA Tools

- ▶ Interviews
 - ▶ Structured ABC
 - ▶ FAST
 - ▶ MAS
 - ▶ QABF
 - ▶ Scatterplots
-
- ▶ Avoid teacher generated, non-normed measures

Functional Analysis Screening Tool

Client: _____ Date: _____

Informant: _____ Interviewer: _____

To the interviewer: The FAST identifies environmental and physical factors that may influence problem behaviors. It should be used only for screening purposes as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results as a guide for conducting a series of direct observations in different situations to verify behavioral functions and to identify other factors that may influence the problem behavior.

To the informant: Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No". If you are uncertain about an answer, circle "N/A".

Informant-Client Relationship

1. Indicate your relationship to the client: Parent Instructor
 Therapist Parapro Residential Staff Other
2. How long have you known the client? _____ years _____ months
3. Do you interact with client daily? Yes No
4. In what situations do you usually interact with the client?
 Meals Academic training Leisure activities
 Work or vocational training Self care
 Other _____

Problem Behavior Information

1. Problem behavior (check and describe):

- Aggression: _____
 Self-injury: _____
 Stereotypy: _____
 Property destruction: _____
 Disruptive behavior: _____

2.

| Frequency: | | | |
|---------------------------------|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Less |

3.

| Severity: | |
|------------------------------------|--|
| <input type="checkbox"/> mild: | disruptive but little risk to property or health |
| <input type="checkbox"/> moderate: | property damage or minor injury |
| <input type="checkbox"/> severe: | significant threat to health or safety |

4. Situations in which the problem behavior is **most likely**:

Days/Times: _____
 Settings/Activities: _____
 Persons present: _____

5. Situations in which the problem behavior is **least likely**:

Days/Times: _____
 Settings/Activities: _____
 Persons present: _____

6. What is usually happening to the client right **before** the problem behavior occurs?

7. What usually happens to the client right **after** the problem behavior occurs?

8. How do you handle the behavior when it occurs?

9. Comments:

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Does the client usually engage in the problem behavior when he/she is being ignored or when caregivers are paying attention to someone else? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Does the client usually engage in the problem behavior when requests for preferred activities [games, snacks] are denied or when these items are taken away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. When the problem behavior occurs, do you or other caregivers usually try to calm the client down or try to engage the client in preferred activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Is the client usually well behaved when he/she is getting lots of attention or when preferred items or activities are freely available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Is the client resistant when asked to perform a task or to participate in group activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Does the client usually engage in the problem behavior when asked to perform a task or to participate in group activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. When the problem behavior occurs, is the client usually given a break from tasks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Is the client usually well behaved when he/she is not required to do anything? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Does the problem behavior seem to be a "ritual" or habit, repeatedly occurring the same way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Does the client usually engage in the problem behavior even when no one is around or watching? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Does the client prefer engaging in the problem behavior over other types of leisure activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12. Does the problem behavior appear to provide some sort of sensory stimulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 13. Does the client usually engage in the problem behavior more often when he/she is ill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 14. Is the problem behavior cyclical, occurring at high rates for several days and then stopping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 15. Does the client have recurrent painful conditions such as ear infections or allergies? If so, please list: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 16. If the client is experiencing physical problems, and these are treated, does the problem behavior usually go away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Scoring Summary - Circle the number from above of each question answered "Yes".

| Items circled "Yes" | Total | Potential Source of Reinforcement |
|---------------------|-------|------------------------------------|
| 1 2 3 4 | | Attention/Preferred Items [Social] |
| 5 6 7 8 | | Escape [Social] |
| 9 10 11 12 | | Sensory Stimulation [Automatic] |
| 13 14 15 16 | | Pain Attenuation [Automatic] |

Structured ABC

Structured ABC (Antecedent-Behavior-Consequence) Analysis – Classroom Version

| | | | | | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Child _____ Age _____ | Date | | | | | | | | | | | | | |
| | Time | | | | | | | | | | | | | |
| | Adult | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Behavior (List specific problem) | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |

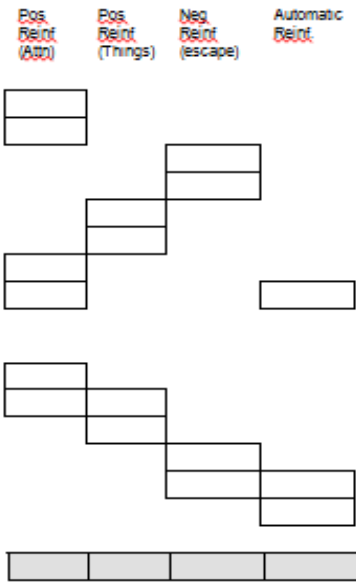
| | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Location where behavior occurred: | | | | | | | | | | | | | | |
| Classroom | | | | | | | | | | | | | | |
| Library | | | | | | | | | | | | | | |
| Hallway | | | | | | | | | | | | | | |
| Small group | | | | | | | | | | | | | | |
| Large group | | | | | | | | | | | | | | |
| 1:1 Instruction | | | | | | | | | | | | | | |
| Outside (recess) | | | | | | | | | | | | | | |
| Bathroom | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Immediate Antecedent: what was happening when behavior started? | | | | | | | | | | | | | | |
| Ignored by peer | | | | | | | | | | | | | | |
| Ignored by teacher | | | | | | | | | | | | | | |
| Provoked by peer | | | | | | | | | | | | | | |
| Given a direction | | | | | | | | | | | | | | |
| Object/Activity denied | | | | | | | | | | | | | | |
| Object/Activity removed | | | | | | | | | | | | | | |
| Alone with activity | | | | | | | | | | | | | | |
| Alone with nothing | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Immediate Consequence: What adult/others did | | | | | | | | | | | | | | |
| Response blocked, told to stop | | | | | | | | | | | | | | |
| Redirected to another activity | | | | | | | | | | | | | | |
| Object or activity given | | | | | | | | | | | | | | |
| Direction removed | | | | | | | | | | | | | | |
| Adult/Peer walked away | | | | | | | | | | | | | | |
| Adult/Peer ignored | | | | | | | | | | | | | | |
| Other _____ | | | | | | | | | | | | | | |

Total

Please choose three behaviors of concern and list them by 1, 2 and 3. Each time one of these behaviors occurs, note the date and time in a column. Place an X under the date to indicate which behavior occurred. Place additional Xs down the column to indicate where the behavior took place, what happened immediately before or when the behavior occurred, and what you did following the behavior. Make any additional notes on the back of this form.



Adapted from B.A. Iwata (1996). Functional Analysis Methodology for Assessment and Treatment of Severe Behavior Disorders. Univ. of Florida, Gainesville.

Behavior Intervention Programming

- ▶ Conduct functional behavioral assessment
- ▶ Select function-based intervention (BIP)- identify reinforcers & replacement behaviors
- ▶ Ascertain acceptability and ability of staff to implement (*OBTAIN INFORMED CONSENT*)
- ▶ Provide adequate training and monitoring

A Helpful Place to Start ~

- ▶ Operational Definitions - know what constitutes the behavior (for consistency across adults); what does it look or sound like? Modify as needed
- ▶ Replacement Behaviors should match the function of the problem behavior (ex: raising hand versus calling out).
- ▶ Reinforce “good” behavior quickly and often. Don’t only look for the poor behavior.

Two ways to help

Accommodate



Remediate

- Change the environment
- Change expectations
- Change the task

- Explain the rationale
- Introduce new concepts
- Teach new skills
- Teach a process

Why is this difficult to do?

► Staff may feel:

- ❖ Encumbered by other team members
- ❖ Challenged to confront child and/or be bad guy
- ❖ They have insufficient training and support
- ❖ It sets a “bad example” to accommodate student
- ❖ It takes too much time and resources
- ❖ Concerned with disruption to classroom environment
- ❖ A lack of administrative support

What is hindering the best line of action?

Interventions –Antecedents

- Give choice
- Reduce demands (help, breaks, easier work)
- Visually structure rules/expectations (what to do)
- Visual schedule
- Provide more attention or breaks (scheduled)
- Reduce verbal prompts or environmental noise
- Enriched environment (e.g., provide choice, preferred items/location)

Interventions- Reinforcement-based

- ▶ Teach **Functionally Equivalent** behavior and reinforce those!
 - ✓ Teach child to request attention, break or item, teach waiting, provide other forms of communication
- ▶ Use Differential Reinforcement Procedures: such as reinforcing other behavior, alternative behavior or incompatible behaviors (points/tokens)
- ▶ Visual supports (**rules on desk, materials, point chart, individual schedule**)

More on teaching alternatives...



Look for replacements and respond differently to each behavior in the student.

| <i>Behavior to Reduce</i> | <i>Behavior to Increase</i> |
|---------------------------|--|
| Grabbing from others | Offering to share |
| Calling out | Raising hand |
| Hitting | Using words to communicate, finding a compromise |
| Out of seat | Asking for help, in seat |

Reinforcer Options

- Smiles
- Stay up late
- Special outing with parent
- Line leader
- Game with parent/peer
- Special dessert
- Extra gym time
- Prize box
- High 5s
- Computer /iPad time
- Certain video
- Picking dinner location/
Order pizza
- Points that convert to allowance
- Teacher's Helper
- Reading time/ Book
- Verbal praise "good job"
- Homework pass
- Bean bag break from task
- Trip to library
- Choose fun activity from list
- Activation/sound toys
- DVD
- Visual /spinning or blinking toys
- Playground trip
- Singing/music
- Pick a friend for activity

Interventions - Extinction

- Discontinuing reinforcement for previously reinforced behavior. *Is there good control over reinforcement?*
- Can mean ignoring the behavior, interrupting the behavior, or working through (depending on function)
- May see an **Extinction Burst**. Ensure that it is safe before starting (it is not always an essential piece).

Function-based Intervention Ideas

Escape

- ▶ Make it easier, request for break or scheduled breaks, break tasks down, 3-step guided compliance /follow-through, reinforce cooperation (in smaller parts), teacher help/separate room

Attention / Tangible

- ▶ Teach requesting attention or item, give scheduled attention/ item, reinforce absence of behavior, use time out, cue peers to ignore, allow to earn item when tokens/points are earned

Automatic

- ▶ Modify environment, provide alternative (competing) stimulation, blocking, reinforce nonoccurrence (spinning, visual referencing)

Susie: Difficulty with Change at School

- ▶ 9 year old diagnosed with HFA with 504 plan
- ▶ Recent neuropsychological eval
Weak pragmatic language skills, fine motor deficits, and significant executive dysfunction, esp. in:
 - ▶ Behavioral inhibition
 - ▶ Cognitive/behavioral flexibility
 - ▶ Emotional control that impacts learning, social ability and demonst. of knowledge, and emotional well-being

Susie's School Plan

- ▶ Teach “flexibility” language (stuck/unstuck, flexible/inflexible) corresponding with home
- ▶ Look for triggers: changes to schedule, not getting her way, letting a topic go, friend does not follow a rule. Initially give a point for prompted opportunities.
- ▶ Encourage use of tools for flexibility and problem solving (be vigilant to catch proactively)
- ▶ Points can accrue at any time (catch as they occur throughout classes and transitions)

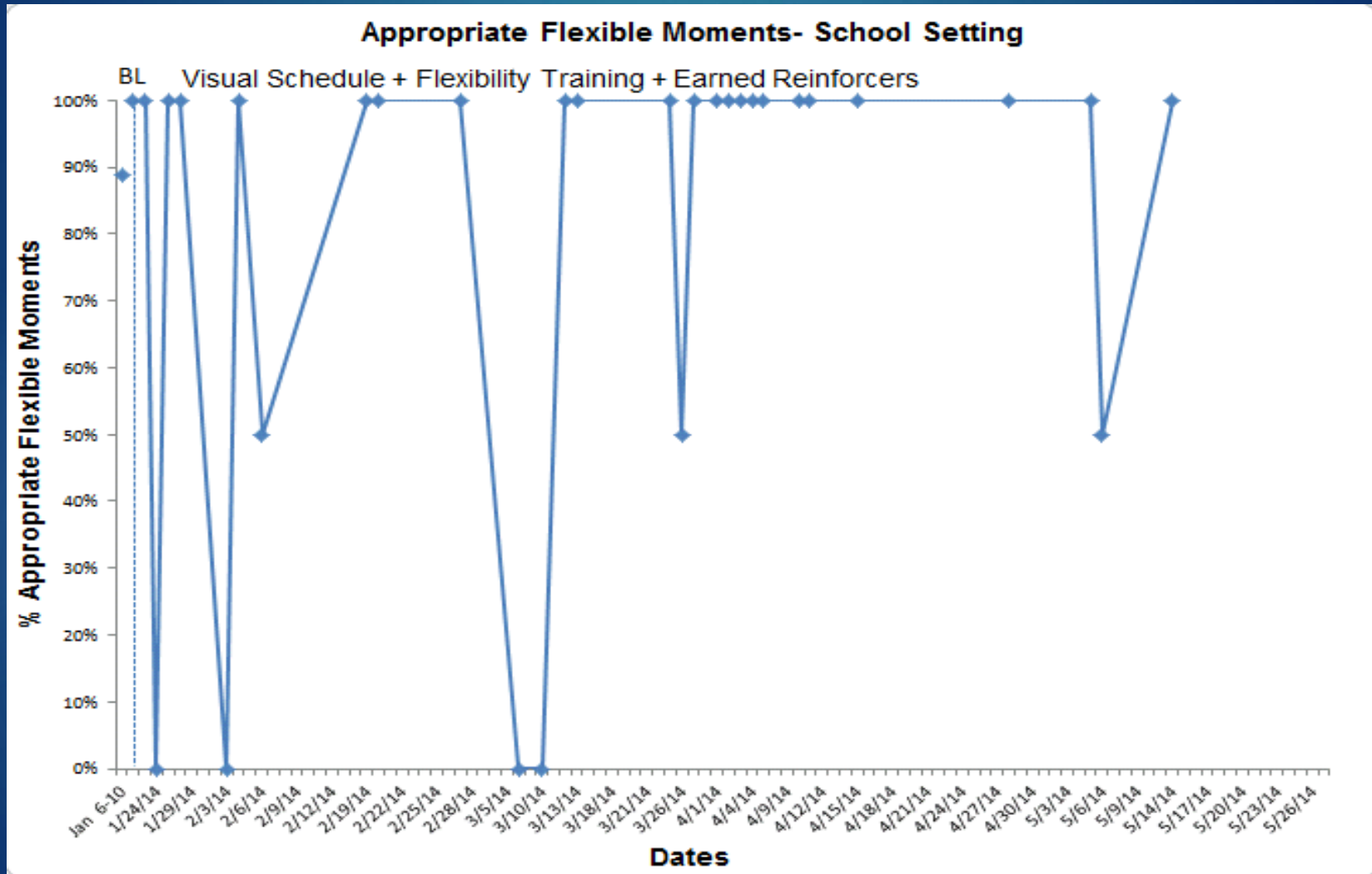
Susie's Flexibility Chart

Points are earned for each class periods with flexibility (code F) OR appropriate transitions (code T). She earns the reinforcer when reaching designated box.



| | | | | | | | |
|-------------|-------------------------|-------------------------|-------------------------|----------------|-------------------|--------------------------|-------------------|
| Lollipop | | 5 min chat with Ms. O'R | | | Lollipop | | |
| | | | Read on carpet (15 min) | | | Line leader | |
| | 5 min chat with Ms. O'R | | | Check out book | | | iPad time 10 min! |
| | | Art Project | | | Teacher's Helper! | | |
| | | iPad 10 min | | | | Lunch with Ms. O'R | |
| Line Leader | | | 15 min Reading time | | | 5 min. chat with Ms. O'R | |

Measuring Outcome



Creating a “Positive” Environment

- ▶ Have structure and routines
- ▶ Visual (individual?) schedules
- ▶ Communicate with ancillary teachers for consistency
- ▶ Get a communication plan with parents (what/when/how)
- ▶ Take time to understand “function”
- ▶ Be a good listener
- ▶ Request feedback from the child and take turns talking
- ▶ Patience is important
- ▶ Build the child's self-esteem by highlighting strengths
- ▶ Help the child solve problems with peers; consider skill deficits

(Adapted from Forehand & Long, 2002)

Potential Pitfalls

- ▶ Reciprocal escalation can occur when adults become aggressive toward their child because the child behaved aggressively. This can worsen an already poor situation.
- ▶ Complementary escalation occurs when adults give in to the demands of a child. Rather than respond appropriately to aggression, it is ignored to avoid conflict. Usually the more the adult caves in to the child's demands, the *more demands the child will make*.

(Omer, 2001)



Can you help me, Mrs. Martin? This wasn't covered in any of my education courses.

The Role of Consultation



- ▶ More in depth eval needed
- ▶ Observing across settings; home tie in
- ▶ Added expertise, objective opinion; fill knowledge gap
- ▶ Initial and ongoing training for high fidelity implementation
- ▶ Problem solving for time constraints and internal resource; resource strain
- ▶ Bringing together parties to commit to a plan-
outside “change agent”
- ▶ Monitor outcome (review data) and ongoing plan adjustments

Measuring Progress

Not optional, however fit to student/setting need

Collect data for behaviors targeted for decrease such as:

- ▶ Rate/frequency
- ▶ Duration
- ▶ Intensity
- ▶ Latency
- ▶ Percentage of intervals (yes/no every 30 min) in which undesired behavior occurred
- ▶ Percentage of opportunities in which undesired response occurred

Process for Behavior Plans

- ❖ Observe and gather data on behavior of concern
- ❖ Functional assessment process, identify functional reinforcers/ setting events- teacher/parent as team
- ❖ Develop function-based plan
- ❖ Informed consent process/ work out communication plan
- ❖ Training of relevant individuals – Implement plan!
- ❖ Monitor if effective with objective data; meet often
- ❖ Make adjustments, develop new plan(?)

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