

Principles of Behaviour Management



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**Why does an ASD diagnosis
increase the risk
for problem behaviour?**



PRESENTATION OUTLINE

- ❖ Behaviour
- ❖ Problem behaviour
- ❖ What keeps behaviour working
- ❖ Deficits associated with ASD diagnosis that contribute to problem behaviour
- ❖ Starting point for change
- ❖ Questions

TO BEGIN...

- Right now the student with ASD is doing the best that he or she can
- Right now you are doing the best that you can

If you and the student with ASD
are going to do better,
then something's got to change

BEHAVIOUR PRINCIPLES

- Taken from the science of behaviour
- When applied systematically to improve the lives of people:

Applied Behaviour Analysis



What is Behaviour?

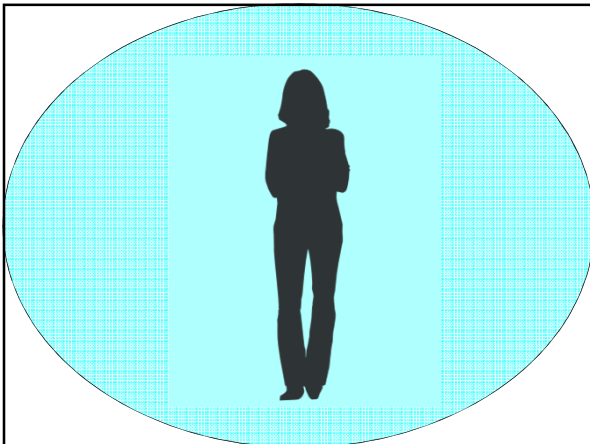


What is Behaviour?

Behaviour is action of the body –
what we do and say

An ever-changing external / internal
environment motivates us to behave

We keep behaving in certain patterns
because it works for us



Each of us behaves
in a unique manner based on our:

**Biological/Genetic Make-up
&
Previous Experiences**

*“When you’ve met one person with ASD,
you’ve met one person with ASD”*

WHAT IS PROBLEM BEHAVIOUR?

- Determined by social environment
- Changes
- Follows the same behavioural principles of all behaviour
- Figuring out what's okay, not okay behaviour is learned

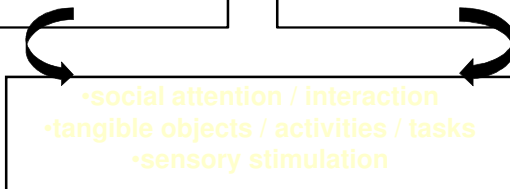


HOW DOES BEHAVIOUR WORK?

We all behave to:

1. get preferences

2. escape aversives



We behave to:

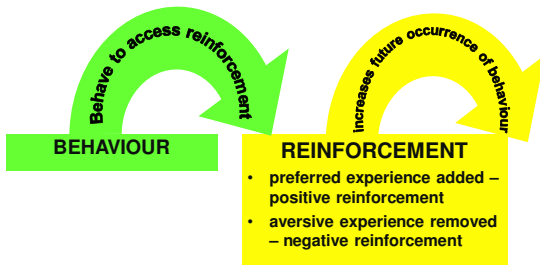
- get preferred experiences
- escape aversive experiences



- Lots of variability amongst persons
- Lots of variability within a person

(Cooper, Heron, & Heward, 2010)

What is Reinforcement?



Behaviour Principles

- Behaviour works to get or to escape (reinforcement)
- Behaviour happens over and over again in patterns because it continues to work
- To figure out how a specific behaviour works requires us to determine patterns of what is happening before and after behaviour

Behaviour Principles

- To change behaviour, the most important piece of information to know is:
 - what happens right after the behaviour – does the behaviour result in getting or escaping?
 - known as the function of behaviour

Behaviour Principles

What happens right before behaviour:

- is secondary to what happens after behaviour (function)
- evokes, signals, or sets up the behaviour to happen
- can help to determine patterns for behaviour function

Before behaviour

- Attention of others has been withdrawn from the person
- Person has spent some time by him or herself

After behaviour

- Do others start to interact with the person?
 - reassuring
 - reasoning
 - scolding / lecturing
 - playing with
 - moving closer to
 - cuddling

Behaviour Function:

→ to get social attention / interaction

Before behaviour	After behaviour
<ul style="list-style-type: none"> Preferred item or activity has been taken from the person Person has spent some time without preferred item or activity Person is unable to get preferred item or activity Instructed to put away or stop item or activity 	<ul style="list-style-type: none"> Does the person get the item or activity? <ul style="list-style-type: none"> get it directly (helps him/her self) get it from someone else item or activity doesn't get put away / stopped stopping is delayed
Behaviour Function: → to get that item or activity	

Before behaviour	After behaviour
<ul style="list-style-type: none"> Person not participating in a stimulating activity / experience 	<ul style="list-style-type: none"> Does the behaviour itself bring some immediate pleasure? <ul style="list-style-type: none"> sound touch taste scent sight
Behaviour Function: → to get that stimulation	

Before behaviour	After behaviour
<ul style="list-style-type: none"> Social interaction happening that the person finds aversive 	<ul style="list-style-type: none"> Do others stop interacting with the person? Does the social interaction change to one more preferred?
Behaviour Function: → to escape aversive social interaction	

Before behaviour

- Person is instructed to do a task that is difficult, long, or not preferred
- Person is having a problem with a task
- Other events are happening that make the task more difficult or more aversive

After behaviour

- Is the task made shorter or easier?
- Do others help with task?
- Do others do the task?
- Is the task delayed?
- Does the task not happen at all?

Behaviour Function:

→ to escape the aversive task

Before behaviour

- Aversive sensory experience:
 - Sound
 - Touch
 - Taste
 - Scent
 - Sight
 - Pain/Discomfort

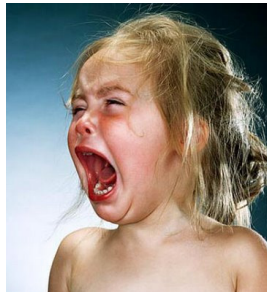
After behaviour

- Does the sensory experience stop or lessen?
- Is the aversive sensory experience masked by something more preferred?
- Do others help to make it better?

Behaviour Function:

→ to escape aversive sensory experience

**WHY DO THOSE
WITH AN ASD
DIAGNOSIS
OFTEN USE
PROBLEM
BEHAVIOUR
TO GET OR
TO ESCAPE?**



DEFICITS ASSOCIATED WITH AN ASD DIAGNOSIS

(DSM IV)

SOCIAL

Limits the person's ability to:

- attend to social information
- take another person's perspective
- consider how own behaviour impacts others
- attend to what is right and wrong (and all the gray area in between)
- be motivated by social approval or disapproval
- play functionally either independently or with others

SOCIAL

We often give children social information:

- "That isn't (nice, polite, kind, etc.)"
- "That was (wrong, hurtful, disrespectful, upsetting, rude, etc.)"
- "That made me (sad, angry, unhappy, disappointed, etc.)"
- "No thank you"
- Your body language – stern face, arms crossed, hands on hips, louder voice

Such information usually works for typical developing children.

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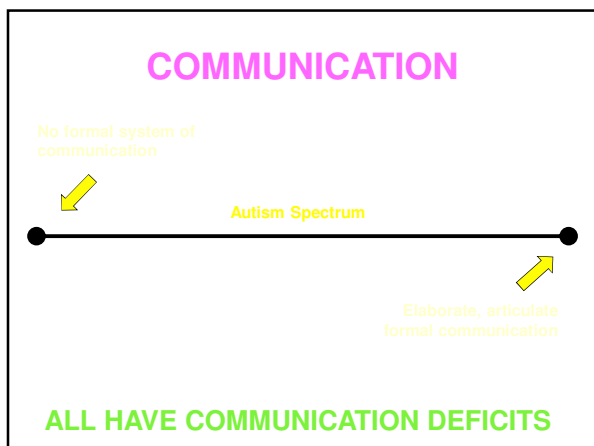
SOCIAL

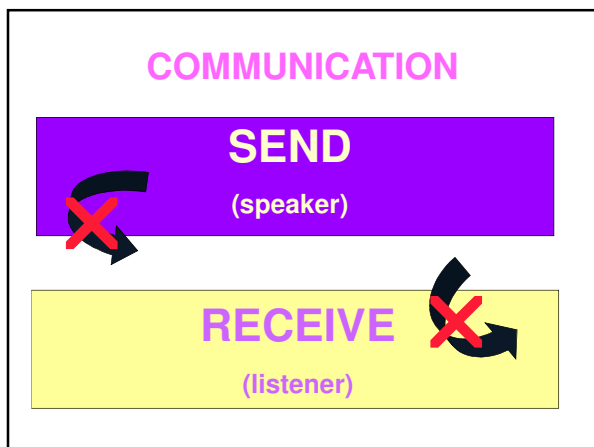
CONTRIBUTES TO PROBLEM BEHAVIOUR:

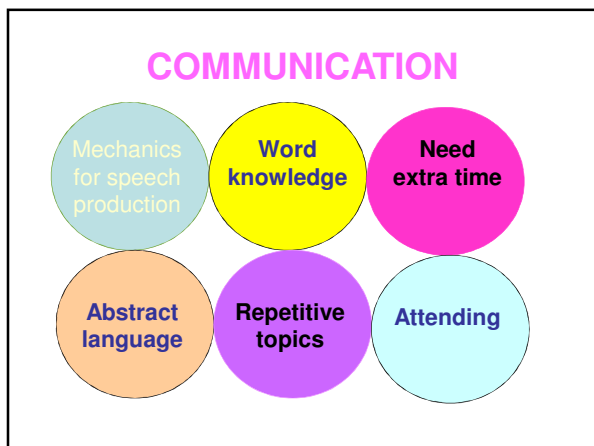
- Person with ASD may not attend to and use information about what is considered socially acceptable behaviour to ‘get’ or to ‘escape’
- Our social information about what is okay or not okay likely won’t decrease problem behaviour
- Our social information about the impact of their problem behaviour on others likely won’t decrease it

SOCIAL

In order to learn from social information, the individual must be able to attend to such social information - this is typically difficult for those with ASD.







COMMUNICATION

CONTRIBUTE TO PROBLEM BEHAVIOUR:

- When conventional communication methods needed to 'get' or to 'escape' are not easily learned – rely on less conventional methods
- When not able to communicate about having a problem – getting help is delayed – problem lasts longer, becomes more aversive
- Due to challenges in receiving information, unclear / mismatched instructions may result in:
 - incorrect or no response (non-compliance?)
 - instructions become aversive

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR

SAMENESS

Inflexible adherence to specific non-functional routines or rituals.

Restricted, persistent fixated interest.



CHANGE

Learning requires change.

Learning more acceptable behaviour requires getting used to new, unfamiliar expectations.

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR

CONTRIBUTE TO PROBLEM BEHAVIOUR:

- Can be aversive transitioning from the familiar to the unfamiliar (even from familiar to familiar)
- Life is always changing – person with ASD can be highly motivated to get / to keep it the same
- Can be challenging to change patterns of problem behaviour – this is the familiar routine, even though it is dysfunctional

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR



IS LIFE BECOMING RESTRICTED AND
REPETITIVE FOR EVERYONE ELSE TOO?

OTHER: LEARNING / INTELLECTUAL

- Learning, imitation, discrimination, generalization, remembering information / skills
- Greater the deficit, the more assistance required to learn (e.g. tasks broken into smaller steps)
- Greater the deficit, the less ability to learn, remember and generalize information and skills

OTHER: LEARNING / INTELLECTUAL CONTRIBUTE TO PROBLEM BEHAVIOUR:

- When learning requires more effort – learning can be more aversive
- More highly motivated to get and remain with preferred (easier, familiar) activities/tasks
- Higher likelihood to make errors while learning (noncompliance?)

**OTHER: LEARNING / INTELLECTUAL
CONTRIBUTE TO PROBLEM BEHAVIOUR:**

- Poor safety awareness can contribute to problem
- Struggle to learn from “don’t”, “stop”, “not” info
- Learned helplessness can increase reliance on others
 - getting attention of others may have greater value
 - being left alone more aversive

OTHER: SENSORY/MOTOR

- Atypical seeking of sensory experiences
- Atypical avoiding of sensory experiences
- Gross/fine motor awkwardness and/or delay
- Difficulty learning new motor movements / motor planning

OTHER: SENSORY/MOTOR

CONTRIBUTE TO PROBLEM BEHAVIOUR:

- Activities requiring more effort with motor skills/motor planning may be more aversive
- Greater dependence on others for physical assistance, greater likelihood that others will use too much force – increasing the aversiveness of physical assistance
- Sensory experience that is aversive – more highly motivated to escape
- Sensory experience that is highly preferred – more highly motivated to get

OTHER: MEDICAL/MENTAL HEALTH

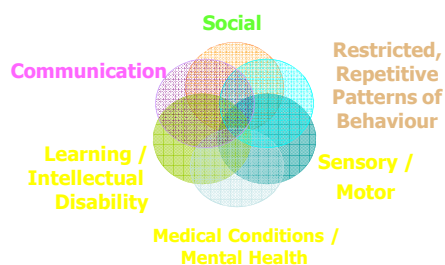
- Acute or chronic illness / pain / discomfort – such as ear infection, tooth pain, constipation, or allergies
- Issues with sleep, hunger, thirst, body temperature, activity level, sexual arousal
- Other medical diagnosis – such as seizures, vision / hearing impairment, specific syndrome or condition
- Other mental health diagnosis – such as ADHD or anxiety

OTHER: MEDICAL/MENTAL HEALTH

CONTRIBUTE TO PROBLEM BEHAVIOUR:

- Discomfort, pain, fatigue, hunger, thirst, or an uncomfortable body temperature can increase the aversiveness of typically neutral or preferred experiences – more motivated to escape
- Can be highly motivated to seek out ways to relieve discomfort or pain
- Medical / mental health conditions can disrupt good health habits – sleep, diet, activity
- Other mental health diagnosis can compound deficits associated with ASD diagnosis

WHY ASD AND PROBLEM BEHAVIOUR?



Intervention Plan
Facilitating
Behavioural
Change

In the midst of it all...

REMEMBER
THE
CHILD'S
STRENGTHS!!

**GATHER INFORMATION ABOUT RELATIVE
STRENGTHS, INTERESTS & PREFERENCES**

- At what does the child do well?
- What are the positive things about the child that others comment on?
- Observe the experiences, activities, objects and people with which the child spends time and interacts.
- Celebrate and build on the child's strengths!!

GATHER INFORMATION ABOUT CHALLENGES, IMPAIRMENTS & DEFICITS

- Previous information and assessment reports (diagnostic, psychological, communication, occupational therapy, school report cards, IEP) – what do they say to do that will help the child?
- Ask others who know the child: family, educators, clinicians, caregivers
- Observation*****

PROBLEM BEHAVIOUR

ENVIRONMENT ↔ BEHAVIOUR

*In order to change the problem behaviour
of the person with ASD
we need to change
what's happening in the environment,
considering the associated deficits*

Plan to Change Behaviour



Plan to Change Behaviour

- Plan is not based on what form the behaviour takes
- Plan needs to be:
 - Based on the specific pattern of behaviour function
 - Grounded in behaviour principles
 - Several components make an integrated plan

Plan to Change Behaviour

Four components of the plan:

1. Improve overall well-being
2. Prevention of problem behaviour
3. Teach replacement behaviours / new skills
4. Reduce accidental reinforcement or strengthening of problem behaviour

Plan to Change Behaviour

1. Improve overall well-being:

- Tiredness
- Hunger/thirst
- Medication side effects
- Body temperature
- After puberty – sexual arousal
- Discomfort/pain
- Too much/too little activity



Plan to Change Behaviour

2. What can we do differently before problem behaviour to prevent it?

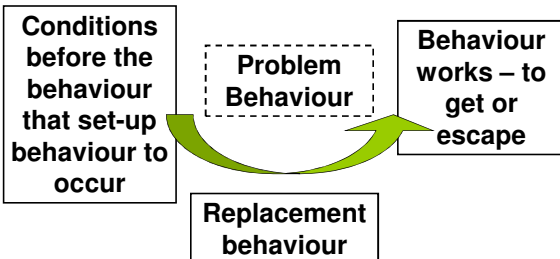
- Give more of what he/she is trying to get? (e.g. attention, object, food, stimulation)
- Give more breaks from what he/she is trying to escape? (e.g. break tasks into smaller learning components)
- Alter the layout of the environment?
- Alter how instructions are given?

Plan to Change Behaviour

3. What behaviour does the person with ASD need to learn to get or escape with age appropriate behaviour?

- Determine/teach replacement behaviour
- Teach to the deficits, considering unique profile of the person
- Teaching cannot focus on how not to do it (avoid don't, stop, no)
- Practice, practice, practice what you want the person with ASD to learn

Replacement Behaviour



Teach New Behaviour

Function: to get _____

- teach how to get _____ directly
- teach to request how to get _____
- teach to tolerate not getting _____

Teach New Behaviour

Function: to escape _____

- teach to escape _____ directly
- teach to request how to escape _____
- teach to tolerate not escaping _____

Teach New Behaviour

Consider teaching:

- To wait
- To follow a "first...then" routine
- To follow a visual schedule
- To play functionally & independently
- To request "break", "all done", "help"
- To request specific preferences
- To handle a change in routine - 'oops'

ABOUT TEACHING

Prioritize what is most important for child to learn / what will reduce problem behaviour

Teach prerequisites

Break into smaller components for learning (task analysis)

Teach in multiple settings, with multiple people, and with multiple items

Begin with necessary modelling, physical, verbal and/or gestural prompts but gradually fade out

Provide visuals for teaching steps to promote independence

Include reinforcement with learning 'first...then...'

ABOUT PRACTISING

Natural opportunities for learning may occur quite infrequently & unpredictably —

“Stage” or contrive opportunities to practise often and receive reinforcement for new behaviour. Staging also allows more control to start small and build.

ABOUT COOPERATION



ABOUT COOPERATION

Focus on:

- difficulty of the task
- how instructions are given
- how following instructions is reinforced
- Grandma's rule: first...then
- becoming animated immediately after instruction is followed!!

Plan to Change Behaviour

4. What can we do after the problem behaviour to make sure we aren't strengthening it but rather now strengthen the behaviour we want?

- First prevention and teaching
- Then stop accidentally reinforcing problem behaviour
- Remember to reinforce age appropriate, adaptive behaviour

ABOUT REINFORCEMENT

- Ideally we want students to behave and cooperate because we say so...
- Students with ASD often are not motivated to behave and cooperate because we say so...

***Need to use other ways to reinforce following our instructions**

ABOUT REINFORCEMENT

- ❖ Increases future occurrence of the behaviour it follows – reinforcement is the effect
- ❖ Unique to each person
- ❖ Add after the behaviours you want to increase; do not add after the behaviours you want to decrease
- ❖ At first, immediately reinforce right after the desired behaviour (seconds)
- ❖ Once established, gradually fade

ABOUT REINFORCEMENT



ABOUT STAYING NEUTRAL

(AFTER THE PROBLEM BEHAVIOUR)

When giving social information doesn't work:

- look and act neutral when responding to problem behaviour
- appear as though the problem behaviour does not change you or what you do
- staying neutral prevents accidental reinforcement

ABOUT STAYING NEUTRAL

(AFTER THE PROBLEM BEHAVIOUR)

Verbally:

- avoid counselling, lecturing, reasoning, reprimanding, soothing
- avoid saying “I don’t like...”, “be gentle”, “it’s okay”, etc.

ABOUT STAYING NEUTRAL

(AFTER THE PROBLEM BEHAVIOUR)

Non-verbally:

- avoid changing loudness / firmness of voice, or changing facial expression or body posture after problem behaviour
- avoid increasing animation or cuddling after problem behaviour

ABOUT STAYING NEUTRAL

- You likely won’t feel neutral or calm inside (heart racing, shaking, throat or stomach tightening)
- Staying neutral takes a lot of practice to do well
- You may need to make yourself / others safe while you remain neutral—seek guidance for self injury/aggression

ABOUT STAYING NEUTRAL



**DON'T
REMAIN NEUTRAL
AFTER
BEHAVIOUR
YOU WANT**

As soon as the student behaves well:
attend to, comment on, and get excited
in a manner the student finds reinforcing

ABOUT MEASURING SUCCESS

- Typically our focus is on the present problem behaviour – we want it to stop right away – this can lead to **accidental reinforcement** (*behaviour stops in the moment when it works – obtains or escapes – but will happen again in future to obtain or escape*)
- Success of your plan is measured by a reduction in future occurrences of problem behaviour
- May need to weather behaviour getting worse before it gets better – keep everyone safe without reinforcing problem behaviour (remain neutral)
*Get support if needed for self injury and physical aggression)

WHEN INTERVENTION IS NOT REDUCING PROBLEM BEHAVIOUR?

- Does the function of the problem behaviour need to be re-evaluated?
- Does the intervention plan match the function of the problem behaviour?
- Is the plan being followed consistently?
- Does the plan include improving well-being, prevention, teaching, and responding to the problem behaviour

WHEN INTERVENTION IS NOT REDUCING PROBLEM BEHAVIOUR?

- Does the teaching plan need to be broken down into smaller learning components?
- Does the teaching plan require more opportunities to practice it?
- Are the reinforcers reinforcing?