Part 1: Helping Students with ASD Overcome Challenging Behavior and Improve their Quality of Life

Objectives

• Participants will be able to define the new DSM-5 criteria for Autism Spectrum Disorders.

• Participants will be able to establish meaningful goals based on areas of need and challenging behaviors.

• Participants will be able to identify the steps to teach practical skills to replace challenging behavior.

The Previous Way of Understanding “Autism” in the DSM-IV

Using the DSM-IV, patients could be diagnosed with five separate “Pervasive Developmental Disorders”:

1. Autistic Disorder
2. Asperger’s Syndrome
3. Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS)
4. Childhood Disintegrative Disorder
5. Rett Syndrome
Changes in “Autism” Diagnosis with DSM-5

1. Autistic disorder
2. Asperger’s disorder
3. Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS)
4. Childhood Disintegrative Disorder
5. Rett Syndrome

DSM-5 Video Series: What are the changes?

Why the change?
• Researchers found that the separate diagnostic categories were not consistently applied across different clinics and treatment centers.
• The revised diagnosis represents a new, more accurate, and medically and scientifically useful way of diagnosing individuals with autism-related disorders.
ASD Diagnosis in the DSM-5

• If a child has a previous well-established DSM-IV diagnosis of Autistic Disorder, Asperger’s Disorder, or PDD-NOS, he/she should be given the diagnosis of Autism Spectrum Disorder.

ASD Diagnosis in the DSM-5

• A diagnosis of Social Communication Disorder may be given to individuals who have deficits in the social uses of verbal and non-verbal communication, but who do not display repetitive behaviors or restricted interests.

• The change in the DSM-5 diagnoses should not affect educational classifications under Individuals with Disabilities Education Improvement Act (IDEIA).

Autism Spectrum Disorder in the DSM-5

Characterized by deficits in 2 core domains:
1. Deficits in social communication and social interaction.
2. Restricted patterns of behavior, interests, and activities.
### Autism Spectrum Disorder
Diagnosis Criteria in the DSM-5

**Must meet criteria A, B, C, D and E:**

<table>
<thead>
<tr>
<th>A. Persistent deficits in social communication and social interaction across multiple contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Restricted, repetitive patterns of behavior, interests, or activities</td>
</tr>
<tr>
<td>C. Symptoms must be present in early development, but may not fully manifest until social demands exceed capacities.</td>
</tr>
<tr>
<td>D. Symptoms cause clinically significant impairment in social, occupational, or other areas of functioning</td>
</tr>
<tr>
<td>E. These disturbances must not be better explained by an Intellectual Disability</td>
</tr>
</tbody>
</table>

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### Diagnostic Criteria A
Persistent deficits in social communication and social interaction across contexts as manifested by the following, currently or by history:

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviors used for social interaction
- Deficits in developing, maintaining, and understanding relationships

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### Diagnostic Criteria B
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of the following, currently or by history:

- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment
Diagnostic Criteria C

Symptoms must be present in early development, but may not fully manifest until social demands exceed capacities.

Diagnostic Criteria D

Symptoms cause clinically significant impairment in social, occupational, or other areas of functioning.

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Social Communication</th>
</tr>
</thead>
</table>
| Level 3 "Requiring very substantial support" | - Severe deficits in verbal/communication skills  
|                           | - Limited initiations in social interaction  
|                           | - Minimal responses to social overtures from others                                   |
| Level 2 "Requiring substantial support"      | - Marked deficits in verbal/communication skills  
|                           | - Social impairments even with supports in place  
|                           | - Limited social interactions  
|                           | - Reduced/abnormal responses to social overtures from others                           |
| Level 1 "Requiring Support"          | - Without supports in place, impairments in social communication noticeable  
|                           | - Difficulty initiating social interactions  

NYS
Severity Level | Restricted, Repetitive Behaviors
--- | ---
Level 3 | "Requiring very substantial support"
- Inflexibility of behavior
- Extreme difficulty with change
- Restricted, repetitive behaviors markedly interfere with functioning in all spheres
Level 2 | "Requiring substantial support"
- Inflexibility of behaviors
- Difficulty coping with change
- Restricted, repetitive behaviors obvious to casual observer and interfere with functioning in a variety of contexts
Level 1 | "Requiring support"
- Inflexibility of behavior causes significant interference with functioning in one or more contexts
- Difficulty switching between activities
- Problems with organization and planning hinder independence

Diagnostic Criteria E

These disturbances must not be better explained by an Intellectual Disability.

DSM-5 Video Series: Impact of Changes
How Might ASD Symptoms Influence Behavior

Symptoms of ASD may make the world a particularly stressful place

- Difficulties communicating feelings, wants, needs
- Trouble understanding social situations, rules, faulty information processing
- Possible differences in sensory experience

Brendan

- 3 years old
- Parents plan on enrolling him in a community preschool in 4 months
- Language delayed
- Toilet trained
- Challenging community behaviors
Now that you have a better understanding of your student's strengths and difficulties, where do we go from here?
Broad Student Goals Should:
- Transfer across environments
- Transfer across people
- Lead to higher quality of life
- Have team consensus

Broad Student Goals May Include:
- Behavioral outcomes
- Social interactions or relationships
- Behavior change necessary for achievement
- There’s more to do than JUST stop a challenging behavior!

Goals for Brendan
- Visit with family and friends
- Participate fully in school and the community
- Develop and utilize coping skills
- Develop and utilize self-management skills in new situations
- Socialize with same-age peers

Activity
- Think about a student who you currently work with/live with. What positive qualities does this student posses? What skills need improvement?
- Take 5 minutes to think about what goals you have for the student/child
Identifying the Interfering Behavior

- What behaviors are preventing the individual from having higher quality of life?
- Look for patterns of behaviors
- Prioritize behaviors that impact quality of life
- Behavior can take many forms (i.e., aggression, self-injury, stereotyped behavior, inappropriate speech)

Defining Behavior

- What does it look like?
- What does it sound like?
- Stranger Test: if a stranger was given a description of the behavior, could he/she easily identify it?

Unclear vs. Clear

<table>
<thead>
<tr>
<th>Problem Behavior</th>
<th>Concrete Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tricia is aggressive</td>
<td>Tricia hits other students with open hand</td>
</tr>
<tr>
<td>Carlos is disruptive</td>
<td>Carlos makes irrelevant and inappropriate comments during class discussion</td>
</tr>
<tr>
<td>Liam is hyperactive</td>
<td>Liam leaves his assignment area without permission, Liam completes only small portions of his independent work, Liam blurts out answers without raising his hand</td>
</tr>
</tbody>
</table>
Define Behavior

• Take 10 minutes and think of a challenging behavior(s) you would like to help your student/child overcome

• Choose one behavior

• Can you define that behavior clearly?

Complete a Functional Behavior Assessment (FBA)
Complete an FBA

- Remember the goal
- Look for patterns
  - Interviews, rating scales, scatter plots
  - Examine what occurs both before and after the challenging behavior
  - Keep data collection *simple* – yet *objective*
- Complete Competing Behavior Model

BEHAVIOR IS COMMUNICATION!
To obtain a desired event

To obtain internal stimulation

To obtain social events

To avoid/escape internal stimulation

To avoid/escape social events

Attention

Activities or objects

Attention

Activities or objects

Adapted from O’Neill, et. al. (1997)

Toolkit to Determine Function

Motivation Assessment Scale (MAS)

Functional Assessment Screening Tool (FAST)

PTR Functional Behavior Checklist

Functional Assessment Interview

Antecedent Behavior Consequence (ABC) Cards

Scatter Plot

Look for patterns over time
The ABCs of Behavior

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>“Fast Trigger”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>What does the individual do?</td>
</tr>
<tr>
<td>Consequence</td>
<td>What is the reaction from others? What does the individual obtain or avoid?</td>
</tr>
<tr>
<td>Setting Events</td>
<td>“Slow Trigger”</td>
</tr>
</tbody>
</table>

Prevent/Teach/Reinforce Functional Behavior Assessment

Understanding the Context of Behavior

Behavior does not occur in a vacuum.

It is important to know which aspects of the environment are contributing to the occurrence of challenging behavior in order to fully understand the purpose of that behavior.

Competing Behavior Model

Environmental events that set the occasion for the performance of an action. Examples are classroom, prior social interactions such as fighting on the bus on the way to school, and physical conditions of the student such as illness, fatigue, or allergies.

Behavior that helps an individual interact with others in effective, appropriate, and successful ways.

Challenging Behavior

A condition, event, or object that precedes a behavior.

Desired Behavior

Adaptive, alternative behaviors that achieve the same function as challenging behaviors.

Summary Statement: When (setting event and/or an antecedent) happens, the student engages in the (challenging behavior) to (reinforcing consequence)
FUNCTIONAL REPLACEMENT BEHAVIOR:
A behavior that is taught to replace an unwanted behavior that has the same function as the unwanted behavior.

**Distinction**

THE PRO-SOCIAL BEHAVIOR DOES NOT NEED TO SERVE THE SAME FUNCTION AS THE UNWANTED BEHAVIOR.

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**Summary Statement:** When Brendan doesn’t get a good night’s sleep and is asked to transition from one place to another, he will “tantrum” and as a result gets to continue what he is doing, therefore escaping the demand.

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Identify a Replacement Behavior as a Substitute for the Interfering Behavior

Based on the function, what is the student trying to communicate?
Now that we know what a replacement behavior is….how do we design the plan?

Every Plan Should Have….
• Prevention Strategies – meant to keep behavior from ever happening
• Teaching Strategies – meant to teach child a better way to get what is wanted/needed
• Reinforcement Strategies – meant to increase likelihood child will use new behavior and not old one

Class-wide Practices to Increase
• Five-to-one Ratio of Positive Attention
• Using Predictable Schedules
• Establishing Routines within Routines
• Directly Teaching Behavioral Expectations
• Directly Teaching Peer-Related Social Skills
Successful Interventions

- Expertise with all interventions rare, if ever
- Become an expert “matchmaker” instead
- Look to match all components P, T, & R for successful results
  - Match interventions to function
  - Matching = better outcomes

Prevention Interventions

Change the trigger that sets off the problem behavior
- Examine the antecedent & function of the problem behavior
- Change the antecedent so student will no longer need to use problem behavior (make the problem behavior irrelevant)
- The best choices for antecedent changes:
  1. Directly address the identified antecedent
  2. Must address the function the problem behavior is serving

Prevention Strategies
(Matched to Attention Function)

- Schedule adult attention
  - Have adult work with student
  - Have adult provide periodic attention
- Schedule peer attention
  - Use peer tutoring
- Increase proximity to child
  - Walk around the classroom and periodically check in with student
- Provide preferred activity when adult is occupied
  - When occupied, assign more preferred work
## Prevention Strategies (Matched to Tangible Function)

<table>
<thead>
<tr>
<th>Prevention Strategies</th>
<th>Indicated when activity is about to end</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide a warning</td>
<td>Provide a transitional activity</td>
</tr>
<tr>
<td></td>
<td>Schedule a moderately preferred activity between highly preferred and highly nonpreferred activities</td>
</tr>
<tr>
<td>• Increase accessibility</td>
<td>Put highly preferred items within child’s reach</td>
</tr>
</tbody>
</table>

From Individualized Supports for Students with Problem Behavior. Bambera & Kern, 2005

## Prevention Strategies (Matched to Sensory Function)

<table>
<thead>
<tr>
<th>Prevention Strategies</th>
<th>Offer alternative sensory reinforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fill environment with interesting and stimulating activities</td>
</tr>
<tr>
<td></td>
<td>Provide quiet space if easily overstimulated</td>
</tr>
<tr>
<td></td>
<td>Consider activities during less hectic/chaotic timeframes for child easily overwhelmed</td>
</tr>
</tbody>
</table>

From Individualized Supports for Students with Problem Behavior. Bambera & Kern, 2005

## Prevention Strategies (Matched to Escape Function)

<table>
<thead>
<tr>
<th>Prevention Strategies</th>
<th>Provide easier work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Which task, what order, materials to use, where to do it, when to do it, who to do it with</td>
</tr>
<tr>
<td></td>
<td>Cue change (instructional, visual, auditory)</td>
</tr>
<tr>
<td></td>
<td>Provide breaks/Shorten activity</td>
</tr>
</tbody>
</table>

From Individualized Supports for Students with Problem Behavior. Bambera & Kern, 2005
Brendan’s Prevention Strategies
Function: Escape

• Increase predictability:

Brendan will be better prepared for situations through the use of social stories that map out what to expect in a variety of situations (play, going places, routines) and through the use of visual and verbal reminders.

Brendan’s Prevention Strategies
Function: Escape

Brendan will be prepared for changes and transitions that are going to be difficult through the use of a safety signal. Caregivers will tell him, “Brendan, pretty soon it will be time to ___ and then___.” (A photograph can be shown on a first/then board to help with processing and understanding). The transition will follow within 5 minutes. A count down can be used to help him transition.
Teach New Behaviors

This is a CRITICAL component of any behavior intervention plan…

…without this component the student is never empowered to do anything differently but remains dependent on others to prevent situations from occurring.

Teaching Strategies

Goal: teach the child a more acceptable behavior that provides the same function as the challenging behavior

More than likely you will be teaching the child a new communication skill(s)

Teaching Strategies
(Matched to Function)

- **Attention**
  - Asking for assistance/help
  - Asking to play
  - Asking to talk about special interest

- **Escape**
  - Asking for a break, to finish
  - Stating refusal
  - Expressing something is difficult, frustrating, boring
  - Asking for a delay (can I have another minute, please?)
Teaching Strategies
(Matched to Function)

- Tangible
  - Requesting items or activities
  - Refusing items or activities

- Sensory
  - Expressing feelings...too loud, too bright, too hot, etc.
  - Asking to leave overwhelming situation
  - Asking for sensory input — "headphones to listen to favorite music"
  - Use of other more acceptable self-calming/soothing techniques...deep breathing or counting

When choosing a Replacement Behavior, remember it should be:

- Efficient
- Able to be taught in a short amount of time
- Allow learner to quickly gain access to the reinforcement
- Acceptable and appropriate to the environment and learner

Communicative Response Modality Checklist (Durand, 1990)

1. Does the student use one of the following methods of communication on a regular basis?
   - Verbal
   - Sign/Gesture
   - Symbolic

2. Does the student use one or more of the following:
   a.) Verbal responses
   b.) Signs or understandable gestures
   c.) Symbolic forms of communication to communicate on an occasional basis

3. Is one method of communication being emphasized in speech/language training?
Determining Relevance
(Durand, 1990)

- Skill should be chronologically age-appropriate
- Materials and activities needed to perform the skill should be present in the student’s environment
- Skill should make student more independent
- Skill should prepare student to function in community environments

Types of Prompts

Goal of Prompts: To increase the likelihood that the student engages in the desired behavior = SUCCESS

PHYSICAL
- Modeling
- Partial Physical Guidance
- Full Physical Guidance

VERBAL
- Indirect
- Direct
- Natural Cue
- Position
- Gesture
- Pictures
- Objects

Prompting Procedures

<table>
<thead>
<tr>
<th>Independence</th>
<th>No guidance is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Verbal</td>
<td>A verbal instruction is provided that gives a hint about the next step or reminds the student to move on to the next step.</td>
</tr>
<tr>
<td>Direct Verbal</td>
<td>A verbal instruction is provided that tells the student exactly what to do.</td>
</tr>
<tr>
<td>Model</td>
<td>Demonstrating what to do by showing the student part or all of the activity.</td>
</tr>
<tr>
<td>Gesturing</td>
<td>Instructing the student’s action.</td>
</tr>
<tr>
<td>Partial Physical Guidance</td>
<td>Gentle guidance is provided to help the student complete a portion of the step or activity.</td>
</tr>
<tr>
<td>Full Physical Guidance</td>
<td>Gentle guidance is provided to help the student complete the entire step or activity.</td>
</tr>
</tbody>
</table>


NYS
Summary Statement: When Brendan doesn’t get a good night’s sleep and is asked to transition from one place to another, he will hold up his hand signaling “5 more minutes” and as a result gets to continue what he is doing, therefore escaping the demand.

Teaching Strategies
• Before time of transition say, “Brendan, it’s time to go to ____.”
• Prompt (hand over hand) for Brendan to show 5 with hand
• Say, “I see you want 5 more minutes, okay you can play for 5 more minutes then we will go to ______.”
Reinforcement Strategies
(Matched to Function)

Functional replacement behaviors taught are, in themselves, reinforcing; however…
• Consider offering a social reward for attempts to try new behavior
  – “I’m proud you finished putting away your toys”
  – “Liam, I liked how you calmly asked to wait for a minute and when we finished you went quietly into the restaurant”

Summary Statement: When Brendan doesn’t get a good night’s sleep and is asked to transition from one place to another, he will hold up his hand signaling “5 more minutes” and as a result gets to continue what he is doing, therefore escaping the demand.

Case Study: Max
Max

- 13 years old
- Formally diagnosed with Asperger's Syndrome
- Integrated classroom
- Interest in bugs and insects

Max's Goals

- Continue in general education classes in HS
- Graduate with a regents diploma
- Have friends
- Become independent
- Contribute to society
- Get a job doing something with bugs/insects
Behavior Definition

• “Fit” –
  – Repeating “no”, “it’s not fair” with closed eyes, while slamming book bag on ground; scrunching up face, squinting eyes and putting hands towards head like he’s going to squeeze something, walking away
Name: Max R.  
Observer: Teacher  
Date: 6/2012  
General Context: School-environment

Social Context: Walking into school, looking for vending machine with peer  
Behavior Problem: Repeating “no”, “It’s not fair” with closed eyes, while slamming book bag on ground;  
   smirching up face, squeezing eyes and putting hands towards head like he’s going to squeeze something, walking away  
Social Reaction: Peers step and stare at Max, he is soothed comforted by teachers/parents.

Possible function: getting assistance/help from an adult (teacher) and then parents at home; coping; release of  
disappointment.

**Summary Statement:** When Max is faced with a change to his routine or encounters something unexpected, he will have a "fit" and as a result he is given tangible and help/comforted by adults.

**Max’s Patterns of Behavior**

- Behavior occurs mostly during times of unexpected change  
- Receives a desired tangible item  
- Receives help from adult (teacher, parent, sibling)
Max's Prevention Strategies
Function: Tangible/Attention

- Schedule times for “Check-in” with adults throughout the day
- Provide Max with a visual schedule, with indicators of when a change in routine or expectations may occur
- Schedule unexpected “sabotage” times throughout the day that are a preferred activity for Max, so that he will associate change and transition with a positive experience

Summary Statement: When Max is faced with a change to his routine or encounters something unexpected, he will have a “fit” and as a result he is given tangible and help/comforted by adults.

Teaching Strategy

- Teachers and peers to prompt Max to say, “I need help”
- Start with scheduled unexpected “sabotage” times
- Do not react to start of a “fit” and prompt replacement behavior
Replacement Behavior

Adults and peers will reinforce any approximation to the desired replacement behavior by providing comfort/attention/tangible.

Remember, the reinforcement for the replacement behavior serves the same function as the challenging behavior.

Monitoring Faithfulness of Implementing Plan

- Monitor consistency and accuracy within which plan is implemented
- Task analyze each component of plan along with staff/person implementing (include verbal and non-verbal responses)
  - Create self-checks to go along with each component
  - Develop written scripts detailing responsibilities for each component

Troubleshooting Replacement Behaviors

- A definition of the behavior(s) of concern that is too vague
- Incomplete measurement/data collection regarding the behavior(s) of concern and the interventions selected
- Incorrect interpretation of the functional assessment data collected by the team
- Inappropriate intervention (e.g., not aligned with the assessment data)
Troubleshooting Replacement Behaviors

- Inconsistent or incorrect application of one or more parts of the intervention plan
- Inadequate system-wide support to avoid future episodes of the behavior problem (e.g., too many initiatives or competing building-level priorities that may interfere with the time and commitment it takes to develop and implement behavioral intervention plans)
- Lack of implementer skills and support necessary to teach behavioral skills

Do We Stop Teaching There?

NO!

- Ultimately we want the child to learn *pro-social skills*
- Requires systematic teaching…small steps at a time
- Requires powerful reinforcement
- Eventual fading of supports and reinforcement when skill is learned and used consistently

In Summary…

- Behavior is communication.
- Behavior is a function of the interactions between the person and the environment.
- Intervention must address variables maintaining the behavior.
- Outcomes must be evaluated functionally.
CARD Albany is now on Facebook
http://www.facebook.com/cardalbany

Required Coursework for Special Education Professionals now online – “Responding to the Needs of Students with ASD”
http://www.albany.edu/autism/NYSEDpage.shtml

Online Distance Learning Training
http://www.albany.edu/training.php

Questions?

Center for Autism and Related Disabilities
Phone: (518) 442-2574 or toll free 1+(866) 442-2574
Email: card@albany.edu
Website: http://www.albany.edu/autism