



## REDUCING PROBLEM BEHAVIOR

June 26, 2017

By: **Jennifer N. Fritz**

Categories: **Education, Families, Message, Newsletter**

Problematic behavior, such as biting or hitting in response to unpleasant events, can emerge at different times in a child's life, and is considered developmentally normal. The behavior often reduces to tolerable levels when caregivers express displeasure and redirect the child to respond more appropriately to the situation.

However, in some children, the behavior can increase in frequency or intensity until it feels unmanageable. For children with autism spectrum disorder, these problems can emerge more often than for other children.

If your child exhibits problematic behavior, there is help. Decades of research on the treatment of problem behavior has shown that a functional analysis is the best first step for determining the underlying cause of the behavior and identifying the most effective way to treat it. Furthermore, these treatments are often more elegant and straightforward than general behavior management strategies, such as sticker charts or levels systems which involve delayed rewards and require caregivers to keep track of even more stuff.

### WHAT CAUSES PROBLEM BEHAVIOR?

Much of the focus of a functional analysis is on other people's reactions to problem behavior. This approach makes sense because, in many cases, other people's response may actually cause the behavior to become consistently unmanageable, even though those reactions might work for other children. Once the cause is determined, an effective and individualized treatment can be developed.

A functional analysis will determine which type of reaction (or combination of reactions) is causing problem behavior to persist:

- **Attention** or another type of reaction from caregivers (reprimands, scolding, consoling, giving toys or food to calm down, etc.) is the cause of problem behavior approximately 30 percent of the time (behavior analysts call this *social-positive reinforcement*).
- Getting out of doing **unpleasant tasks** (doing homework or chores, brushing teeth, getting a bath, etc.) is the cause approximately 30 percent of the time (*social-negative reinforcement*).
- **Sensory** reasons, which do not involve a reaction from anyone at all, are the cause approximately 20 percent of the time (*automatic reinforcement*); interestingly, behavioral treatments can be very effective in many of these cases as well.



The remaining 20 percent are a combination of reactions.

### PLEASE JUST MAKE IT STOP!

Most treatments involve no longer giving children what they want following problem behavior (behavior analysts call this *extinction*). However, recent research has highlighted ways to increase the effectiveness of treatment without extinction, which is important (and a relief) because extinction can sometimes be particularly difficult to implement.

There are strengths and limitations of each approach, but all can be effective in improving behavior when the strategy is matched to the cause of problem behavior:

- Functional communication training provides reinforcement following appropriate communication.
- Noncontingent reinforcement provides reinforcement on a schedule.
- Differential reinforcement of other behavior provides reinforcement when the problem behavior does not occur for a period of time.

Caregivers can learn to implement these strategies quickly and easily with the help of a behavior analyst.

### FUNCTIONAL COMMUNICATION TRAINING

This treatment involves teaching children to ask appropriately for what they want instead of engaging in problem behavior (the “use your words” approach). Depending on children’s skill levels, they can be taught to ask nicely, hand a picture card, use a device, or use sign language. A good starting strategy is to ensure that it is easier for children to ask for what they want than to engage in problem behavior (e.g., saying “break” instead of hitting to get out of work, or using sign language to communicate “play” instead of hitting to get toys or attention from others). Once problem behavior decreases, children are then taught to use more extensive sentences (as skills permit) and to wait or accept “no” after requesting things, if necessary.

One young man who attended my clinic consistently engaged in explosive outbursts (hitting, screaming, throwing things) during homework time in the evenings when he encountered a difficult problem. His mom finally reached the point that she would do whatever was needed to avoid those outbursts. Ultimately, in fact, she stopped asking him to do hard work, even though she knew that it was to his academic disadvantage.

We worked with the young man to say “break” or “help” instead to receive a short (30 seconds) break, and despite his mom’s initial skepticism, she also was able to use the treatment with him at home. The approach helped him manage his reaction in tough situations, and the work situation was no longer the fight that it used to be.



We have effectively used the same approach to teach children to ask for their favorite things back when they are taken away or not present, as well as to ask for attention from caregivers.

#### NONCONTINGENT REINFORCEMENT

This treatment involves providing reinforcement on a schedule (the “wait until it is time” approach). Therefore, it tends to be one of the easier approaches to use in busy settings (e.g., full classroom, multiple children at home, caregiver must focus on other tasks, etc.). The starting strategy is to provide reinforcement before problem behavior would typically occur. If problem behavior occurs near the end of the wait time, simply wait five seconds before providing reinforcement.

We used this approach with a young woman who attended my clinic. She loved playing on her iPad and became extremely aggressive when it was removed. We started by only removing the iPad for a few seconds before she could have it back, and we slowly increased the time she had to wait. Over time, we were able to remove the iPad long enough to get other things done, and she had scheduled iPad times during the day at home. Once she learned that she would eventually get the iPad back, the outbursts were nearly eliminated.

We have used the same approach in homes and classrooms when a child engages in problem behavior to get out of work because the parent or teacher can schedule short, frequent breaks for the student and avoid many occurrences of problem behavior. For problem behavior that occurs for sensory reasons, we provide access to toys or other items that mimic the sensations produced by problem behavior so the child plays with the toys instead.

#### DIFFERENTIAL REINFORCEMENT OF OTHER BEHAVIOR

This treatment involves providing reinforcement as long as the problem behavior does not occur for a specific period of time (the “you’ll get this if you don’t do that” approach). As in the previous treatment, the goal is to require no problem behavior for a short period of time at first but to increase it slowly as the problem behavior remains low. This strategy focuses on the absence of a particular behavior so a limitation is that the child may still earn reinforcement even if a different problematic behavior occurs during the wait time. A simple fix is to wait at least 5 seconds before giving the reinforcer if an undesirable behavior occurs.

I worked with a young man at an elementary school who engaged in loud, disruptive vocalizations (squealing, shouting, etc.) throughout the day for sensory reasons. I found his favorite snack, Slim Jim,) and gave him a very small piece if he talked appropriately or was not disruptive. At first he only had to refrain from those vocalizations for 30 seconds, but we slowly worked on going longer without the behavior. He did so well that he won Citizen of the Month and quietly attended an award ceremony at the local library – intermittently

glancing at his timer and nonchalantly holding out his hand for a piece of Slim Jim just as the time ended.

We have effectively used this approach for children who need to tolerate being told they cannot have something they want, who need to do their work, and who need to let caregivers do other tasks before playing.

#### HOW DO I CHOOSE?

All of these strategies can be very effective and easily tailored for individual children. When deciding which strategy to use, it can be helpful to practice each approach with the help of a behavior analyst who can provide tips and suggestions on how to do it correctly, as subtle changes can make a big difference.

Caregivers should not be afraid to openly discuss their preferences and possible challenges associated with a recommended treatment. The goal of any behavior analyst is to find an effective, manageable treatment that improves the situation for all involved.

Finally, I find it helpful to view these strategies as more like laying bricks for a building than shooting silver bullets. You have to lay the foundation and carefully plan the next steps. With some focused and deliberate work, you can build something beautiful.



**Jennifer Fritz** is an associate professor of behavior analysis at the University of Houston-Clear Lake (UHCL) and director of the Severe Behavior Disorders Research Clinic at UHCL's Center for Autism and Developmental Disabilities. Dr. Fritz serves on the Editorial Board of the Journal of Applied Behavior Analysis, as the program chair for the Professional Track of the Texas Association for Behavior Analysis (TxABA) annual conference, and as secretary of the TXABA Public Policy Group. OAR funded her 2013 research project evaluating a model to increase access to treatment for challenging behavior.

Source: <https://researchautism.org/reducing-problem-behavior/>



## RESOURCES ADDRESS CHALLENGING BEHAVIORS

June 26, 2017

By: **Organization for Autism Research**

Categories: **Education, Families, Newsletter, Research, Resource Spotlight**

As information consumers surfing the internet, we often find ourselves inundated with programs and treatments that claim to be effective, even when there is no scientific evidence behind the claims. Evidence-based practices (EBPs) on the other hand, are interventions that have been shown to be effective based on the scientific literature. So far, the **National Professional Development Center (NPDC)** has identified **27 EBPs** for autism spectrum disorder (ASD).

This month, OAR highlights four resources that can assist parents, educators, and professionals in implementing some of those EBPs in order to address challenging behaviors.

### FUNCTIONAL BEHAVIORAL ASSESSMENT: IDENTIFYING THE REASONS FOR PROBLEM BEHAVIOR AND DEVELOPING A BEHAVIOR PLAN

Created for educators, this two-hour **module** “explores the basic principles of behavior and the importance of discovering the reasons that students engage in problem behavior.” Functional behavioral assessments (FBAs) can be used for various challenging behaviors, like refusing to do work or moving around the classroom while the teacher is instructing the class. The module covers how to design, implement, and evaluate an FBA intervention using interactive tools such as quiz questions, videos, and case-based scenarios to ensure that it is being conducted properly. This resource is helpful for educators new to the process and those looking for a refresher.



### EVIDENCE-BASED PRACTICE BRIEF: PARENT-IMPLEMENTED INTERVENTION

Parent-implemented intervention is typically used for children with ASD from ages 2 to 9. The intervention typically takes place in the home and can improve skills in the areas of communication, compliance, and eating and reduce aggressive and disruptive behavior. Parents work with a practitioner to develop a plan tailored to their family, and then



determine goals, create an intervention plan, train, implement the plan, and monitor progress. This intervention technique can be used to improve a wide variety of skills and reduce interfering behaviors.

This **evidence-based practice brief** on parent-implemented intervention provides an overview of the intervention (what it is, who it can be used with, what skills it has been used with, settings for instruction, etc.), steps for implementation, and forms and data sheets for use in implementation. Parents will find the guide comprehensive and user-friendly.

### VCU AUTISM CENTER FOR EXCELLENCE RESOURCES

The VCU Autism Center for Excellence provides a multitude of **resources for EBP education**, including courses, webcasts, seminars, how-to videos, and fact sheets. Whether you are a parent, educator, or professional supporting someone with ASD, you'll be able to find a resource that fits your needs and available time.



### AFIRM EBP MODULES



These 27 **modules** are available to anyone who wants to learn about planning, using, and monitoring an EBP intervention. Modules take anywhere from one and a half to three hours to complete and explain techniques like antecedent-based intervention, exercise, reinforcement, and more.

Source: <https://researchautism.org/resources-address-challenging-behaviors/>