Evidenced-Based Positive Behavior Management for Individuals with Intellectual and/or Developmental Disabilities

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Challenging Behavior

Defined differently by different people

For our purposes:
Challenging behavior is behavior that has an impact on one’s quality of life
Impact on the Individual / Self

- Interferes with learning
- Interferes with independence
- Limits experiences
- Causes physical problems (self-injury, injury from aggression)
- Reduces confidence / self-esteem
- Causes isolation
Impact on Family

- Increases stress
- Can increase anxiety or depression in parents or sibling
- Can increase feelings of isolation
- Fears of harm to self, sibling, staff
- Parents have less time for other children, recreation, work
- Behavior can be dangerous
- Can overwhelm a family’s ability to cope
- Need for supervision is difficult for those needing to work
- Can cause financial strain
Why are individuals with IDD vulnerable to mental health problems and or behavior challenges?

- language difficulties
- limited coping or problem-solving skills
- inadequate social supports
- high rate of central nervous system impairment
- Social rejection or stigmatization
- behavioral phenotypes associated with genetic conditions
Both IDD and challenging behavior can affect a person’s daily functioning.
Behavior Management for Individuals with IDD

- Individuals with IDD have a high rate of behavioral challenges
- Behavior management is designed to respond to inappropriate behaviors and teach adaptive skills
- **Evidence-based treatment** approaches have been empirically tested and proven effective
- It is considered best practice to use evidence-based treatments **developed for those with IDD** to treat behavior disruptions, and teach appropriate behavior and independent skills
## Evidence Based Treatments

<table>
<thead>
<tr>
<th>Comprehensive Treatment Models (CTM)</th>
<th>Focused Intervention</th>
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<tr>
<td>(e.g., LEAP, Early Start Denver Model)</td>
<td>(e.g., shaping, visual supports)</td>
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A set of practices used together to accomplish broad learning or developmental impact on the core deficits of ASD

- have a theoretical framework
- intense
- occur across years
- target multiple outcomes (social, communication)

Individual interventions used to address a skill or behavior present in an individual with IDD or ASD

- operationally defined, specific
- shorter time course (weeks–months)
- address specific outcomes
- specific interventions are often components of CTMs
- Interventions can be used together with other strategies and interventions to target different behaviors
- Effective for broad range of ages, settings, behaviors

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National Academy of Science Committee on Education for Children with Autism identified 10 CTMs in 2001. National Academy review, Odom, Boyd, et al. (2010) identified 30 CTM programs operating within the U.S.
Evidence-Based Practices Identified by the National Professional Development Center

Prompting
Reinforcement
Task Analysis
Antecedent-Based intervention
Cognitive Behavioral Strategies
Functional Communication Training
Functional Behavior Assessment
Response Interruption/Redirection
Visual Supports
Parent Implemented Intervention
Video Modeling
Sensory Integration
Exercise and Movement
Music Mediated Intervention
Social Narratives

Direct Instruction
Extinction
Naturalistic Interventions
Peer-Based Instruction and Intervention
Social Skills Training
Technology-Aided Instruction and Intervention
Augmentative and Alternative Communication
Discrete Trial Training
Time Delay
Self-Management
Differential Reinforcement of Alternative, Incompatible Behavior

Individuals with IDD show increased risk for:

- behavior challenges
- self-injury (head banging, skin picking)
- repetitive behavior patterns
- repetitive speech patterns
- noncompliance
- aggression
- communication impairments
- complex sensory needs
- emotional dysregulation
Intervention is warranted when behaviors are

- harmful to the self or others
- unsafe or destructive
- distressing to the individual/family
- disruptive to learning
- disruptive to social functioning
- hindering participation in daily living or occupational activities
Evaluate Priorities

- Set realistic goals
- Start with small steps that can build on each other
- Target behaviors that are dangerous
- Target skills that help to improve situations across several behavioral scenarios
Features of An Effective Behavioral Management Plan

**Clear**—understood by all family/caregivers

**Consistent**—family/caregivers are on the same page with the interventions, expectations, and rewards

**Feasible**—strategies need to be practical and available across settings and team(s)

**Steady**—new strategies/interventions should continue for at least 3-4 weeks

**Continuity**—keep strategies in place even when the behavior improves

**Remember Extinction Bursts**

Keep data if possible
Where to start?

Figure out the motivation for the behavior:

All behavior occurs for a function or outcome!!

What *purpose/function* does the behavior serve?
Functional Behavior Analysis

A structured, systematic, and objective method for determining the communicative function underlying a maladaptive behavior for intervention planning purposes
Functional Assessment Methods

1. Direct Observation
   - Observer records antecedents, behaviours & consequences

2. Informant Methods
   - Interviews & Questionnaires

3. Functional Analysis
   - Antecedents & consequences are manipulated to understand their effects
Components of an FBA

- Describe the interfering or problem behavior
- Identify antecedents and consequences
- Consider the function of the behavior
- Design intervention to replace behavior with a more adaptive behavior serving a similar function
- Collect Data
**Informal FBAs**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this occur in response to a change?</td>
<td>Rule out medical / physical problems</td>
</tr>
<tr>
<td>Was this sudden? (consider illness, change)</td>
<td>What are they trying to communicate?</td>
</tr>
<tr>
<td>Is this happening in certain places or at certain times?</td>
<td>What happened before and after the behavior?</td>
</tr>
<tr>
<td>What was response given? (attention, giving-in)</td>
<td>What was gained?</td>
</tr>
</tbody>
</table>
Most Common Behavioral Functions

- Social attention
- Desired object (tangible reinforcement)
- Escape
- Nonsocial reinforcement
- Physical discomfort
- Sensory avoidance
- Sensory input
Intervention
When Challenging Behavior is Communication

Teach a more functional form of communication

Replace inappropriate behavior or subtle communicative acts with more appropriate and effective communicative behaviors

**Communication Breakdown:**

- teach a more appropriate communication skill
  - e.g., pointing to or giving a cue card, vocalization, sign
- use differential reinforcement of taught behavior
- extinction
**Positive Strategies for Supporting Behavior Improvement**

- Embrace a mindset that is preventative rather than in response to behavior
- Set expectations by saying what you want to see instead of what not to do:
  - “Thank you for staying next to me when we go into this store” instead of “Don’t run away from me in the store”
- Praise and encouragement should be frequent
- Praise should be specific, not generic
  - “Great job putting away the dishes,” instead of “Good job”
• Validate emotions and/or give language to teach self expression:
  – “I know you wanted to see the gym and now you are feeling angry that it is closed.”
• Ignore low level behaviors
  – whining, fidgeting, noises, repetitive behaviors
• Differentiate attention toward positive or prosocial behaviors
Positive Strategies (continued)

• Use positive language

• Avoid Saying *No*, *Don’t*, and *Stop*
  
  “I like how you said excuse me,” or “Thank you for covering your mouth,” instead of, “No burping!”

  “Joe, it is time to load the dishwasher,” instead of “No yelling”
Response Interruption/Redirection

• Use of a prompt, comment, or distractors when an unwanted behavior is occurring to divert attention away from the behavior
  – Most often used to address behaviors that are repetitive, stereotypical, and/or self-injurious and/or thoughts that are perseverative

• Interrupt behavior and direct to more appropriate, alternative behavior
  – Typically used for behaviors that are not maintained by attention or escape
  – Such behaviors are often maintained by sensory reinforcement
Positive De-escalation

- When behavior is escalating:
  - be aware of warning signs /triggers
  - reduce stressors in environment, if possible
  - reduce language (use simple, clear, concrete language)
  - pair words with visual support if possible
  - keep voice neutral
  - keep facial expression neutral
  - give space
  - give calming object
  - praise attempts to self-regulate or use strategies
What NOT to do when Trying to De-escalate

- Give into what they want
- Show anger
- Raise voice
- Threaten or lecture
- Physically intervene unless necessary for safety
Positive Strategies (continued)

- Visual aids, photographs or video models are great ways to teach/show expected behavior
- Provide opportunities for success
- Schedule breaks throughout the day for preferred activities
- Allow individual to request a break when needed
  - for less-verbal individuals make a visual break card available
Positive Strategies (continued)

• Provide opportunities for choice making (available choices can be controlled)
• Establish a reward system consistent with the individual’s level of understanding
• Allow time to do their preference
  – repetitive behavior, discussion of restricted interest, playing/looking at restricted interests
    - Does this need to be scheduled?
Intervention Strategies Often Taught
THE ZONES OF REGULATION

BLUE ZONE
- Stretch

GREEN ZONE
- Drink water

YELLOW ZONE
- Deep breaths

RED ZONE
- Take a break
Size of the Problem

Remember the size of your reaction has to match the size of the problem!

How big do others see the problem?

How big should your reaction be?
HOW BIG IS MY FEELING?

Feelings Rating Scale - Handout 1

Overwhelming Feeling:
Harming myself, other, or property

5

FEELINGS RATING SCALE

Strong Feeling

4

Medium Feeling

3

Small Feeling

2

Tiny Feeling

1

No Feeling

0
Four Square Apology

- What I did to hurt somebody
- How the person felt
- What I can do next time
- How I’ll make it up to the person
Social Narratives/Social Stories

- Scripts used to explain the “rules” of social situations by highlighting relevant cues and defining appropriate responses
  - Can be individualized
  - Usually written in 1st person
  - Can include visual aids
- Use of these stories also helps consider various social situations with peers/co-workers/strangers
- Can be created to relate to a variety of social situations and contexts, such as making introductions, getting and giving directions, or asking for help

www.thegraycenter.org/socialstories.cfm
www.rsafran.tripod.com/social.html
www.socialstories.com/
www.autismspeaks.org/family-services/personalized-stories
At first my mask might not feel comfortable.

The more I practice wearing my mask, the easier it will be to wear.

When I return home and take off my mask I should wash my hands.

If my mask is made out of cloth, I should wash it right away.

I can wear a new mask the next time I go out.

Wearing a mask keeps everyone safe.
Visual Supports

- Visual cues about one’s activity, routine, or expectation
- Can be quite varied in form and function

**Used to**

- organize the environment
- establish expectations around activities
  - schedules
  - work systems
- provide reminders
  - timers (countdowns)
  - appropriate behavior
- instructions
- video modeling
- activities to chose from
- when something is complete
Structuring the Environment

• Visuals
  – Schedules (use pictures if needed)
  – Learning script
  – Calendars
  – Checklists
  – Visual timers

Consider troublesome distractions or triggers in the environment (alarms, outside noise, flickering lights)
Types of visual structure

Checklists
Schedules
Scripts
Photographs
Objects
Drawings
Words
Learning Scripts
Graphic Organizers
Partitions or tape
Physical Structure
Work Systems
Visual Timers
Learning Script

Detailed script for washing hands

turn on water
soap
wash hands
turn off water
dry hands

www.do2learn.com
Hygiene Schedule

These are pictures for the hygiene schedule. Just laminate them, cut them out, put velcro on the back and they are ready to be attached to your schedule.

- bath
- brush hair
- get dressed
- wash face
- deodorant
- lotion
- brush teeth
- shower
- bathroom
- wash hands

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This is the hygiene schedule. Just laminate and put hard velcro inside each square.
Introducing flexibility or more of something

Example:
(more time working independently)

- Go Slow
- Consider preferred activities before and after
- Use options of high interest (screens, swimming)
- Present options (use pictures)
- Give **advance warning** of when the expectation will take place.
  - On schedule/calendar
  - Consider a picture book to describe outing
- Start with amount of tolerated time new outing a week
- Once comfortable with this, begin introducing a bit more time
- Use verbal and visual cues to ensure they know (preferred activity) is directly afterward
Cognitive Coping Skills

Teach coping skills when individual is calm in and a good space

Use visuals to teach skills

Practice often

Reward practice and use!
Visual Scripts for Teaching Skills

Take Deep Breaths

Smell the flower
Blow out the candle
Smell the flower
Blow out the candle
Smell the flower
Blow out the candle
SQUARE BREATHING

1 2 3 4
breathe in for 4 seconds

4 3 2 1
hold for 4 seconds

1 2 3 4
hold for 4 seconds

4 3 2 1
breathe out for 4 seconds
Calming Routine (worked on together)

1. Take a deep breath

2. Squeeze my toy (or hands)

3. Think about Star Wars

John's Calming Routine: Repeat 5 times
JANE’S CALM DOWN IDEAS

• Take 4 deep breaths

• Count down from 10 to 1

• Give myself a BIG hug

• Imagine I’m at Jordan Lake--my feet in the sand

• Tell myself “I can be calm”

• Tense my muscles—Relax my muscles (REPEAT)

• Picture myself calm
The Feelings Volcano

1. Happy and calm
   - Move with the group

2. Unhappy
   - Stay at desk

3. Getting mad
   - Go to quiet place

4. Frustrated and really angry
   - Go outside to seat

5. Out of control
   - Go to ______

Leave me alone!
I’m feeling aggressive.
I’m starting to feel angry.
I’m beginning to feel unhappy.
I’m feeling anxious.
I’m feeling calm.
Self Management Techniques

Self Management Form

Student Name: Jane

Date: 9/13/04

When you hear the beep put a smiley face in the box if you working on your assignment.

How many times was I working on my assignment when I heard the bell?

My goal is: 5

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The number of times I was working on my assignment: 6

My goal is to be working on my assignment: 5

I met my goal (yes or no): yes

I will reinforce myself when I meet my goal by: scheduling 30 minutes extra time on the computer
Keep Others Informed
staff volunteers instructors

A Dictionary of All Things Joe

- words or approximations & what they mean
- nonverbal cues that Joe is becoming upset
- ‘hot topics’ to be avoided if Joe brings them up
- verbal cues that Joe is getting agitated
- distractors and redirections for Joe
- calming strategies Joe knows
Workstation
<table>
<thead>
<tr>
<th>Time</th>
<th>To Do:</th>
<th>Circle when Finished</th>
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**Morning Tasks**

**Afternoon Tasks**

How many circled stars? _____
Calm Down Space

- Designated Space
  - corner of room
  - large closet
  - pop-up tent

- Contents and Soothing Activities
  - visual calming script
  - bean bag
  - weighted blanket
  - fidgets
  - soothing music
  - coloring/drawing supplies
Use First Then
Taking a Break (or Time Out) for major infractions like aggression

Losing access to preferable things/attention by removing the individual from the rewarding setting/activity

Example: Joe is watching a high interest video and his housemate walks by and he reaches out and hits her

- Remove Joe from video (to other room if possible)
- Use concise wording “you need a break in your room”
- Do not talk to him (or provide positive or negative attention)
- Keep eyes on if necessary (turn body, use gym mat)
- Consider using a timer (depending on cognitive level)
- Once calm/time is up, give praise of calming self down, he can to return to what he was doing
- No need to rehash infraction
Other less studied strategies:

Cognitive Techniques

• Mindfulness

• Progressive Muscle Relaxation
Mindfulness

More appropriate and effective for adolescents with mild to moderate ID or ASD than for those with lower cognitive ability
be in the moment

- Name 3 things you can see
  - x3

- Name 3 things you can smell
  - x3

- Name 3 things you can hear
  - x3

- Name 3 things you can feel
  - x3

- Slowly breathe in and out 3 times

- the little black duck
  - www.theblackduck.com.au
Circle a Pleasant Event

<table>
<thead>
<tr>
<th><img src="image" alt="Bathing" /></th>
<th><img src="image" alt="Coughing" /></th>
<th><img src="image" alt="Fast Food" /></th>
<th><img src="image" alt="Gardening" /></th>
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<tbody>
<tr>
<td><img src="image" alt="Computer" /></td>
<td><img src="image" alt="Playing" /></td>
<td><img src="image" alt="Shaking Hands" /></td>
<td><img src="image" alt="Relaxing" /></td>
</tr>
<tr>
<td><img src="image" alt="Sports" /></td>
<td><img src="image" alt="Dancing" /></td>
<td><img src="image" alt="Crafting" /></td>
<td><img src="image" alt="Reading" /></td>
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Questions???