

Part 3:

Strategies for Problem Behaviors

Ideas from Applied Behavior Analysis

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This presentation...

The information in these slides continues what was presented in part one (“Teaching & Behavioral Challenges”) and part two (“Behavioral Strategies for Teaching”).

This is a presentation for families and others who take care of kids who need extra help in learning and managing behavior. It is designed so that you can read through it on your own. On some slides there are additional resources that you can explore on the Internet or in books or organizations.

Please note...

As we mentioned before, this presentation will give you ideas and techniques that you may use and that may be helpful. However, additional professional guidance is usually needed. This presentation *is not enough, by itself, to prepare families to plan and implement behavioral programs on their own.* This is especially true for children who have problems that are severe or have been going on for a long time.

Problem behaviors

- Generally, problem behaviors can be understood in terms of what skills the person has, and how they have interacted with their surroundings in the past.
- Abilities that help us to be “well-behaved” can include things like these:
 - Communicating and negotiating with others
 - Problem-solving – thinking of options for what we could do and what would happen if we did them
 - Being able to wait without becoming excessively frustrated
 - Noticing and paying attention to the cues around us that may help guide our behavior
 - Being somewhat flexible when things change
- *When our children have conditions that can interfere with these abilities, behavior problems are sometimes more likely*

Problem behaviors

- Many problem behaviors are learned just like skills are learned – when such behaviors result in good things happening or they help the child escape or avoid bad things
- Then, next time the situation arises, things in the child's surroundings cue or trigger those problem behaviors again and if they keep getting reinforced, the problem worsens
- Any child who has more difficulty with such things as staying calm, coping with frustration, remembering what to do, or being flexible, may be more “at risk” for behavior problems
- Nobody intended to “teach” the problem behavior, and the child did not intend to learn one. When a child is vulnerable in the ways such as the ones described in the previous slide, and the right reinforcer happens for the wrong behavior, problems develop. We slip into these “traps” by accident

Problem behaviors

- And so, we will be most successful if we can let go of worries about whose fault it is and get past blaming the child or anyone else
- Not blaming does not mean that we are overly permissive or “let the child get away with it” – but we can be firm in ways that help and also loving and supportive without giving in to bad behavior
- When parents are more able to respond calmly, consistently, supportively, and with understanding of how to change behavior, then behavior problems become much less likely
- However, good parenting is no guarantee that you won't see behavior problems! You may be a great parent and still be seeing problems – but the more you can be calm, consistent, supportive, and understand behavior, the easier it will be.

Some thoughts about “time out”

When we talk about dealing with problem behaviors, we may think right away about methods that lots of people use to manage these problems. One of the most common methods is time out.

Time out typically involves the child having to go sit alone for a short time, with nothing to do, if they engage in a problem behavior.

It is very widely used, and can be useful in helping some children stop negative behavior. Because it does not involve spanking and yelling, it models for children how to handle conflict without being aggressive.

However, ***time out is harder to do than we think!***



Some thoughts about “time out”

We can ask some questions that help us understand how to make time out work better:

- What is “time in” like? **Time in** is what is going on when you are not in time out, and it is key to making time out work. There must be lots of positive things going on in “time in” or else “time out” will be no big deal. And what if going to time out gets you out of something you wish you didn't have to do?
- What gets the child into time out? (The use of time out should be for one or two specific behaviors, and should be used consistently)
- What skills would keep your child out of time out – and are those skills getting plenty of support?
- What happens when time out is over? (Time out is done and so there should be **no** scoldings or fussing toward the child. Any unfinished task should be completed without our showing anger, and then the child should have opportunities for positive behavior.)

Some thoughts about punishment

- *If* they work, punishment and threats may get some immediate results but don't work well in the long run. **Positive reinforcement works better but is often more gradual.** This may trap us into over-using punishment and not putting as much energy into teaching positive behavior.
- One of the risks of physical punishment is what it models for the child. The child sees us using physical force to control someone else, and it is not uncommon for the child to decide this might be a good strategy for *the child* to try on others.
- Punishment does not prepare the child to cope better or respond with better skills next time.

A successful approach to dealing with problems:

Here is a way to work on problem behaviors – and a lot of research says that this way is often successful:

- Remove or minimize the things that keep the problem behavior going
- Strengthen skills that can take the place of the problem behavior

Remember the discussion in the last presentation about how behavior is learned and supported? We have to take away the supports for problem behavior and strengthen the skills that can occur instead of the problem.

To use this approach, we need some way to figure out what is keeping the behavior going – that is, knowing what needs fixing. Next, we will talk about one way to do this, known as “functional analysis.”

Getting a full picture of the problem:

Functional assessment

- To come up with ideas to address problems, we need to get the “full picture” of what is going on
- In Applied Behavior Analysis (ABA), we would use a “functional analysis” or “functional assessment” – this includes observing what happens around the child and what the child does
- From this, we look at what may trigger problem behaviors and what may reinforce those behaviors. To say it very simply, we get ideas about why the behavior is happening and what we can change to get the behavior to change.
- There are “functional assessment” questionnaires, but they have limited usefulness. Keeping a log of what actually happens is more useful.
- A sample form that can be used to write down observations is provided after we talk about what to write down

Functional assessment includes:

- ***What the person does when there is a problem***, using words that would describe what a video camera would capture if it was filming. For example, your record form might say:
 - *After I said, “Start your homework”* (what happened before the behavior), *Eric first said “OK” but then continued playing video games* (the behavior).
 - *When I touched him and said “time to get up”* (what happened before the behavior), *Jamal sat up without saying anything, and then hit me with an open hand* (the behavior)



Functional assessment includes:

- **Who is present and who interacts with the person when there is a problem.**
 - *For example, in keeping a log of behavior at bedtime, a family found that father put the child to bed 6 out of 10 times, and then when the child got back out of bed, it was mother who put him back to bed every time.*
 - Knowing who was present **does not** say anything about whose fault it is, and it may be no one's fault.

(Knowing who was present may help us understand how that person may fit into the child's motivation, and identifies people who definitely need to be "in the loop" about any intervention plan.)



Functional assessment includes:

- ***What happens shortly before as well as immediately before the problem.*** For example:
 - *Being told “start your homework”*
 - *Being awakened at 7am with a touch and saying “time to get up”*
 - *Seeing/smelling a favorite food cooking on the stove and being told “it’s not yet time for supper”*
 - *Asking a girl for a date and being told “no” while in a group of friends*
 - *Being in one’s room, behind a closed door, for an hour*
 - *Being in a room full of people who are talking, for an hour*

(For a particular child, these things might come before a problem behavior and tend to trigger that behavior’s occurrence. They might not trigger problems for other children – it all depends on the individual child.)

Functional assessment includes:

- ***What happens immediately after a problem***, or within a short time afterward. For example:
 - Being left alone and given some time to cool down, when ordinarily it would be time to do homework
 - A parent saying, “here we go again” and “why don’t you straighten up?” in a stern voice
 - Classmates laughing at the child
 - Loss of books and papers, meaning that no homework can be done that night
 - Making another child cry

(We might look for patterns in when these things happen – could some of these things be reinforcers for problem behavior?)

Functional assessment includes:

- ***What “state” the person is in just before or during the problem.*** For example:
 - *Excited, loud, continuously moving, eyes open wide*
 - *Quiet or crying or whining, staying still, turning away from things*
 - *Calm and able to easily respond to things in a calm way*
 - *Irritable and responding to many things with angry tone of voice*
 - *Complaining of pain such as headache, stomach ache*
 - *Did not sleep as they usually do the night before*

(If, for example, a problem behavior almost always occurs when the person is excited and agitated, we may need to really work on ways to help them be more calm.)

Functional assessment includes:

- ***The person's medical and physical state***, including:
 - *Taking, or not taking, the usual medicines*
 - *Illness (presence of fever, nausea, other discomfort)*
 - *Injury (anything from a paper cut to a broken bone may be relevant)*

(Some medicines have side-effects that may influence behavior. Also, if discomfort is usually associated with a problem behavior, this may help us understand why the behavior occurs and work especially hard to minimize the discomfort.)

Recording all this...

- If we keep a log of these things, we can look for patterns that help us understand what is going on. Just one or two examples don't tell us much, but if we record these things each time the problem occurs for many times (or a number of days), we should begin to see a clear picture of what triggers the behavior and keeps it going.
- We can provide, or you could construct, a page like the one on the next slide, to record these things.



Functional Assessment of Behavior Form for (child's name): _____

Write down the information every time the behavior you are interested in occurs. This page has five rows to record up to five times that a problem occurred (use more copies of the form for additional times the problem occurred). Check the best choice or use a few key words to help you remember. "What did the child do" should describe specific actions – just use key words to say what a video camera would have recorded if it had been running. **Medicines:** note an abbreviation of each medicine previously given that day. **Sleep:** note previous night's sleep as "good," "fair," or "poor," or note the #hours. Also note if behavior occurs around a nap. **Illness/pain:** note if child is sick or complaining of pain in the hour or so prior to the problem. **Other:** note if there is some other physical or medical issue that is affecting your child.

Date	Time of Day	Physical/Medical	Where it Happened	What Was Going On?	What Did the Child Do?	What Happened Next?
		<input type="checkbox"/> medicines: <input type="checkbox"/> sleep: <input type="checkbox"/> illness/pain: <input type="checkbox"/> other:	<input type="checkbox"/> home <input type="checkbox"/> car <input type="checkbox"/> school <input type="checkbox"/> store/mall <input type="checkbox"/> friend's home <input type="checkbox"/> other:	<input type="checkbox"/> someone made request <input type="checkbox"/> new activity started <input type="checkbox"/> no one interacting <input type="checkbox"/> a "wanted" item was present <input type="checkbox"/> told "no" <input type="checkbox"/> other:	<input type="checkbox"/> <i>said</i> this: <input type="checkbox"/> <i>did</i> this:	<input type="checkbox"/> other's request stopped or delayed <input type="checkbox"/> activity stopped, delayed, changed <input type="checkbox"/> attention was given <input type="checkbox"/> the "wanted" item was given <input type="checkbox"/> allowed to do what had been forbidden <input type="checkbox"/> other:
		<input type="checkbox"/> medicines: <input type="checkbox"/> sleep: <input type="checkbox"/> illness/pain: <input type="checkbox"/> other:	<input type="checkbox"/> home <input type="checkbox"/> car <input type="checkbox"/> school <input type="checkbox"/> store/mall <input type="checkbox"/> friend's home <input type="checkbox"/> other:	<input type="checkbox"/> someone made request <input type="checkbox"/> new activity started <input type="checkbox"/> no one interacting <input type="checkbox"/> a "wanted" item was present <input type="checkbox"/> told "no" <input type="checkbox"/> other:	<input type="checkbox"/> <i>said</i> this: <input type="checkbox"/> <i>did</i> this:	<input type="checkbox"/> other's request stopped or delayed <input type="checkbox"/> activity stopped, delayed, changed <input type="checkbox"/> attention was given <input type="checkbox"/> the "wanted" item was given <input type="checkbox"/> allowed to do what had been forbidden <input type="checkbox"/> other:
		<input type="checkbox"/> medicines: <input type="checkbox"/> sleep: <input type="checkbox"/> illness/pain: <input type="checkbox"/> other:	<input type="checkbox"/> home <input type="checkbox"/> car <input type="checkbox"/> school <input type="checkbox"/> store/mall <input type="checkbox"/> friend's home <input type="checkbox"/> other:	<input type="checkbox"/> someone made request <input type="checkbox"/> new activity started <input type="checkbox"/> no one interacting <input type="checkbox"/> a "wanted" item was present <input type="checkbox"/> told "no" <input type="checkbox"/> other:	<input type="checkbox"/> <i>said</i> this: <input type="checkbox"/> <i>did</i> this:	<input type="checkbox"/> other's request stopped or delayed <input type="checkbox"/> activity stopped, delayed, changed <input type="checkbox"/> attention was given <input type="checkbox"/> the "wanted" item was given <input type="checkbox"/> allowed to do what had been forbidden <input type="checkbox"/> other:
		<input type="checkbox"/> medicines: <input type="checkbox"/> sleep: <input type="checkbox"/> illness/pain: <input type="checkbox"/> other:	<input type="checkbox"/> home <input type="checkbox"/> car <input type="checkbox"/> school <input type="checkbox"/> store/mall <input type="checkbox"/> friend's home <input type="checkbox"/> other:	<input type="checkbox"/> someone made request <input type="checkbox"/> new activity started <input type="checkbox"/> no one interacting <input type="checkbox"/> a "wanted" item was present <input type="checkbox"/> told "no" <input type="checkbox"/> other:	<input type="checkbox"/> <i>said</i> this: <input type="checkbox"/> <i>did</i> this:	<input type="checkbox"/> other's request stopped or delayed <input type="checkbox"/> activity stopped, delayed, changed <input type="checkbox"/> attention was given <input type="checkbox"/> the "wanted" item was given <input type="checkbox"/> allowed to do what had been forbidden <input type="checkbox"/> other:

What does a functional assessment show?

- What we have recorded may show patterns in what sorts of things may come before the behavior and trigger it, and what sorts of things may come after the behavior and reinforce it.
- These patterns might allow us to make an educated guess that the problem behavior is maintained because it often results in:
 - Avoiding or getting out of a situation the child finds unpleasant or stressful
 - Getting something the child wanted, such as something to eat or a toy or gadget that they did not have
 - Getting individual attention that was not happening before, or getting extra attention
 - Things happening that tend to automatically reinforce the behavior, such as the “fun” sensations from jumping on the bed, or the physical sensation from abusing a substance – nobody “gives” the reinforcer, it just happens automatically

After functional assessment, what next?

- If we know what is maintaining the behavior, then you remember that our next steps are:
 - Remove or minimize the things that keep the problem behavior going
 - Strengthen skills that can take the place of the problem behavior
- This might mean making sure not to send the child to her room (where a million fun things wait for her) for bad behavior, or it might mean finding a way to calmly “teach through” a mild tantrum without letting the child off the hook
- It could also mean helping a child gradually learn to tolerate small frustrations (and then larger ones) by starting with easy tasks and reinforcing good tries
- And it could mean arranging the environment so that irritants and barriers are removed and/or we help the child be able to better tolerate and work around these things

Make sure problems do not get reinforced

- If a problem behavior has been maintained because it escapes or avoids unpleasant things:
 - Make the “unpleasant” thing not so bad, if you can – make tough tasks simpler or break them into little chunks
 - If *safe* and *practical*, do not allow problem behaviors to result in escaping or avoiding – if the child has a tantrum, then wait with them until they have recovered enough and help them do what they need to do (don't let them leave the area or do anything else until it's done!)
- If the problem behavior has been maintained because it gets a particular reaction from you, then simply don't give that reaction – some problem behaviors can be ignored

Make sure problems do not get reinforced

- If a problem behavior has been maintained because it gets some tangible item (examples include taking something that is not theirs or getting so upset that someone gives the child something to calm them down):
 - Keep forbidden things put away and monitor to prevent the child taking things inappropriately – and if the child does take something they're not supposed to have, gently remove it
 - If the behavior can get so bad that someone gives the child a desired item just so they will calm down, then:
 - prepare to manage the situation safely and with minimal drama, and then...
 - just don't give in – get through it as calmly and quietly as you can and do not give the child anything

Make sure problems do not get reinforced

- Problem behaviors that get “automatically” reinforced, such as sensory-seeking behavior, can sometimes be managed by preventing opportunities for the behavior and by finding some similar reinforcer that can occur for more appropriate behavior
 - *Linda's parents used a baby gate to keep her from climbing on the bed during the day*
 - *They also played jumping games with her in a safe place, so that she could get some of the bouncing that she used to get from climbing and jumping on the bed*
 - *Sam's parents made sure that all the soft drinks were put up, because otherwise he would shake up the bottle, unscrew the top, and laugh as it spewed everywhere.*
 - *If he left the soft drinks alone for a whole day, at the end of the day his parents would put some vinegar in a cup with baking soda and let him watch all the foam!*

Strengthen behaviors that can replace the problem

- When you know what the “function” of the problem behavior is, then you can teach or strengthen some **appropriate** behavior that can serve the same function.
 - *If the problem has been some sort of attention-seeking behavior, then help the child use a different and better strategy to get your attention (starting a conversation, waiting before interrupting, etc.)*
 - *If the problem has been tantrums or other disruptive behavior when the child “can’t have his way” or is frustrated, then teach the child how to accept a different choice, or ask for help, or negotiate with you about how hard the task is*
 - *If the problem is that child gets in trouble when bored, teach the child how to seek out something to keep busy with or teach some new play and leisure skills*
- When teaching these “replacement” behaviors, use all the ideas discussed in part 2 (strategies for teaching)

It's not easy! (But it can be done)

- It may not be simple or easy – there may be a number of challenges that make your child more vulnerable to problem behavior, and there may be a number of different things that trigger and reinforce the problem behavior
- Problem behaviors can be a source of great stress for families, and parents who have been struggling with the child's behavior for a long time are often worn down and have to work hard to find the energy to try something new or to keep up the effort
- Get the support that you need – both the technical support from doctors and therapists, as well as the human support from families, friends, and support groups
- Caregivers often neglect self-care or find themselves boxed in and see no real way to take care of themselves, but we hope that if you find yourself in this situation, you will grab any opportunity you can to stay healthy and manage stress

What's next?

You have finished **part three**, “Strategies for Problem Behaviors.”

Want to read more? Here are just a few of the many books out there:

- Functional Behavior Assessment for People with Autism, by Beth Glasberg
- The Power of Positive Parenting, by Glenn Latham
- Applied Behavior Analysis, 2nd Edition, by John Cooper, Timothy Heron, & William Heward

Need individual and in-depth assistance with planning behavioral strategies?

Here are some resources you might consider:

- Talk with your child's primary care physician, specialist, or therapist
- Check out the directory of behavioral consultants maintained by the Texas Association for Behavior Analysis, <http://www.txaba.org/resources.php>