

2016 CSHA Convention



CSHA

California Speech-Language-Hearing Association

Changing Lives Through Communication

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- ▶ Michelle Austin has no relevant financial disclosures or no relevant non financial disclosures
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No Good Very Bad Day... Could It be Communication

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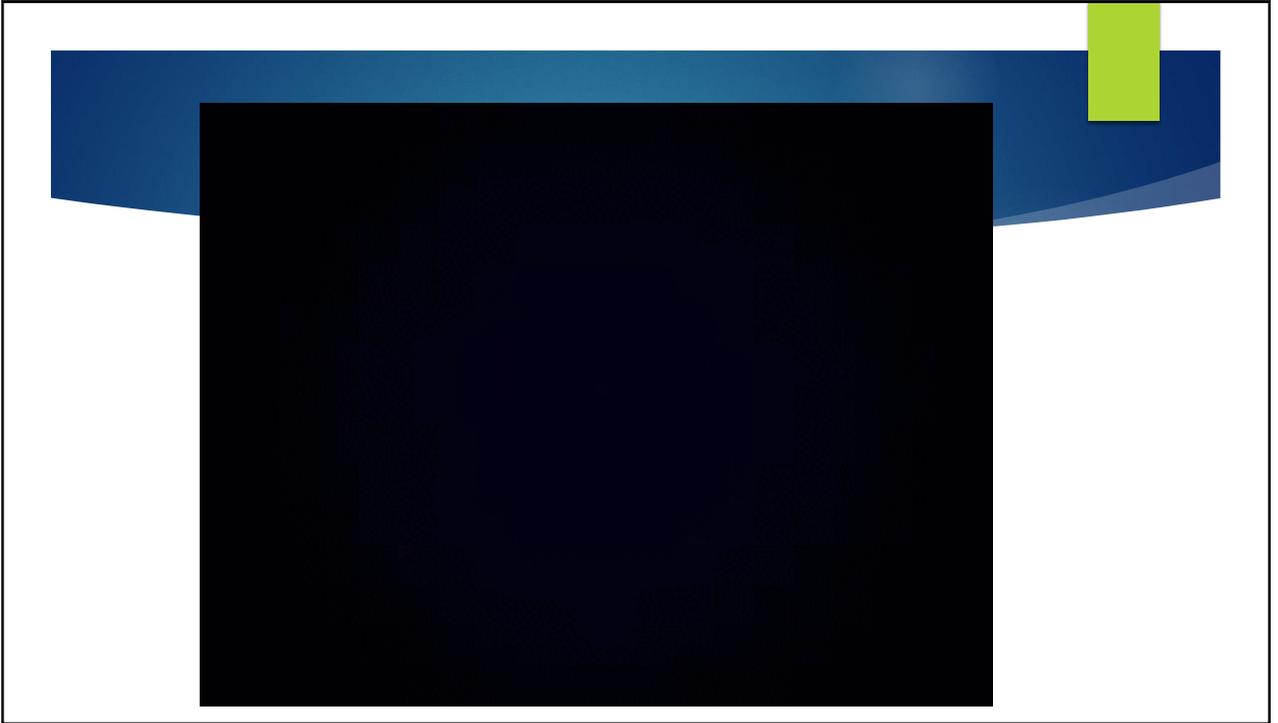


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It's all in a day...





What defines a behavior problem...

- ▶ Conventionality
- ▶ Social Acceptability
- ▶ Disruptive to others
- ▶ Interferes with participation or learning
- ▶ Harmful to self/others

How do we decide when there is a problem?

► What is Normal?

Normal" behavior is culturally and contextually determined

Internalizing Behaviors are more likely to go unnoticed and are more "socially acceptable" than externalizing behaviors, which directly affect other people.

Externalizing behaviors include physical aggression, bully, defiance, theft and vandalism



Needs to be a collaborative, informed and systematic process

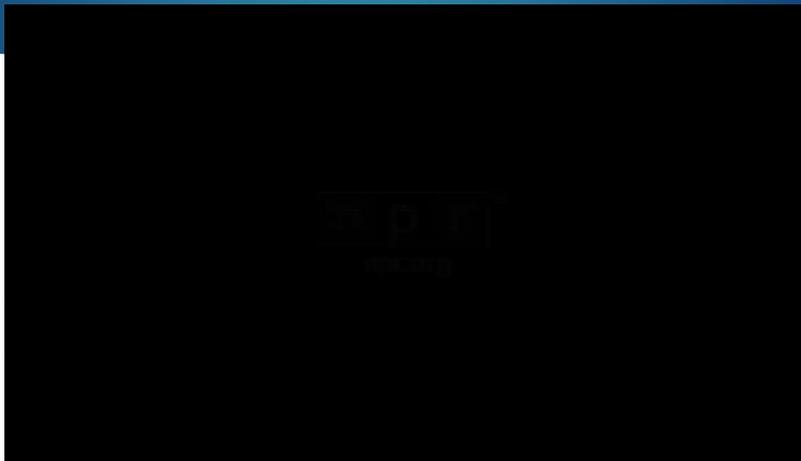
Where do SLP's fit into this process...

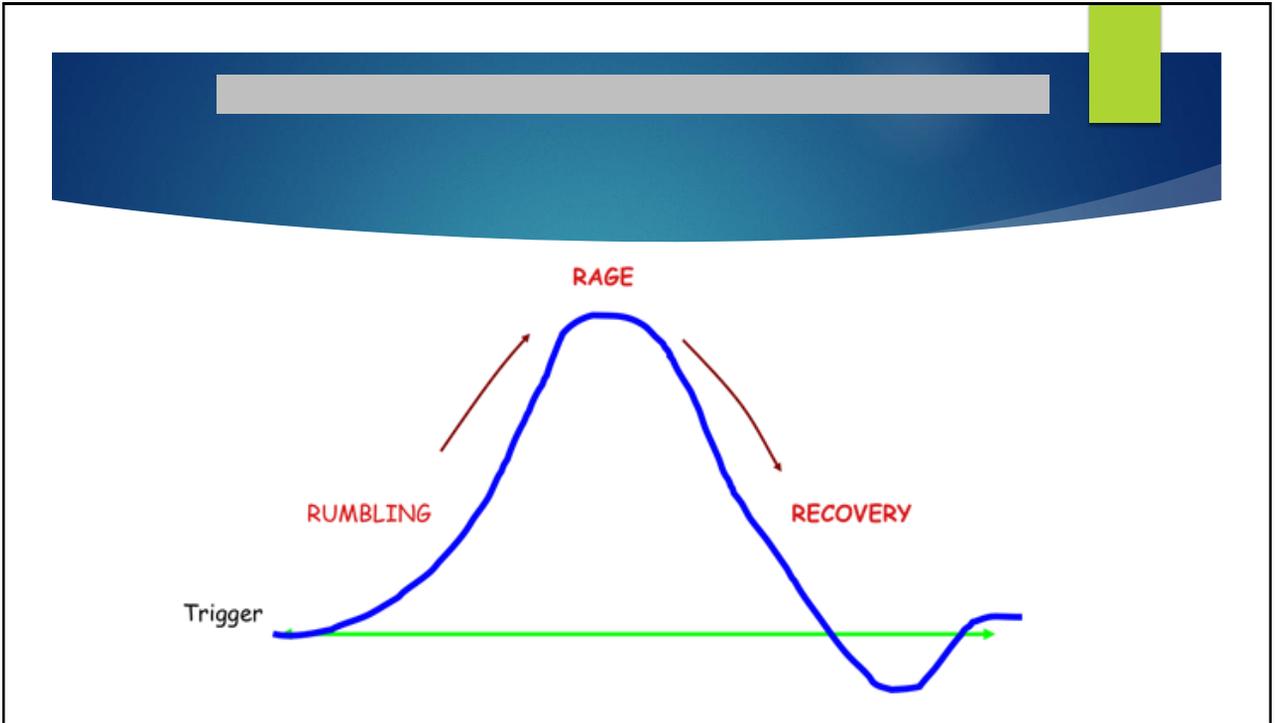


The Rage Cycle



Rage Cycle Video





Rage Cycle

The Rumbling Stage-

- Students exhibit specific behavioral changes that may not appear to be directly related to a rage attack.

May last minutes or hours

Might: Bite nails or lips....lower voice....tense muscles....tap foot....grimace....complain of not feeling well.... withdrawing....lashing out... verbally threatening....power struggles



Interventions for the Rumbling Stage

- ▶ Antiseptic Bouncing – remove the student in a nonpunitive fashion.
- ▶ Proximity Control – teacher moves near the student.
- ▶ Signal Interference – predetermined nonverbal signal to let the student know you are aware which may help to de-escalate.

More Interventions (use with individualized discretion based on the student)

- ▶ **Touch Control** – a firm touch on shoulder or arm may stop behavior.
- ▶ **Defusing Tension Through Humor** – Student must of course, be verbal enough to understand the joke (and while this may be perfect for one student, may frustrate another).



- ▶ **Interest Boosting; Diversion** –
Bring in student's interest
- ▶ **Just hang out** – Walk and talk, or just be in close proximity with no expectations
- ▶ **Support from Routine** – Direct student to schedule for “regrouping”

More Interventions

- ▶ **Redirecting** – help the student focus on something else.
- ▶ **Home Base** – A safe home base that the student can go to, allowing them to regroup.
- ▶ **Acknowledging Student Difficulties** –
State the rule the student should follow.
Make the rule universal and then personalize it...
“Adam____, everyone in the class follows the rule.”

Rage Cycle

- ▶ **Rage Stage-**
- ▶ A rage attack (or meltdown or neurological storm)
- ▶ External= acts impulsively and emotionally...
biting... hitting... kicking..
destroying property..
self-injury
- ▶ Internal = complete withdrawal... unable to verbalize... irrational..

Interventions for the Rage Stage

Based on Positive Behavior Support and Intervention Plans for the school, the classroom and the individual student... teachers should have developed (be sure of the details) in their own plans for:

- ▶ Obtaining assistance from educators such as a crisis teacher or principal.
- ▶ Removing other students from the area
- ▶ What instructions and limits have been provided regarding therapeutic restraint, or safety needs.
- ▶ Parent contacts if required
- ▶ Other....

Rage Cycle

Recovery Stage-

- ▶ Following the rage attack, the child has contrite feelings and often cannot fully remember the attack.
- ▶ May be sullen...withdrawn... Deny that inappropriate behavior occurred...may be physically exhausted and need to sleep.

Interventions for the Recovery Stage

- ▶ Appropriate interventions must be chosen for the child so that there is not another attack or meltdown.
- ▶ Usually, students are not ready to learn...it takes some time to get the student to become a part of the class again.
- ▶ Typically, it is best to offer the student a highly motivating task that can be easily accomplished.

Continuum of Behavior

Definitely a Problem

- ▶ Frequently interferes with learning and engaging
- ▶ Regularly bothers other people
- ▶ Frequently disrupts the environment
- ▶ Harmful to others
- ▶ Harmful to self

Maybe a problem...

- ▶ Based on your interpretation
 - ▶ Feeling that it is all about COMPLIANCE...

Functions of Behavior - FBA

- ▶ Obtain/get or
- ▶ Avoid/escape activities, events, items, attention,
- ▶ "Sensory" - physiological stimulation.

Functions of Problematic Behavior

- ▶ Refusal or Protest
- ▶ Escape
- ▶ Expressing emotions (fear, happiness)
- ▶ Practicing Skills
- ▶ Initiating social interaction
- ▶ Self-regulation
- ▶ Mutual Regulation
- ▶ Sensory Exploration
- ▶ Social experimentation (testing reactions)

Without an understanding of the impacts of communication ...

- ▶ Student's actions seem purposeful & defiant
- ▶ Our interpretations may be based on behavior alone (not considering the student's message)
- ▶ Students receive behavioral consequences rather than (or unaccompanied by) language supports
- ▶ Instructional time is lost (for student & group)
- ▶ Language support may be noted in therapy/goals... but implementation isn't carried into behavior supports

▶ <http://www.pent.ca.gov/beh/dev/dev.html>

Individuals who can not communicate effectively...

- ▶ Communicate through their behavior what they are not able to explain with words.
- ▶ Burden of communication is placed on the communication partner.
 - ▶ Find the hidden meaning in the behavior
 - ▶ Respond appropriately
 - ▶ Teach a more socially acceptable way of communicating
 - ▶ Providing an alternative way for them to let us know what the problem behavior is communicating

Communication Skills

- ▶ Many researchers have described problem behaviors as communicative in nature.
- ▶ Inappropriate behaviors (screaming, pushing, hitting, fleeing, tantrums, etc) may appear as a means of:
 - ▶ Seeking attention/social closeness
 - ▶ Rejecting
 - ▶ Refusing
 - ▶ Acknowledging

Teaching alternative communication behaviors can effectively manage/reduce problem behavior.

Behavior

Behavior

- ▶ Behavior can be multifaceted
- ▶ Multiple meaning

Communication (to name a few)

- ▶ Anxiety
- ▶ Sensory Based
- ▶ Communication functions
 - ▶ Refusing
 - ▶ Rejection
 - ▶ Requesting
 - ▶ Acknowledging
 - ▶ Attention

Examples of disabilities in which anxiety has a high impact (and is often misunderstood)

- ▶ Selective Mutism
- ▶ Autism spectrum disorder
- ▶ ADHD and Specific Learning Disabilities



Selective Mutism

Definition –DSM V



- ❖ There is a consistent failure to speak in specific social situations (in which there is an expectation for speaking[e.g., at school]), despite speaking in other situations.
- ❖ The disturbance interferes with educational or occupational achievement or with social communication.
- ❖ The duration of the disturbance is at least 1 month (not limited to the first month of school).
- ❖ The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situations.
- ❖ The disturbance is not better accounted for by a communication disorder (e.g., stuttering) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or other psychotic disorder.

Research Indicates

Individuals who develop Selective Mutism:

- ❖ Have strong family history of social anxiety
- ❖ 90% have social anxiety
- ❖ There are other reasons besides 'timidity' as to why a child develops SM
- ❖ Children with SM produce shorter, linguistically simpler, less detailed narratives than non SM kids. Subtle expressive language skill deficits may play a roll in SM.

(Fung, Manassis, et al 2004)



Prevalence

- ❖ 1 in 143
- ❖ Twice as high in females vs. males
- ❖ Average age of onset from 3-5 years
- ❖ Average age of diagnosis or referral 6-8 years of age
- ❖ Occurs equally across ethnic groups
- ❖ Three times higher in immigrant children

Cause... unknown

- ❖ Research continues it is difficult to derive a definitive cause of selective mutism due to the heterogeneous nature of the disorder
- ❖ Consensus of most research studies implies that the individual has a heightened anxiety regarding social communicative demands that may be exasperated by a speech language deficit.
- ❖ Research studies indicate 11%-69% exhibit a speech/language delay





Autism Spectrum Disorders

Research Indicates

Individuals with Autism Spectrum Disorders:

- ❖ Are at greater risk for developing significant anxiety symptoms compared to children with other developmental disabilities (Brereton et al., 2006; Gilliott et al, 2001; Muris et al., 1998)
- ❖ Prevalence of anxiety in individuals with ASD 20-40%

Disorder	3-Mo Point Prevalence/100	95% CI
Any disorder	70.8	58.2–83.4
Any main disorder ^a	62.8	49.8–75.9
Any emotional disorder ^b	44.4	30.2–58.7
Any anxiety or phobic disorders ^c	41.9	26.8–57.0
Generalized anxiety disorder	13.4	0–27.4
Separation anxiety disorder	0.5	0–1.6
Panic disorder	10.1	0–24.8
Agoraphobia	7.9	3.0–12.9
Social anxiety disorder	29.2	13.2–45.1
Simple phobia	8.5	2.8–14.1
Obsessive-compulsive disorder	8.2	3.2–13.1
Any depressive disorder	1.4	0–3.0
Major depressive disorder	0.9	0–2.3
Dysthymic disorder	0.5	0–1.4
Oppositional or conduct disorder	30.0	14.9–45.0
Oppositional defiant disorder	28.1	13.9–42.2
Conduct disorder	3.2	0–7.1
Attention-deficit/hyperactivity disorder	28.2	13.3–43.0
Other disorders ^d	24.7	14.1–35.3
Enuresis	11.0	4.1–17.7
Encopresis	6.6	1.8–11.4
Tourette syndrome	4.8	0.1–9.5
Chronic tic disorder	9.0	3.3–14.6
Trichotillomania	3.9	0–10.3

Note: CIs = confidence intervals.
^aIncludes attention-deficit/hyperactivity disorder, oppositional and conduct disorders, and any emotional disorder.
^bIncludes all anxiety disorders, phobias, and mood disorders.
^cIncludes anxiety disorders, panic disorder, phobias, and obsessive-compulsive disorder.
^dIncludes Tourette syndrome, chronic tics, trichotillomania, enuresis, and encopresis.

Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample, Simonoff E et al, Journal of the American Academy of Child & Adolescent Psychiatry, 47(8):921-9, 2008 Aug.

Autism Spectrum Disorders and Anxiety

Children who are anxious may display both physical and behavioral signs and a range of worried thoughts. Physical signs of anxiety may include:

- ▶ muscle tension
- ▶ difficulty concentrating, restlessness and being easily startled
- ▶ sweating, flushing or feeling very hot or cold
- ▶ recurring headaches, stomach aches, backaches
- ▶ fatigue and sleeping difficulties

Children with autism and anxiety may show some or all of these signs, along with agitation or aggression, increased obsessiveness and increased rigidity.

Changes in behavior and / or responses to areas of concern can indicate anxiety is present in a child. These behaviors may include:

- ▶ refusing to go to school
- ▶ withdrawing from friends and family
- ▶ avoiding an object or situation
- ▶ perfectionism
- ▶ seeking reassurance

Autism and Anxiety at school



What does it look like with individuals who are nonverbal



Possible Causes of ASD and Anxiety

The unique characteristics of autism may increase the likelihood of anxiety appearing in children with ASD compared to their typically developing peers. These characteristics may include:

- ▶ Social difficulties, including difficulty understanding others' perspectives, difficulty understanding social expectations
- ▶ Difficulties expressing feelings, needs and wants, and difficulties with receptive language
- ▶ Differences in responding to sensory information, including fear of some sounds, smells and light
- ▶ High need for predictability, along with difficulties coping with change or new situations

Evidence Based Strategies to Support Anxiety Reduction in Autism Spectrum Disorders

- ▶ Useful strategies can involve identifying triggers for feelings of anxiety, followed by visual supports and other techniques to prepare and forewarn about stressful situations, along with relaxation techniques. There is evidence that modified cognitive behavior therapy can be effective, and medication may also play a role in helping some students.
- ▶ Evidence Based Strategies and Autism
<http://www.autisminternetmodules.org>
<http://afirm.fpg.unc.edu/>

EBP by Domains

Full Report Available at: <http://www.autism-evidence.com/ebp/ebp.html>

Evidence Based Practice and Abbreviated Definition	Evidence by Developmental Domain and Age (years)																								
	Social		Comm.		Beh.		Joint Attn.		Play		Cog.		School Ready		Acad.		Motor		Adapt.		Voc.		Mental Health		
	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	0-5	6-14	
Antecedent Based Intervention (ABI): Arrangement of events preceding an interfering behavior to prevent or reduce occurrence	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Cognitive Behavioral Intervention (CBI): Instruction on cognitive processes leading to changes in behavior	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O): Consequence provided for desired behaviors that reduce the occurrence of interfering behaviors	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Discrete Trial Teaching (DTT): Instructional process of repeated trials, consisting of instruction, response, and consequence	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Exercise (EX): Antecedent based physical exertion to reduce interfering behaviors or increase appropriate behaviors	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Extinction (EXT): Removal of existing reinforcement in order to reduce an interfering behavior	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Functional Behavior Assessment (FBA): Systematic protocol designed to identify contingencies that maintain an interfering behavior	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Functional Communication Training (FCT): Replacement of an interfering behavior with communication that accomplishes the same function	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Modeling (MD): Demonstration of a desired behavior that results in skill acquisition through learner imitation	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Naturalistic Intervention (NI): Intervention strategies that occur with the learner's typical settings and routines	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Parent-Implemented Intervention (PII): Parent delivered intervention learned through a structured parent training program	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Peer-Mediated Instruction and Intervention (PMI): Typically developing peers are taught strategies that increase social learning opportunities in natural environments	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Picture Exchange Communication System (PECS): Systematic 6 phase protocol teaching the exchange of pictures between communicative partners	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Adapted from: Wong, C., Odum, S. L., Hume, K. Cox, A. W., Ferris, A., Kucharczyk, S., ... Schultz, T. R. (2013). Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based



Attention Deficit Hyperactive Disorder and Specific Learning Disabilities

Anxiety Disorders and Learning Disabilities

- ▶ Anxiety disorders co-occur with Specific Learning Disabilities in 28.8% of identified students. Although a relationship between anxiety and academic achievement makes intuitive sense, the cause is not the same in all individuals, making the experienced anxiety that much more complicated to treat.
- ▶ For some students, anxiety may negatively impact the learning process exacerbating academic difficulties; alternatively, students with Specific Learning Disabilities may develop anxiety problems, because they experience adverse academic outcomes due to their learning challenges.
- ▶ Symptoms of anxiety are frequently present in students with Specific Learning Disabilities and these students have a great awareness of the struggles they experience with ongoing learning and anxiety difficulties.

Anxiety Disorders and ADHD

- ▶ Research shows 10-40%
- ▶ High comorbidity in adults with ADHD (30%)
- ▶ Most common are phobias or separation anxiety in early childhood. Generalized anxiety disorder more common as the individuals gets older.
- ▶ Risk is related to:
 - ▶ Earlier inattention more than impulsive hyperactive symptoms
 - ▶ Parental anxiety disorders



ADHD Comorbidity – The MTA Study

579 children (age 7.0 to 9.9 yo) with ADHD-combined Type

• Oppositional Defiant Disorder	39.9 %
• Anxiety Disorder	33.5
• Conduct Disorder	14.3
• Tic Disorder	10.9
• Affective Disorder	3.8
• Tic Disorder	10.9
• Mania/Hypomania	2.2
• Other (eg, Bulimia, Enuresis)	0.2

Differentiating Anxiety from ADHD

ADHD and Specific Learning Disabilities

- ▶ Over activity
- ▶ Inattention
- ▶ Realistic worry
- ▶ Social skills deficits

Anxiety

- ▶ Agitation
- ▶ Anxious Preoccupation
- ▶ Unrealistic worry
- ▶ Social Anxiety

Some Additional Tools For ANXIETY

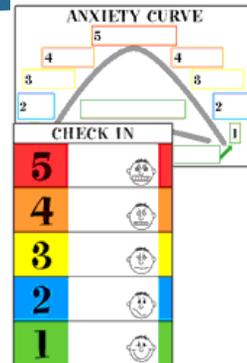
5 point Scale

- Being aware of their emotions is important. The Incredible 5-Point Scale (Buron & Curtis, 2003) helps students understand themselves and manage their emotions and behavior as consequences of the emotion. By rating themselves on these visual scales, students can learn to identify and label their own emotions.



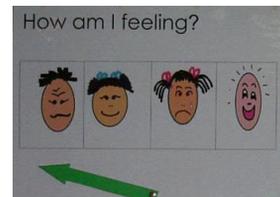
5 Point Scale Continued

- ❖ The goal of the Incredible 5-Point Scale is to help students become aware of their emotions, such as anger, fear, or pain, and the stage of the emotion. One-to-one instruction is suggested as the best condition for introducing this strategy to the student.
- ❖ This in turn allows the student to (a) provide information to the teacher about how they are feeling, (b) manage their thinking process, or (c) implement the desired behavior as a proactive approach. Talking in numbers instead of describing or naming their emotional or mental status helps reduce stress.



Feelings chart

- ❖ Children use different words to express their emotions based on their age and experiences with language. The words the child with Selective Mutism uses to express how s/he feels when the 'words won't come out' will vary from child to child. Below are some of the common ways children express how they feel when they are in social situations where they typically become mute:
 - ❖ Feeling scared or afraid
 - ❖ Feeling uncomfortable
 - ❖ Feeling nervous
 - ❖ Feeling that it is HARD to get the words out



Other Tools to express feelings

❖ Feelings Journal or Diary

- ❖ Children can draw pictures and 'write' about their inner most thoughts and concerns. This should be encouraged on a daily basis. The child's ability to open up will take time. It is important that no one dismiss the child's feelings by saying things like "That's not scary.", "But you see her all the time.", "But you like him."

Cognitive Behavioral Intervention

- ▶ Used to change behavior by teaching individuals understand and modify thoughts and behaviors.



Sensory Based Behavior

- ▶ Sensory issues
- ▶ Sensory regulation related to self monitoring



What are our senses...



Senses

- ▶ Tactile (touch)
- ▶ Visual (sight)
- ▶ Auditory (hearing)
- ▶ Olfactory (smell)
- ▶ Gustatory (taste)
- ▶ Vestibular (balance)*
- ▶ Proprioceptive (input form joints and muscles)*

Sensory System

- ▶ Hyposensitive – less sensitive-craves more input to sustain reaction to stimuli/process
- ▶ Hypersensitive- over sensitive-little input can be overwhelming to the child- seeks less stimulation

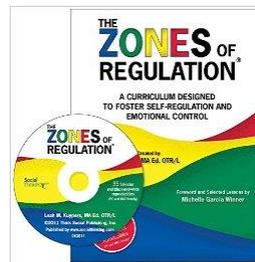
The classroom process...



Some Additional Tools For Regulation

Self Monitoring

- ▶ Teach self monitoring of the tools- Autism internet modules – <https://www.autisminternetmodules.org>
- ▶ Zones of Regulations - Kuypers, L. M., & Winner, M. G. (2011). *The zones of regulation: A curriculum designed to foster self-regulation and emotional control*. San Jose, CA: Think Social Pub.



Antecedent
Interventions
Home base
Priming

The Impact of Communication Disorders...



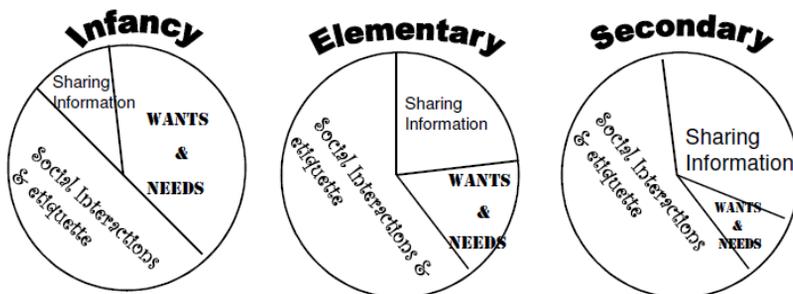
Significant Communication Issues

Unintelligible Speech
Limited verbal
Non-verbal

Functional Categories of Communication Interaction (Light, 1988, 1997, 2005)

- ▶ Expression of basic wants and needs
“I want a drink”
- ▶ Information transfer
“I have a dog”
- ▶ Social Closeness
“Hi Joe, can you play?”
- ▶ Social Etiquette
“Thank you”

Changing Purposes of Communication



The importance of different communication purposes changes over our lifetime

J. Light, 1988, 1997, 2005

The burden of communication

- ▶ Individuals who have limited verbal communication skills ...
 - ▶ Burden of communication is placed on communication partner
 - ▶ Primarily communicate with adults
 - ▶ Communication partners must be able to read non verbal communication skills
 - ▶ Success of the interaction depends on the communication partners ability to read child's communication skills and lead/direct the conversation
 - ▶ Become primarily at responder in the communication interaction
 - ▶ May use challenging behaviors as a form of expressive communication.

Crying
Aggression
Tantrums/Self-injury
Passive Gaze
Proximity
Pulling other's hands
Touching/moving other's face
Grabs/reaches
Enactment
Removes self/walks away
Vocalization/noise
Active gaze
Gives object
Gestures/pointing
Facial expression
Shakes "no"/nods "yes"
Intonation
Inappropriate echolalia
Appropriate echolalia
One-word speech
One-word signs
Complex speech
Complex signs

Reading Non-Verbal Communication



Considering Augmentative Alternative Communication

In order to be successful we need to know what type of communicator the student is...

- ▶ Non-Symbolic
 - ▶ Emerging Communicator
- ▶ Symbolic
 - ▶ Context Dependent
 - ▶ Independent

Start Early

- ▶ Emerging communications can often benefit from specific training in AAC methods. This may include:
 - ▶ Parent training to recognize and respond to nonverbal communication signals
 - ▶ Parent training to increase communication opportunities
 - ▶ Symbol training
 - ▶ Use of basic AAC methods to encourage functional communication skills

AAC users are disadvantaged language learners

- ▶ Children who do not talk receive less input
- ▶ AAC interactions tend to be adult directed
- ▶ Adults may not recognize use of signals or symbols
- ▶ Get minimal exposure to language forms they can use
- ▶ Referred "late" to AAC professionals
- ▶ Other issues interfere

Intervention Strategies

- ▶ Functional Communication Training
 - ▶ Functional Communication Training is an Evidence Based Practice that is based on Functional Behavioral Analysis. Functional Communication Training. Functional Communication Training is used to teach a new, communicative behavior that replaces the interfering behavior (i.e., the communicative behavior serves the same purpose as the interfering/target behavior).

▶ autisminternetmodules.org

Functional Communication Training

1. Identify the Interfering Behaviors
2. Functional Behavior Assessment
3. Identifying a Replacement Behavior
4. Designing Implementation Data Collection Procedures
5. Manipulating the Environment to Elicit the Interfering Behavior
6. Planning Opportunities for Generalization

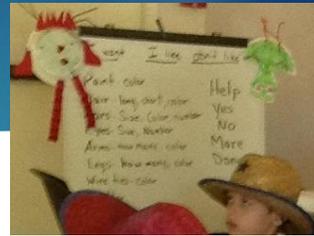
7. Prompting Learners to Use Replacement Behavior(s)
8. Not Reinforcing the Interfering Behavior
9. Providing Reinforcement
10. Shaping the Response
11. Fading the Use of Prompts
12. Increasing Time Between the Replacement Behavior and Reinforcement
13. Monitoring Learner Progress

Data Collection

- Ongoing objective and consistent data is collected on functional communication skills for most of the students in the program.
- Data is evaluated regularly and used to make programmatic decisions.



Build Opportunities



Functional Communication Use Across the Day and within Routines

- The classroom routine is arranged so students have multiple opportunities to communicate within every routine within the school day.
- Students “own” or have access to their communication systems at all times.

Most of the functional communication systems are easily understood by others including same aged peers and community members.



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Promote learning behaviors and reduce interfering behaviors

- Functional communication training (FCT) can be used effectively with children and youth with ASD, regardless of cognitive level and/or expressive communication abilities.
- For example, nonverbal, lower-functioning learners with ASD may learn to activate a speech-generating device (SGD) to request a break.
- Learners who have higher-functioning autism may be taught to say, "Please don't touch me," rather than hitting peers in line.

Functional Behavioral Assessment

Antecedent	Behavior	Consequence
The teacher places James' work folder on his desk in front of him.	James sweeps his folder and pencil onto the floor.	The classroom aide puts James in the time out corner. He Escapes doing his work.
At lunch, James sees that Martin has yogurt.	James bangs himself in the head with his fist at the lunch table.	Martin gives James his yogurt. He Acquires the desired object.

- A high-quality functional behavioral assessment (FBA) should be completed prior to initiating functional communication training (FCT).
- Without an FBA, there is no way to identify a communicative behavior that serves the same purpose as the interfering behavior.

self-monitoring and bridges to home

Daily Schedule Date: _____

1. I stayed in my classroom and/or designated area.
 2. I transitioned from one activity to another and completed work tasks. I listened and followed directions.
 3. I had safe, courteous behavior (did not hurt others, throw things, run in hallway)

1 1 2 3 Comments: _____

2 1 2 3 _____

3 1 2 3 _____

4 1 2 3 _____

5 Reward Activity - 1 min. for each check _____

6 1 2 3 _____

7 1 2 3 _____

8 1 2 3 _____

9 Reward Activity - 1 min. for each check _____

Schedule Date: _____

1. I stayed in my classroom and/or designated area.
 2. I transitioned from one activity to another and completed work tasks. I listened and followed directions.
 3. I had safe, courteous behavior (did not hurt others, throw things, run in hallway)

10 1 2 3 Comments: _____

11 1 2 3 _____

12 Reward Activity - 1 min. for each check _____

13 1 2 3 _____

14 1 2 3 _____

15 1 2 3 _____

16 1 2 3 _____

17 Reward Activity - 1 min. for each check (released next school day during morning break) _____

Extra time earned: _____

Color card: Green Yellow _____

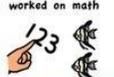
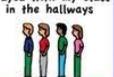
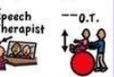
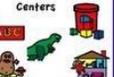
My School Day.....



Below is a brief summary of my day at school. If my teacher checked a green square, it means I was successful - I either improved or met my goals. If a yellow square is checked, then it means that I did try, but possibly was more distracted or needed several reminders to demonstrate the expected behavior or task. If a red is checked, then I refused to attempt the expected behavior or task.

Please recognize and celebrate my accomplishments which are indicated by the checked green and yellow squares. If I have any red squares checked, then please give me an opportunity to practice a skill listed on the back of this page.

Student _____ Date _____ M Tu W Th F

<p>Calendar</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Worked on spelling and letter recognition</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Worked with my teacher</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Followed Instructions:</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Worked at my desk</p> <p>___x's for ___ min.</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Counted and worked on math</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Checked my schedule ___x's</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Stayed with my class in the hallways</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Went to...</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Went to Content Mastery or ___</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Participated in recess</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Used my inside and school-aged voice</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Worked with..</p> <p>Speech Therapist</p> <p>___ Q.T.</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Worked in Centers</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Cleaned up</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Took turns</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>When given a task or correction, I said, O.K.</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Identified my emotions when directed ___x's</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Greeted others</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Used my ___ words, ___ pictures, and/or ___ signs to communicate my needs</p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Augmentative Alternative Communication Strategies

- ▶ Teach communication as a replacement to the behavior
- ▶ Determine the appropriate communication level and supports needed (objects, TOBI, Photograph, Icon, Speech Generated Device, etc.)
- ▶ Build on motivating activities
- ▶ Build communication opportunities



AAC: when an individual has a communication disorder...

- ▶ Work in the natural environment
- ▶ Utilize family and teacher/therapists as trainers
- ▶ Collaboration is the key
- ▶ Simultaneous communication or Aided Language Approach
- ▶ Use child directed learning not adult directed
- ▶ Utilize teachable moments
 - ▶ Integrate into daily routines and activities

How to engineer the environment

- ▶ Use an aided language stimulation approach
- ▶ Highlight or teach functional core vocabulary in the environment it will be used
- ▶ Build on a receptive "visual" language vocabulary
- ▶ Establish the receptive skills to move toward expressive "visual" language
- ▶ Let the child see "you" model what language looks like

Other Strategies to support communication and behavior

What we sometimes see as
a failure to **BEHAVE**
properly,
is actually a failure to
COMMUNICATE
properly.

www.notjustcute.com

GABIS: Global Analysis of Behavior and Intervention Strategies

- ▶ A dynamic framework for thinking about behavior and then planning appropriate interventions
- ▶ Purposely forces adults to isolate a specific unwanted behavior and to determine what factors contribute to that behavior

GABIS: step one

- ▶ Select an inappropriate behavior.
- ▶ Start with one that is the most severe or problematic
- ▶ Examples:
 - ▶ Screaming
 - ▶ Running away
 - ▶ Hitting
 - ▶ Refusing to work
 - ▶ Lack of initiation

GABIS: Step two

- ▶ Try to determine what issues or factors are causing the inappropriate behavior
- ▶ It is a rare behavior that has only one cause
- ▶ Very helpful for a group to brainstorm together to successfully capture all of the variables causing the behavior

GABIS: step three

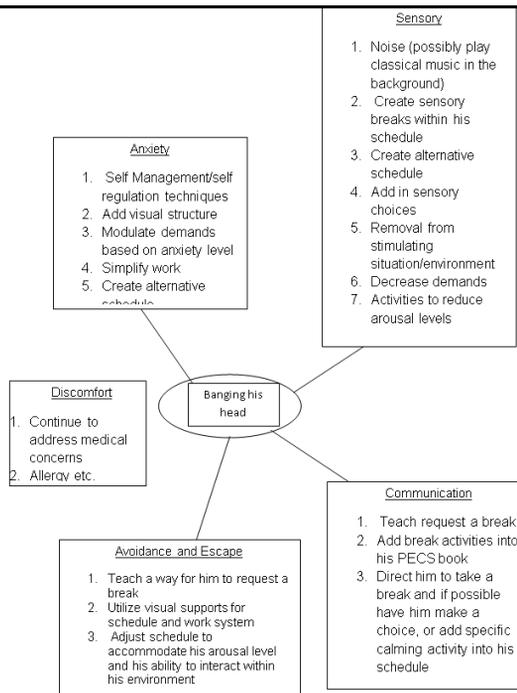
- ▶ Determine what strategies/supports you can put into place to lessen the impact of each of the factors.
- ▶ This may require brainstorming, consultation, research and consulting parents

GABIS: step four

- ▶ Share the Plan
- ▶ The visual representation of the problem, the contributing issues and the needed interventions make a strong global statement that should be understood by all adults working with the child.

GABIS: last thoughts

- GABIS should be thought of as a “living document” that accompanies Behavior Support thinking or plans. *It will need to be changed as new insights are gained, and must not conflict with the child’s BIP.*



Communication profile

Behavior- throw self to floor

▶ Communication message

- ▶ I don't want to do this
- ▶ I don't know where we are going
- ▶ This is too hard
- ▶ Don't want to stop what I am doing

▶ Communication Strategy

- ▶ Teach a more acceptable way of refusal
- ▶ Utilize visuals to support transition cue student as what is happening
- ▶ Modify the work
- ▶ Use cues to help with the transition... one more minute... count down

