



Behavior Management Strategies for Speech Language Pathologists

Presented by

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Disclosures

- Financial:
- Tatyana Elleseff MA CCC-SLP is a co-partner in CEU subscription service CEU Smart Hub, part of the Lavi institute website. She receives 50% financial profit from service distribution.
- Nonfinancial:
- Owner of Smart Speech Therapy LLC through which I present workshops on various topics in speech language pathology.

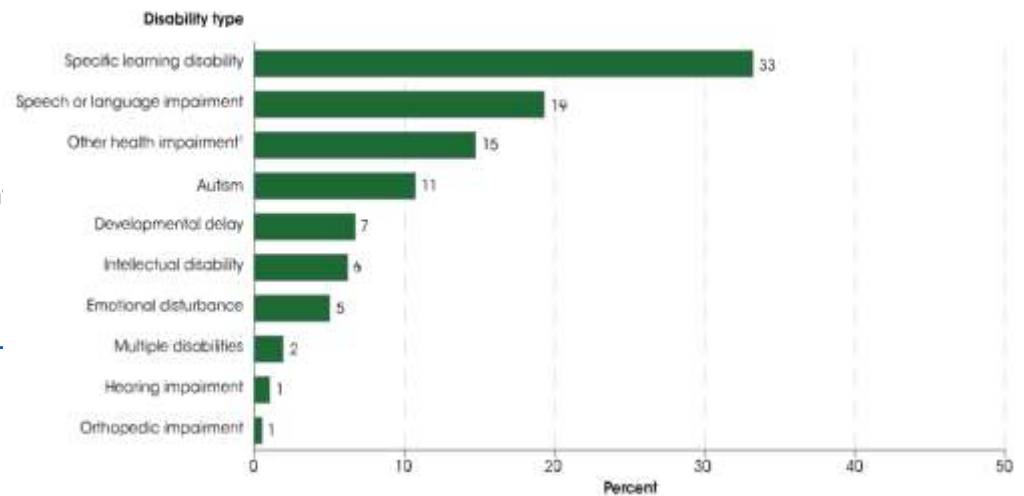
Learning Objectives

- By the end of this presentation participants will be able to:
 - List challenging behaviors that commonly manifest in children with genetic, psychiatric, and neurological disorders
 - List behavior management strategies from least to most intrusive for students with differing levels of cognitive functioning
 - Describe positive, proactive strategies to prevent inappropriate behaviors

Introduction

- The number of children with emotional and behavioral disorders (EBD) with concomitant (or undiagnosed) language impairments (LI) has been growing steadily for a number of years in the schools
<https://nces.ed.gov/programs/coe/indicator/cgg.asp>

Figure 1. Percentage distribution of students ages 3–21 served under the Individuals with Disabilities Education Act (IDEA), by disability type: School year 2018–19



Statistics in percentages for 2018-2019;
Total # of children served 7.1 million

Comorbidity of DLD and Psychiatric Diagnoses

- There is a strong connection between speech-language impairments and behavioral disorders (Baker & Cantwell, 1987; Benner, Nelson, & Epstein, 2002)
- Children with childhood language impairment are more likely to experience both concurrent and future behavioral problems than typically developing children (Conti-Ramsden & Botting, 2008; Snowling, et al, 2006)
- Even at a very early age, children with language disorders manifest hard-to-manage behaviors and evidence of emotional distress (Sundheim & Voeller, 2004)

Is It the Chicken or the Egg?

Difficulty in processing and producing language

May be less responsive to learning

- Inattention
- Social withdrawal
- Aggression

Children with emotional-behavioral disturbances (EBD)

Diagnoses

- In addition to ASD there are a number of other psychiatric pediatric diagnoses which symptomology includes behavioral challenges:
 - Anxiety
 - Depression
 - Aggression
 - Attention Deficits
 - Oppositional Defiant Disorder (ODD)
 - Conduct Disorder (CD)
 - RAD: an emotionally withdrawn/inhibited phenotype
 - Disinhibited Social Engagement Disorder (DSES): An indiscriminately social/disinhibited phenotype
 - Adopted Children
 - Abused and Neglected Children

Other Diagnoses with Behavior Challenges

- Intellectual Disability due to (Genetic, Neurological, and Acquired causes)
 - Down Syndrome, Fragile X, CHARGE, Prader-Willi
 - Injuries at Birth, Infections, Iodine Deficiency
 - Encephalitis, Meningitis, Fetal Alcohol Spectrum Disorder
- Traumatic Brain Injury
- Severe Communication Impairments
- Severe Learning Disability
 - A combination of difficulties may be exacerbating the challenging and making the behavior more pronounced
 - Intellectual Disability
 - Psychiatric Diagnosis
 - Language Disorder
 - Learning Disability



Is it Behavior or is it Language?

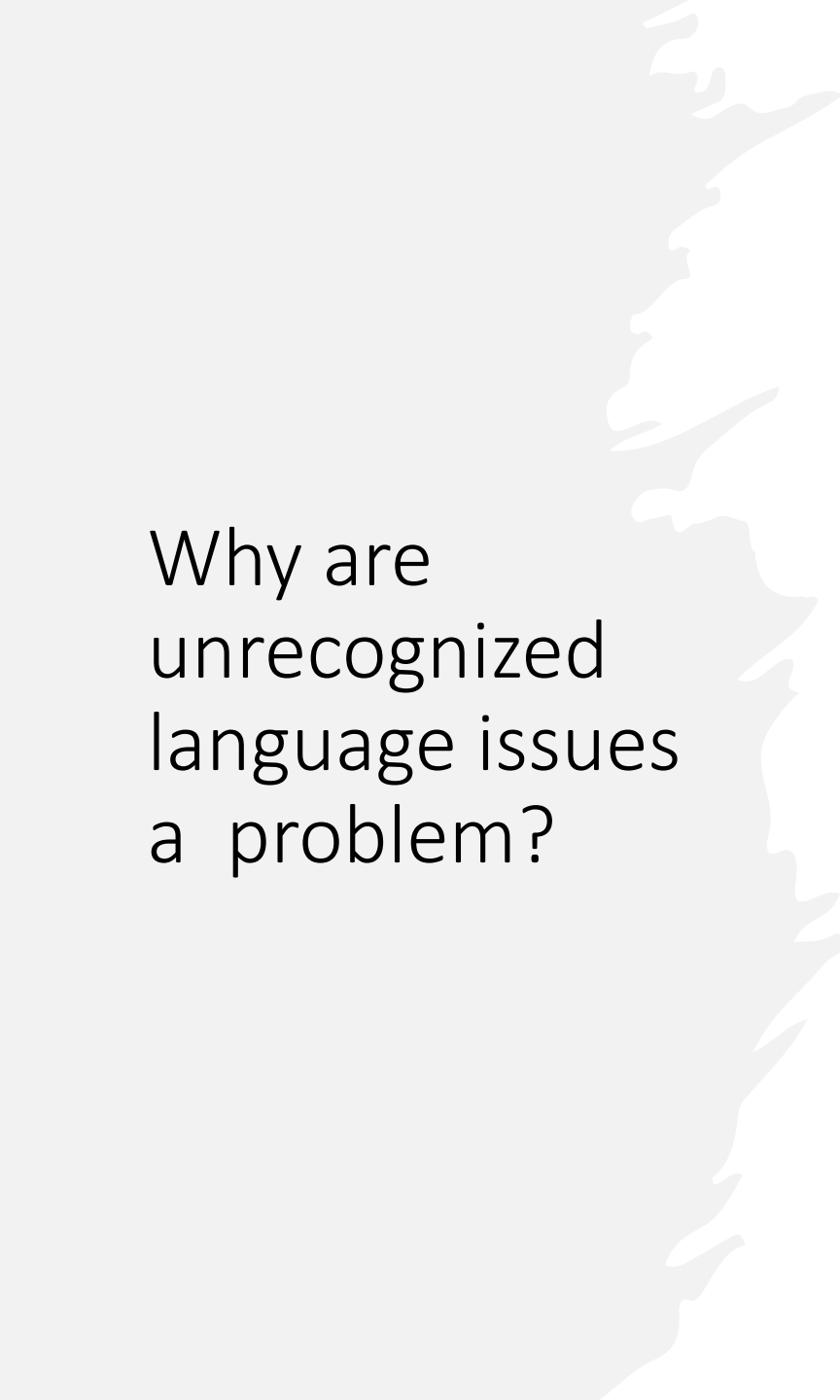
- “Their language is just fine, this is pure behavior!”
- “The teachers don’t have any complaints about their “social skills”, their eye contact is good, and they can keep up with conversations.”
- How **thorough** was the social pragmatic assessment?
 - General language tests such as the **CASL-2, TOLD-4, CELF-5, TILLS etc., DO NOT adequately** tap into the child’s social language competence because they **do NOT directly/ very limitedly test** the child’s social language skills (e.g., **CELF-5** assesses them via a parental/teachers questionnaire).
 - Many children can attain average scores on these tests **yet still present with pervasive social language deficits.**

Issues with Scoring and Test Interpretation

- **Does the test adequately assess social communication?**
 - **Test of Pragmatic Language-2 (TOPL-2)**
 - Primarily assesses rules of politeness so the students with average to high average IQ do well but may have profound social communication deficits because the test involves very limited perspective taking. It is best applicable for children with impaired IQ and/or severely impaired ToM.
- **Was the test scored correctly?**
 - **Social Language Development Tests (SLDT-E)**
 - The most popular question asked by SLPs and received by the test publisher is "Can responses which contain third person (e.g., they) and second person (e.g., you, yours) perspectives be counted as correct?" Answer: "NO"! Unless the student is using responses with pronoun "I" "We" or "Us" and placing self in the provided scenario, no credit should be given for any responses which do not assume first person perspectives.

Language Deficits Include Social Communication Weaknesses

- Language = **Content, Form, and Use**
- Numerous studies highlight the connection between language disorder and subtle and overt social communication weaknesses.
- Children with language disorders are at increased risk of social anxiety, display difficulties in establishing peer relationships, as well as at an increased risk of victimization and sexual abuse due to their language deficits. (Ash, Rice, & Redmond, 2014; Brownlie, Bao, & Beitchman, 2016; Brownlie, et al., 2007; Brownlie, et al., 2017; Redmond, 2011)



Why are unrecognized language issues a problem?

- Children with psychiatric impairments can spend years "under the radar" without the recognition from medical and educational professionals that they present with difficulty adequately comprehending and expressing language
 - **Behavioral issues intensify and exacerbate**
- Affect their academic functioning in school and may lead to a host of poor outcomes
 - Suspensions
 - Truancy
 - Drop out of school
 - Incarceration

Children in Poverty (Qi & Kaiser, 2003)

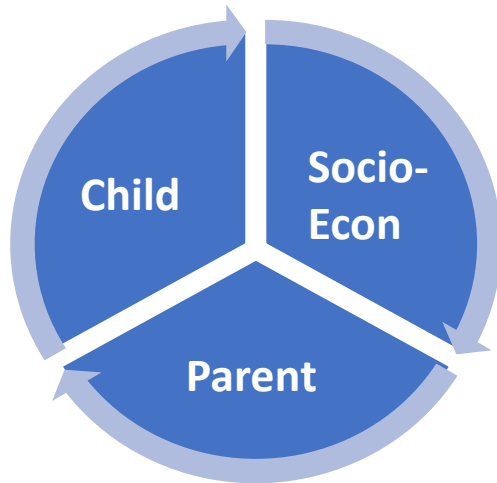
Children who live in poverty have a higher incidence of behavior problems.

3-6%

General Population

Almost 30%

Low-SES Backgrounds



Poverty may produce and sustain behavior problems in preschoolers from low-income backgrounds

Interaction of child, parent, and socioeconomic characteristics may produce and sustain behavior problems in preschoolers from low-income backgrounds



Behavioral Symptomology

- Students with social communication needs resulting in behavioral challenges may display externalizing or internalizing behaviors (Smith, 2007)
- **Internalizing Behaviors**
 - Withdrawn, anxious, inhibited, and depressed behaviors (Liu, 2004)
- **Externalizing Behaviors**
 - Disruptive, hyperactive, and aggressive behaviors (Liu, 2004)
- Both types of behaviors have been linked to poor academic performance, high rates of absenteeism, and low achievement ([DeSocio & Hootman, 2004](#); Hollo, 2012; [Smith, Katsiyannis, & Ryan, 2011](#))
- However, **students with externalizing behaviors** tend to be “noticed” much more earlier than the students with internalizing behaviors

Examples of Behaviors

- **Inattention/Excessive Movement/Off task**
- **Noncompliance/Refusal**
 - “I won’t do it!”
- **Physical Aggression**
 - hitting, kicking, biting
- **Verbal insults towards therapist**
- **Provoking/teasing other children**
- **Screaming/Crying/Tantrum**
- **Elopement/Running Away**
- **Property Destruction**
- **Self-Stimulation***
 - Rocking, tapping, flapping
- **Sexualized behavior ****
 - Disrobing, touching
- **Self-injurious Behavior ****
 - Hitting, biting self



Team Approach to Behaviors

Why Team?

Problem Solving Approach

Carryover - requires multiple interventions, multiple providers, consistency

Schools (teachers, assistants, therapists, parents track and carryover for consistency)

Specialized Schools (above team members plus psychiatrist, psychologist, behavior specialists, etc)

Out of School Support – outpatient consultations with related professionals (e.g., psychologist) and colleagues

Team Approach to Behaviors (cont)

- Allows members to collectively pursue common goals, combine selective expertise, initiate a discussion to solve difficult problems, as well as to have professional lifelines when working on difficult cases (Catlett & Halper, 1992).
- Both parents and various school professionals (e.g., teachers, SLPs, school psychologists, etc.) see different aspects of the students' behavioral manifestations in different settings.
- All members contribute valuable perspectives on the best and the most successful intervention strategies for the child.
- Team approach allows all individuals to consistently use selected, relevant intervention strategies, which in turn allows the student to practice carryover behaviors in all settings (e.g., classroom, therapy room, and home).

Role of SLP on the Team

- **Recognize the extent to which communication impairments contribute to the students' challenging behaviors.**
 - Cohen and colleagues (1998) found that 40% of children between 7-14 years of age referred solely for psychiatric problems had a language impairment that had not been previously suspected.
 - Hollo, Wehby, & Oliver (in press) analyzed 22 studies of children with EBD with no prior history of language impairment (LI) (#DLD) and found that over 80% of these children displayed below average language performance on standardized assessments with 46.5% of these children qualifying for criteria of moderate-severe LI (Hollo, 2012)
- **Assess children with EBD** to determine whether they present with previously undiagnosed DLD, which may be adversely affecting their behavior functioning.
- **Highlight communication components** in behavioral difficulties of children on their existing caseloads

Role of SLP on the Team (cont.)

Assist	Assist with creating and implementing relevant language-based strategies aimed at eliminating and reducing challenging behaviors (Vicker, 2006).
Assist	Assist other team members with the effective and efficient data collection
Design	Design various compensatory strategies of information retention (cues and prompts needed for the student to learn information effectively)
Use	Use classroom demonstrations to show educators how to aid the students with successful behavior generalization between settings to improve skill carryover.

Data Collection

- The first step in establishing a behavior management system is determining the function of challenging behaviors, since we need to understand why the behavior is occurring and what is triggering it (Chandler & Dahlquist, 2006)
- Behavior functions may have positive, negative or automatic reinforcements (Bobrow, 2002)
- **Positive reinforcement** (addition of a reinforcing stimulus following a behavior to ensure it occurs again)
 - Child exhibits challenging behaviors to obtain a desirable item
 - Toys, games, attention, etc.
- **Negative reinforcement** (behavior is strengthened by stopping, removing, or avoiding a negative outcome or aversive stimulus)
 - Child exhibits challenging behaviors to escape a negative situation, such as being disruptive in therapy because the tasks are too challenging
 - Reward = therapy is discontinued early
- **Automatic reinforcement** (does not involve anyone else's social involvement)
 - Certain behaviors such as repetitive movements or self-injury produce an enjoyable sensation for the child

Behavior Functions

- Seek Attention/reward
- Seek Sensory Stimulation
- Seek Control
 - Because has no control over events
 - Environment around him/her too chaotic /unpredictable
- Boredom (too easy)
- Task Complexity
 - Too difficult so tries to escape task
- Abrupt/significant routine changes
- Physical/medical concerns (illness; lack of sleep)
- Meds interference (e.g., missed a dose)
- Significant life events/disruptions (divorce, loss in family)

1 ABA: Functions of Behavior¹

Decades of research demonstrates that behaviors are learned and maintained through interactions with the physical and social environment. Typically, behaviors are elicited in order to gain or avoid something. Below are the sources of reinforcement for most behaviors.

Attention	Tangible	Automatic	Escape
At times, children can behave or misbehave in order to gain or lose attention from others. Providing or removing attention can be done in many different ways, even unintentionally.	Multiple behaviors are motivated by the desire to get materials. For example, most children will adjust their behavior if they know they will get access to their iPad afterwards.	Some behaviors are reinforced automatically when a person engages in that behavior. For instance, a kid may have a hard time stopping sucking his/her thumb if they enjoy the activity.	Lastly, there are some behaviors that are learned because they're effective in terminating or avoiding a task. Children that run away, flop, or hide when placed with a demand are most likely seeking escape from the task.

¹Problem behaviors may develop when they consistently produce a desired item or event. This often occurs because providing the reinforcement may temporarily stop the problem (e.g. tantrum), although it can have the inadvertent effect of making the problem behavior more probable in the future under similar circumstances.*

Remote Instruction Behavior Challenges

- Loneliness
- Isolation from peers even loved ones
 - Mom on Zoom entire day in another room
- Lack of structure
- Lack of supervision
- Increased anxiety
- Increased Depression

Importance of Determining Behavior Function

- “June” 10-year-old male
- Diagnosis: Autism
- Problem Behavior: Provocative verbalizations, very negative self-talk; thinly veiled allusions to suicidal ideation; odd virtual presentation (very still unblinking, not uttering a word; etc.)
- Consequences from select school staff: “If you wont cooperate we have to stop the session”; “Please stop acting like this, you will not make friends this way!”; etc.
- Data tracking and deeper digging revealed: “June” is very lonely; spends entire day on his own; desperately wants attention.
- He will take negative attention if it means keeping another person on Zoom berating him
- Antecedents (loneliness) may trigger behavior but inappropriate consequences (threats, reprimands) will maintain the behavior (inappropriate behavior).

Behavioral Observations

The A-B-C learning paradigm

- **Antecedent/Trigger**
 - What was happening immediately before behavior occurred?
 - Are there any notable events that took place recently?
- **Behavior**
 - Frequency
 - Intensity
 - Duration
- **Response/Consequence**
 - How did the SLP respond to behavior when it took place?
 - How did the SLP process w/t child after behavior took place?



Examples of Antecedents Precipitating Challenging Behaviors

- SLP requested that child work on task
- Child not/challenged by a task (complexity)
- Favorite task/activity taken away
- Child couldn't obtain desired object/activity
- Environment changed (interruption, loud noise, etc.)
- Child provoked by another group member (actions/noises/words)
- Child needed to transition to another activity
- Therapist switched attention to others
- Behavior occurred without any warning (*slow fuse)

Basics of Behavior Management

Importance of structure

Ultimate goal is prevention rather than frequent intervention

Focus on routines and predictability

Clarity of expectations

Consistent consequences

Special considerations

- Anxiety
- Environmental stressors
- Inappropriateness of expectations for child's level

Important Considerations

- Always remain objective
 - Child is acting out for a reason which may have nothing to do with you!
- Genetic inheritance affects brain chemistry
 - Medication management may play a HUGE role
- Anxiety may drive and maintain maladaptive behaviors
 - Children with ASD have higher anxiety levels compared to typically developing children (Steensel & Heeman, 2017)
 - ~40% have anxiety (Steensel, Bögels, & Perrin, 2011)
 - 30% have phobias
 - 17% have OCD
- Routines and transitions
 - Changes in either can cause tantrum behaviors
- Environmental arrangement is very important
 - How the room is set up

Common Pitfalls Affecting Behavior Outcomes

SLPs beware!

Excessively verbose

- Too many directions/instructions/indirect language above child's cognitive level

Personalization

- Getting upset/angry at the child
- Perceiving child is "out to get me"

Lack of structure/goal prioritization

Worry regarding losing control of the situation

Lack of consistent limit setting

Building Rapport

- It is all in the approach
- Can you gain the students trust?
- Strategies:
 - Not about tangible rewards but internal and social drive
 - Gravitating to the person of trust who will interact with the student in a safe and non-judgmental manner
 - Non-blaming, non-accusing (without excusing the behavior)
 - Importance of explaining/dealing with the rules/societal expectations
 - What's the buy in?
 - How can you motivate them to participate in therapy services?

- Text messages, phone calls and emails to get online (if doable; get grad student onboard)
- Setting up environment without clutter (e.g., kitchen; hallway, etc.)
- Can a family member sit next to the student?
- Can a family member supervise the student?
- Can a family member encourage the student?
 - Does the student function better without family members?
 - Asking family members not to participate in sessions?
 - Case examples BH (8: ASD) and AC (11: PTSD)

Involving Family in Virtual Sessions

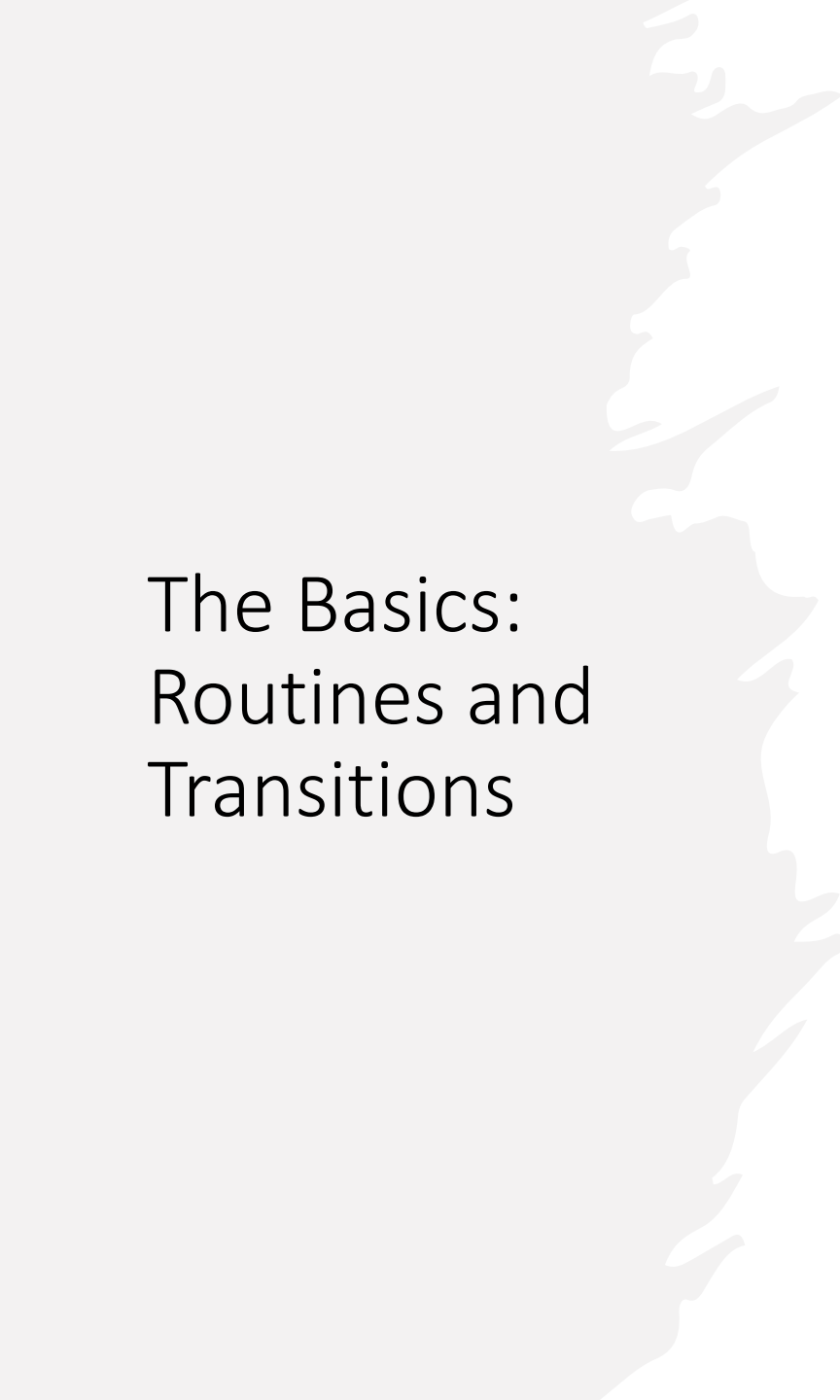
Data Collection Suggestions

- At least 5+ sessions are needed to establish consistency of behavioral triggers (w/t less there's too much room for error)
- Do NOT correct ALL behaviors at once; choose 1 or 2
- Create hierarchy of problem behaviors (e.g., which ones are causing greatest interference with your sessions; which ones the SLP can address on his/her own)
- Specifically describe and measure problem behaviors
 - John perseverated on topic 10x (frequency) during a 30 minute session (duration)
 - How long was each episode and what did it entail?
 - Amy refused to speak 7x during 60 minute session
 - How long did it take for her to resume speaking
 - Precipitating factors

Behavior Planning Overview

- Identify problematic behavior/s
- Measure target behaviors (how often? how long?)
- Identify antecedents/triggers
- Make sure NOT to focus on behavior itself!
- Focus on why is the behavior occurring?
 - Behavior Function
- Design intervention
- Evaluate intervention
- Adjust intervention if needed





The Basics: Routines and Transitions

- **Routines**
 - Provide structure
 - Eliminate unpredictability/anxiety/uncertainty
 - Help learn
 - Provide continuity
 - Clearly state goals and expectations
- **Transitions**
 - Clear and consistent directions
 - Rewards for appropriateness
 - Visual schedules
 - Timers
 - Positive peer models (other children in group in applicable)

Virtual Sessions: All About Predictability

- Know what the link is
- Know when to sign in
- Know who will be in a session
- Known what will be done in a session
- Understand session expectations
- Emphasis on praise and internal rewards
 - I am so proud of you for doing the right thing!

Prioritizing Intervention in Therapy Sessions



- Does the child display urgent behaviors affecting safety?
 - Aggressive, self-injurious, tries to elope
- Does the child display behaviors affecting task initiation?
 - Refusal, Avoidance, Withdrawal
- Does the child display behaviors affecting learning?
 - Self-stimulation*, Inattention, Interruption
- What is within ability/capacity of the SLP?
- Can the SLP be assisted by others?

No Man is an Island

- What is realistic to accomplish?
- What may be the exceptions?
 - Self-harm
 - Sexualized
 - Aggression
- What is in the control of the SLP?
- How much assistance is needed?
 - Who can assist?
 - When can they assist?
- When is it appropriate to state:
“Client is not ready for therapy at this time; Services will be resumed when client’s emotional/behavioral/psychiatric functioning is better stabilized”

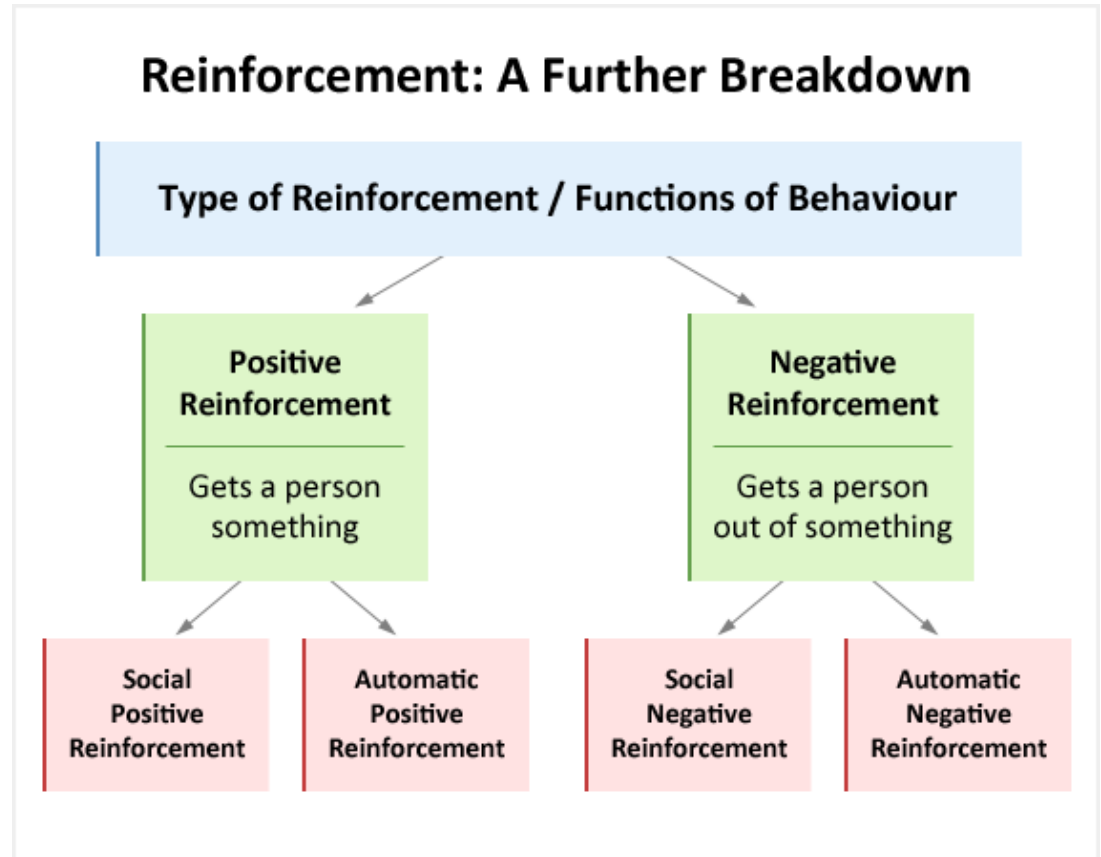
Note on Punishment

- Elimination/Punishment works poorly
 - Involves aversive methods
 - Lacks long-term “learnability”
- Teaching replacement strategies is more effective
- What will you do next?
 - Anticipate and Replace
- Learnability
 - How do we attain it?



Type of Behaviors Targeted

- Aggression
- Refusal
- Avoidance
- Withdrawal
- Interruption
- Inattention
- Self-Stimulation*
- Sexualized Behavior*
- Self-Injurious Behavior*



Examples of Behavior Tracking

- When peer takes Jonny's toy (antecedent) he begins screaming, hitting, and kicking (behavior) to get the toy back(function).
- When Jack sleeps poorly the night before (setting event) and is asked to complete worksheets in speech (antecedent) he stalls for time (behavior) to escape the task (function).
- When Michael is asked to wait in line (antecedent), he attempts to run away (behavior), to escape waiting (function).
- When Josh is in large groups (antecedent) he becomes disruptive (behavior) to obtain attention (function).
- When Anna is called on during group sessions (antecedent) she starts to cry (behavior) to escape attention (function).
- When Alex is given an instruction to follow (antecedent) he refuses task participation (behavior) to obtain control (function).

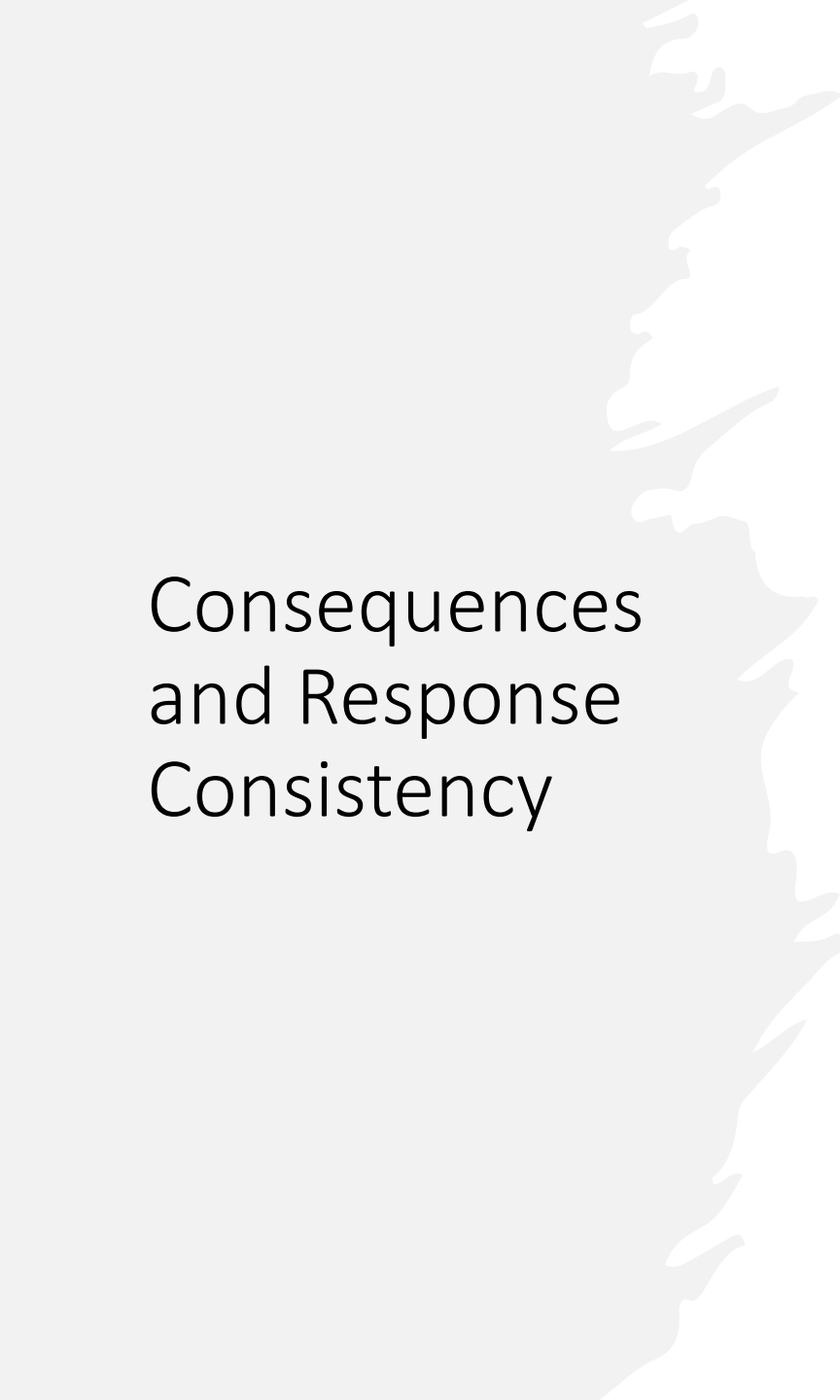
Consequences/Processing

- Behavior was Replaced
- Behavior was interrupted/blocked
- Behavior was ignored
 - Planned Ignoring
- Child was redirected verbally to activity
- Timer was used for a time-out/sit out
 - duration
- Timer was used to complete an activity
- Child was redirected physically to activity
 - hand/hand
- Child was removed from room/area
 - taken for a walk by an aid
- Behavior was discussed
 - Verbal Child
 - Average IQ
- ***Select settings:** child required physical restraint



Remote Group Sessions

- Administrative Considerations
 - Can everyone gather on time?
 - Are phone calls/texts needed to families?
- Behavioral Constraints
 - Video/Audio must be on at all times
 - No private chats to members (honor system/or just disable chat)
 - No disruptive provocative behaviors
- How can we help you maintain focus during the session?
 - What can we do for YOU?



Consequences and Response Consistency

- Anticipate Behavior (triggers)
 - Use Redirection and Distraction
 - Is muting/temporarily removal from session needed?
- If Behavior occurs
 - Respond immediately
 - Respond consistently
- Consistent Use of Planned Ignoring
- Consistent praise for use of positive strategies
 - Child requested break, help, attention

A Word On Choosing The Reward System

- Extrinsic rewards
 - Token economies (e.g., stickers, etc.) can motivate the student to perform the task in order to obtain a particular incentive
 - Not controlled by the student but by external factors (e.g., teacher or parent promising the reward) (Cheng and Yeh, 2009; Kelsey, 2010)
 - Effective for accomplishing short-term goals but ineffective in the long run
 - “the more rewards are used, the more they seem to be needed” (Kohn, 1993, p. 17)
 - “extrinsically motivated learners may exert minimal effort to perform a task and may stop an activity when reinforcement discontinues” (Cheng and Yeh, 2009, p 599)
- Upshot: Not effective, not really doable for remote instruction purposes (bribes have a short shelf life and tend to backfire)

A Word On Choosing The Reward System (cont)

- Intrinsic rewards
 - Rooted within the student
 - Created by the internal sense of satisfaction or pleasure in the behavior or task
 - Important for long-term change
 - Allows the student to self-monitor and self-regulate own actions to maintain the positive replacement behavior (Cheng and Yeh, 2009; Kelsey, 2010; Kohn, 1993)
- Extrinsic rewards may be needed to motivate the student to decrease challenging behaviors initially,
- For optimally effective interventions figure out how to intrinsically motivate the student to spontaneously maintain positive replacement behaviors without the promise of external rewards

Use of Praise

- To develop intrinsic motivation, praise needs to be used effectively and **sparingly** as acknowledgement instead of **general statements** (e.g., “Good Job!”) (Hufton, Elliott & Illushin, 2003; Kelsey, 2010; Kohn, 2001).
- According to Kohn (2001, 1993) children seeking adult’s approval are less likely to perform difficult tasks, are deterred from forming own judgments regarding their accomplishments and tend to conform to the praise-giver’s wishes since “praise creates pressure to ‘keep up the good work’” (Kohn, 2001, p.3).
- Kohn (2001) recommends praising children by drawing their attention to the effect of their actions on other people (e.g., “Look how happy you’ve made ____ feel because you _____”), which also encourages the students to develop their perspective taking skills.
 - Caveat: I feel that this needs to be used very sparingly with **peers only**
 - **Best for situations involving peer mediation/conflict**
- To strengthen the student’s intrinsic motivation, positive reinforcement in the form of questioning the student, to determine their sense of own accomplishment, is also recommended (Kelsey, 2010; Kohn, 2001)
 - What do you think went well today?
 - What needs more work



Behavior Management Hierarchy: Least Intrusive

- Use of manipulatives (“holdables” NOT fidget spinners) to reduce distractions if applicable
- Use of aids (schedules, timers, written/visual charts with rules in positive language)
- Session modification (change of structure, increase in breaks, reduction in complexity, etc)
- Environmental modifications (rearranging room set up)
- Verbal redirection/verbal prompting by therapist

Behavior Management Hierarchy: Most Intrusive

- Use of predetermined consequences*
 - Loss of sticker, loss of desired activity
- Physical Proximity
 - Therapist/Parent sits by student closely to reduce behavior
- Student takes space/time out
 - Turns off audio/video for a set number of minutes
- Student takes a walk with a para/aid (in person sessions)
- Student engages in high impact physical activity

Effective Goal Related Modifications



- Management
 - Physical Space
 - Session Structure
 - Child Behavior
 - Session Materials

Physical Space Modifications

- Set up environment
 - Eliminate visual distractions
 - Clutter
 - Eliminate auditory distractions
 - Noise
 - Seating Arrangements in Therapy
 - Facing wall vs. window
 - Proximity to clinician who can provide the child with visual and or tactile reminders



Session Structure Modifications

- Use of written/picture rules
 - Clarify expectations
 - Use positive language
 - Keep your hands neat vs. “no touching”
 - Speak softly vs. “no yelling”
- Use of schedules
 - Establish routine
 - Identify order of activities
 - Facilitate transitions
- Use of Timers
 - Specify activity length
- Several Changes of Activities
 - +/- 3 per session to reduce frustration



Behavior Modifications

Incorporate student's interests into activities

Offer 2 choices* of activities

- Give student control

To increase student's self esteem, catch him/her "being good" and praise her/him for specific vs. general positive behavior such as staying on task or completing an activity (e.g., "Great job on _____!").

Create a list of predetermined strategies such as what student can say to the therapist when s/he is having trouble when working on a task

Figure out which reinforcements student favorably responds to determine the reward system

- Use of fidgets such as 'thinking putty' to reduce excessive movement during tasks
- Use of non-nutritive sugarless spray candy at intermittent intervals as a reward

Behavior Modifications (cont.)

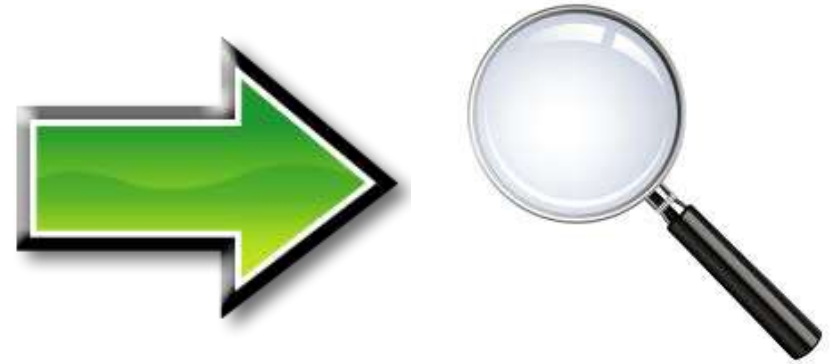
- Errorless Learning
 - Use of prompts -most-to-least - to elicit only correct responses
 - Prompted trials are followed by less prompted trials until the child demonstrates mastery of the skill.
- 80/20 rule
 - Try to incorporate known information when teaching new tasks in order not to increase complexity too rapidly
- Vary types and levels of prompts and cues (e.g., phonemic, tactile, written, gestural) to use depending on the severity of the student's deficits .

Session Structure Modifications (cont)

- Seat modifications to reduce hyperactivity and impulsivity
 - Some students actually prefer to stand
- Use of manipulatives in sessions
 - Squeeze/Hold
- Use of breaks
 - 2-3 min move to music/jumping jacks
 - Ran a lap in the gym
 - Take a brief walk



Session Material Modification



- Goal complexity as well as selection of materials requires the consideration of the client's maintaining factors (see below) **plus**
 - Be at the client's level
 - Contain relevant information/pictures
 - Contain no distractions
- What might be the problem?



Paul went to play his new video game. He looked for it next to the TV but it wasn't there.

Session Materials Modifications

- Complexity of selected materials should consider the client's maintaining factors
 - Cognitive
 - Sensorimotor
 - Psychosocial
 - Linguistic
- If a child has difficulties in any or all of the above areas
- SLP must compensate for it in therapy OR
- NO progress can be made in achieving potential goals of therapy

Modify



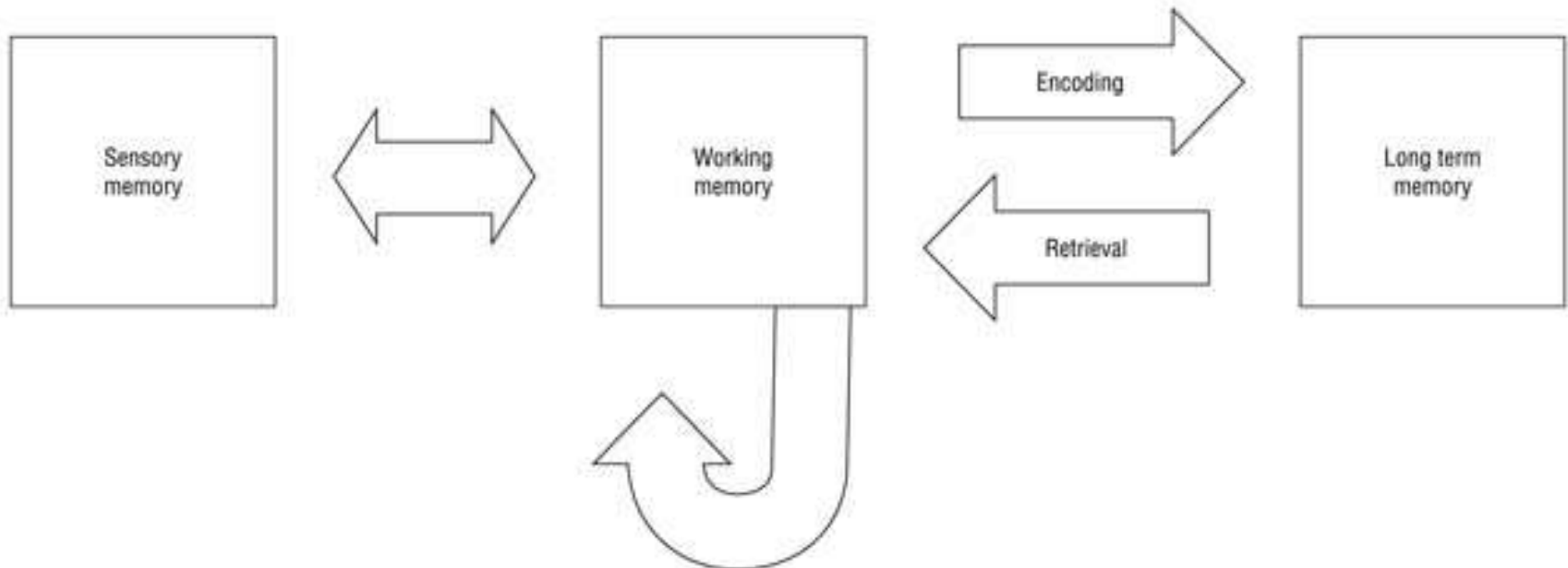
Maintaining Factors: Cognitive

- Intellectual Disability
- Attention
- Memory
- Processing
- Abstract Concepts
- Problem Solving

Maintaining Factors: Sensorimotor

- Senses
 - Effective processing of language
- Tactile Defensiveness
 - Articulation Sound Cues
- Movement
 - Handwriting

The information processing model



Maintaining Factors: Psychosocial

- Adaptive Behavior
- Pragmatics
- Social Cognition
- Psychiatric Diagnoses
 - Attention and Behavior Disorders
 - Mood Disorders
 - Anxiety Disorders
 - Autism Spectrum Disorders
 - Reactive Attachment Disorder
 - Schizoaffective/ Psychotic Disorders



Maintaining Factors: Linguistic

- What is the extent of the child's linguistic deficits and their impact on overall function?
- How far below developmentally is the child as compared to typically developing children?
- What are the affected areas of functioning?
 - Poor vocabulary knowledge and use
 - Lack of complex sentences and short sentence length
 - Significant word retrieval difficulties
 - Poor discourse and narrative production





Pragmatic Intervention: Emotion Regulation

- **Teach Vocabulary of Feelings And Emotions**
- Words related to thinking
 - Know, think, remember, guess
- Words related to senses
 - See, Hear, Watch, Feel
- Words related to personal wants
 - Want, Need, Wish
- Words related to emotions and feelings
 - Happy, Mad, Sad
- Words related to emotional behaviors
 - Crying, Laughing, Frowning

Sample Intervention: Wandering

- Child attempts to wonder around your office and refuses to sit down
 - Allow standing while working on tasks
 - Allow seating on Exercise Ball (borrow from OT)
 - Sit in close proximity to the child to remind to stay in play with tactile cues
 - Teach 'Freeze' prompt
 - Reward for positive behaviors in small increments

Sample Intervention: Lashing Out

- Child's behavior escalates quickly due to work complexity and s/he begins to hit (self/peer/SLP)
- Direction
 - Hands on the table
- Increase space between self, peers, and student
- Use of 'sit out' in chair
 - Timer is set for a period of time during which child sits quietly and is allowed to de-escalate
 - Ask para to take child for a walk
 - Use social stories
 - Reinforcement of routine predictability

Sample Intervention: Lack of Boundaries

- Teach “arm’s length’ rule for personal space contact
 - Hula hoop
- Use “traffic lights” to indicate breach of personal space
- High-fives instead of hugs
- Gestural cues when child gets too close



Sample Intervention: Tantrums



Sample Intervention: Severe Distractibility



ARRANGE THE ENVIRONMENT



ARRANGE TRANSITION BREAKS



USE PROXIMAL "TAP" CUE



USE GESTURAL CUES TO STAY ON TASK



USE TANGIBLE REINFORCEMENTS TO STAY FOCUSED

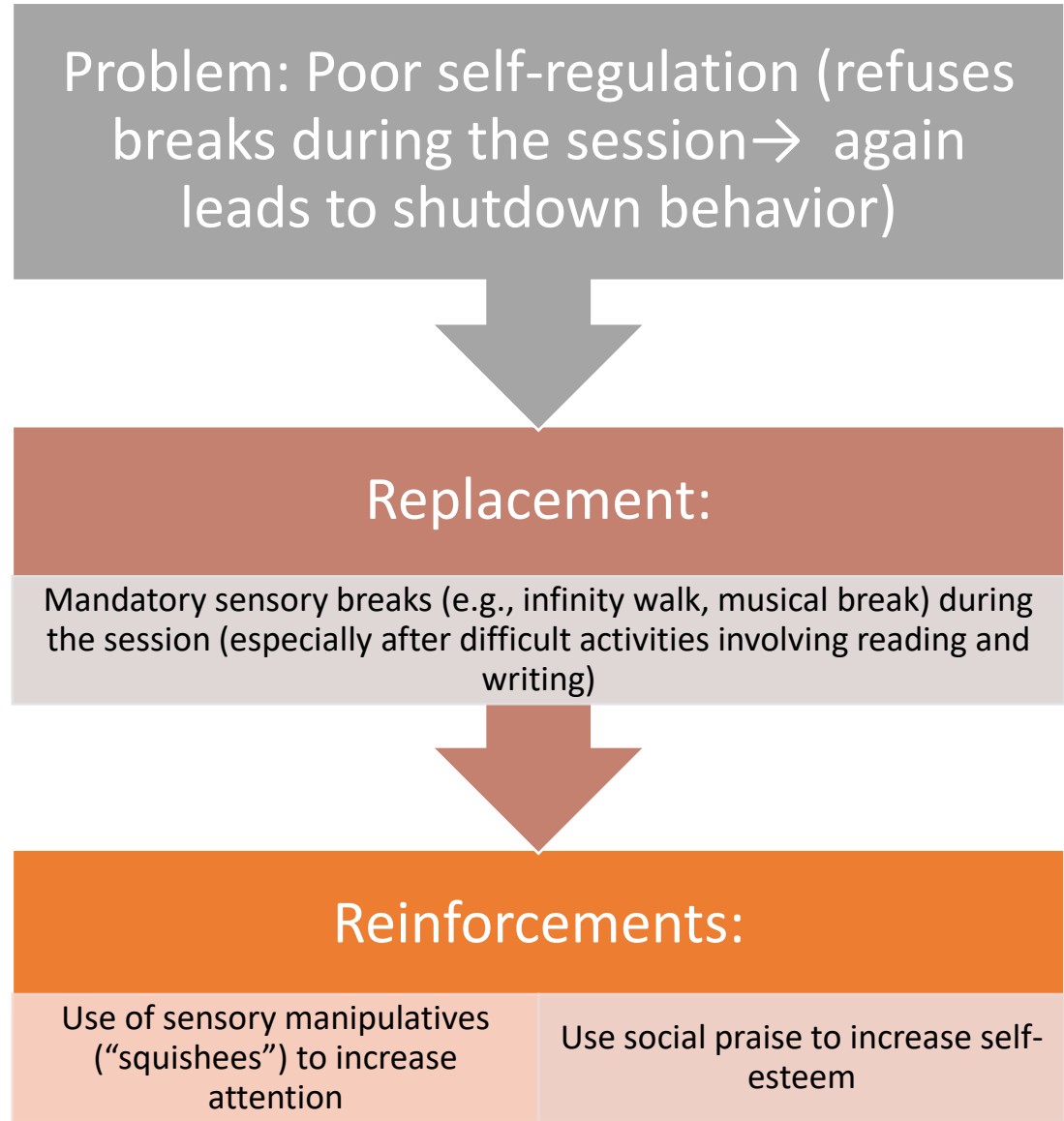


USE OF TIMERS FOR BREAKS

Teaching Replacement Behaviors

- SR 8.6 female IA at the age of 16 months
- Diagnoses: Fetal Alcohol Spectrum, Learning Disability, Mod-Severe Language Impairment
- Problem: Doesn't ask for clarification when lacks understanding; shuts down and refuses to talk
- Replacements (when confused):
 - Raised index card with words "I Need Help!"
 - Now Says "I Need Help!"
- Reinforcements:
 - Social praise to increase self-esteem
 - Use of "tangibles" (stickers, candy spray) as immediate reinforcement for using her strategies

Teaching Replacement Behaviors (SR cont)



Importance of Parental Involvement

- Developing a positive collaborative relationship with parents is a critical step in addressing a child's challenging behaviors (Fettig et al, 2013; Hemmete et al, 2012)
- Positive family-program connections have been linked to improved academic achievement and socio-emotional skills across young children, including those from diverse ethnic and socioeconomic backgrounds (Galindo & Sheldon, 2012; Powell et al, 2010)
- A behavior contract program with effective parenting skills training can result in an improvement of students' school-related behaviors (Smith, 1994)
- A collaborative team management approach entails parents attending regular meetings to develop solutions aimed at decreasing their children's aggressive behaviors (Morrison, et al, 1993)
- Parental involvement is paramount in order for the intervention to attain its optimal effectiveness.
- Get parents on board if at all possible!



If Home Carryover...Then

- Parent Education
 - Clear; Simple
 - Role Play
- Written Home Plan Development
 - Short
- Implementation
 - Easy (e.g., Charts, Collection Forms)
 - Reasonable
- Provide/Share Materials (uniform across the board)

- A collaborative behavior management model is essential for delivery of effective services to children with behavioral challenges to successfully support them and their families in and out of academic setting. Efficient team functioning requires time, effort, and commitment. However, if executed appropriately, it improves decision making and allows professionals to treat the child in a holistic fashion (Catlett & Halper, 1992).

Conclusion

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