

REDUCING PROBLEM BEHAVIOR AND STEREOTYPIC BEHAVIOR



Lyndsay Wheeler, M.Ed., BCBA, LBA

ABOUT YOUR PRESENTERS



LYNDSAY WHEELER, M.ED., BCBA
TREATMENT OPERATIONS DIRECTOR

- **Education:**
 - BS in Communication Sciences and Disorders (OU)
 - M.Ed. Special Education-Autism (NCU)
- **Certification:**
 - BCBA (Board Certified Behavior Analyst)
- **Experience:**
 - Over a decade of experience helping kiddos reach their potential through treatment.
 - Center Based ABA programs 2002-2004
 - In-Home/School ABA programs 2004-2010
 - Program Supervisor 2010-2012 (Therapy and Beyond Dallas)
 - Regional Director 2012-2016 (Therapy and Beyond Oklahoma)
 - Executive Treatment Operations Director 2016-Present (Therapy and Beyond)
- **Family Life:**
 - Wife and Mom to a 4-year-old and a 20-month-old



What are we going to cover today?



- 1) How to address problem behavior?
- 2) Understanding behavior.....it's simple right?
- 3) Things to remember with high intensity problem behavior.
- 4) How to use satiation and extinction.
- 5) The steps of stimulus discrimination training.
- 6) Stereotypical behavior: what to know.
- 7) How to reduce stereotypical behavior.
- 8) Important components of a successful behavior intervention plan.
- 9) Reinforcer effectiveness.
- 10) Understanding appropriate reinforcer.
- 11) Prompting to reduce effort and reduce problem behavior.
- 12) Take data.
- 13) Conclusion

Addressing Problem Behaviors

- Focus on Antecedent strategies and aligning center, home and school services.
- Address Precursor Problem Behavior
- Go back to basis when problem behavior occurs and get instructional control
- Focus on least restrictive interventions first (i.e., keep demand, ignore), and then move into advanced protocols with approval (i.e., contingent effort procedure, response cost)



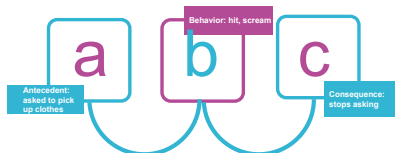
We Try and Understand Things Easily....



It's just as simple as ABC right?.....

IS IT REALLY THIS EASY?.....

ABC DATA



Real Life.....



Reality is a little more challenging than simply ABC?.....

ABC DATA

EOs/Setting
Events
Learning history
Adolescence & its impact
Communication challenges
Social challenges
Mental health challenges
Physical health challenges
Medication side effects
Environmental stressors
Boredom
Stressors
Sleep issues
Aging in & of itself

Antecedent: asked to pick up clothes

Behavior: hit, scream

Consequence: confused parent and BOBA, stops asking

Things to remember when working with patients that engage in high intensity problem behavior that are a potential threat to themselves or others.....



- Start a procedure or intervene at the precursor behavior
 - This way you catch behavior before it escalates and becomes a crisis.
- Get a clear picture of what the the patients learning history is and evaluate the EO, MO, and setting events
- Get a clear picture of what the the patients learning history is and evaluate the EO, MO, and setting events



WHY TRY A NEW TEACHING STYLE?

Changing behavior (positively or negatively) is a scientific process which is verified by data. Behaviors are defined in measurable, observable terms that allow two people to agree on whether the behavior occurred or did not occur. If there is no observable change in behavior, then the intervention is changed, careful measurement is taken, procedures are observed, until the desired effects are obtained. We monitor daily progress and then conduct additional assessments as needed.



Steps to Reducing Behaviors through.....

Satiation

Satiation is a decrease in the frequency of operant behavior presumed to be the result of continued contact with or consumption of a reinforcer that has followed the behavior; also refers to a procedure for reducing the effectiveness of a reinforcer.

Extinction

Extinction is when reinforcement that is provided for problem behavior (often unintentionally) is discontinued in order to decrease or eliminate occurrences of these types of negative (or problem) behaviors.



Why is extinction sometimes unsuccessful in reducing Stereotypic behaviors?

- the learner gets intermittent reinforcement
- there is still a physiological need that is not being met (i.e., replacement behavior)

What Stereotypic behaviors do you have?

- have you been successful in reducing them for long periods of time (i.e., over eating)

Stimulus Discrimination Training



A process in which a behavior is reinforced when the discriminative stimulus (Sd) is present and is extinguished when the S-delta is present. As a result, the behavior is more likely to occur only when the Sd is present. Also called discrimination training.

HOW DO OUR LIFE EXPERIENCES CORRELATE INTO DISCRIMINATION TRAINING ... LETS PLAY A GAME.....

Present a Stimulus

What does the person do?

Why did they do that?

People act differently in the presence of different stimulus situations....
How can we apply this to real life....
Can we combine satiation and extinction?....

Things to know about Stereotypical Behavior

Occurs in typical development

Impedes skill development

Is socially unacceptable

Steps to Reducing Stereotypic Behaviors



- Define the behavior you want to decrease
- Take data on how often the behavior is occurring when unengaged/engaged. This can be a time sampling (i.e., 30 minutes, 1 hour) over multiple individuals
- Find an appropriate **replacement behavior** that meets the same physiological need
- Once you have the data on the time intervals, take the lowest time interval and set an antecedent intervention right before the behavior occurs. This is now the interval that your intervention will start.
- Your intervention is a combination of satiating the stereotypic behaviors with a appropriate replacement, and putting the inappropriate stereotypic behaviors on extinction

Steps to Reducing Stereotypic Behaviors Continued.....

- Teach the the patient stimulus discrimination training by making the interval when the behavior is acceptable clear (i.e., do this in a certain space, on a certain mat, when a specific color card is visible)
- Once the patience is only engaging in the behavior during the appropriate interval start increasing the time between the patients opportunity for stereotypical behavior
- increase the time slowly and if behavior start to occur or stereotypic behaviors occur outside of the interval decrease the time
- keep increasing the interval time until patient engages in stereotypic behaviors in the appropriate setting and for a set amount of time (i.e. less than 4 times per hour for 5 minutes or less)

WHAT ARE THE MOST IMPORTANT COMPONENTS IN CREATING A SUCCESSFUL BEHAVIOR INTERVENTION PLAN ?

REINFORCEMENT & COMMUNICATION



15 Things to remember.....

- | | |
|--|---|
| 01 Use Antecedent Interventions | 09 Use crisis intervention for crisis not as a BIP |
| 02 Expect the Worst | 10 Evaluate if effort level is depleting patients MO |
| 03 Less talking is better | 11 use deprivation when needed for reinforcement |
| 04 If you are emotional ask for help | 12 Look and see if everyone is following the protocol appropriately |
| 05 Don't get into Analysis Paralysis | 13 Pick your battles |
| 06 Sometime the answers are simple | 14 Do not use rewards as bribery |
| 07 Get instructional control before presenting a task that is likely to evoke problem behavior | 15 Utilize differential reinforcement |
| 08 Evaluate if behavioral momentum is being used | |

REINFORCER EFFECTIVENESS IS THE PRICE WORTH THE EFFORT?

- Deprivation
 - Motivation, strong desire
 - Hunger, thirst, rotation of toys, novelty
 - Satiation
- Immediacy
 - Within seconds usually
 - Especially with non-verbal children
- Size
 - Enough, but not too much
 - Has to be "worth their while"
- Contingent
 - For target behavior ONLY
 - Shaping (reinforce graduated approximations)

APPROPRIATE REINFORCEMENT



INCREASES AN INDIVIDUAL'S MOTIVATION AND WILLINGNESS TO LEARN

- Research suggests that motivation may be increased, leading to a dramatic effect upon the children's learning.
- Lack of motivation has to be resolved before we can hope to develop a very effective treatment strategy for these children.
- [What does a motivated child look like? Do you have a willing learner?](#)
- A motivated child tries harder, is more interested in the educational situation, and is more likely to use learned behaviors in other situations.

CAPTURING MOTIVATION WHEN LEARNING IS NOT THE MOTIVATOR!

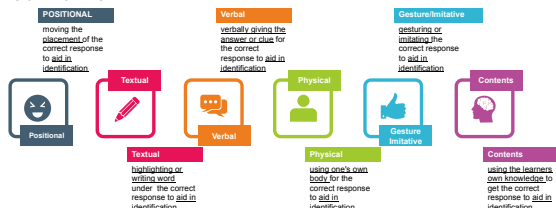
- What changes how much you want or don't want something?
 - Deprivation, satiation, aversive states
- When to use certain reinforcers?
 - He wanted to watch Thomas yesterday but doesn't care today...
 - He says he wants to earn a video game but won't do the work to get it...

PROMPTING TO REDUCE EFFORT



Definition: A **prompt** is a **cue that is added to the environment** in order to evoke the correct response.
(Cooper, 2007) A prompt is: ***any adult (parent/therapist) behavior that evokes the correct response of the child***

TYPES OF PROMPTS



TAKE DATA & RECORD PROGRESS

ARE YOU TEACHING AND PROMPTING / SHAPING PROCEDURES WORKING?

CONCLUSION

- Evaluation the function.
- Pay less attention to the topography of the behavior and more attention to the function.
- Focus on antecedent intervention.
- To truly extinguish a behavior you have to have a replacement behavior or spontaneous recovery will occur.
- Behavior Intervention Plans are only as good as the RBT's implementing them!
- Behavior is typically simple, if you cannot find the answer step away, try again, get some fresh perspective.

QUESTIONS?

QUESTIONS?



Thank You
