



DNEA | Delaware Network for
Excellence in Autism

Understanding and Addressing Challenging Behaviors in School

March 2023

Welcome!

Understanding and
Addressing Challenging
Behaviors in School

DNEA | Delaware Network for
Excellence in Autism

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DNEA

**Delaware Network for
Excellence in Autism**

- Led by the University of Delaware Center for Disabilities Studies (CDS), the DNEA provides training, technical assistance, and information dissemination that benefits individuals with autism, their families, and the professionals who serve them.
- The DNEA leverages interdisciplinary expertise and collaboration across multiple organizations, state agencies and specialists - including the Interagency Committee on Autism and network partner Autism Delaware - to promote equity, inclusion, and access through the use of evidence-based and promising practices for individuals with autism across the lifespan.



Training Citation

Please use the following citation guidelines when referencing or using any part of this training content:

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Workshop Agenda

Understanding and
Addressing Challenging
Behaviors in School

- Review: Core Characteristics of Autism
- Considerations When Addressing a Challenging Behavior
- Effective Strategies During SE-A-B-C



Training Objectives

At the completion of this training, participants will have a better understanding of:

1. The core characteristics of autism and how children with ASD may experience school differently than their peers;
2. How co-occurring challenges such as masking and mental health concerns affect behavior; and
3. Effective evidence-based practices and positive behavior supports that can be used to address challenging behaviors.



Discussing Disability

Person-first Language

- Person WITH a disability
- Person WITHOUT a disability

Identity-first Language

- Disabled person
- Non-disabled person

ASAN
AUTISTIC SELF ADVOCACY NETWORK

NOTHING ABOUT US WITHOUT US

ABOUT RESOURCES POLICY PROJECTS GET INVOLVED DONATE

Identity-First Language

ASAN intern Lydia Brown originally published this article on their blog *Autistic Hoya* under the title *The Significance of Semantics: Person-First Language: Why It Matters*.

At the Adult Services Subcommittee's final meeting last Wednesday, much to do was made about semantic disagreements — "ASD individual" versus "individual with ASD," and of course, the dreaded "person with autism" or "person who has autism" versus "autistic person." These issues of semantics are hot button issues, and rightfully so.

Words and language are powerful tools by which an individual can express ideas, whether abstract, actionable, or concrete. As a writer and editor, I know firsthand that language and the meanings we attach to words very much impact, influence, develop, and change the attitudes that we have toward the subjects of discussion. That is why people are easily insulted or upset by word choices. Changing a phrase — even if it holds the same literal meaning — alters the subtle connotations and nuances of the speech, and communicates a different meaning and context than the original phrasing.

In the autism community, many self-advocates and their allies prefer terminology such as "autistic," "autistic person," or "autistic individual" because we understand autism as an inherent part of an

Accessibility
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f t p y i

(Autistic Self Advocacy Network, 2022)



Disability and Changing Perceptions

Ableist Term	Suggested Alternatives
Special interest	Areas of interest or expertise
Comorbid	Co-occurring
High/low functioning	Describe specific strengths and needs and acknowledge the level of support needed varies across areas
Autism as a puzzle	Autism as part of neurodiversity
Autism as an epidemic	Autism as increasingly recognized and diagnosed. (Bottema-Beutel, 2021)

Review: Core Characteristics of Autism



Prevalence of Autism Reported by the CDC



1:44

CDC's Autism and Developmental Disabilities Monitoring (ADDN) Network, 2021

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Prevalence Estimates by Sex

Prevalence per 1,000 children:



For every **1 GIRL**, **4.1 BOYS** were
identified with ASD.

CDC's Autism and Developmental Disabilities Monitoring (ADDN) Network, 2018

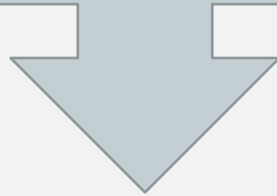
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Maenner, et al. (2021)

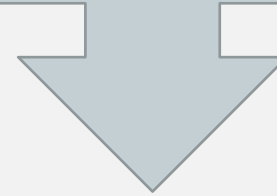


Autism Spectrum Disorder

Differences in social communication and social interactions that result in needs across multiple settings



Restrictive, repetitive patterns of behavior, interests, or activities



Autism Spectrum Disorder

APA (2013)




Social Interactions

- **Peer relationships-** Initiating and maintaining conversations, taking turns in conversations
- **Joint attention-** Shared attention on a single object
- **Emotional Reciprocity-** Initiating, maintaining or responding to communication attempts, difficulty staying on topic, understanding others point of view
- **Gestures-** Nonverbal language (hand signals, head nods, facial expressions)
- **Eye Contact-** Too much or too little eye contact or may make too much eye contact during social exchanges



Communication Skills

- **Delayed language-** May not hit developmental milestones
- **Echolalia-** Repeating words and/or phrases
- **Receptive communication-** May process information that provides meaning at differing speeds
- **Expressive communication-** The speed in which it takes to move thoughts/ideas/questions into words may differ
- **Varied communication methods-** May communicate using AAC device, PECS, gestures, switch or other methods

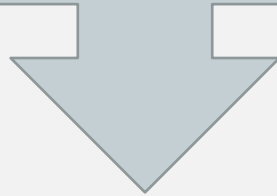


Please take
a seat.

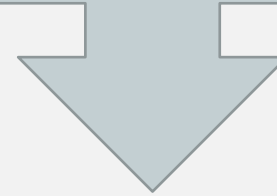


Autism Spectrum Disorder

Differences in social communication and social interactions that result in needs across multiple settings



Restrictive, repetitive patterns of behavior, interests, or activities



Autism Spectrum Disorder

APA (2013)



Restrictive, Repetitive Patterns of Behavior



Potential areas of need:

- **Repetitive movements & self-stimulation**- May engage in activities that sooth or stimulate (e.g., rocking, twirling, hand flapping)
- **Resistance to change**- May have difficulty moving from one activity to another, especially if it is unexpected
- **Specific interests**- May have specific interests that are different than children without autism (e.g., bands, dates, toys, TV shows, activities)
- **Generalization**- May have difficulty applying information learned in one location to another
- **Sensory**- May be over or under sensitive to different sensory input



Sensory Differences



- Individuals with autism may have sensory differences
- Sensitivity to smell, sound, sight, touch, taste,
- Pain and temperature
- Seeking and avoiding behaviors



What about school may be difficult for students with autism?



Many of the things that make school interesting and fun for some students, can be stressful or overwhelming with a student with autism



Cory can't call out!





Considerations when Addressing a Behavior

- Unintentional Ableism and Bias
- Co-occurring Mental Health Needs



Considerations When Identifying a Behavior to Address

- Be mindful to only address behaviors that *need* to be addressed
- Be aware of ableist decision-making
- Masking or camouflaging
 - Pretending to be someone you are not
 - Camouflaging autistic traits associated with increased suicidality (Cassidy et al.; 2019)

“Sometimes, when I have had to do a lot of camouflaging in a high stress environment, I feel as though I've lost track of who I really am, and that my actual self is floating somewhere above me like a balloon.”

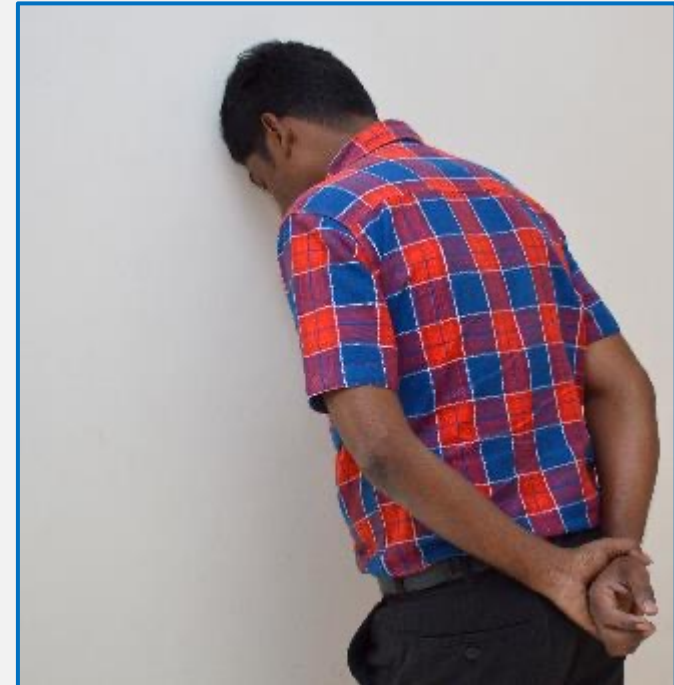
(Hull et al., 2017)

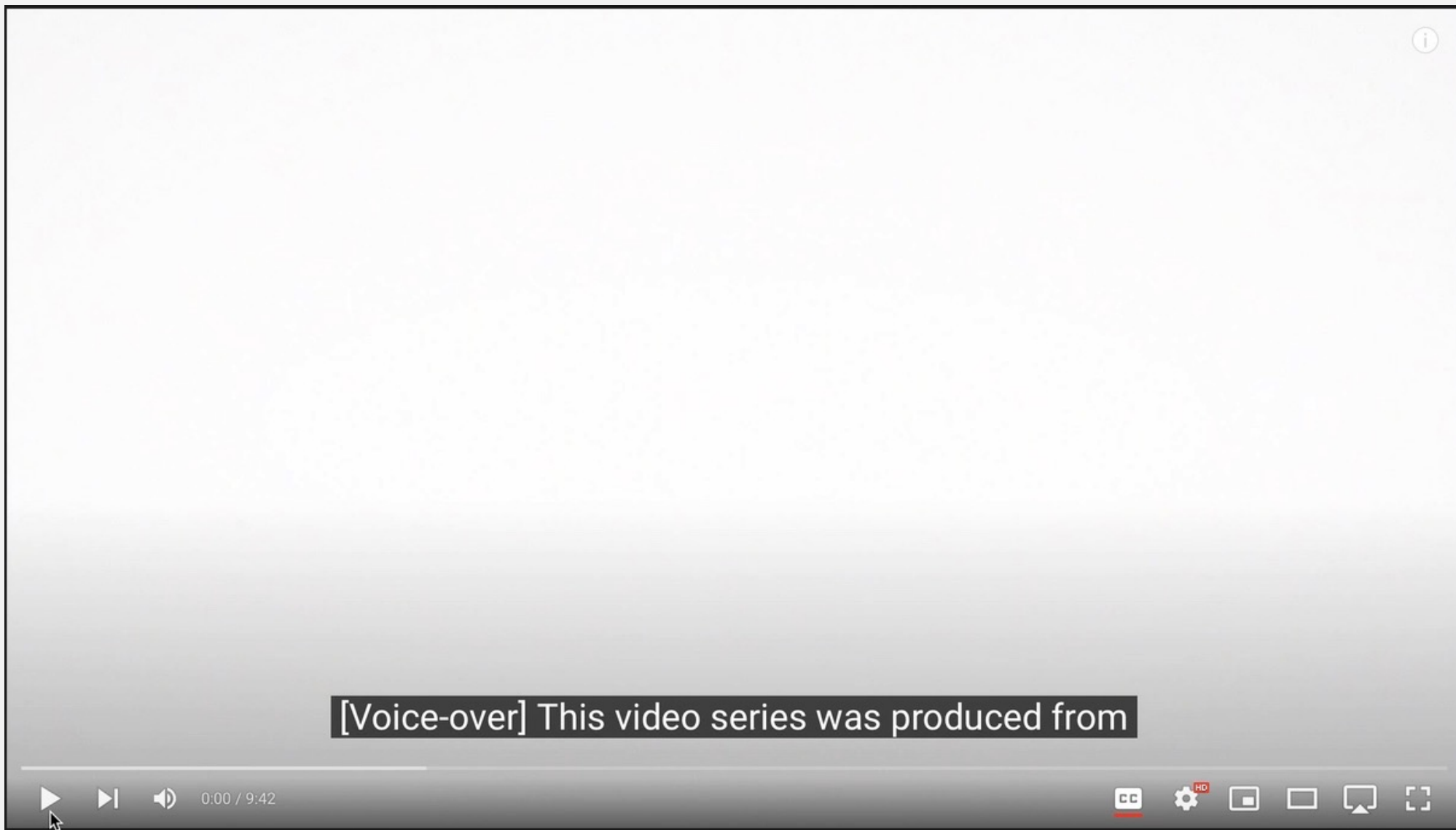


Effects of Masking



- Stress and anxiety
- Depression
- Exhaustion
- Delayed identification of autism
- Loss of identity
- Increased risk of suicidal thoughts

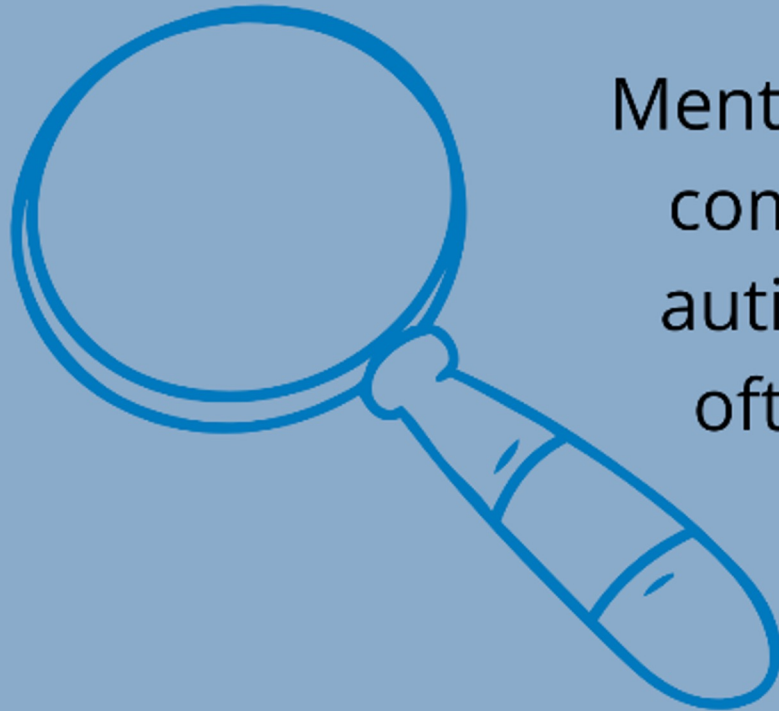






Change my mind!





Mental health diagnoses are common in persons with autism however, they are often not appropriately identified.



Diagnosis Can Be a Clinical Challenge

Individuals with autism who are experiencing mental illness may present in very different ways than their peers without autism

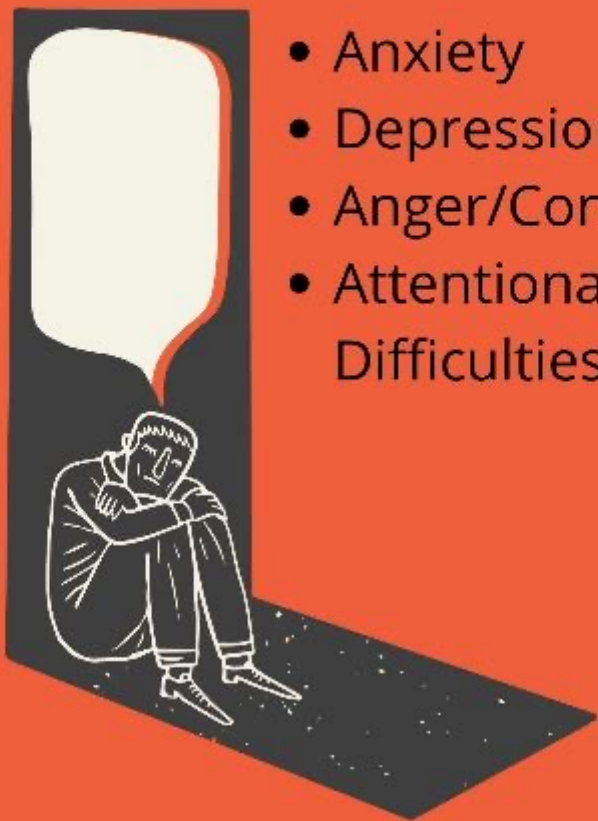
- Diagnostic overshadowing (e.g., misunderstanding withdrawal; Kerns et al., 2015)
- Limited receptive and expressive language
- Deficits in communicating about internal states
- Assessment measures – difficulties with abstract language used, identifying emotions; common measures typically not normed on ASD



Prevalence of Comorbid Mental Health Diagnoses

- Individuals with ASD experience high rates of co-occurring mental health conditions
 - Approximately 70% of children with ASD have at least one mental health diagnosis (Eaves & Ho, 2008; Leyfer et al., 2006; Simonoff et al., 2008)
 - Approximately 25% of adults with ASD exhibited BOTH anxiety and depression (Uljarevic et al., 2020)
- Individuals with ASD are also at increased risk for suicide (Cassidy et al., 2020).
- Autistic adults (Camm-Crosbie et al., 2019) and parents of children with autism (Brookman-Frazee, 2012a) report dissatisfaction and difficulty accessing community mental health services
- MH professionals express difficulty identifying and using evidence-based practices (EBP) due to limited professional training (Brookman-Frazee et al., 2012b)

Most common co-occurring mental health concerns



- Anxiety
- Depression
- Anger/Conduct
- Attentional Difficulties



Core Characteristics of Autism Increase Susceptibility to Mental Health Disorders

Social Communication

- Feelings of frustration when expressive communication is difficult
- Difficulties understanding messages and meaning
- Social withdraw from social situations with high communication requirements

Restricted, repetitive behaviors

- Rigidity can lead to social anxiety
- Limited social opportunities (playdates, parties)
- Stress associated with transitions
- Sensory differences can lead to dysregulation
- Bullying can put children at risk for mental health disorders

(Karmin, 2014)



Anxiety Disorders and ASD

- Prevalence:
 - Children and adolescents - 40% (Uljarevic et al., 2016)
 - Adults - up to 53.6%
- Risk factors:
 - life changes/stressors
 - older age
 - higher IQ and language ability (Kerns et al., 2014)
 - sensory hypersensitivity (Green & Ben-Sasson, 2010)
 - ASD severity a predictor of “atypical” anxiety (Kerns et al., 2014)



How Anxiety Presents with Autism

Most common DSM diagnoses:

- Specific phobia
- GAD
- Social phobia
- Separation anxiety disorder
- OCD

Atypical Presentation:

- Anxiety related to routine, novelty
- Unusual specific fears
- Social fearfulness
- Compulsive/ritualistic behavior

Kerns et al., (2016); Kerns & Kendall (2012)



Depressive Disorders and ASD

Prevalence (Uljarevic et al., 2020; Wigham et al., 2017)

- Children/Adolescents - rates vary from 15.8 to 54%
- Adults - up to 35%

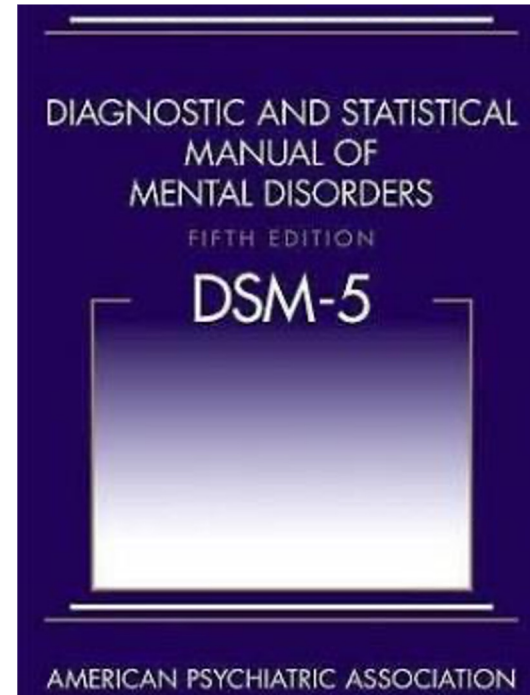
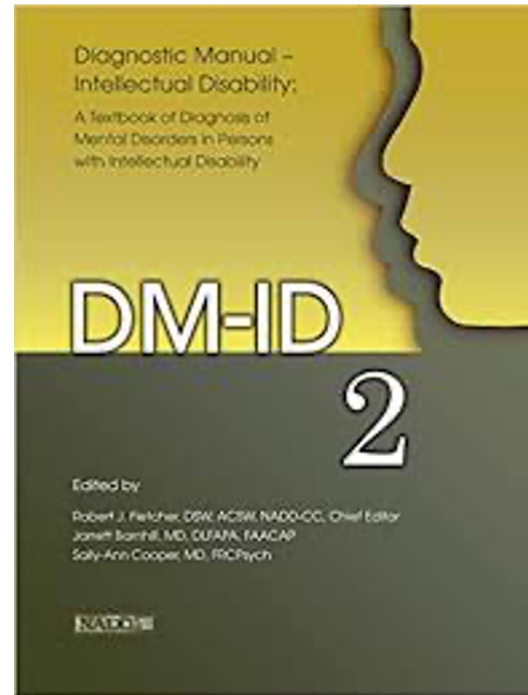
Risk factors (Hand et al., 2019)

- Suicidal ideation/attempts: young age, co-occurring psychiatric conditions



How Depression Presents with Autism

- High rates of co-occurring depression and anxiety - approx. 25% (Uljarevic et al., 2020)
- Increased rates of depression overall and perhaps:
 - Irritability; Feeling depressed; Anhedonia; Suicidal ideation; Worthlessness/guilt; Fatigue; Change in sleeping; Change in concentration (Bitsika & Sharpley, 2015)
- Camouflaging autistic traits associated with increased suicidality (Cassidy et al., 2020)



DSM 5 & DM-ID 2



Cory's behavior escalates



Effective Strategies During SE-A-B-C



What does research tell us?

- Effective strategies:
 - Support effective teaching and learning of all students
 - Establish a positive relationship between the teacher and all students
 - Focus on preventative strategies rather than reactive strategies
- Sometimes teachers feel uncertain about the best way to use preventative strategies so they use less effective reactive strategies

Korpoershoek, et al. (2016); Lewis & Sugai (1999); Ruble et al. (2011); Shook (2012)



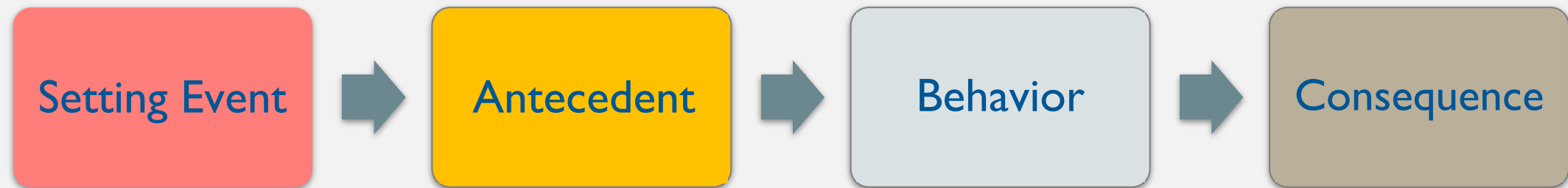
Considerations When Identifying a Behavior to Address

- Only address a few behaviors at a time
 - Prioritize based on the safety of your child and those around them
- Be mindful to only address behaviors that need to be addressed
- Consistency is key!





Building Blocks of Behavior

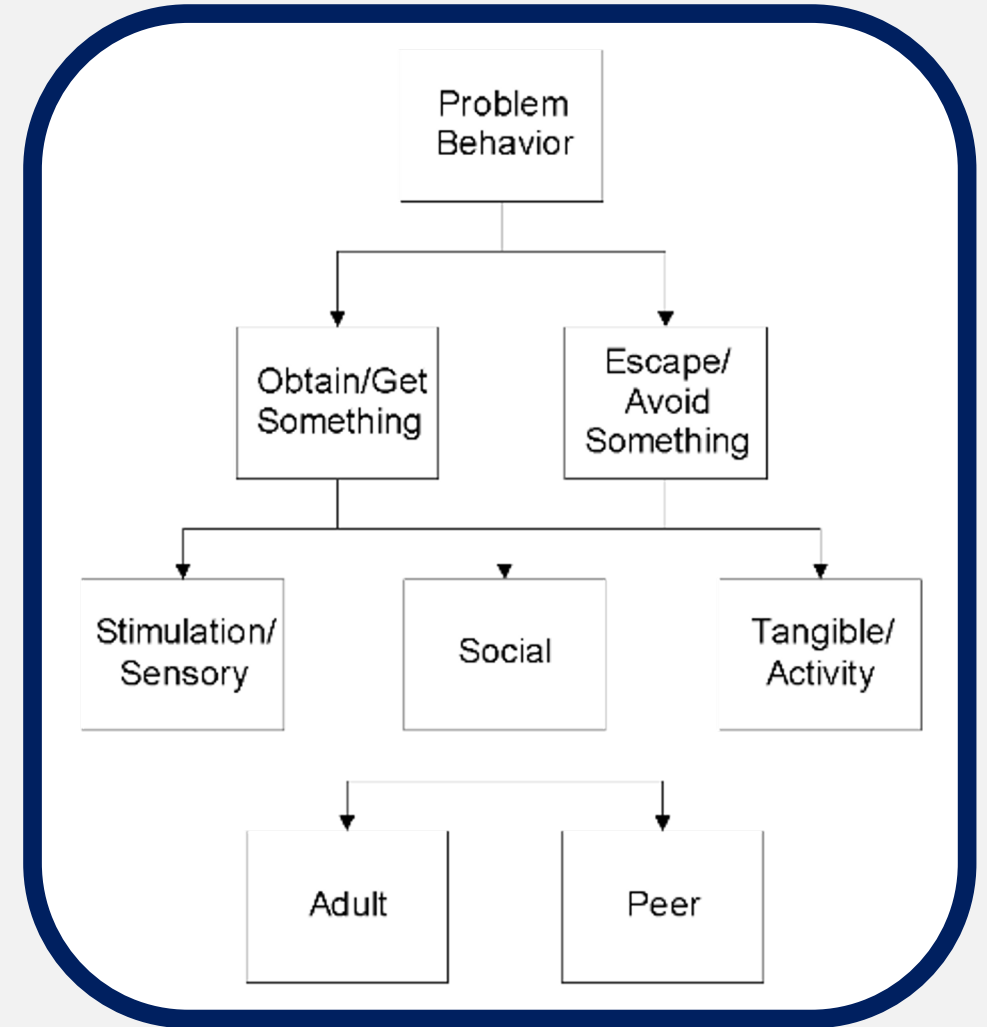


A condition that triggers a behavior.	An event that triggers a behavior.	An observable and measurable act of an individual.	A stimulus change that strengthens or weakens the future occurrence of the behavior in the presence of those antecedents
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Understanding Function

- Collecting SE-A-B-C data can be useful in understanding the function of behavior
- Understanding the function of the behavior helps us develop a plan for addressing it





Using the ABCs of Learning to Address Behaviors

A



B



C

Teacher Cue
*Discriminative
Stimulus (S^D)*

Prompt

**Positive
Reinforcement**

**Negative
Reinforcement**

LEARNING

Albero &
Troutman (2022);
Collins (2012)



Anticipate Celebratory Triggers: Setting Events and Antecedents

Setting
Event

Antecedent

Communicate and celebrate disability

- Discuss how to identify and speak about your student's disability
- Describe specifically what TO expect to other adults
- Let your student speak for themselves – and listen!





Anticipate Triggers: Setting Events and Antecedents

Setting
Event

Antecedent

Stick to the schedule

- Stick to as many routines and daily activities as possible
- Create and teach schedule pieces for upcoming or new activities
- Create a routine for unpredictable events





Anticipate Celebratory Triggers: Setting Events and Antecedents

Setting
Event

Antecedent

Remember the importance of predictability



- Use visual schedules, timers, social narratives, and role playing
- Practice strategies for calming and self-advocating
- Remember to incorporate communication devices, calming objects, or other permanent supports with you as you visit friends and family



Use Visual Supports

Setting
Event

Antecedent

Visual Support	What does it do?	Consider using if your student needs support...
<p>Visual Schedule</p> 	<p>Visual schedules are used to identify activities or events that will occur within an identified timeframe</p>	<ul style="list-style-type: none">• Understanding processes or changes• Remembering schedules or routines• Reducing dependency on others to navigate sequences of activities, classes, or obligations
<p>Visual Timer</p> 	<p>Visual timers make the abstract concept of time more concrete by showing the passing of time in a visual format</p>	<ul style="list-style-type: none">• Understanding the duration of an activity• Determining how long an undesirable activity will last• Preparing for the end of a preferred activity



Rutherford (2019)



Types of Visual Supports (continued)

Setting
Event

Antecedent




Visual Support	What does it do?	Consider using if your student needs support...
<p>Visual Boundaries</p> 	<p>Visual boundaries help structure and increase predictability in different areas of a learner's environment</p>	<ul style="list-style-type: none">• Understanding expectations for different areas or locations of an environment• Regulating their body's position in relation to others• Making abstract rules about space and the environment more concrete• Maintaining a safe learning area
<p>Visual Cues</p> 	<p>Visual cues provide visual information about an activity, event, or concept in order to increase success of task completion</p>	<ul style="list-style-type: none">• Initiating a response• Understanding what is available to them• Expressing their choice or preference• Engaging in activities independently



Tips for Visual Supports: Determine the Visual Stage

Setting
Event

Antecedent

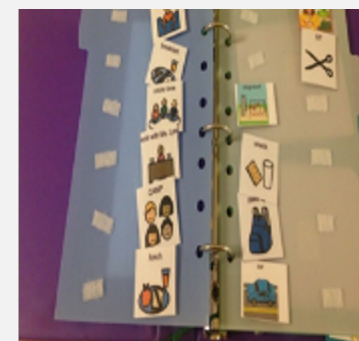
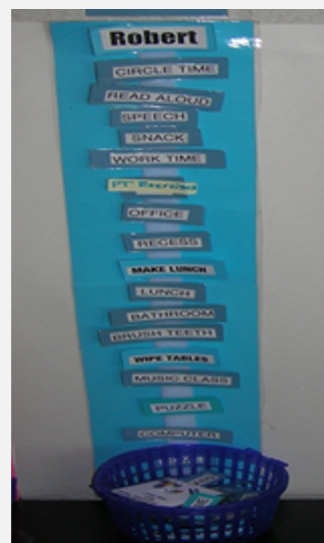
Object		Use of actual objects and items for visual needs
Photo		Use of real photos such as pictures and magazine photos
Picture Symbolic		Use of colored drawings
Line Drawing		Use of black and white line drawings
Text	Apple	Use of written words or numbers for communication needs



Example of Visual Stages: Schedules

Setting
Event

Antecedent



Mysabel's Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
AM Group	AM Group	AM Group	AM Group	AM Group
Group Time	Group Time	Group Time	Group Time	Group Time
Language	Language	Language	Language	Language
Work	Work	Work	Work	Work
Reading	Reading	Reading	Reading	Reading
Teacher	Teacher	Teacher	Teacher	Teacher
Break	Break	Break	Break	Break
Music	Music	Music	Music	Music
Recess/Lunch/Bathroom	Recess/Lunch/Bathroom	Recess/Lunch/Bathroom	Recess/Lunch/Bathroom	Recess/Lunch/Bathroom
Break	Break	Break	Break	Break
World Language	World Language	World Language	World Language	World Language
Break	Break	Break	Break	Break
Pack Up	Pack Up	Pack Up	Pack Up	Pack Up



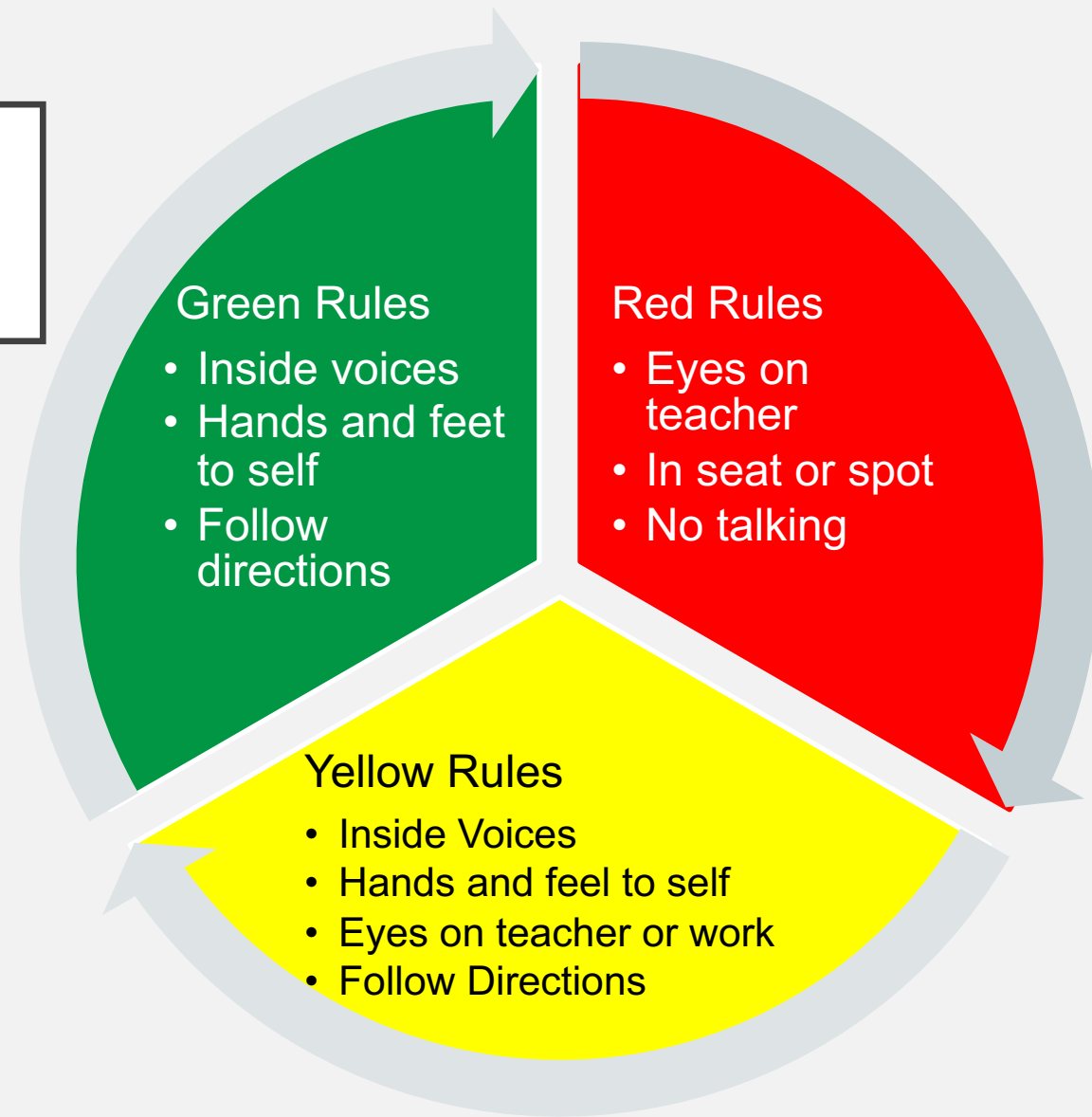
Monday	Tuesday	Wednesday	Thursday
IEM 101 B N1 (30576)		BIOL 107 LAB D19 (30399) BS CW 102	
	CHEM 101 LEC H1 (30544) C E1 60		CHEM 101 LEC H1 (30544) C E1 60
DL 107 C A01 (32934) L E1 001	MATH 113 LEC K1 (31287) TL B 2	BIOL 107 LEC A01 (32934) ETL E1 001	MATH 113 LEC K1 (31287) TL B 2
	ENGL 122 LEC A21 (38981) HC L 4		ENGL 122 LEC A21 (38981) HC L 4
IC 100 C A2 (31818) 12		SOC 100 LEC A2 (31818) TL 12	
	CHEM 101 SEM L10 (30555)		



Color Wheel System

- Versions of classroom rules for different classroom activities
- Provides students with visual representation of which rules to follow
- Makes different classroom activities more predictable

Aspiranti, Bebech, Ruffo, & Skinner (2019); Skinner, Scala, Dendas, & Lentz (2007)







A Visual Support for Cory

Setting
Event

Antecedent

If...	Then..
If Ms. Frank makes a statement and pauses...	Then I answer out loud 
If Ms. Frank asks a question...	Then I raise my hand 



Planning for Visual Supports

- Determine activities that would benefit from a visual support
- Introduce the student to the visual cue.
- Determine a cue for initiating use of the visual support
- Determine if there are any special rules for using the visual support and/or create a task analysis for using the visual support
- Identify prompting and fading procedures that can be used to teach your learner to access and independently use the visual support
- Identify reinforcement procedure for using the visual support



Rutherford (2019); Sam & AFIRM Team (2015)



Implementation of Visual Supports



1. Introduce your learner to the visual support and model its use.
2. Use your prompting procedure to teach your learner how to use and follow the visual support.
3. Reinforce your learner for accessing and following the visual support.
4. Fade your prompts and thin your reinforcement over time so your learner can use the visual support independently.
5. Generalize its use across multiple settings, people, and activities.



Using Task Analysis to Teach Chained Tasks

Setting
Event

Antecedent

- Evidence-based practice used to break down complex/chained behaviors into small steps
- Treats each step as discrete skill that is taught until mastered
- Goal: Increase independence with complex tasks





Modeling as a Prime and Modeling as a Prompt

Setting
Event

Antecedent

- Students must meet three pre-requisite skills to benefit from modeling:
 - Imitation
 - Sustained attention
 - Mastered some components of target skill
- Modeling as a prime demonstrates a target behavior or skill before asking the student to demonstrate it
- Modeling as prompt demonstrates a target behavior or skill to provide as-needed help to the student



Added Benefits of Video Modeling

Setting
Event

Antecedent

- Reduced social demands
- Consistent and repetitive
- Videos can be structured to highlight relevant environmental cues or include narration

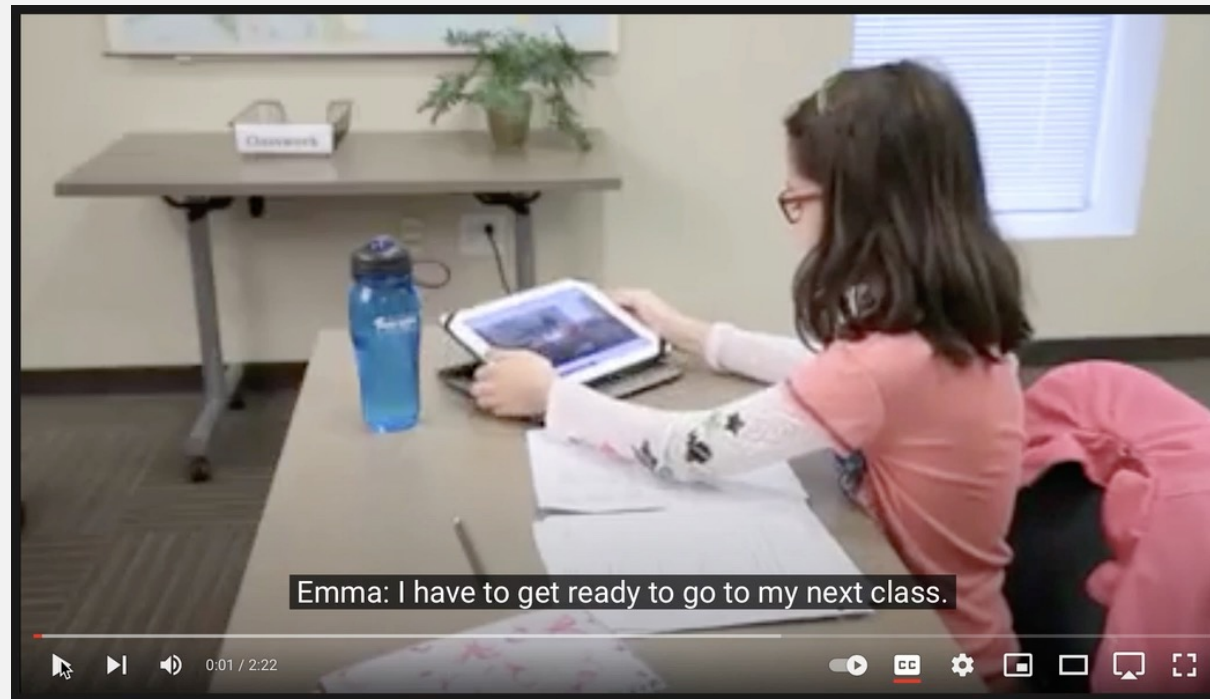
Type	Model	Best used for...
Peer Model	Peer	Imitation, academic, responding to stimuli
Self-model	Learner	Self-management, self care, play skills
Point-of-View	n/a	Specific events/settings, skills where point of view matters (e.g., tying shoes)



Video Modeling: Chained Behaviors

Setting
Event



Antecedent



The IRIS Center Video Collection (2018)



A Visual Support for Cory (Let's try that again!)

If...	Then..
If Ms. Frank makes a statement and pauses...	Then I answer out loud 
If Ms. Frank asks a question...	Then I raise my hand 



De-Escalation Strategies: Planning in Advance

Behavior

- **Have a departure plan**
 - Have a plan to safely leave a situation that may be overwhelming for your student
- **Remind your student to use skills they know**
 - Assist your student with using the skills they have already been taught and practiced
 - Encourage use of replacement behaviors and remember to reinforce attempts at using these strategies
- **Be mindful of how autistic traits and masking are impacting the situation**
 - If a student frequently masks, sensory differences, communication differences, and other autistic traits will be more difficult to hide when in crisis
- **Set limits**
 - Calmly remind your student of the rules, and if appropriate, the consequences of breaking those rules. Do not threaten.

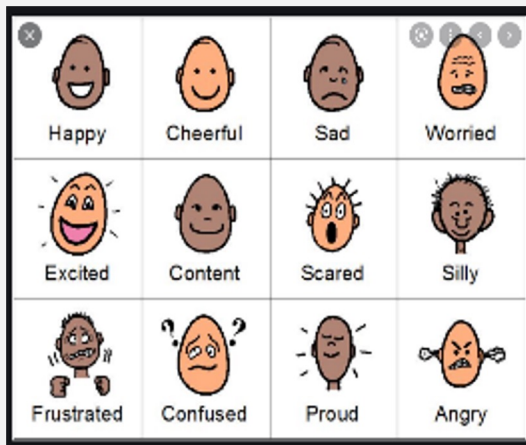


De-Escalation Strategies (continued)

Behavior

Help your student articulate their emotions

- Encourage communication in a modality that works best for them
- Consider using visuals to help the student identify their emotions and rate their own level of escalation



Ensure everyone's safety

- Unless they are engaging in self-injurious behaviors, keep a safe distance from your child so they feel safe
- Remove harmful objects from the area
- If necessary, remove your student from the environment and take them to a safer place.



Calming Strategies and Behavioral Expectations

Behavior

5	 Screaming Emergency Voice Someone is hurt or you are in danger	
4	 Outside Voice Recess voice, Cheering at a game, or calling the dogs outside	
3	 Classroom Voice Talking voice	
2	 Whisper Soft voice / Library voice	
1	 No Talking It's time to listen	

Choose the target behavior

Decide on the content for each scale point associated with the target behavior

Develop a story or visual cue for the story, if necessary

Introduce the scale to the student






Practice the scale with the student, and revise if needed





































Tips for Making the Abstract More Concrete: Incredible Five-Point Scale

Behavior

Is This a Big Deal?

5	=====	A Volcano Deal		A Really Really Big Deal
4	=====	A Big Deal		Oh man, I'm getting kinda mad!
3	=====	Medium		Oh, I'm a little annoyed
2	=====	A little Deal		It's O.K.
1	=====	Not A Big Deal		No big deal!

My Voice Scale			
	Looks Like	Sounds Like	Where or When can I do this?
5		Yelling	
4		Talking loud	
3		Inside voice but others can hear me	
2		Whisper only or little talking with low voice	
1		Quiet and no talking	

Behavior check in				
1st period				
2nd period				
3rd period				
4th period				
5th period				
6th period				
7th period				
8th period				
green= 2 pennies orange= no pennies- make a plan yellow= 1 penny red= no pennies- loss of privilege				

Group Check-In

5	I am really glad to be here. I will participate and I may even be able to help others.
4	I am glad to be here and I will participate.
3	I'm here. I might or might not participate.
2	I'm here. I will not participate but I will not disrupt.
1	I will not participate and I may disrupt if I have to stay.

Additional resources can be downloaded at: <https://www.5pointscale.com/>



When Cory's behavior escalates...





De-Escalation Strategies: Consequences

Consequence

- **Use positive reinforcement**
 - *Find opportunities to provide positive reinforcement*; clearly state why you providing feedback (e.g., I like how you are using your words to tell me you are angry)
 - Praise your student for using coping skills or for choosing an alternative response
- **When your child has de-escalated, enforce consequences without creating “new” punishments**
 - Enforce natural and planned consequences (e.g., if something is broken, they are responsible for cleaning it up, fixing it, using their allowance to replace)
 - Do not create new or prolonged consequences or punishments for the behavior
 - Do not create punishments that are likely not going to be enforced



Community Resources

- Parent Information Center of Delaware – www.picofdel.org
 - Family SHADE - <https://www.familyshade.org/>
 - DE Family Voices - <https://delawarefamilytofamily.org/>
- Autism Delaware – www.autismdelaware.org
- SWPBIS Practice Brief - <https://www.pbis.org/>
- Center for Disabilities Studies: <https://www.cds.udel.edu/>
 - Roadmap to Services - <https://www.cds.udel.edu/roadmap-to-services/>
- Delaware Network for Excellence in Autism - www.delawareautismnetwork.org/





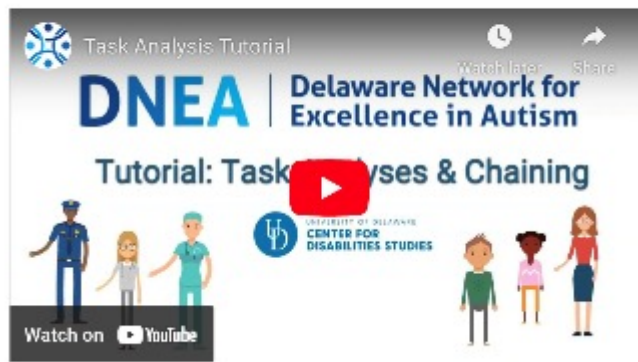
Check out DNEA Resources!

www.delawareautismnetwork.org

INTRODUCTION TO PROMPTING



TASK ANALYSIS TUTORIAL



Trauma and Youth with Autism

DNEA Resource Guide
for Professionals



Adverse Childhood Experiences (ACEs) are traumatic experiences in childhood, such as witnessing violence in the home, experiencing neglect, or having a family member with a mental illness. ACEs can have lasting effects on future physical and mental health but are often an overlooked health disparity in the autism population (Rigles, 2016).

Youth with autism may have difficulty coping with such experiences. Individuals with autism have a higher rate of internalizing disorders, such as anxiety and depression, and often struggle with emotional regulation skills, which help facilitate coping with these stressors (Sims et al., 2013).

Assessment of Trauma in Youth with Autism

It can be challenging to identify trauma in autistic youth. For example, the emotions created by trauma may lead to challenging behaviors, which may be incorrectly attributed to the youth's autism. It is important to recognize and treat trauma because it can negatively impact development, behavior, mental and physical wellbeing, and a youth's sense of safety.

Identifying trauma can also be difficult if a person has complex communication needs. Consider an autistic person's communication needs by adapting assessment materials and practices to include visual supports. Ensure a person has access to alternative or augmentative communication devices they may use to communicate.

Observations and assessment data, including input from those who know the youth well, can help identify signs of trauma. Knowing how a youth typically behaves and recognizing the onset of new behaviors may help determine events that influenced a change.

TF-CBT for Youth with Autism

Treating trauma increases the quality of life of youth with autism and may reduce their need for additional supports and services. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment used to help children and adolescents recover after trauma. An autism-sensitive application of TF-CBT can be an effective treatment for youth with autism who have experienced trauma (Farr et al., 2017).

It's important to adapt TF-CBT to meet the youth's individual needs and learning styles. For example, this may include using visual supports, such as session schedules or social narratives, and increasing caregiver involvement in helping to reinforce skills outside of therapy. It is also important to allow additional time when focusing on emotional stages, the mind-body connection, and ways to incorporate sensory experiences into treatment.

Additional resource guides at: <https://www.delawareautismnetwork.org/>

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Excellence in Autism

ALL CALENDAR

We appreciate your interest in the Delaware Network for Autism Excellence (DNEA). Please check back as we update our training schedule each month.

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Question Time

Thank you!!







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