



CARD
CENTER FOR AUTISM
& RELATED DISORDERS

Positive Behavior Management: Practical Tips for Parents

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Introductions

- My name is Jonathan Tarbox
- I am the co-director of research and development at the Center for Autism and Related Disorders
- We serve kids with autism around the world, one child at a time
- My job: do research on how to fix real problems with real kids; problems that involve behavior in some way

Introductions

- How many parents of kids affected by autism or some other developmental disability in the audience?
- How many professionals who work with affected kids?
- How many people who have had experience with some kind of behavior problem they wish they could fix?



Introductions

- My training is in behavioral psychology, specifically Applied Behavior Analysis, or ABA
- Areas within ABA you may have heard of:
 - Positive behavioral support (PBS)
 - Discrete trial training (DTT)
 - Verbal behavior analysis or applied verbal behavior (AVB)
 - Pivotal response training (PRT)
 - Natural environment training (NET)
 - Natural language paradigm (NLP)
- These are all based on the same basic principles of learning and motivation which come from the same body of scientific research
- ABA includes all of these



Introductions

- Tonight's presentation:
 - Targeted toward parents
 - Source of the material is scientific research, but...
 - Tone is purposefully non-technical; user-friendly
 - I'm hoping this talk will be of some practical use to you
 - Feel free to raise your hand and ask questions at any time – this should be a dialogue, not a lecture

Intrusive Procedures

- The current standard in human services and CARD's position on all behavioral intervention is that providers must use the least intrusive procedures that get the job done
- Let's go over some brief notes about intrusive procedures and your child / client...



Intrusive Procedures

- The ethical standard now in ABA is to not use aversives, restraints, or seclusion
- If your child or client is being restrained or secluded frequently, you should consider that a red flag
- If a child is going to hurt him/herself or someone else in the immediate future, service providers have a *responsibility* to protect the child with a safe emergency intervention
- But this has to be a temporary emergency procedure...



Intrusive Procedures

- So, if your child / client is being restrained on a regular basis, and the number of restraints being implemented is not decreasing, then *his/her behavior plan is not working*
- Demand that your child's school or other service provider reassess what they are doing
- If your client is in this situation, seriously consider trying something different
- Now, on to treatment...

Let's begin: What is behavior?

- It's anything anyone does:
 - Good
 - Bad
 - Neutral
- Today I'm going to talk about your children's behavior that makes his/her life and/or the life of his/her family more difficult and less fulfilling



Behavior Function

Why do kids do stuff they aren't supposed to?

- Just about all the reasons can be explained as either:
 - Getting good stuff (positive reinforcement)
 - Avoiding bad stuff (negative reinforcement)
- It's basically a way of telling you what they want; it's communication
- They may not know or may not care that their way of telling you is not the "appropriate" way
- Kids with developmental disorders may not have the language to ask for what they want

Challenging Behavior

Example: avoiding bad stuff

Jacob hates baths. Parent says "Time to take a bath"



Jacob cries and throws himself on the floor



Jacob gets to avoid the bath for five more minutes

How is this like language? What is Jacob saying by crying and throwing himself on the floor? How about "Can I have five more minutes Mom?"

Challenging Behavior

Example: getting good stuff

Jenny is playing with her favorite toy. Parent says “okay, time to put away the toy”



Jenny starts whining



Parent lets Jenny have the toy a little longer

How is this like language? What is Jenny saying by whining? How about “I don’t want to put my toy away, can I play a little longer?”

Challenging Behavior

Example: getting good stuff AND avoiding bad stuff

Johnny is playing outside. Parent says "Time to come inside and clean your room"



Johnny runs away



Johnny gets to play outside a little longer AND doesn't have to clean his room yet

How is this like language? What is Johnny saying by running away? How about "I want to keep playing AND I don't want to clean my room"



Challenging Behavior as Communication

- What if your child DOES know how to ask for what he/she wants but still acts out?
- Just because someone knows how to do something doesn't mean they are going to do it
- It's possible that it is easier for them to use the inappropriate behavior than it is to just ask
- Often, parents (myself included) are more likely to give the child what they want when they do something inappropriate than when they ask nicely
- Let's look at why...



Parent Behavior

- I know from experience with my own two year old that parent behavior serves the same functions as child behavior
- The way that we interact with our kids either helps us get good stuff or avoid bad stuff too
- What can be good stuff for parents?
 - Seeing your kid happy
 - Some time to rest
- What can be bad stuff for parents?
 - Seeing your kid unhappy
 - Dealing with problematic behavior (tantrums, etc.)
- Let's have another look at the examples, but from the parents' point of view...

Parent Behavior

Jacob hates baths. Parent says “Time to take a bath”



Jacob cries and throws himself on the floor



Parent gets to avoid Jacob crying and gets some peace and quiet for five minutes by delaying bath for five minutes

Parent Behavior

Jenny is playing with her favorite toy. Parent says “okay, time to put away the toy”



Jenny starts whining



Parent avoids seeing Jenny unhappy by letting Jenny have the toy a little longer

Parent Behavior

Johnny is playing outside. Parent says "Time to come inside and clean your room"

Johnny runs away

Parent gets to see Johnny have fun outside and gets to avoid the "fight" of chasing Johnny and getting him inside by not chasing him for a while



Challenging Behavior

The take home point:

- People do what they do because they get something they want or need out of it
- Would your child keep doing the problematic behavior if he/she didn't get what they want out of it anymore?
- What if he/she was able to get what they want for doing something more appropriate?
- What if the appropriate behavior got them what they want, and was *easier* than the problematic behavior?
- Let's look at some real life case studies where we fixed real behavior problems...



Case Study

Timmy learned to like sleeping in his own bed

- Timmy was an 8 year old boy with Asperger's disorder with near-typical language abilities
- Timmy had slept in his parents' bed *every night of his life*
- Previous attempts to get Timmy to sleep in his own bed had all failed due to tantrums and parental guilty feelings (“mommy, I love you, why can't I sleep in your bed?”)



Case Study

Timmy

- Why did Timmy refuse to sleep in his own bed? Was it because of his diagnosis?
- The simplified answer: because he was better off in the short-term.
 - Sleeping in parents' bed = comfort and constant attention
 - Sleeping in his own bed = less comfort and less attention, and maybe a little bit scary at first



Case Study

Timmy

- Why did Timmy's parents let him sleep in their bed?
 - Were they bad parents? No
 - Did they not know how to stop it? No
- Their lives were also better off in the short-term by allowing the behavior to continue
 - They avoided tantrums
 - They avoided feeling guilty for making their child with Asperger's sad



Case Study

Timmy

- But what were the longer-term consequences of Timmy sleeping in his parents' bed every night?
 - Delaying Timmy's development: he won't always be able to sleep in his parent's bed and it will only get harder to learn, the longer the habit goes on for
 - Damaging to Timmy's parents' marriage
 - No time alone
 - No life outside of parenting
- Timmy's parents were aware of all this, that's why they called us for help



Case Study

Timmy

- So what to do? Teach Timmy to be proud of himself for sleeping in his own bed
- How? Here was the plan:
 - Decorated his room with all his favorite themes
 - Put on his favorite lullaby music
 - Talked to Timmy about it everyday for several days
 - Told Timmy the rules: “Mommy will read you three stories and then you need to sleep in your own bed like a big boy”
 - Don’t let him out of his room
 - If he wakes up after falling asleep, check on him, give him a hug and kiss, and then say goodnight again
 - Throw a big party to celebrate Timmy’s achievements the next day



Case Study

Timmy

- Did it work?
- Yes
- Timmy cried for two hours and said many things that broke his parents' hearts (“I’m going to cry forever”)
- Timmy tried to run out of his room several times
- Timmy ended up sleeping through the rest of the night in his own bed, for the first time in his life
- Timmy posted a sign on his bedroom door the next day that read “Bed for sale”



Case Study

Timmy

- Okay, but was this actually practical for his parents when they didn't have any outside help?
- Yes
- Within a few weeks, Timmy began to like sleeping in his own bed and was outwardly proud of himself for doing it
- Two years later, Timmy had slept in his bed *every* night for two years



Case Study

Jenny learning to eat

- Jenny was a four year old girl with developmental delay and total food refusal
- She was born 3 months premature, with zero chance of survival
- She never learned to suckle, let alone eat through her mouth in any way
- She received all of her food through a “g-tube” from the very beginning of her life
- Previous attempts at getting her to eat baby food failed because of tantrums



Case Study

Jenny

- Why didn't Jenny eat?
- Her life was better in the short-term by not eating
 - She never had to be hungry because she got all her food from the g-tube
 - Eating was scary because she didn't know how to do it – refusing food felt safer than trying to eat
- Why didn't her parents make her eat?
 - They were afraid of making her choke
 - They didn't want to make her sad, especially after all her medical difficulties



Case Study

Jenny

- The longer-term consequences for not eating were very serious
 - Jenny was significantly under weight
 - Her growth was significantly delayed
 - Formula is not considered sufficient nutrition for one's whole life
 - Many medical risks because of g-tube
 - Could be bad for Jenny's social development – other kids eat food orally, etc.



Case Study

Jenny

- What did we do?
 - Have a medical doctor assess the safety of her trying to eat. Will she choke? Does she have the “plumbing” to eat?
- How can we motivate her to try to eat?
 - Make her life more fun in the short term if she makes an effort at eating then if she doesn't
 - Make the rules simple and clear
 - Start small
 - Be consistent



Case Study

Jenny

- What did we do?
 - Sit her at a table with a bowl of baby food and a spoon
 - Let her pick anything she wanted out of all of her toys and videos
 - Give her the toys that she chose
 - Turn on the video that she chose
 - Put one very small bite of baby food, on a child-sized spoon in front of her mouth and asked “Jenny, take a bite please”
 - If she took a bite, huge praise and a big party, no more food that day
 - If she didn’t take a bite, turn off the video and take away the toys
 - Give it all back as soon as she tried to take the bite



Case Study

Jenny

- Why would this work?
 - She gets good stuff (all her favorite toys and videos, lots of praise, and is proud of herself) by trying to eat
 - She doesn't get all that same good stuff if she doesn't try to eat
 - We made it *very easy* for her by requiring only the very smallest attempt at taking a bite
 - Overall, it was easier for her to just try and take the bite than it was to refuse



Case Study

Jenny

- Is it mean to take a disabled child's toys away, just because she didn't do what you asked her to?
- What if her parents were okay with it?
- Would it be worth it if it worked?
- Did it work?
- Yes
- She took the bite *on the first day*



Case Study

Jenny

- Who cares about one bite? That's not fixing the problem
- After Jenny became good at eating one very small bite, we started presenting a regular sized (age appropriate bite)
- When she got good at that, we changed it to two bites before the meal was over
- When she got good at that, we changed it to three, and so on...



Case Study

Jenny

- That sounds like it would take forever
- It did. But, one year later she was eating age appropriate sizes of meals, *with no problems*
- Is this practical for the parents? Can you operate a remote control?
- Eventually, her parents were able to give her a normal portion of food and then ask her to eat it in the next 20 minutes, and the video would be turned off at that point if she didn't...it worked very well



Case Study

Jenny

- Then we had to teach her to chew
- How did we do that?
- We gave her small pieces of very easy-to-chew foods and modeled chewing
- How long did that take? Another year
- Was it worth all the effort?
- Two years after starting treatment, she ate her first piece of pizza – the whole thing, in her typical classroom, with her friends
- Six months later, her g-tube was permanently removed
- She now eats normally, with no special assistance



Case Study

Danny learning to communicate

- Danny was a 25 year old man with autism and moderate mental retardation
- Danny hit others, spit, kicked, bit, banged his head against others, banged his head against the wall, scratched others, destroyed property, bit himself, hit himself, stripped, and urinated on the floor, all on a regular basis (every day)
- Danny could speak in two to three words sentences
- Danny lived in a group home and attended a workshop during the day



Case Study

Danny

- Why did Danny do all these destructive things?
- We didn't know, so we did a Functional Behavioral Assessment (FBA)
- It turned out that most of these behaviors got Danny two things:
 - Escape from work (avoiding bad stuff)
 - Attention from others (getting good stuff)
- Why did he need to be destructive? Because he didn't know how to ask for these things and when he did, his staff would often ignore him



Case Study

Danny

- What did we do?
- Give him what he wants
- He has the right to enough attention from others
- He has the right to a break from work or help with work that is difficult



Case Study

Danny

- We taught him to ask for a break from work using sign language
- We trained his staff to give him much more frequent attention so he wouldn't feel the need to be destructive in order to get it
- We tried to ignore his destructive behavior
- In summary, destructive behavior = don't get what you want, adaptive behavior = get whatever you want



Case Study

Danny

- Did it work?
- Yes
- Depended on staff consistency
 - When staff didn't give him enough attention, the behaviors would return
 - When staff let him out of work when he did something destructive or they didn't give him a break when he asked for it, destructive behavior returned
- When his behavior plan was implemented correctly, the destructive behaviors were gone



Recap

- Whenever a child wants something, he/she has two choices:
 1. Try to get it in an appropriate way
 2. Try to get it in an inappropriate way
- Helping your child have appropriate behavior means making that choice easy for them by:
 1. Give them what they want for good behavior
 2. Don't give them what they want for destructive behavior
 3. Make it EASY for them to do the good behavior (take baby steps)
- Let's look at a video clip...



Common Objections to Positive Reinforcement

- “The kid *should* be doing it anyway because that’s how he is supposed to act. We shouldn’t need to reward him for being good.”
 - Yes, BUT, it doesn’t work very well to worry about what a child *should* be doing
 - If you want to help the child change his/her behavior successfully, then you should be thinking about what he/she *is* doing



Common Objections to Positive Reinforcement

- “If we reward him for doing something good, then it will ruin his internal motivation for doing it.” (the “over-justification effect”)
 - This objection doesn’t apply here because if your child already had the internal motivation to do the behavior you want them to, then they would already be doing it
 - Even more importantly, the approach we are talking about directly addresses the child’s internal motivation – you teach them a new way of getting *what they want*, not artificially reward them with something else



Common Objections to Positive Reinforcement

- “This sounds too hard”
- Yes, this is hard
- But what is harder, fixing the problem now, or dealing with the problem forever and never fixing it?
- Fixing the problem now is harder in the short term but is **MUCH** easier in the long term



Helping yourself change

- Now you have some tools
- Now what?
- Helping your child learn new behavior requires your behavior to change first
- How do you change your own behavior?
 - Acceptance
 - Commitment
 - Perseverance



Acceptance

- If you decide that your child has a behavior that needs to change and it's not getting better, then here are two things that must be accepted before it can get better:
 - What you have been doing to fix it up till now is not working
 - Therefore, something about your behavior must change
- Don't bother trying to change anything until you really accept that what you are currently doing is not working



Barriers to Acceptance

- You may feel guilty
- You may feel helpless
- You may feel like you are now “starting from scratch”
- You love your child too much
 - Your love is not the same thing as your parenting behavior
 - You will carry your love for your child with you forever; but your everyday behavior can change
 - Different kinds of parenting can be different ways of showing your love
 - Is this any different because your child has a diagnosis?



Commitment

- So, you've decided that what you're doing isn't working, now what?
- It's time to commit to doing something new
- If what you are doing right now isn't working, then it only makes sense to try something new
- What to try? What we have been talking about
 - Good behavior produces something he/she loves
 - Problematic behavior does not
 - Start small and easy



Perseverance

- Behavior change can be *difficult*, for you and your child
 - That doesn't mean something is wrong, it's just part of the process
- The problem usually gets a little worse before it gets better
 - Hang in there
- If you want it to work, you have to be consistent, *every time* – don't make exceptions (except to ensure safety)
- Give it one week; you don't have to persevere forever, but you do need to give your new plan a chance to work