From Naughty to Nice
The road to positive behavior interventions

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In this workshop, we will learn about...

• Understanding Behavior
• Alternatives to punishment
• Behaviors that may reflect mental health needs
• Sustaining appropriate behaviors
• Effective interventions at home and at school
Basic Assumptions

# 1- Behavior has meaning

We cannot assume that the purpose of the behavior is what we are seeing.
Basic Assumptions

# 2 Behavior is an attempt to communicate

We need to understand why the behavior occurs in order to respond effectively
Basic Assumptions

# 3 Relationships are key for managing behavior

There needs to be an element of trust, consistency and empathy to change what is working for us.
Other things to consider

• How someone views behavior also determines what the person wants to do about it.
• Different ideas about what causes behavior problems may lead to different kinds of interventions.
• Personal experience and training impact ideas about how to manage or change behavior.
Behavior is influenced by Temperament

Each child is hard-wired differently. This unique way of experiencing and approaching the world is called temperament.
Behavior is influenced by Brain Development

• Brain operates on a “use it or lose it” principle
• Only those connections and pathways that are activated frequently are retained
• We continue to do what works for us—especially if it meets our needs
Challenging Behavior

“Children do well if they can. If they can’t, we need to figure out why, so we can help them.”

Ross Greene, The Explosive Child

Every challenging behavior can be thought of as a form of communication and as a solution to a problem.
Using a traditional model of changing behavior

PUNISHMENT

• Short term solution
• May make children angry, resentful, and defiant
• Often leads to more aggressive behavior
• Teaches children that it’s acceptable to use power to control people
• Frightens, embarrasses and humiliates children
• Damages self-esteem and self-concept
• Doesn’t teach appropriate behavior
• Undermines the relationship between child and adult
Using a positive model for changing behavior

GUIDANCE AND INSTRUCTION

• Long-term solution
• Builds self-esteem
• Adult shares power
• Teaches appropriate behavior
• Separates child from the behavior
Tips to Changing Challenging Behaviors

Any behavior that persists is working for the child.

1. Acknowledge the power of the behavior
2. Focus on teaching the child a socially acceptable or alternate way to get their needs met
3. Recognize and reinforce the new behavior
Tips to Changing Challenging Behaviors

• When confronted with a challenging behavior, we tend to conclude that the child either can’t or won’t

• If we assume “won’t, the strategy of choice is to punish

• Until proven otherwise, assume “can’t” and develop strategies using skill-building interventions
Tips to Changing Challenging Behaviors

- Think of behavior as a lack of skills
  Is the child having difficulty in:
  - Executive skills
  - Language skills
  - Black and white thinking
  - Social skills
  - Mental health needs

The explanation guides the intervention
What are some behaviors that may be about mental health needs

Not all behaviors are due to undiagnosed or unmet mental health needs.

It can be hard to separate yourself and your emotions from what is being done and said.

It is difficult to take time to figure out what a behavior is about.
Problem behaviors that may indicate Attention Deficit Hyperactivity Disorder

Tim’s teacher calls to report he is disruptive in his 4th grade class. He has trouble taking turns in games or activities, is fidgety and has difficulty staying seated. Lately Tim has begun to interrupt others and has difficulty listening to directions. He is always asking to have them repeated. Tim has missing assignments. To top it off, during lunchtime and recess when there is a problem, he always seems to be involved.
Problem behaviors that may indicate Depression

Sue is a 10\textsuperscript{th} grader who has done well in school up to this year. Now she doesn’t seem interested. When she gets there, teachers report she rarely participates and even falls asleep in class. Her grades are dropping. Sue isn’t turning in all her homework, but when she does it is always well done and accurate. Test scores are good except when she misses a test, and then she struggles to make it up. Her motivation to do well in school has disappeared and she refuses to talk about it. At home Sue is eating and sleeping poorly, but she still goes out with her friends.
Problem behaviors that may indicate Bipolar Disorder

Sean is 13 and in 7th grade. He has a diagnosis of ADHD and is on a stimulant, but lately his moods are unpredictable. Some days Sean is easily angered when things don’t go his way, and quick to jump to conclusions blaming everyone else for the problem. His emotions stay intense for long periods of time, and it is hard for him to relax, even at night. Sean may say life isn’t fair and calls himself stupid. Then he turns the corner and suddenly all is well. Everyone is his friend, and he believes he can do pretty much anything. He and is eating very poorly. School reports his grades are dropping. He was recently caught smoking.
Problem behaviors that may indicate Anxiety

Megan is a 15 year old freshman in high school. She has a diagnosis of ADHD and is on a 504 Plan. She is pretty and popular, but after being “dumped” by her boyfriend, she has started to make negative comments about herself. She went out with her friends last weekend, but came home in about an hour gasping for breath and in a full blown panic attack. Since then Megan has been reluctant to go out, and is avoiding new experiences. She is making up reasons to not go to school, claiming she isn’t feeling well. She worries a lot. Teachers report she is not as motivated as she was, and wonder what has changed.
Tom is in 5th grade and was just suspended for swearing. His mother reports that he has always struggled with following rules, loses his temper easily, and argues with adults over most everything. When he gets in trouble, he blames others for his behavior. He thinks that things are just not “fair”. Tom has problems getting along with his peers, and has been kept out of recess multiple times due to fighting. Last week Tom got so angry he slammed the door to the classroom as a peer was walking through, injuring his nose. Tom was suspended, but laughed and said it was the boys fault he was there.
Problem behaviors that may indicate Autism Spectrum Disorder

Julian was a premie. He was very fussy as a baby and never liked being held for long periods of time. As a toddler, would have a tantrum if it got too noisy or too much was going on. Julian now has lots of trouble getting dressed, and hates clothes being pulled over his head. He is a picky eater. Julian’s mom often sees him doing the same thing over and over again and reports he gets fixated on certain toys. Julian’s language was slow to develop, but he can communicate well enough to be understood. Kindergarten screening said to keep on “eye” on him.
Problem behaviors that may indicate Post Traumatic Stress Disorder

James is 11 and in 6th grade. He and his mom just moved out of a shelter, and now the teacher says he is having difficulty concentrating and following through with his work. She wonders if he should be evaluated for ADHD. Mom reports that James has become mad and defiant since moving. If he doesn’t get his way, he screams and harasses her until she gives in. James says he doesn’t have any friends and that no one likes him. He is having frequent stomach aches and worries that he might have a bad disease. Mom is worried about his irritability and his “tough guy” demeanor. When he gets angry he either fights, flees or freezes.
Strategies that may help

Attention Deficit Hyperactivity Disorder

At School:

- Get a Functional Behavioral Assessment
- Provide a consistent structure
- Allow student movement, fidgets
- Create a secret signal to help child refocus
- Allow child options to testing (place, time, writing in test booklet)

At Home:

- Make a list of expectations (behaviors, chores, etc)
- Reward positive behavior (5 positives to 1 negative)
Strategies that may help

Depression

At school:

Reduce stress by reducing classroom pressure (break assignments into smaller sections, extend timelines)
Remind students regularly of their accomplishments
Offer help in “catching up”, especially after a prolonged absence

At Home:

Plan activities to keep your child “in the mix”
Set up a schedule for them to follow that includes contributions to the family (setting the table, cooking a meal, grocery shopping, etc)
Strategies that may help

Bipolar Disorder

At school:

- Track energy level of student and accommodate assignments accordingly
- Allow a “go-to” place for the student for privacy and to gain self-control
- Find alternative support when energy level is low (peer note taker, book on tape, etc)

At home:

- Provide a consistent schedule for expectations but be flexible when energy level is low
- Reinforce accomplishments consistently and often
Strategies that may help

Anxiety

At school:

Set up schedule and expectations for assignments so student knows what to expect
Have flexible deadlines if student is struggling
Reduce homework or school work load when needed
Positively reinforce the student for attempting to meet deadlines

At home:

Offer empathy for overwhelming feelings, but help them come up with a strategy to manage them
Set up “safe” encounters
Some strategies that may help

Oppositional Defiant Disorder

At school:

Avoid power struggles- choose your battles carefully
Ignore “minor” misbehaviors
Praise student when they are positive, supportive to others
Provide consistent structure and clear consequences

At home:

Avoid power struggles- choose your battles carefully
Minimize “free time”
Be planful about changes in schedule, transitions, etc.
Give 2 choices when decisions are needed
Some strategies that may help

PDD and Autism Spectrum Disorders

At school:

Create a consistent classroom schedule using visuals to “remind”
Practice social skills through role play, social stories, etc.
Create an environment that has minimal visual and auditory distractions
Offer a “special” place for sensory input, time away, etc.

At home:

Give your child something to do everyday that they are good at and immediately reinforce it
Keep to a schedule as much as possible
Some strategies that may help

Post Traumatic Stress Disorder

At school:

- Keep a routine that is consistent and predictable
- Offer a private place for the child to access when upset, stay calm
- Offer large motor activities during the day to help relieve stress
- Create an environment that is equally active and quiet

At home:

- Make yourself available to LISTEN and stay CALM
- Don’t try to persuade child they are not feeling that anxious or worried- empathize
- Offer ways to help the child relieve their anxiety
Supports at school for a child with challenging behavior

• School-wide Positive Behavior Interventions and Supports
• School-linked Mental Health
• Mandated education laws
  – Child Find
  – 504 Plan
  – Special Education

All children have the right to learn
School-wide Positive Behavior Supports

Based on the assumption that children’s behavior can be changed by:

- **teaching and reinforcing** the expected behaviors

- **recognizing and rewarding** those behaviors when they occur, and

- **enforcing meaning consequences** when violations of the expected behaviors occur
Teaching behaviors using PBIS

Develop simple, broad rules

~Example: Be Responsible
Be Respectful
Have Pride

~Describe what these mean:
State the expectation
Provide examples
Provide non-examples
Re-teach, re-teach, re-teach

~State what you want to see (positive), not what you do not want to see (negative)

~Reward the behavior when it occurs
## What is different in a PBIS School?

<table>
<thead>
<tr>
<th>Before PBIS</th>
<th>With PBIS</th>
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<tbody>
<tr>
<td>Discipline strategies vary across classrooms</td>
<td>Discipline is systematic and school wide</td>
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<tr>
<td>School safety is based on reacting to behavior problems</td>
<td>School safety is based on prevention of behavior problems</td>
</tr>
<tr>
<td>Administrators react to student problems</td>
<td>Teachers anticipate and plan for student problems</td>
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<tr>
<td>Academic skills are taught; behavior is controlled</td>
<td>Academic and behavior skills are taught</td>
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School linked Mental Health Services

- Grants offered to schools to provide mental health services and supports through partnership with community based mental health agencies
- Can identify and diagnose
- Can provide therapy and other supports in school during the school day
Identifying children and youth who might need more formal support

Child Find:
The State must follow effective policies and procedures must be in place to ensure that all children with disabilities, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located and evaluated.

(300.125)
Section 504

• Protects the rights of individuals with disabilities in programs and activities that receive federal funds

• Is available to qualified persons with disabilities who have a physical or mental impairment that substantially limits a major life activity, has a record of such impairment or is regarded as having such an impairment

• Includes evaluation
504 Plan

• Spells out the modifications and accommodations that will be needed for the student to have an opportunity to perform at the same level as their peers

• Can include such things as extra processing time, “back pocket” pass to use when anxious, an extra set of textbooks, teacher notes, extra time on quizzes and tests, a behavior reinforcement plan
504 Plan Example

• Josh is a student who has been diagnosed with ADHD and Anxiety Disorder
  – Josh will have extra time to take tests and quizzes
  – Josh will be given a separate place to take tests and quizzes
  – Josh will be allowed the use of fidgets
  – Josh will sit in a seat toward the front and have easy access to the door
  – Josh will have a “back pocket pass” he can use to go to the counselor’s or nurses office when feeling overwhelmed
  – Josh can have a water bottle with him in class (or access to a water fountain when he identifies the need with a cue card)
Special Education

- Protects the rights of individuals with disabilities in school programs that take federal funding
- Requires a determination of eligibility including evaluation that shows the child has one or more of the disabilities listed in IDEA and is in need of special education and related services
- The requirements for FAPE under IDEA are more detailed than under Section 504
Individual Education Plan (IEP)

- The IEP serves as a document for change
- The IEP is about individualized instruction based on current evaluation
- The IEP is meant to focus on strengths
- The IEP must provide positive support, accommodations and strategies
- The IEP must consider related services to support the special education services
The IEP and strengths

Goal and Objectives

✓ Goals must be strength based, instructional and a broad generalized statement about what is to be learned in a 12 month period of time

✓ Objectives are more specific instructional strategies and are measurable benchmarks

✓ Both address affect (feelings, emotions, attitudes and relationships)

✓ Should reflect collaborative outcomes when there is more than one service provider (social worker, nurse, special ed teacher, etc)
Goals and Objectives that meet mental health needs

Anxiety related Behavior

Goal: Josh will learn strategies to decrease his anxiety from shutting down and refusing to do work 50% of the time, to no more than 25% of the time.

Obj 1: Josh will work with staff to identify when he is feeling anxious 4 out of 5 times and keep on ongoing list that he can revise when needed.

Obj 2: Josh will learn strategies to use when feeling anxious and practice using them successfully in a small group setting using role play 5 out of 6 times.

Obj 3: Josh will use his strategies to decrease his anxiety in the classroom setting as measured by the teacher 4 out of 5 times.
Goals and objectives that meet mental health needs

Anger Management

Goal: Josh will increase the use of appropriate anger management strategies when confronted with an upsetting situation from being verbally inappropriate 50% of the time to being verbally appropriate 90% of the time.

• Obj 1: Josh will learn to recognize when he is feeling angry or frustrated 4 out of 5 times
• Obj 2: Josh will develop an anger management strategy booklet which will identify 3 different choices he can make when feeling angry
• Obj 3: Josh will use his anger management strategy booklet in classroom situations as a guide 4 out of 5 times as measured by classroom teacher
Goals and Objectives that meet mental health needs

Organization

**Goal:** Josh will **learn** strategies to use to organize his time and homework assignments from currently not handing his homework 50% of the time, to completing and handing in homework 80% of the time.

**Obj 1:** Josh will work with staff to **develop** a plan to track his assignments

**Obj 2:** Josh will **use** his plan with his current classes successfully 4 out of 5 times

**Obj 3:** Josh will **work out** a plan with staff to track the amount of time he needs to complete assignments, and develop a plan to complete those assignments, identifying supports and other strategies he can use to help him keep on track.

**Obj 4:** Josh will **complete** his homework successfully 80% of the time
The IEP and Positive Support

Develop a Positive Behavior Intervention Plan
✓ A plan that supports the child, the IEP goals and any related services
✓ Is proactive, not reactive
✓ Implements and supports replacement behaviors
✓ Engages the child
✓ Based on a Functional Behavior Assessment
✓ Is not a crisis plan
Josh’s Positive Behavior Intervention Plan

• 2 structured breaks during the day
• Modified schedule
• Back-pocket pass to allow for a quick break when overwhelmed
• Use of “fidgets” to help him calm down
• Extra time to complete assignments
• Separate place to take quizzes or tests
• Validate his feelings
• Provide teacher notes when Josh leaves the room to manage his anxiety
Josh’s Crisis Intervention Plan

A plan to handle the behavior once it has occurred

- Josh can go to the case manager’s office to be alone
- Josh will not be confronted once in the office, and will be left alone until he is ready to talk
- Josh will earn incentives for using his “safe place”
- Josh will be offered the chance to call home
- Staff will call home if Josh continues to escalate and refuses to move or use his safe place, or is being unsafe towards himself or others
- Josh will have use of sensory items in his safe place
Josh’s Related Services

- Direct time with a student support person to work on skills related to his goals
- Small group environment to practice skills as they develop
- Skills training and support as he learns to manage his anger
- Curb to curb transportation on a Special Ed bus
- Alternate lunch with social worker or EBD teacher in resource room when he identifies being anxious, upset or frustrated
The road from naughty to nice

• We continue to do what works
• Punishment alone does not change behavior
• Parents and school staff must be on the same page to reinforce behavior change
• Reinforce the desired behavior consistently (5:1)

Remember:
Changing behavior requires teaching and positive reinforcement
Questions?

Thank you for coming!