Evidence-Based Strategies to Manage Student Behavior

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CHRONIC BEHAVIORS EXHIBITED BY CHILDREN with autism spectrum disorders (ASD) can be especially challenging and stressful. In addition, these behaviors often serve as major barriers to effective social and educational development for the children involved (Horner et al., 2000; Reichle, 1990). If the student does not learn more appropriate ways of behaving in school and other social settings, academic progress and the ability to function in employment situations will be severely limited.

In a previous article, we explored evidence-based strategies for improving the social interactions of children on the autism spectrum by promoting generalization of social skills in the real world. In this article, we describe five evidence-based strategies that educators can use with students on the spectrum to shape and transform problem behaviors, turning them into productive behaviors that foster social and academic success.

Over the past 70 years, we have learned much about what we can do to encourage an individual to make changes in the way he or she behaves. For example, we know that the old adage about honey and vinegar applies here—lasting behavioral change is more likely with positive, rather than punitive techniques. We also know that when students engage in specific behaviors, those behaviors serve specific purposes for them (Rhode, Jenson, & Reavis, 2010). A student may be trying to get something (attention from teachers or peers) or avoid something (a stressful situation). It's important for the adults in the situation to realize that all student behavior has a purpose and that most behavior does not stem from malevolent intent. Behavior that seems illogical, mean-spirited, or unproductive from the teacher's point of view may seem logical and reasonable from the student's perspective. Understanding what motivates unproductive or self-defeating behavior is the first key to finding an appropriate intervention.

Although many different strategies can be part of a comprehensive behavior improvement plan, the five positive behavior support interventions described herein are especially applicable when working with students on the autism spectrum, given that these interventions are function-based; that is, they specifically address the function that the behavior serves for the student. Moreover, they are designed to help the student meet his or her needs by exhibiting responsible and appropriate behavior instead of inappropriate behavior.

The information that follows may not provide all of the information needed for implementation, but it does provide a very good start for a team of professionals seeking to develop an individualized behavior plan based upon student need.

Intervention 1: Functional Communication

We communicate with others—verbally and nonverbally—to meet our basic needs and to express our desires. Communication is accomplished through a continuum of forms, from the most basic crying and whining to the most complex multiword expressions. Individuals with ASD may not always be able to express their needs or wants in typical fashion. As anxiety increases for students on the spectrum, the ability both to verbalize and to comprehend verbal information typically decreases. Lacking the skills to communicate effectively, these students may instead engage in nonverbal behavior-regulation functions that serve a communicative purpose—for example—crying or whining to request something or tantrums or self-injury to protest against something. Unfortunately, students who use aberrant behavioral means to communicate their needs are typically viewed as having behavior problems.

In this intervention, the teacher teaches appropriate replacement behaviors that serve the same communicative functions as substitutes for the student's aberrant behaviors (e.g., gaining attention, obtaining a desired item, or avoiding an undesired situation or

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task). Functional Communication involves teaching students new ways of communicating, such as using an electronic communication board, sign language, or objects or pictures. This intervention also provides individuals who have not developed typical and socially acceptable methods of communication with training in appropriate ways to make requests, often leading to a reduction in the dysfunctional behaviors that serve the same purpose.

The goal of the Functional Communication intervention is to provide students with alternative, appropriate ways to communicate, thereby decreasing their need to express themselves through aberrant means. This technique has a built-in advantage, since increasing the ability of individuals with developmental disabilities to communicate more effectively can lead to increased independence and greatly improve their quality of life. Most speech-language therapists can assist with, or provide more information on how to teach functional communication strategies.

Intervention 2: Self-Monitoring and Self-Evaluation

Students with ASD often have difficulty generalizing behavior across environments, with different people, and at different times of day. One of the main reasons this occurs is that they often struggle to understand the behavioral expectations in each different setting. Hence, they misread the situation, feel stress, and act out.

The purpose of Self-Monitoring and Self-Evaluation is to increase students' awareness of the need for a particular behavior so they can learn to take responsibility for their own behavior and control what they do.

With self-monitoring, the student observes and tracks certain behaviors to better understand and then change them. A simple self-monitoring tool for students with ASD is the Primary Tally (Sprick, 2008).

Self-evaluation is a modified form of self-monitoring in which the student regularly evaluates and records the quality of some aspect of behavior, using the information to improve the behavior as time goes on. A self-evaluation tool that is very helpful for students with ASD is the *Incredible 5-Point Scale* (Buron & Curtis, 2012).

It is important to note that Self-Monitoring and Self-Evaluation are also excellent techniques to use in social skills training because they enable students to monitor the frequency or the degree to which they apply the skills learned in settings like the classroom, playground, or cafeteria.

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Intervention 3: Cueing and Precorrecting

Teachers use Cueing and Precorrecting to help students control impulsive, excessive, habitual, or off-task behavior, especially when students seem unaware that they are engaging in inappropriate behavior.

Cueing is used to interrupt an inappropriate behavior that is already in progress—for example, if a student has a tendency to wave hands when experiencing stress, the teacher could cue the student with a pre-taught signal such as clasped hands to communicate, "Hold your hands still." Cues typically replace reprimands or corrections that would take more time and that the teacher would be obliged to issue on repeated occasions. Precorrecting, on the other hand, is an attempt to anticipate and prevent an inappropriate social or academic behavior by "correcting" the behavior before it occurs. For example, if the next task is typically stressful, the teacher could clasp hands in advance of the task to communicate, "Hold your hands still as we do this next task." These techniques are similar to Priming and Social Narratives in that they prompt for the appropriate response.

Cueing and Precorrecting help students to help themselves by prompting students to change patterns of behavior that they come to understand as undesirable, destructive, or self-defeating. This is particularly important for children with ASD as they often fail to notice their impulsive or habitual behaviors. All too often, they get stuck using behaviors that interfere with peer relationships or success in school. Cueing helps these students to become more self-aware, resulting in greater levels of self-management.

Intervention 4: Managing the Cycle of Emotional Escalation

For students on the autism spectrum, school is often a tense place with many stressful situations—schedule changes, puzzling teacher expectations, and complex social interactions with peers, not to mention the sensory barrage of lights, sounds, odors, and so on. Any and all of these factors can lead to meltdowns, sometimes seemingly without warning.

In reality, however, students with ASD often exhibit behaviors that are precursors to behavioral outburst. For example, trigger events can set off small "misbehaviors" that escalate into more intense behaviors until the student loses control. Paying attention to these preliminary behaviors can defuse a situation before it escalates to the point of explosion. By learning to apply
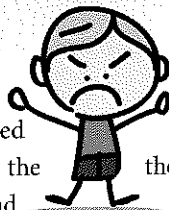
calming techniques in the face of trigger events or agitated behavior (such as clenching and unclenching hands), the student can maintain control. In addition, adults around the student can learn to cue the student to use calming strategies when they notice trigger events or accelerating behavior.

Managing the Cycle of Emotional Escalation involves lots of teaching and rehearsal across days and weeks for students with seriously disruptive or dangerous behavior to learn to apply the strategies in difficult situations. The techniques outlined in this intervention presume that you have already witnessed escalating behavior from the student, or that you anticipate that the student's impulsiveness may eventually lead to seriously disruptive or unsafe behavior. In these cases, seek guidance from a multidisciplinary team on how to manage the cycle of emotional escalation.

Intervention 5: Academic Assistance

Often, what appears to be a "simple" behavior problem may have an underlying academic component. When students with ASD are challenged with learning new information and skills, they can begin to display inappropriate behavior. Students who fail to thrive academically are often frustrated, and as a result, they may engage in inappropriate behaviors. This must be taken into account when educating students with ASD.

Academic problems are not always obvious. This intervention may help to expose academic difficulties that contribute to problem behaviors. To help determine if this is the case, the classroom teacher would administer informal academic assessments. If the student suffers from hidden academic difficulties, a variety of teacher-administered differentiation strategies—for example, adaptations and accommodations—can help the student to become more academically successful as he or she further hones weak academic skills. These strategies will often eliminate or at least reduce troubling behavior.

Conclusion

Students with ASD experience stressors in school that other children do not face, and these stressors can lead to inappropriate behaviors that challenge teachers and other students alike. But behavior occurs for a reason. Students on the spectrum who engage in inappropriate behavior are trying to communicate something about their desires or needs. Interventions cannot be effective unless they address the underlying causes of such behavior.

Research has shown that you can change behavior if you determine the need the behavior serves and then help the student to meet that need by using appropriate behavior to achieve the same purpose. The five interventions described above employ evidence-based strategies designed not only to determine the function that drives the behavior but also to teach appropriate replacement behaviors.

References

Buron, K. D., & Curtis, M. B. (2012). *The incredible 5-point scale: The significantly improved and expanded second edition; assisting students in understanding social interactions and controlling their emotional responses.* Lenexa, KS: AAPC.

Horner, R. H., Carr, E. G., Strain, P. S., Todd, A. W., & Reed, H. K. (2002). Problem behavior interventions for young children with autism: A research synthesis. *Journal of Autism and Developmental Disorders. 32,* 423–446.

Reichle, J. (1990). National working conference on positive approaches to the management of excess behavior: Final report and recommendations. Minneapolis, MN: Institute on Community Integration, University of Minnesota.

Rhode, G., Jenson, W. R., & Reavis, H. K. (2010). *The Tough Kid Book: Practical classroom management strategies.* Eugene, OR: Pacific Northwest Publishing.

Sprick, R. (2008). *Interventions: Evidence-based behavioral strategies for individual students.* Eugene, OR: Pacific Northwest Publishing.

Bio

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