

*Section I*

---

**GETTING ORIENTED**

---

# Introduction & How To Use This Book

---

Our time spent working with kids in multiple settings has led us to some mutual, foundational beliefs about what we do in this work. The underlying notion and something that you, the reader, will likely note as you read through this guide is that there needs to be a foundation of success. Essentially, the idea is that when working with kids, we need to set the stage for success early on.

By setting the stage for success, programming and even behavior modification become easier and actually healthier for all involved. Because we have written this guide for all readers, we fully expect that the intention of those using this book is to **increase positive behaviors** while decreasing negative behaviors. Much of what you will learn in this book is how to set up kids in a good way so that everyone benefits.

Working with kids with challenging behaviors is actually challenging! Without having strategies and techniques that lend to positive interactions and results, working with challenging behaviors can lead to frustration at a minimum and even total burnout and fatigue.

Reinforcement is another essential piece of what we intend to teach and is the foundation of most human behavior. Even in terms of survival, as humans we move toward what is most reinforcing to us. In terms of non-survival behavior, we often seek out whatever reinforcement we can find, even if it is not good for us. Our intention here is to use reinforcement as a driving force to help change challenging behaviors and move toward an overall approach that decreases negative behaviors in kids, increases safety and is easily systematized by the provider.

Even with the very best programming and proactive strategies in place, reacting to behavior is a necessary step in most cases, and this is especially true with more severe behaviors. Again, we **build from a place of success, not failure**, and look at what is reinforcing to that particular kid in that moment. However, we also realize that providers need to know what to do when certain behaviors occur, and we provide clear strategies regarding these situations.

**You will find that the strategies and ideas presented are pertinent to many areas of disability including ADHD, Autism, Asperger's Syndrome, Oppositional Defiant Disorder, Mood Disorders as well as for individuals with Developmental Delays. Specific strategies should be utilized based on an individual's needs, not based on the disability area.**

For example, we have found in our experience, that presenting proactive and reactive strategies in a visual format is beneficial not only to individuals on the Autism Spectrum but for many students who are experiencing behavioral difficulties in general. Many of our examples and ideas are presented using a visual format that will be applicable to many.

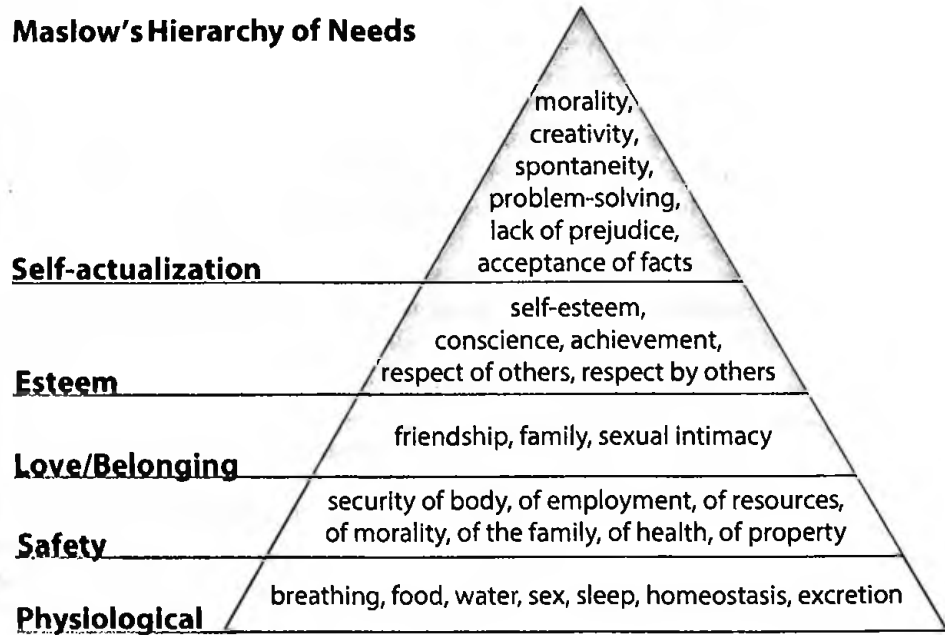
In this book, when you read the word *provider*, we are speaking of the adult in charge. This might be an educator, therapist, parent, daycare provider, doctor, nurse, teacher, classroom

assistant, principal or other adult. When we say *child, kid, youth*, etc., we are talking about a person at or around the age of the group targeted in each section of the guide (e.g., pre-school-age child, middle school-age child). We use alternating gender pronouns throughout.

This book has many lists and handouts that you are free to use. We like books and manuals from which we are able to extract information and then put that information into action. So, our book is designed to do that while giving you the material you need to allow these programming ideas to be easily used.

We understand that behavior management run across all economic, cultural, racial and gender populations. We also realize that what is important for one subgroup of a population can be much different than what is needed for another subgroup. If a kid is worried about his next meal or about where he is going to stay the next night, he has a much different problem than the kid who is upset about not getting to play her video game that night. We make every attempt to be sensitive to different groups and encourage you to adjust the material to individual situations as appropriate and as needed.

### Maslow's Hierarchy of Needs



We believe that in moving toward self-esteem and self-actualization, one needs to be able to behave in multiple environments. Simply put, kids who are getting in trouble and exhibiting outrageous behaviors have difficulty moving past the Safety and Love/Belonging stages and can often get stuck. We want to help you use positive behavior management to help kids move up the hierarchy of needs toward their full potential.

Using this book is simple. One does not have to read it from cover to cover; rather, you may use the sections that are most pertinent to your needs. However, we do encourage you to read the information that precedes the section on reacting to behaviors/interventions before reading

that, as otherwise you will miss some valuable information. We want you to set the stage for success, build up a reinforcement system and try to be as proactive as possible.

Depending on your role, you might be thrown into a situation in which you are responding to a child or youth who is already engaging in serious behaviors, and you are not privy to a lot of other information. It is in these cases that you will want to review the information in Section 4 on Level 3 interventions. However, when the dust settles, so to speak, you are then encouraged to review the earlier material that pertains to the age group with which you are working.

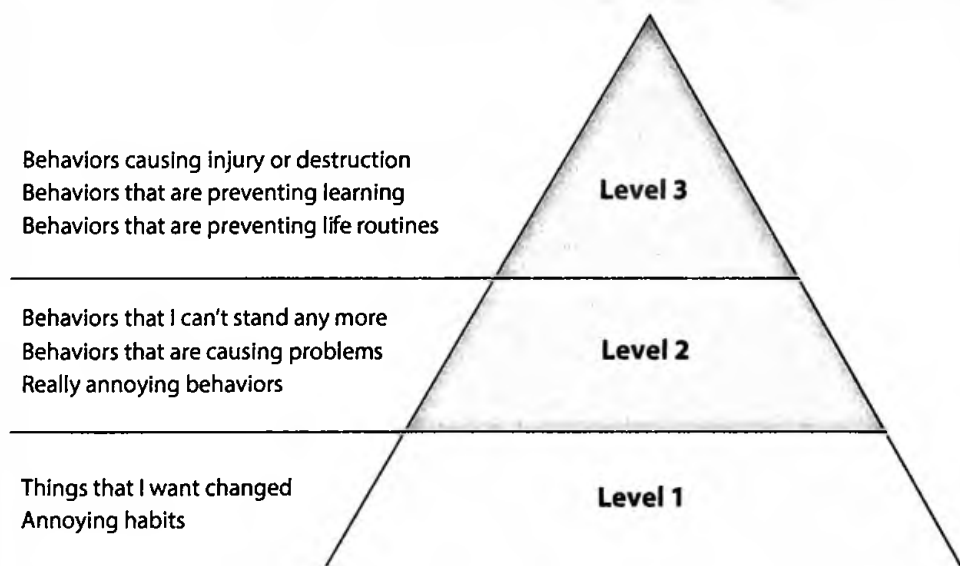
Finally, this guide was written from two points of view—by both a professional educator and a clinical mental health provider. This is why we think it will be useful to so many people. It has information that will help kids with regard to education, of course, but also addresses the mental health issues that impact many children and teens.

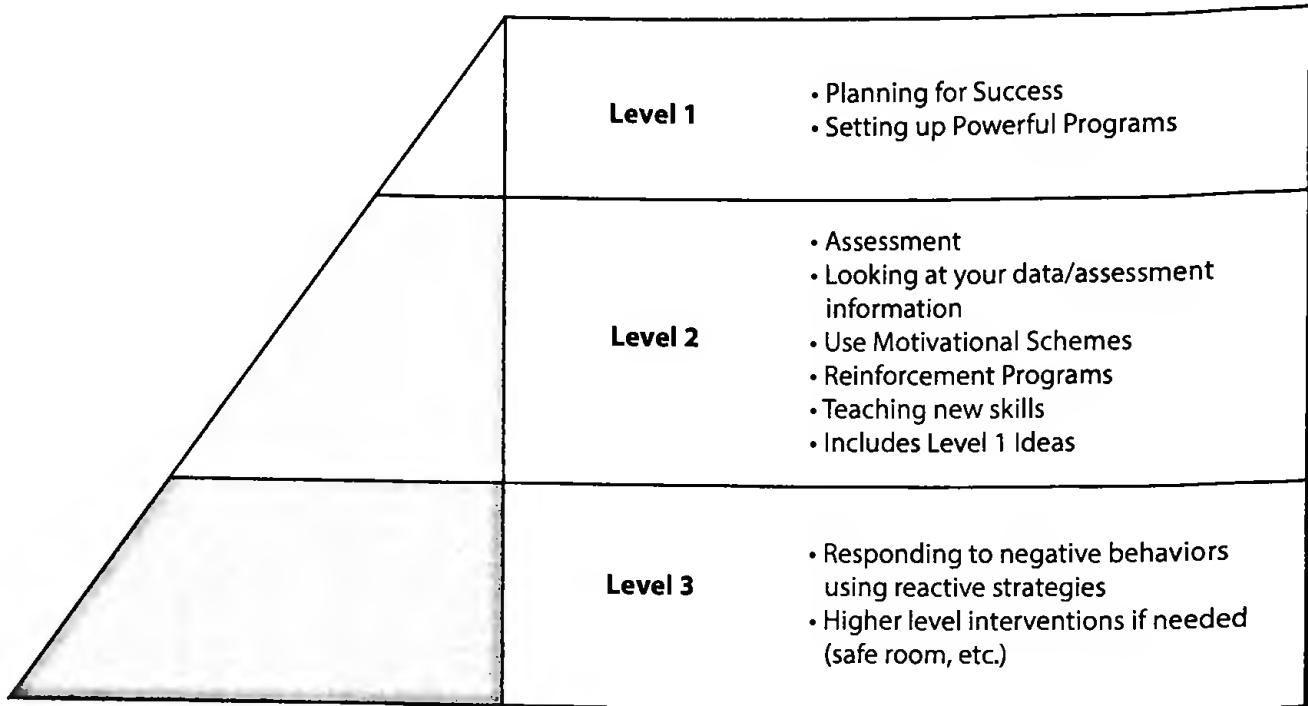
## BEGINNING TO SET THE STAGE FOR SUCCESS

As a part of our system development, we have established different levels of behaviors and interventions that are easy to use and follow. Level 1 behaviors are annoying and are things that we as adults really want to see change. Level 2 behaviors are starting to cause problems, are more noticeable and make adults pretty annoyed and/or nervous. Finally, Level 3 behaviors are the most serious and impact activities of daily life, learning and achievement and even may cause injury and destruction.

In our careers as teacher and therapist, we have spent much of our time with kids whose behaviors are in the Level 3 category. We are sure that this is true for many of you reading this book. There is certainly wisdom in knowing what to do when the Level 3 behaviors are taking place; however, we also acknowledge that it is important to know what to do with Level 1 and Level 2 behaviors, as they are more common. Furthermore, if we can deal with the Level 1 and 2 behaviors, we will see that Level 3 behaviors either do not happen or are mitigated due to solid programming and intervention.

Below is a display of the level system:





It is important to note that Level 2 includes the skill set(s) used in Level 1. For instance, we assume that the person in charge of programming has already set the stage for success and has considered Level 1 information before moving into the assessment/using data-information stage in Level 2. Similarly, we would expect that before someone moves into Level 3 interventions, she has considered the importance of Level 1 and Level 2 information.

# Assessment: Driving Forces Behind Behaviors

---

To set the stage for success and help a child move toward appropriate intervention, it is important to figure out exactly where on page 5 the behavior falls. On the next page is an easy-to-use assessment that helps to break down the behaviors.

Once you know on what level the behavior falls, then you are ready to make some decisions. If a behavior falls in the Level 2 or Level 3 category, completing an assessment will be the next step in providing you with information before you begin interventions. We have included a variety of assessment tools to help you begin:

- Intake Form - Counselor/Professional (page 8)
- Intake Form - Adult/Parents (pages 10-11)
- Functional Behavior Assessment Forms including:
  - Functional Assessment/Behavior Change Plan (pages 17-18)
  - Individual Student Safety Plan (page 19)
  - Intervention Plan (page 20)
  - Parent Interview Forms (pages 22-23)
  - Student Interview Forms (pages 24-25)
  - Teacher Interview Form (page 26)

## FOR MENTAL HEALTH PROFESSIONALS

For more complicated and/or complex issues, especially involving mental health or more severe behavioral issues, more information will be needed to help guide the treatment, approach or overall protocols. In a clinical setting of any type, it is important to gather background information in an efficient manner. You should gather information about medical issues, medications, traumas, past treatment, educational issues, family issues and drug and alcohol issues. This data, often called *intake information*, is necessary to begin an appropriate course of intervention.

Many kids who engage in severe behaviors often have additional, complicating factors that make the road to success in terms of behavior management a bit bumpier. An intake form is one way to help find out needed information in order to move forth in the behavior management program. Sometimes this can be filled out by the kid if she is capable of doing so. Sometimes the parent will help, although kids seem to be more open and honest when they can at least see the form first and review it with the clinician.

You will notice that there is a symptom list as a part of the form. While not comprehensive, this list is a summary of some of the most common symptoms clinicians might see in terms of depression, anxiety and behavior issues. Depression and anxiety impact people at all ages, and if someone has severe issues in those areas, behavior management systems need to adjust accordingly.

One example of an intake form is provided (see next page). This form is typically going to be completed by the adult/parent. However, a youth capable of completing his own intake can fill it out or help fill it out.

Behavior Management Skills Guide  
**Intake Form - Adult/Parents**

Intake Information Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Intake Session: \_\_\_\_\_

\_\_\_\_\_

**Behavioral Concerns**

- Noncompliance
- Running Away
- Argumentative
- Assaultive Behaviors
- Mental Health/Psychiatric Symptoms
- Tantrums
- Destruction of Property
- Self-Injury
- Other: \_\_\_\_\_

Has another mental health provider performed any services?      Yes      No  
(Please list other providers here) \_\_\_\_\_

Has there been a previous placement at a residential, inpatient or other community setting?  
Yes      No      If yes, please attach any summary information you may have.

**Mental Health Information**

- Psychiatrist: \_\_\_\_\_
  - Other Agency Involvement: \_\_\_\_\_
  - Past Diagnosis: \_\_\_\_\_
  - Medications: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Medical Information**

- Known Medical Conditions: \_\_\_\_\_
- Medications Other than Psychotropic: \_\_\_\_\_
- Other Medical Information: \_\_\_\_\_



**Abuse/Neglect Information**

- History of Physical Abuse
- History of Emotional Abuse
- History of Sexual Abuse
- History of Neglect
- History of Sexual Offending/Sexual Acting Out
- History of Witnessing Violence/Domestic Violence

Please Explain Any of the Above: \_\_\_\_\_

**Drug/Alcohol Information**

- Currently Using Tobacco
- Currently Using Alcohol
- Currently Using Marijuana
- Currently Using Other Drugs
- Past Usage
- Past Treatment/Recovery

Further Clarification: \_\_\_\_\_

**Educational Information**

- School/Grade: \_\_\_\_\_
- Special Education Student/Verification: \_\_\_\_\_
- History of Suspension or Expulsions: \_\_\_\_\_
- School Psychologist/Counselor/Social Worker Involvement: \_\_\_\_\_

**Legal/Juvenile Justice Information**

- Law Violations in the Community
- Referrals for Violations in the School Setting
- Diversion
- Probation
- Other: \_\_\_\_\_

**Family Information**

- Lives With One or Both Parents
- Lives With a Relative
- Lives With a Foster Parent
- Lives in a Group Home
- State Ward
- Caseworker Involvement: \_\_\_\_\_ Agency: \_\_\_\_\_

## Behavior Management Skills Guide

# Symptom/Problem Checklist

Place a check mark to indicate whether a listed problem or symptom is an issue in your particular situation, then circle a ranking of its severity. Feel free to list additional problems and symptoms that are not included on this checklist.

	1=Mildly Problematic	2=Problematic	3=Very Problematic
<input type="checkbox"/> Suicidal thoughts	1	2	3
<input type="checkbox"/> Homicidal thoughts	1	2	3
<input type="checkbox"/> Past attempts at suicide	1	2	3
<input type="checkbox"/> Plans of suicide	1	2	3
<input type="checkbox"/> Thoughts of dying/death	1	2	3
<input type="checkbox"/> Anger issues	1	2	3
<input type="checkbox"/> Sadness	1	2	3
<input type="checkbox"/> Irritability	1	2	3
<input type="checkbox"/> Sleeping too much	1	2	3
<input type="checkbox"/> Sleeping too little	1	2	3
<input type="checkbox"/> Appetite problems	1	2	3
<input type="checkbox"/> Low energy	1	2	3
<input type="checkbox"/> Problems with focus	1	2	3
<input type="checkbox"/> Difficult with organization	1	2	3
<input type="checkbox"/> Panic/anxiety attacks	1	2	3
<input type="checkbox"/> Feeling nervous all the time	1	2	3
<input type="checkbox"/> Arguing/verbal fighting	1	2	3
<input type="checkbox"/> Crying/bouts of crying	1	2	3
<input type="checkbox"/> Sensitivity to light/noise/touch	1	2	3
<input type="checkbox"/> Difficulty holding still	1	2	3
<input type="checkbox"/> Feelings of shame	1	2	3
<input type="checkbox"/> Feeling worthless	1	2	3
<input type="checkbox"/> Feeling helpless	1	2	3
<input type="checkbox"/> Feeling hopeless	1	2	3
<input type="checkbox"/> Loss of sex drive/libido	1	2	3

	<b>1=Mildly Problematic</b>	<b>2=Problematic</b>	<b>3=Very Problematic</b>
<input type="checkbox"/> Sexual acting out	1	2	3
<input type="checkbox"/> Confusion about sexual issues	1	2	3
<input type="checkbox"/> Constantly thinking about sex	1	2	3
<input type="checkbox"/> Drinking alcohol	1	2	3
<input type="checkbox"/> Drug use	1	2	3
<input type="checkbox"/> Stealing/shoplifting	1	2	3
<input type="checkbox"/> Self-harm	1	2	3
<input type="checkbox"/> School/work difficulty	1	2	3
<input type="checkbox"/> Assaultive behaviors	1	2	3
<input type="checkbox"/> Hearing voices/seeing things	1	2	3
<input type="checkbox"/> Nightmares	1	2	3
<input type="checkbox"/> Night terrors	1	2	3

**Desired Outcome**

Briefly describe what you would like to happen as a result of treatment:

---



---



---



---



---



---



---

**Previous Strategies Attempted**

Describe anything you have tried before to make the situation better:

---



---



---



---



---



---



---

After you have chosen a target behavior, it is important to define the behavior so that anyone who is observing will clearly know what the behavior of concern is for measurement purposes. The definition of the behavior needs to be precise so that we can clearly see if an intervention plan is having an impact on the behavior. Once you have defined the behavior in measurable terms, you need to take some baseline data. Baseline data determine the rate, duration or intensity of behavior before you implement strategies. You will compare these data to any changes in behavior rate, duration or intensity in order to document the success of your intervention plan.

Data should examine several factors:

- Times when the behavior does/does not occur (e.g., just prior to lunch, during a particular class in school, during transitions between classes)
- Specific location of the behavior (e.g., classroom, PE class, on the bus)
- Conditions when the behavior does/does not occur
- Setting (e.g., size of classroom, structured vs. unstructured)
- Tasks (e.g., preferred vs. nonpreferred, too challenging vs. too easy)
- Adult variables (e.g., use of effective behavioral teaching principles, not enough support)
- Individuals present when the behavior is most/least likely to occur (e.g., certain students, paraeducators)
- Events or conditions that typically occur before the behavior (e.g., assigned to a certain reading group, during discussions)
- Events or conditions that typically occur after the behavior (e.g., student is sent out of the room, student is ignored)
- Other setting events (e.g., during bad weather, during resting, sleep, allergies, sickness)
- Other behaviors that are associated with the problem behavior (e.g., series of noncompliant behaviors precedes problem behavior)
- Consider triggers that build up over time as well as more immediate triggers

### **Collecting Data**

There are different ways to collect data that are critical in making decisions in planning interventions.

**Direct Assessment.** This entails actually observing the problem behavior and describing the conditions that surround the behavior (context). Often, it is necessary to have data collected across environments, people, activities, etc. Tools to help us document behavior may include the following:

- Observations: Skilled observations of the child/youth in a natural environment(s).
- Analysis of patterns of behavior: Includes frequency, duration and intensity of behaviors.
- Assessments designed to help analyze behaviors.