

An Introduction to Behavioral Health Treatments



A Parent's Guide



These materials are the product of on-going activities of the Autism Speaks Autism Treatment Network, a funded program of Autism Speaks. It is supported by cooperative agreement UA3 MC 11054 through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Research Program to the Massachusetts General Hospital.

Behavioral challenges are a common problem for children with an autism spectrum disorder (ASD). Many children with ASD show too much of certain behaviors such as aggression or not following directions and too little of other behaviors such as communication or social skills.

This tool kit is designed to provide parents of children with ASD with an **overview of in-home strategies** as well as tips to teach and increase desirable behaviors and decrease behavior problems. This tool kit also provides parents with an **overview of professional behavioral treatments** that families can seek out from qualified professionals. For information about more intensive home-based treatments please refer to the ABA tool kit posted to the Autism Speaks website.



TIPS FOR INCREASING APPROPRIATE BEHAVIOR AT HOME

Reinforcing appropriate behavior

is very important. A reinforcer is something your child likes.

Consider the following when providing reinforcement to your child:

- ✓ Reinforcers must be selected based on your child's likes; your child may not like the same things other children like.
- ✓ Access to reinforcers should be limited. An item will lose its value as a reinforcer if your child can have it any time.
- ✓ Provide reinforcement immediately following behaviors you would like to increase.
- ✓ Verbal praise can be a powerful reinforcer, provide specific verbal praise for good behavior (e.g., Great job sitting nicely in your chair!).

When you give a child a reinforcer immediately after a behavior, it increases the likelihood that the behavior will happen again.

Look for opportunities to teach and praise your child.

Teach and praise appropriate communication, sharing, waiting, etc. If problem behavior happens when your child wants to get out of a particular activity, you may teach your child to request a break.

Make requests of your child that you believe your child can meet (Set your child up for success!).

Ask your child to do things you know he/she can do independently or with minimal assistance. Additionally, break tasks and assignments down into small parts and steps, or only ask your child to do part of a task (e.g., ask him/her to pick up one block, rather than all the blocks).

Communicate your requests clearly, in a manner your child understands.

Also, let your child what know what he/she will receive for doing what you asked. Increase requests slowly as your child succeeds. Be sure to only make a request when able to follow through on it (e.g., you have time to wait for your child to do as you asked) and reward or praise your child for doing what you asked.

Plan ahead to set your child up for good behavior. Find ways to change the environment where problem behavior typically takes place in order to improve your child's behavior (e.g., keep snacks with you if your child tends to be more aggressive when hungry).

FOCUSING ON PROBLEM BEHAVIORS

Time-out is a good strategy to use for some, but not for *all* problem behaviors.

If the child engages in a problem behavior to avoid a task (e.g., homework), time-out may inadvertently reinforce the problem behavior. In this case, the task the child is trying to avoid should be taken into time-out and completed there or the child should complete the task immediately after the time-out.

On the other hand, if the child engages in a problem behavior to get attention or a favorite item, time-out may reduce the problem behavior. When a child is in time-out he/she should not receive attention or favorite items.

Time-out tips:

- For time-out to be useful, "time-in" must be encouraging of appropriate behavior. When in time-in, the child should receive frequent attention for appropriate behavior and should have access to favorite items (e.g., toys).
- When in time-out, the child should not be talked to or allowed access to any favorite items.

Tips for decreasing problem behavior in your home

Work first to increase appropriate behavior. This often also decreases problem behavior.

Avoid providing attention during or after problem behavior (e.g., discussion, warnings, access to preferred items, or escape from tasks).

During problem behavior, remain calm and remind your child of what he/she can do, rather than what he/she should not do (For example, "You can use your words to ask for a break.")

After the problem behavior stops, provide immediate praise for any appropriate behavior your child shows.

Conducting a Time-Out

Tell your child why he/she is going into time-out in a firm yet gentle voice and take him/her to time-out.

If the child leaves the time-out area, firmly but gently guide the child back to time-out.

When time-out is over, remind the child why he/she went to time-out and tell him or her how to handle the situation with appropriate behavior in the future. Practice the new appropriate way of dealing with the situation.

After time-out, time-in should immediately begin.

Provide immediate reinforcement when the child demonstrates appropriate behavior after time-out.

Time-out should last about one minute for every year of mental age.

The Importance of Communication

Not being able to appropriately request wants and/or needs is one of the most common reasons people with ASD engage in problem behavior. Work with your behavioral healthcare provider to ensure your child can communicate in ways others can understand. This could be verbally, using sign language or through the use of assistive communication devices.

HOW PROFESSIONALS TREAT BEHAVIORAL CHALLENGES

Specialists begin by evaluating and measuring your child's skills (appropriate behaviors) and problem behaviors. These specialists gather information to determine how your child is benefiting from his or her problem behavior. By determining the purpose or function of your child's behavior, a specialist can develop a plan to treat the problem behavior.

The function of a child's behavior varies but often falls into one of these categories:

Escaping or avoiding tasks or demands	Getting attention from other people
Seeking access to a favorite item or activity	Doing the problem behavior makes the child feel good

Specialists collect information on the A, B and C of your child's behavior

A is the **antecedent** or what happens before or with the problem behavior

B is the problem **behavior** you would like to change

C is the **consequence** or what happens after the behavior

An example of the ABC's of behavior:

A boy with ASD is walking with his babysitter in the park when a dog begins barking loudly. The boy begins to yell. The babysitter remembers that the boy likes gum and gives him a piece. He calms down.

In this example, the **behavior** is the boy screaming. The dog began barking before the boy began yelling, this is the **antecedent**. The babysitter gave the boy gum after he began yelling, this is the **consequence**.

The next time the boy is at the park with the babysitter, he yells until given a piece of gum. The gum is a reinforcer or something that the little boy likes that increases the frequency of the yelling behavior. If the babysitter wants to stop or extinguish the yelling behavior she must stop providing the gum reinforcer following yelling behavior.

Tips to Improve the Effectiveness of Behavioral Health Treatments

Early identification and treatment is critical to receive the most benefit from behavioral health services. If you, your primary care physician or other provider has concerns regarding a delay in communication, lack or reduced social interaction, repetitive behaviors, behavioral concerns, or a general concern with developmental/cognitive delays, you may want to consider seeking treatment.

Provide detailed information to health care providers. Be specific about your child's challenging behaviors and when they occur. Describe who is around, (e.g., when sharing with peers), where it happens (e.g., grocery store), and when it happens (e.g., bath time). Your collaboration with the treatment team is critical to creating the best treatment approach.

Teach others to implement the plan. Discuss with your behavioral health care provider how to teach people involved in your child's life about the behavior plan and help them feel more confident and involved in carrying out the plan to increase the plan's effectiveness.

Keep the lines of communication open. You are encouraged to give providers (e.g., pediatricians, behavior specialists, teachers, speech language pathologists, etc.) permission to speak with one another to coordinate care for your child.

It is never too late to start and receive benefit from services.

It is not uncommon for a child to have more difficulties during major life transitions such as starting elementary school, becoming an adolescent or even entering adulthood.

FREQUENTLY ASKED QUESTIONS FROM FAMILIES ABOUT BEHAVIORAL HEALTH TREATMENTS

Q: How will I pay for behavioral health treatments?

Funding options for services may include private insurance, Medicaid, Autism Waiver, county or state developmental services resources, Department of Mental Health, school, scholarships, and self-pay. Additional resources such as respite services may be available through funding agencies.

Q: How long will treatment last?

The length of treatment differs from child to child, some kids respond more quickly than others. It is not uncommon for some level of service/support to be needed throughout the child's entire life.

Q. We went to a specialist and received a treatment plan for our son's problem behavior a week ago, but he is having more behavior now. What should we do?

Behaviors may get worse before they get better. A two-week period is recommended for you and your son to get used to the new routine.

Review the behavior plan. Does it include strategies to decrease your son's problem behavior and increase your son's appropriate behavior, as well as the system to improve his communication? Talk with your provider.

Make sure you are carrying out the recommendations in your son's plan exactly as they were given. Changes to the behavior plan may make it less effective.

Q: Our family has tried to carry out the behavior plan written for our daughter, but it is not working in our home. What should we do?

Contact your behavioral healthcare provider and discuss your concerns. Your provider may be able to make slight changes to your daughter's treatment plan to meet your family's needs.

RESOURCES

The Autism Speaks Family Services Department offers resources, tool kits, and support to help manage the day-to-day challenges of living with autism www.autismspeaks.org/family-services. If you are interested in speaking with a member of the Autism Speaks Family Services Team contact the Autism Response Team (ART) at 888-AUTISM2 (288-4762), or by email at familyservices@autismspeaks.org. ART En Español al 888-772-9050

Educational Information, Rights, & Policy:

- <http://idea.ed.gov>
- www.ed.gov/nclb/landing.jhtml
- www.specialeducationrights.com
- www.wrightslaw.com
- www.wrightslaw.com/info/autism.index.htm

National Resources:

- www.autismspeaks.org
- www.autism-society.org
- www.cdc.gov/ncbddd/autism/facts.html
- www.ed.gov/about/offices/list/osers/index.html
- www.nationalautismcenter.org

ACKNOWLEDGEMENTS

This publication was developed by members of the Autism Speaks Autism Treatment Network / Autism Intervention Research Network on Physical Health-Behavioral Health Sciences Committee. Special thanks to Nicole Bing, Psy.D. (Cincinnati Children's Hospital), Brian Freedman, Ph.D. (University of Delaware), Stephen Kanne, Ph.D. (Baylor University Medical Center), Rebecca Landa, Ph.D. (Kennedy Krieger Institute), Johanna Lantz, Ph.D. (Columbia University), Donna Murray, Ph.D. (Cincinnati Children's Hospital Medical Center), Laura Srivorakiat, M.A. (Cincinnati Children's Hospital) for their work on this publication.

It was edited, designed, and produced by Autism Speaks Autism Treatment Network / Autism Intervention Research Network on Physical Health communications department. We are grateful for review and suggestions by many, including by families associated with the Autism Speaks Autism Treatment Network. This publication may be distributed as is or, at no cost, may be individualized as an electronic file for your production and dissemination, so that it includes your organization and its most frequent referrals. For revision information, please contact atn@autismspeaks.org.

These materials are the product of on-going activities of the Autism Speaks Autism Treatment Network, a funded program of Autism Speaks. It is supported by cooperative agreement UA3 MC 11054 through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Research Program to the Massachusetts General Hospital. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the MCHB, HRSA, HHS. Images for this tool kit were purchased from istockphoto®. Written March 2012.

