Impact of Autism on Behavior: Why and What do You Do About it?

Presented By:
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Introduction to Autism: New Diagnostic Criteria, What is it for real? and Why does that matter?
New DSM-V: Autism Spectrum Disorders

• One, rather than five disorders
• Changes to core diagnostic criteria
• DSM-IV Characteristics: (1) Language challenges, (2) Social deficits, (3) Stereotyped or repetitive behaviors
• DSM-5 Characteristics: (1) communication and social deficits and (2) fixed or repetitive behaviors
  – “it is difficult to separate communication deficits and social deficits, since these two areas overlap significantly. Communication is often used for social purposes, and communication deficits can dramatically affect social performance.”
Why Changes were Made

• Better reflection of the state of knowledge about autism.

• A single umbrella disorder will improve the diagnosis of ASD without limiting the sensitivity of the criteria, or substantially changing the number of children being diagnosed.

• Must have displayed symptoms starting in early childhood and those symptoms must impair the individual's ability to function in day-to-day life.
DSM-5: Autism Spectrum Disorders
Social and Communication Deficits

• Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:
  – Deficits in social-emotional reciprocity
  – Deficits in nonverbal communicative behaviors used for social interaction
  – Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers)

(APA, 2011)
DSM-5: Autism Spectrum Disorders
Social and Communication Deficits

• Deficits in social-emotional reciprocity
  — Ranges from
    • Abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect
    • Abnormal responses to total lack of initiation of social interaction,
DSM-5: Autism Spectrum Disorders

Social and Communication Deficits

• Deficits in nonverbal communicative behaviors used for social interaction
  • Ranges from:
    – Poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language,
    – Deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.
DSM-5: Autism Spectrum Disorders

Social and Communication Deficits

• Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers)
  • Ranges from:
    – Difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play
    – Difficulties making friends to an apparent absence of interest in people
DSM-5: Autism Spectrum Disorders
Restricted/Repetitive Patterns of Behavior, Interests, Activities

• **At least two of the following must be present:**
  
  – Stereotyped or repetitive speech, motor movements, or use of objects
  
  – Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
  
  – Highly restricted, fixated interests that are abnormal in intensity or focus
  
  – Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

  *(APA, 2011)*
DSM-5: Autism Spectrum Disorders
Restricted/Repetitive Patterns of Behavior, Interests, Activities

• Stereotyped or repetitive speech, motor movements, or use of objects
  • simple motor stereotypies
  • Echolalia
  • repetitive use of objects
  • idiosyncratic phrases
DSM-5: Autism Spectrum Disorders
Restricted/Repetitive Patterns of Behavior, Interests, Activities

• Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
  • motoric rituals
  • insistence on same route or food
  • repetitive questioning or extreme distress at small changes
DSM-5: Autism Spectrum Disorders
Restricted/Repetitive Patterns of Behavior, Interests, Activities

• Highly restricted, fixated interests that are abnormal in intensity or focus
  • strong attachment to or preoccupation with unusual objects
  • excessively circumscribed or perseverative interests
DSM-5: Autism Spectrum Disorders
Restricted/Repetitive Patterns of Behavior, Interests, Activities

• Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
  • apparent indifference to pain/heat/cold
  • adverse response to specific sounds or textures
  • excessive smelling or touching of objects
  • fascination with lights or spinning objects
## The Autism “Spectrum”
### Severity Level of Autism Symptomology

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Social Communication</th>
<th>Restricted Interests &amp; Repetitive Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>With no support significant deficits in social communication</td>
<td>Significant interference in at least on context</td>
</tr>
<tr>
<td>Level 2</td>
<td>Marked deficits with limited interactions and reduced or atypical responses</td>
<td>Obvious to the casual observer and occurs across contexts</td>
</tr>
<tr>
<td>Level 3</td>
<td>Minimal social communication</td>
<td>Marked interference in daily life</td>
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</table>
The Autism “Spectrum”

- 50% function in the range of intellectual disabilities
- All have communication and social skill impairments

Lower Functioning

Adaptive skill deficits, Intellectual Disabilities, learning disabilities, etc.

Higher Functioning
What do Diagnostic Changes Mean for Educators?

Not much…..

• Eligibility
  – DSM-5 criteria better align with educational eligibility
  – Autism only recognized eligibility category
  – New diagnostics will have qualifiers (e.g., AU with ID, AU with ADHD) that will define primary and secondary eligibility categories

• Placement/Treatment
  – Placement and treatment decisions are made based on areas of need, not eligibility category
But, what IS Autism?

• Autism is
  – A Life long, neurological disorder
  – That impacts an individual’s ability to communicate, regulate their behavior, and socially interact.
Core Deficits

• For all ASDs, core deficits exist in social communication skills effecting ability to engage with others

• Children with autism have communication deficits and excesses that are unique when compared to other developmental or intellectual disabilities
  – Social aspect of language development
  – Neurological basis

• Deficient “Theory of Mind” or “Executive Functions” with a neurological basis
Communication Deficits

• Communication in autism is often characterized by:
  – echolalia
  – telegraphic speech
  – difficulty in making inferences
  – failure to recognize connotations of words
  – infrequent & ritualistic language
Social Communication Deficits in Autism

• Deficits in Joint Attention
  – Shared enjoyment

• Deficits or lack of development in functional language

• Deficits in Pragmatic Language Skills
  • “The appropriate use & interpretation of language in relation to the context in which it occurs” (Bishop, 1998)
  • The use of language in social contexts

• Deficits or developmental lags in social play skills
Social Skills Deficits In Autism

• Executive Function Deficits
  – Neurologically based
  – organization, problem solving deficits, attention, inhibition, self-regulation

• “Theory of Mind” Deficits
  – Metacognition
  – “Knowing about knowing”; self-regulation of learning

• Deficits in Joint Attention
  – Shared enjoyment

• Language Pragmatic Deficits
Executive Function

• Higher order processing responsible for regulation and controlling of behavior
• Grounded in the prefrontal cortex of the brain
• Set of mental processes that helps connect past experience with present action
• “Thinking and Doing” skills
Executive Function — “Thinking”

• **Planning/Prioritizing** – setting goals, prioritizing attention effort
• **Organization** – prioritizing goals, keeping track of materials, etc.
• **Time Management**
• **Working Memory** – mental problem solving
• **Metacognition** – knowing what you know, knowing how you learn, knowing tactics for learning and problem solving, knowing what you learn and what you need to know, etc.

Dawson and Guare (2012)
Executive Function – “Doing”

• **Response Inhibition** - think before you do
• **Emotional Control** – manage emotions and reactions to the emotions
• **Sustained/Flexible Attention**
• **Task Initiation**
• **Flexibility/Adaptability**
• **Persistence** follow through to reach a goal; related to sustained attention

Dawson and Guare (2012)
Theory of Mind

• The ability to know mental states and knowledge of self and others; Knowing what others are thinking and feeling and how that will effect actions and behavior
• Key brain regions: amygdala and frontal cortex
• Typically develops by age 4-5 years
• Effects empathy, reading non-verbal social cues, problem solving (especially in social situations), understanding others intentions, understanding jokes/sarcasm, pragmatic social exchanges, conversation, play

Baron-Cohen, 2001
Effects of Autism on Behavior
Remember the Deficits

**Restricted Interests and Activities**
- Encompassing interests in certain objects or activities that is abnormal in either intensity or focus
- Inflexible adherence to routines or schedules
- Pre-occupation with parts of objects

**Behavioral and Educational Implications**
- Interrupts attention to tasks presented
  - Not attending to instruction
  - Not able to complete tasks if hands are occupied
- Difficult to redirect the child to appropriate activities
- Difficult to acclimate to change in classroom routines and schedules
- May become disruptive, aggressive, or self-injurious when interrupted
- Disruptive to other students
# Communication Deficits In Autism

**Communication Deficits**

- Both receptive and expressive language are often effected
- Language skills may be delayed or completely lacking
- Repetitive or non-sense use of language
  - Echolalia—either immediate or delayed repetition of previously heard words or phrases
  - Incorrect use of wording

**Implications**

- Effect relations with peers and teachers.
- Often use other non-verbal methods of communicating
  - Aggression, inappropriate vocalizations, self-injury
- Poor receptive skills increase rates of non-compliance
- Poor language functioning impacts ability to learn new material or to reason
- Behavioral Difficulties
Remember the Deficits

**Social Interaction Deficits**
- Lack of social/emotional reciprocity
- Deficient peer relationships to age appropriate levels
- Low or non-existent eye contact
- Inability to predict actions of others
- ToMind deficits
- Lack of spontaneous seeking for social contact

**Behavioral & Academic Implications**
- Peer conflicts may increase as a result of poor relationships and a lack of empathy for others.
- May engage in problem behaviors to ensure little or no social interaction (ex. Hit child next to me, he walks away)
- Immature interactions
- Problem behavior as coping mechanism
- Lack of eye contact may decrease rates of compliance
## Social Skill Deficits

### Implications

- Peer conflicts may increase as a result of poor relationships and a lack of empathy for others.
- May engage in problem behaviors to ensure little or no social interaction (ex. Hit child next to me, he walks away).
- Lack of eye contact may decrease rates of compliance.

### Social Skill Deficits

- Lack of social/emotional reciprocity.
- Deficient peer relationships to age appropriate levels.
- Low or non-existent eye contact.
- Lack of spontaneous seeking for social contact:
  - Does not initiate conversation.
  - Does not initiate play.
## Executive Functioning Deficits

<table>
<thead>
<tr>
<th>Deficits</th>
<th>Implications</th>
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<tbody>
<tr>
<td>• Organization</td>
<td>• Social Skill Deficits</td>
</tr>
<tr>
<td>• Time Management</td>
<td>• Difficulty with work completion</td>
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<tr>
<td>• Working Memory/prob solving</td>
<td>• Escape maintained prob behavior</td>
</tr>
<tr>
<td>• Knowing what I or others know, feel, think</td>
<td>• Impulsive behavior</td>
</tr>
<tr>
<td>• Behavioral Inhibition</td>
<td>• Inappropriate emotional reactions</td>
</tr>
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<td>• Emotional Control</td>
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<td>• Persistence</td>
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Theory of Mind

Deficits

• Knowing mental states of self and others
• Knowing what others are thinking and feeling
• Predicting and reading intentions of others
• Empathy
• Reading non-verbal social cues
• Problem solving in social situations
• Understanding jokes/sarcasm, pragmatic social exchanges, conversation, play, etc.

Implications

• Social skill deficits
• Inappropriate reactions to the behavior of others
• Victim of Bullying
• Lack of social-emotional reciprocity
• Peer conflicts in social settings
• Low motivation to “please” others or in knowing how to “please”
Why did we just review all of that?

• Delineates the common core characteristics of autism
• Outlines the focus of teaching for children with autism to address common core deficits across the spectrum
  – Language development
  – Social skills and communication deficits
  – Executive functioning deficits
  – Adaptive skills deficits
Why did we just review all of that?

• Explains some of the “why” problem behaviors occur

• Helps lay the groundwork for what intervention strategies should be used both for prevention of problem behavior as well as reduction

• Explains why some intervention strategies do not work
  – Too language laden
  – Skill deficits in need of intervention
  – Deficits in motivation to engage
So, what do we do about “problem behavior”?  
We can’t fix it until we know what, when, and why.
IDEA 1997 & 2004

• Mandates the use of (FBA) in schools when:
  – “patterns of student behavior that are likely to cause harm to themselves, other students, or staff”
  – A child with a disability who is removed from a setting

• BUT....
  – IDEA does not clearly define the process for completing an FBA
  – Only says...the child shall “receive a FBA, behavior intervention services and modifications”
Interpretation of IDEA’s FBA

• IDEA 1997 & 2004 does not delineate what constitutes the mandated FBA

• School district personnel are challenged with this interpretation

• Most school systems interpret as a need to complete
  – Checklists
  – Rating Scales
  – Anecdotal notes
  – Possibly, A-B-C observations
Checklists are not enough!

• What Else Should We Do?

  – Collect additional information through a more comprehensive FBA

  – Be more confident in functional hypotheses when they are data driven
Why would you want to conduct the comprehensive FBA in your schools?

• Accountability….Accountability…!
  – Hypotheses can only be made based on good data
  – Good data is specific, collected in multiple settings, over longer periods of time

• FBAs result in better and more efficient intervention planning
  – Interventions on a BIP need to be “functionally related”
Behavioral Assessment and Intervention
Looking Ahead…. 

• Behavior assessment is used to guide intervention not just an exercise
  – A MUST

• The goals of any behavioral intervention must be two-fold:
  – Decrease inappropriate behaviors
  – Increase appropriate [replacement] skills
Looking Ahead…

Behavior Intervention Plans (BIPs)

• A BIP must have
  – Description of the functional hypothesis based on data
  – Presentation of baseline data
  – Description/Protocol for the intervention that is functionally matched
    • Antecedent manipulations (change the triggers, add supports and teaching)
    • Description of Replacement Behaviors
    • Consequences for appropriate and inappropriate behaviors
    • Emergency procedures (if needed)
  – Description of a data collection procedures to track progress
  – Timeline for implementation and for meetings to review progress and make changes as necessary based on the data
Behavioral Assessment

• To address an individual's problem behavior we need to discern when, where, why, and with whom problem behaviors are occurring
  – Examine variables “within” the individual associated with problem behaviors or absence of some adaptive behaviors
    • Skill strengths and deficits (associated with diagnosis)
    • Motivational deficits
  – Examine environmental variables associated with problem behaviors or absence of some adaptive behaviors
    • Antecedents (triggers)
    • Consequences (maintaining or abolishing variables)
  – All information should be used to develop a comprehensive intervention package for the individual student
Diagnosis vs. Function of Behavior???

• Is a skill deficit or diagnostic criteria/symptom the “function” … NO, but it is associated with behavior and should be investigated during the FBA.
  – A skill deficit may be the initial trigger for the behavior
  – If that behavior is reinforced, it will be more likely to occur in the presence of that trigger in the future
  – A-B-Cs of behavior

  – Example
Behavior Intervention

- Behavior management requires you to change your behavior (i.e., change the environment) to change the child’s behavior

- “Recipe” interventions are not based on individual variables or function and are not defined enough for someone to follow

- One size does not fit all!

  Individual, Individual, Individual
  Function, Function, Function
Interventions
Planning Behavior Intervention

• Again, checklists with multiple “recipe” interventions are not based on function and are not operationally defined enough for someone to follow

• One size does not fit all!
  – There are no behavioral interventions that work for every child
  – Some things will be effective for one child and not for another
  – Some things will be effective for a certain behavior of one child and not a different behavior for the same child

  Function, function, function
Intervention Strategies

• Based on functions of Behavior

• Antecedent Intervention Strategies
  – Preventative Strategies
  – Alter setting environment to decrease or alleviate aversiveness of setting/activity

• Teach and Reinforce Replacement Behaviors
  – Teach appropriate behavior to replace inappropriate behavior
  – New behaviors need to serve the same “function”

• Reduce or extinguish problem behaviors
  – Altering consequences
  – Differential Reinforcement of alternative/replacement behavior
  – Extinction
  – Behavior Reduction techniques
Antecedent Based Interventions
Antecedent Based Intervention

• Changes made to the environment to reduce the likelihood problem behavior will occur
  – Add something to or subtract something from environment
  – Change something to lessen aversiveness of a known trigger

• Remember relation between environmental variables and neurological, cognitive variables
  – Problem behavior to escape seemingly long assignment
  – Problem behavior maintained by attention in eth form of teacher assistance or to obtain missing materials
  – EX: student forgot CD on bus....
Antecedent Based Intervention

• Examples – just a few.....and not all good.

  – Increase Classroom Structure
  – Reduce Clutter
  – Visual Schedules
  – Schedule Breaks
  – Remove fire alarm from room
  – Change other students’ placement

  – Using Timers
  – Individualized Materials
  – Pairing
  – Task modifications
  – Dim the lights
  – Always wear contacts
Common Antecedents for Problem Behavior

• Divided Attention
• Transitions
• Stop preferred activity
• Certain task demands
• Noises
• Proximity of certain people
• Downtime
• Changes in routine
• Task demands

• Told “no”
• Made a mistake
• Behavior of another student
• Group activities
• Hungry, tired, thirsty, hot/cold……
• Crowded/noisy areas
• Removing preferred items from access or view
Planning Antecedent Based Intervention

• Get specific about the “trigger”
  – What about it may be the key variable leading to problem behavior?

• Decide:
  – Can I eliminate this trigger all together?
  – Can I change something making it more “tolerable”?
  – Can I add something making it more “tolerable”?

• Can I add a bigger “pay off” for tolerating?
• Can I teach a coping skill?
Common Antecedent Based Interventions

- Activity modifications
- Instructional modifications
- Material modifications
- Visual timers
- Verbal “warnings” of transitions or changes
- Schedule changes
- Visual schedules
- Visual Cues
- Pacing of instruction
- Environmental modifications
- Providing choices
- Seating arrangements
- Consistent procedures
- Social stories

etc., etc., etc., ............
Instructional Modification

• Differentiating instruction across students
  – Timing, interests, etc.
• Relate to special interests
• Interesting and relevant materials
• Have specific and known beginning and end points
• Explicitly relate it to the “why am I learning this”
• Multi-sensory; multi-modality
• Appropriate Pace of Instruction
Scheduling

- Reviewed throughout the school day
- Use to teach self-management
- Mix easy/difficult tasks as well as preferred/non-preferred tasks
- Schedule breaks
- Tasks and breaks have definite beginning and end points that are known to the student
- Developmentally appropriate length to tasks
- Limit unstructured time
**Visual Supports**

**addresses difficulties with language being used to explain and addresses executive functioning deficits increasing planning and predictability**

- Daily schedules should be reviewed and posted according to students language and reading level
- Visual schedules should also be used within class to show activities
- Visually depict expectations
- Also used to “remind” of procedures or boundaries
- Can be used to “prompt” social skills (what to do when cards)
Environmental Modifications

• De-Clutter to eliminate distractions
• Ensure materials are ready and organized for activities
• Seating arrangements for distractibility and peer conflicts or noise concerns
• Instructional areas clearly marked for particular activities and with appropriate materials without additional clutter
Consistent Procedures and Expectations

** Assists with predictability and help to limit “downtime”

• Transition procedures
• Where to get assignments
• What to do with finished work
• When and how are points earned or given
• What activities are available when work is finished (“free choice”)
• Visual supports should be used whenever possible
Classroom Antecedent Manipulations

• Visual Schedules
  – Visually represent with words or pictures dependent on the developmental level of the child
  – Promotes independence
  – Predictability

• Schedule Breaks
  – Place breaks throughout the day
    • During rotations (e.g., play, computer, music)
    • Between difficult or non-preferred tasks
  – Reduces motivation to escape
Classroom Antecedent Manipulations

• Use Timers
  – Set timer to indicate beginning and end of rotation
  – Signals to the child when to begin or end work

• Individualized Materials Present
  – Materials for each child should be readily available at the beginning of each workstation
  – Materials should be individualized for each child
  – Prevents down time
  – Reduces problem behavior due to work above/below skill level
Antecedent Manipulation
Altering Motivation

• Pairing
  – Establishing yourself as a conditioned reinforcer through the use of highly preferred reinforcing items, activities & edibles
  – May need to “sanitize” the rest of room to increase the value of items at the table
    • Remove other competing items in the room

• Powerful reinforcers present in difficult settings
  – Use a preference assessment to determine highly preferred items
  – Keep a variety of these present at in less preferred area only
  – Lessens aversiveness and increases motivation for appropriate behavior
Antecedent Interventions

• There are countless examples….
• Any that you are using or you can think of?
Antecedent Intervention Considerations

• Not every antecedent can be changed in a way that will change behavior

• It may do the child a disservice to change too many things in effort to avoid problem behavior at the cost of teaching them valuable coping or tolerating skills necessary to function in the world/community

• We do not want kids growing up in a protected bubble while we walk on egg shells.
Replacement Behaviors
Replacement Behaviors

• Intervention Strategies must be Two-Fold
  – Decrease Problem Behavior
  – Increase appropriate replacement behaviors

• Without teaching an appropriate replacement behavior new or worse problem behavior may be shaped up instead!
Remember……..

_Simply providing opportunities does not necessarily result in skills_

Some students will learn/perform appropriate social skills only if provided:

– direct, systematic instruction
– numerous opportunities to practice skills/receive feedback
– consistent, effective positive reinforcement to make it ‘worthwhile’ to use skills
Teaching Replacement Behavior

• Consider
  – What would be an appropriate behavior that would replace the problem behavior?
  – What does it look like? (operationally define)
    • Stranger test
    • Dead Man’s test
  – How will it be taught and reinforced?
Common types of Replacement Behaviors

• Mainly centered on **COMMUNICATION**
  – Asking for help
  – Ask for a break or touch a card
  – Raise hand for attention

• Completing work

• Exhibit behavior only in certain place or time

• More appropriate way to get sensory “pay off”
  – Chew gum instead of shirt or hand
  – Rub on a string instead of taking hair out

• New “procedures”
  – What to do when I am _____
  – Increase independence
Teaching Replacement Behaviors

• Teach new ways to achieve reinforcer previously associated with problem behavior

• Will need to be taught just like any other lesson
  – Didactic, modeling, role play, reinforcement for exhibiting
  – Teach prior to escalation
  – Visual supports as needed

• Reinforcement strategies need to be part of any BIP to teach replacement behaviors
Reinforcement

• Differential Reinforcement

  • Varying the degree of reinforcement based on the level of response given

  • Reinforce one behavior (appropriate) and not another (inappropriate)

  • Reinforce the absence of a problem behavior for a period of time
Teaching Replacement Behaviors

• Reinforcement considerations
  – Quantity
  – Quality
  – Frequency/schedule
  – Individualized –
    • We all have our own “price”
    • Frequency with both short and long term goals for individuals
  – Remember, not all reinforcers have to be tangible or edible items
Guidelines for Using Reinforcement

• Immediate
• Contingent on some behavior
• Varied (remember satiation/deprivation)
• Reinforcing for your child
• Easily and quickly consumed or used
• Age/developmentally appropriate
• Pair with behavior specific praise
So........

• Always remember to reinforce!!!
  – Even if they are being quiet
  – Even if they are just doing what they are supposed to do
  – Even if they were exhibiting problem behaviors earlier or yesterday
  – Even if you set up the situation to “practice

• Praise or point out others who are exhibiting appropriate behaviors
  – Observational Learning

• Remember to Teach and Practice Skills!!!!!
Consequence Based Interventions
Consequence Intervention

• Antecedent interventions may not be possible

• Even with antecedent strategies in place, problem behaviors may still occur

• So, what if problem behaviors DO occur? What can we do?
Consequences

• What to do when antecedent interventions don’t work or do not work “completely”

• Need to:
  – Increase Appropriate Behavior
    • Reinforce replacement behavior
    • Reinforce absence of problem behavior
  – Decrease Inappropriate Behavior
    • Avoid/discontinue inadvertent reinforcement (Extinction)
    • Punishment
Consequence Intervention

• So, what if problem behaviors DO occur? What can we do?
  – Reactions to problem behavior need to be used consistently
  – All staff should know the plan and their role in it
  – Remember to avoid inadvertent reinforcement (we’ll come back to this) and to plan intervention matched to function
  – While problem behaviors are occurring, this is not the time to reason or to teach replacement behaviors
    • Remember language deficits and deficits in executive functioning/self regulation
Consequence Based Intervention: Increasing Appropriate skills

• Differential Reinforcement
• Teaching Replacement Behaviors
• Teaching new skills
  – Communication
  – Social skills
  – Etc.
Questions??????
Comments??????

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