



Introduction to Behavior and Mental Health: for Families of Children with ASD

Friday, November 29, 2019

Simon Fraser University – Harbour Centre
Vancouver, BC

Presented by

**Georgina Robinson, PhD
Veena Birring Hayer, MSW, RSW**

Sponsored by:

**Provincial Outreach Program for Autism
and Related Disorders (POPARD)**

Event Schedule

8:45	–	9:30	Check-In; Coffee Served
9:30	–	11:00	Session 1
11:00	–	11:15	Morning Break
11:15	–	12:45	Session 2
12:45	–	1:30	Lunch Break
1:30	–	3:00	Session 3

Tips for Improving the In-Person Conference Experience

- Please turn off your cell phones or put them on vibrate.
- In respect for the speakers and fellow participants, please do not whisper.
- This workshop is being web streamed to an online audience. Please ask questions using a microphone so that all can hear.
- Personal recording of any kind is strictly forbidden.
- Please secure your belongings! ACT cannot take responsibility for theft.
- Many of your fellow participants require a scent-free environment. Please be considerate.
- For your comfort, dress in layers. It may be a warm day but bring a sweater just in case!

Acknowledgements

This event has been made possible thanks to a collaboration between the Provincial Outreach Program for Autism and Related Disorders (POPARD) and ACT – Autism Community Training. Working together on this project is allowing us to web stream to communities across British Columbia, from Simon Fraser University’s excellent facilities in downtown Vancouver.

Those who have attended ACT – Autism Community Training’s events over the years know that we depend on community collaboration and support to sustain our work. Our volunteers and funders make it possible for us to provide cost-effective training in-person, via web streaming and online videos.

ACT’s volunteers range from parents and community groups, who advise us on venues and speakers, to ACT’s membership, including our Board of Directors, who provide a range of expertise. A special thanks to all those who volunteer at our events. These contributions are all essential to ACT’s work.

Special thanks to Veena Birring Hayer, MSW,RSW, Family Liaison for POPARD and Georgina Robinson, PhD, POPARD’s Principal, for presenting on this important topic. For more information on POPARD’s work, see www.autismoutreach.ca

Free Resources from ACT

Autism Videos @ ACT (AVA) – Over 50 quality online videos available free – without a log-in, thanks to our sponsors. www.actcommunity.ca/videos

ACT’s Autism Information Database (the AID) – Like Google for Autism but better! Keyword search nearly 1,500 curated AID records for evidence-informed, practical information resources useful to families and community professionals. www.actcommunity.ca/aid

ACT’s BC Community Resources Database – Search by your postal code for professionals and service providers throughout BC. www.actcommunity.ca/aid-search/community

ACT’s Autism Manual for B.C – 13 chapters! www.actcommunity.ca/autism-manual-for-bc -

ACT’s Monthly News Round-Up & Event Alerts - Sign-up to keep in touch with developments affecting the special needs community www.actcommunity.ca/updates



ACT’s Facebook - ACT carefully sources interesting, insightful stories to inform our 6,000 plus followers. www.facebook.com/autismcommunitytraining

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Introduction to Behavior and Mental Health: for Families with Children with ASD

Georgina Robinson, PhD
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November, 2019

1

Agenda

9:30 - 11:00am Session 1

- ▶ POPARD overview
- ▶ Mental health overview

Morning break (11:00- 11:15am)

11:15am -12:45pm Session 2

- ▶ Questions/Answers
- ▶ Mental health resources and supports
- ▶ Understanding Behavior

Lunch Break (12:45-1:30pm)

1:30 - 3:00pm Session 3

- ▶ Questions/Answers
- ▶ Introduction to Functional Behaviour Assessment/Positive Behaviour Support Plans
- ▶ Family Supports and Behavior Strategies

2

Provincial Outreach Program for Autism and Related Disorders



POPARD is a Ministry of Education program hosted by Delta School District



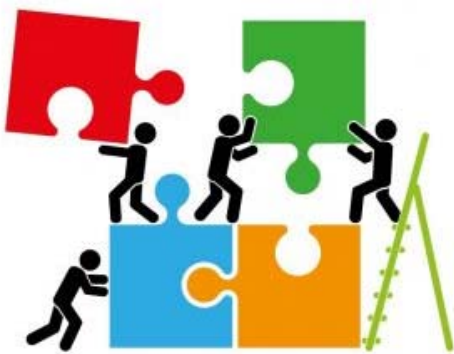
POPARD provides consultation, training, and support services across BC with a *focus on capacity building* to support students with Autism Spectrum Disorder.



The program provides a Family-School Liaison Service that promotes collaboration between home and school to increase positive learning outcomes and optimal development for students with autism.

3

Our Team



- ▶ Our consultant team includes: Teachers, psychologists, Speech and Language Pathologists, and Behaviour Analysts
- ▶ The Family School Liaison position was added in 2017 along with the move to Pacific Autism Family Network

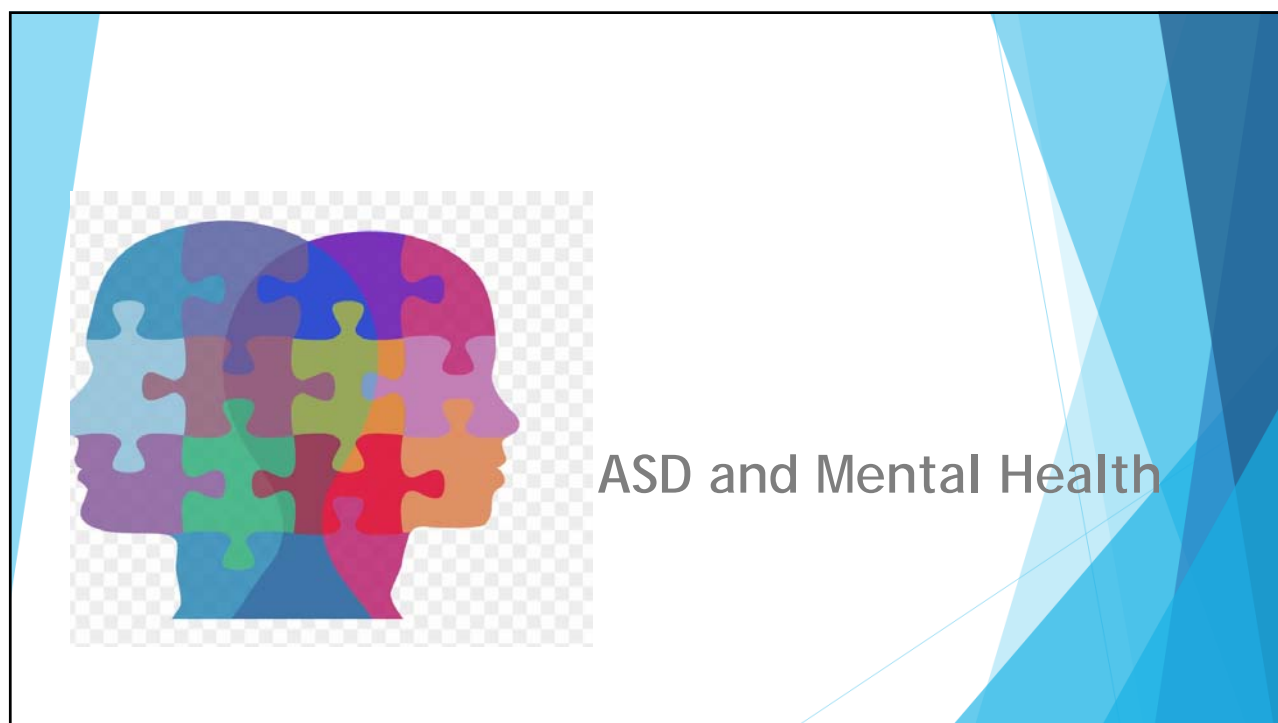
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A graphic with a blue and white background. On the left, the word "Services" is written in a blue, sans-serif font. To the right, there is a vertical stack of seven rounded rectangular boxes, each containing a service name in white text. The boxes transition in color from dark blue at the top to light green at the bottom.

Services

- Student Consultation
- Classwide Consultation
- Courses and Workshops
- Implementation Support
- Student Cooperation Training
- Psycho-Educational Assessments
- Family-School Liaison

5

A graphic with a blue and white background. On the left, there is a stylized illustration of two human heads in profile, facing each other. The heads are composed of various colored puzzle pieces. The background behind the heads is a grey and white checkerboard pattern. To the right of the puzzle heads, the text "ASD and Mental Health" is written in a grey, sans-serif font.

ASD and Mental Health


6

What is Mental Health?

-  Mental health is about more than mental illness
-  Wellness
-  Having balance in life
-  Managing emotions
-  Coping with difficulties
-  Access to a support system

7

ASD and Mental Health



- ▶ When working with someone with ASD, ask:
 - ▶ Does he have a balanced life?
 - ▶ Are the expectations appropriate for his age?
 - ▶ Does she have fun and joy?
 - ▶ How does she cope when things don't go as expected?
 - ▶ Are there tools she could learn to help her manage?
 - ▶ Is he lonely?
 - ▶ Who is there to provide support?

8

“Children with developmental disabilities experience negative social conditions, including rejection and stigmatization contributing to excessive stress, a known risk for mental health problems. Additionally, children with developmental disabilities typically have limited coping skills, an identified protective factor regarding the effects of stress on mental health.”

(Schwartz, et. al, 2006, p.8)

Autism and Mental Illness

9

Detection is challenging

- ▶ Overlap between characteristics of ASD and symptoms of many mental health disorders
- ▶ Communication and social impairments
- ▶ Difficultly recognizing, labeling and expression emotions
 - ▶ (challenges with self report of internalized disorders)
- ▶ Symptoms may look different in ASD population
- ▶ Lack of validated assessment tools and guidelines for professionals
 - ▶ (Chandrasekhar, 2015; Vasa et al., 2016)



10

The Role of Emotion Regulation

- ▶ Identifying and modifying one's emotions to fit the context and one's goals
- ▶ Poor ER leads to either externalizing behaviors (tantrums, aggression)
- ▶ or Internalizing symptoms (Psychiatric disorders)



11

Difficulties with ER in ASD

- ▶ Identifying and describing emotions
 - ▶ Communicating emotional distress to others
 - ▶ Engaging in joint problem solving
 - ▶ Theory of mind
 - ▶ Interpreting intentions and motivations of others
 - ▶ recognizing there may be more than one "reality"
 - ▶ Accurately recognizing the social demands and behavioral expectations of the situation or context (in order to modify behavior)
 - ▶ Inhibition/impulsivity
 - ▶ Shifting/ alternate problem solving
 - ▶ Heightened neural and sensory arousal
 - ▶ Increased genetic loading for ER/psychiatric disorders
- ▶ (Mazefsky & white, 2014)

12

Most Common


-  Attention Deficit Hyperactivity Disorder
-  Anxiety disorder
-  Depression
-  Obsessive Compulsive Disorder

13

ASD and ADHD

- ▶ Up until DSM-5 ADHD was ruled out if ASD was diagnosed
- ▶ Relatively little research on co-occurrence until DSM-5
- ▶ Symptoms of hyperactivity, impulsivity, short attention span
- ▶ Looks like
 - ▶ Constant movement
 - ▶ Blurting out, interrupting, butting in
 - ▶ Short time on task
 - ▶ Need for constant stimulation
 - ▶ Co-morbid > Increased aggression, worsened social functioning, peer rejection, other disorders

▶ (Leitner, 2014)



14

Treatment of ADHD

ADHD medications - effective in reducing symptoms of hyperactivity and inattention, but have smaller effects compared to the effects for an individual with ADHD only.

To date, there is *little research* on psychosocial treatments for individuals with ASD+ADHD

Behavioural interventions and Parent training have been successful with both diagnoses (structure, clear consequences, meaningful reinforcement, EF scaffolding)

15

ASD and Anxiety

▶ Anxiety symptoms may include:

- ▶ avoidance and crying in response to specific stimuli or contexts
- ▶ freezing behavior
- ▶ fearful affect
- ▶ Clinginess
- ▶ Excessive worrying and rumination
- ▶ Fear of being judged
- ▶ Irritability and fatigue



16

Additional signs of Anxiety in ASD

- ▶ Increased irritability, tantrums, repetitive behaviours
- ▶ Fear of sensory stimuli
- ▶ Tremors, nail biting, hair pulling
- ▶ Communication changes (stuttering, reduced verbalization)
- ▶ Increased gastro-intestinal problems
- ▶ Note: may not report worries or fears even when asked

▶ (Vasa et al., 2016)

17

ASD and Depression



- ▶ Symptoms for children and youth :
 - ▶ Increased sadness, tearfulness, negative affect
 - ▶ Feelings of guilt, worthlessness, hopelessness
 - ▶ Withdrawal from activities and social engagement
 - ▶ Changes in sleep and weight
 - ▶ Irritability*
 - ▶ Increased behavioral problems*
 - ▶ Stomach aches*
 - ▶ Themes of death and suicide in play*

18

Additional symptoms in ASD

- ▶ Increased emotional lability
- ▶ Increased aggression and SIB
- ▶ Decreased adaptive behavior (regression)
- ▶ Increased stereotypical behaviors
- ▶ Decreased preoccupation with special interests (anhedonia)

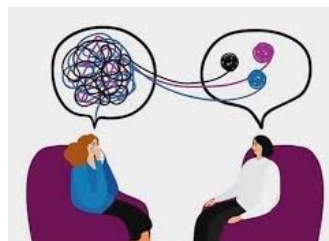


▶ (Magnuson & Constantino, 2011)

19

Treatment of Anxiety and Depression

- ▶ Medications - anti-anxiety and anti-depressants
 - ▶ (less is known about effectiveness with children, and with individuals with ASD)
- ▶ Cognitive Behavior Therapy
- ▶ Behavioral Treatments
- ▶ Dialectical Behavior Therapy
- ▶ Mindfulness Based Therapy
- ▶ Family Therapy



20

Cognitive Behaviour Therapy



- ▶ Short-term, goal-oriented talking therapy
- ▶ Provides education about the associations between thoughts, emotions, behaviors, (physical sensations)
- ▶ Focuses on teaching new ways of analyzing situations and challenging faulty patterns of thinking and behaving

21

Behavioral Treatments

- ▶ Behavioral activation
- ▶ Planned pleasant activities
- ▶ Reinforcing desired behaviors
- ▶ Gradual exposure
- ▶ Also may include training in skills such as: social, leisure, vocational, recreational



22

Mindfulness Based Therapy (MBT)



- ▶ A relatively new evidence based treatment for mood disorders
- ▶ Patients learn to pay attention to bodily sensations, feelings, and thoughts and accept them just as they are
- ▶ Emphasis on experiential exercises rather than on thought analysis may be more acceptable to those who have difficulty taking a different perspective/cognitive shifting
- ▶ Benefits have been demonstrated by research for individuals with ASD
 - ▶ (My Mind (DuBruin & Bogels); Soles of the Feet (Sing et al)
 - ▶ (Spek, A A, Research in developmental disabilities, 2013)

23



24

Adapting therapies for individuals with ASD

- ▶ Use concrete and visual supports, e.g., pictures, drawings, schedule of activities
- ▶ Simplify/decrease language and metaphor
- ▶ Spend more time teaching how to identify emotions (include body)
- ▶ Use role play to demonstrate different possible interpretations of a situation
- ▶ Schedule and provide reinforcement for practice
- ▶ Involve parents so they understand and can incorporate at home
- ▶ When necessary focus more on the **B** and less on the C

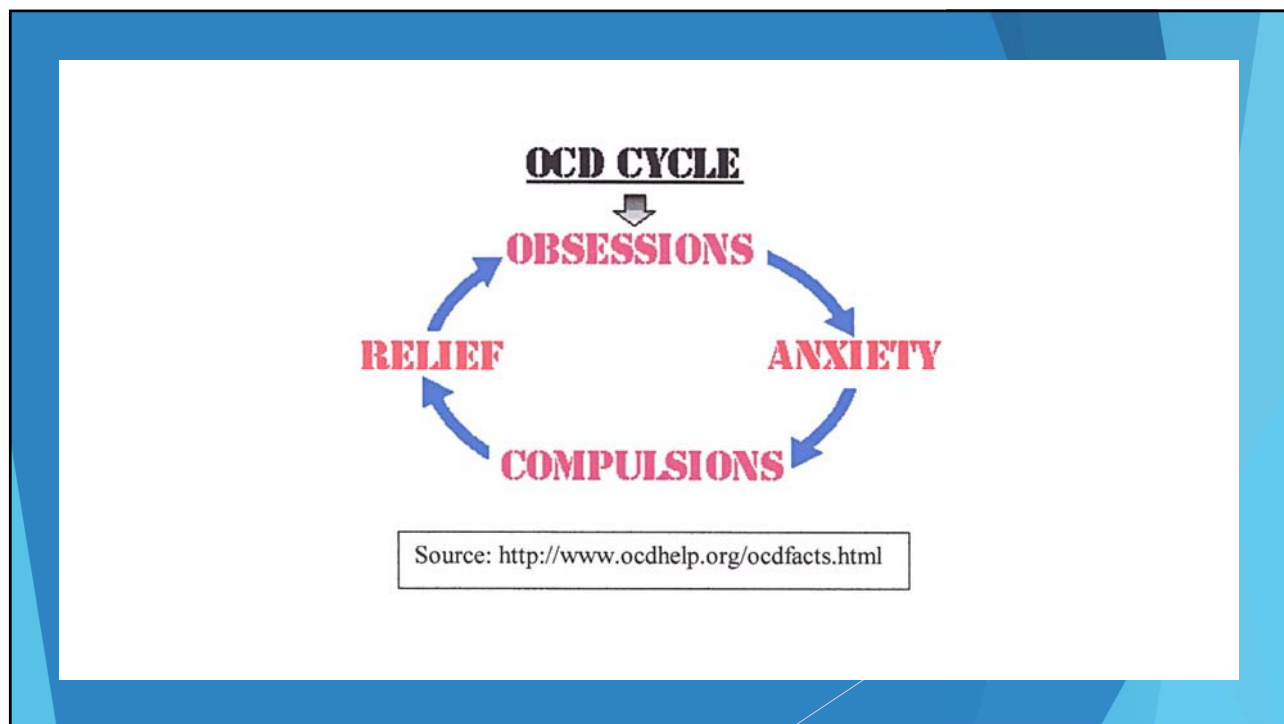
25

OCD - Obsessive Compulsive Disorder



- ▶ Obsessions - unwanted thoughts or fears e.g.,
 - ▶ Fear someone will get sick
 - ▶ Insistence things are straight, not crooked
 - ▶ Fear of dirt and germs
 - ▶ Fear of breaking a rule or bad luck
- ▶ Compulsions - behaviors/rituals done repeatedly to protect against the feared thought, e.g.,
 - ▶ Washing, cleaning
 - ▶ Checking things are in order, homework is correct, spelling
 - ▶ Erasing and rewriting
 - ▶ Walking in and out of a doorway

26



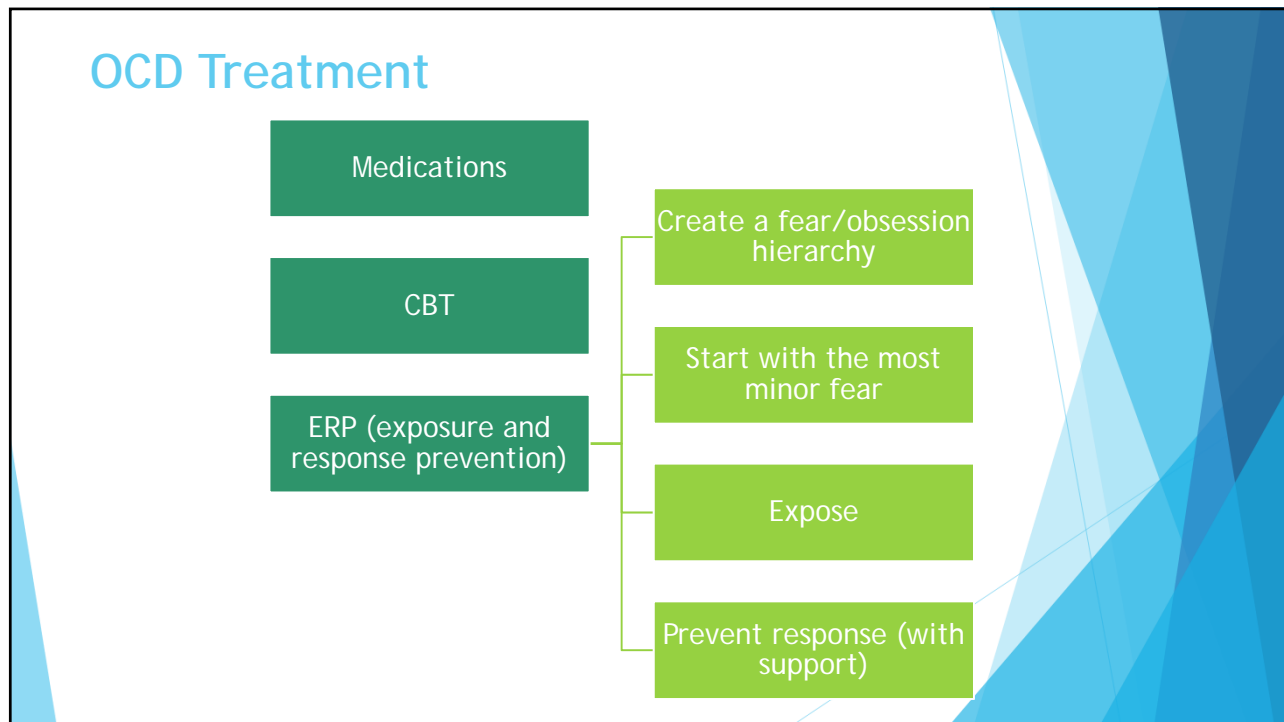
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OCD and ASD

- ▶ Ritualized/Stereotypical behavior seen in ASD are considered *pleasurable* to the individual with ASD
- ▶ And following routines in ASD increases predictability
- ▶ Ritualized repetitive behaviors of OCD are *NOT PLEASANT* and cause distress
- ▶ Children with ASD who also meet criteria for OCD will engage in compulsive behaviors as a way of reducing their anxiety
- ▶ Differential diagnosis is difficult especially in those who can not report obsessive/intrusive thoughts



▶ (Meier, 2015)

28



29

How do I know which disorder he has?

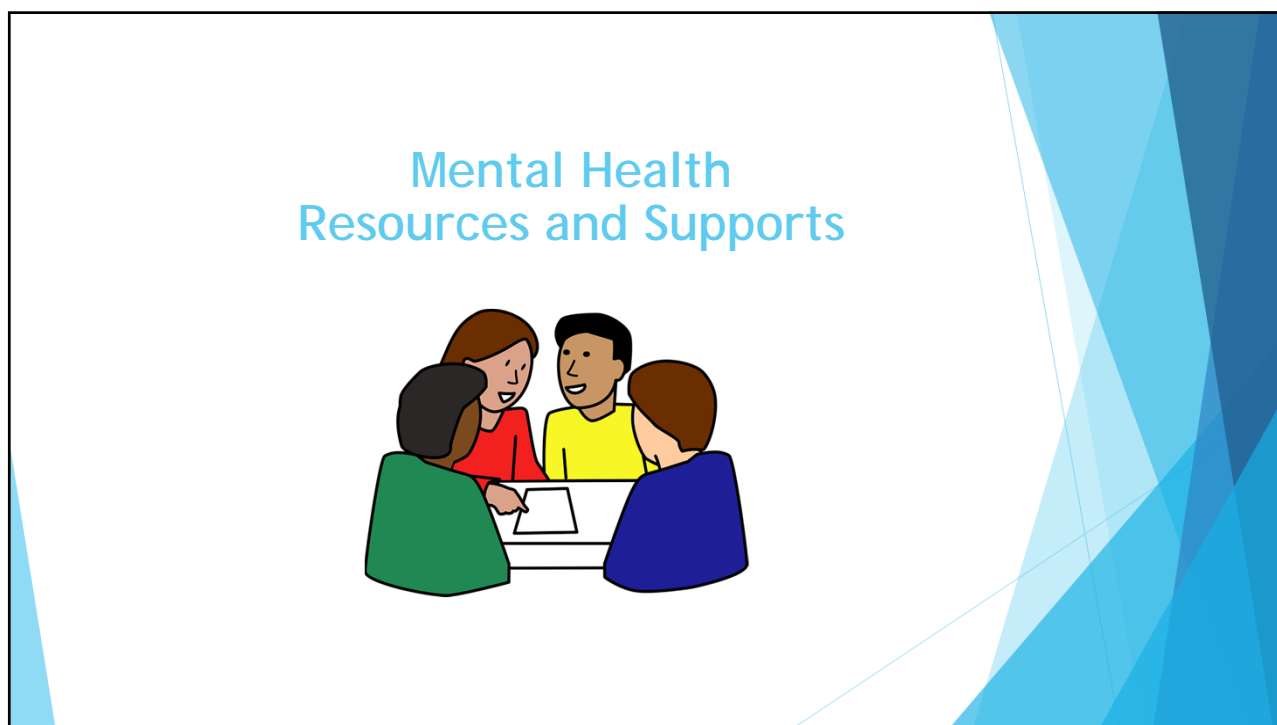



- ▶ Parents aren't expected to diagnose their child
- ▶ Look for red flags
 - ▶ A change from baseline
 - ▶ Sleeping or eating patterns
 - ▶ Withdrawal from usual activities and interests
 - ▶ Regression in skills and self care
 - ▶ Escalations in behavior
 - ▶ Frequent expression of worries, fears, death, killing self
- ▶ Visit family doctor, walk in clinic, or call CYMH office (811)

30



31



32

Supporting families and children

► Informal Supports:

help, information, advice, resources and opportunities from family members, friends, neighbors, acquaintances, or co-workers; also things we use to help with daily life.

(Parent Educational Advocacy Training Center)



33

Supporting families and children

► Formal Supports:

Planning, information and services provided by government agencies and private service providers.

(Parent Educational Advocacy Training Center)



34

Supporting families and children

- ▶ **Family-centered care**
 - Importance of mutual respect and open communication
 - Providing choice and support
 - Promotion of information sharing
 - Collaboration and value of parent/family perspective

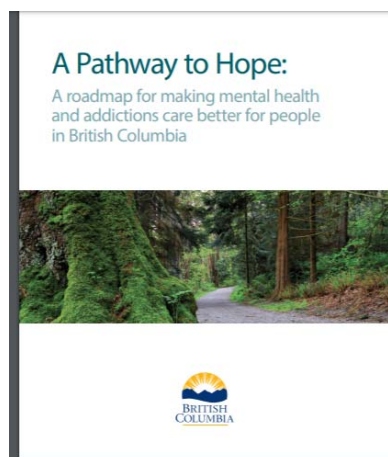


(Hartley & Schultz, 2015)

35

Provincial Framework for Mental Health Services

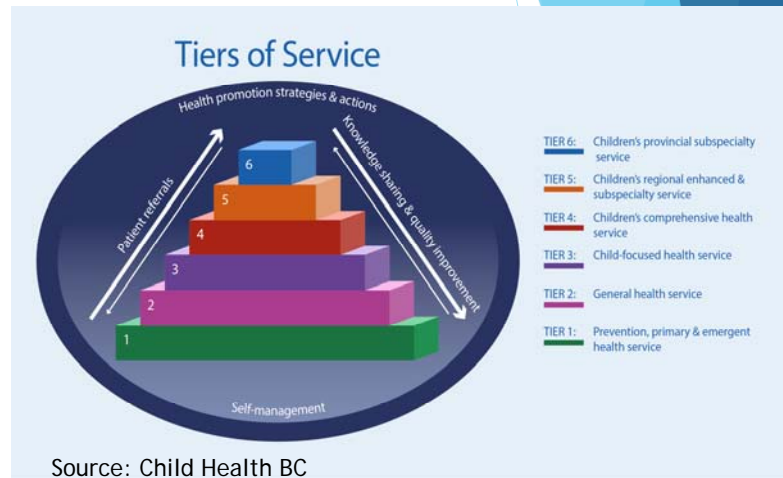
- ▶ June 2019- BC government released 10-year plan to better address mental health care in the province
- ▶ New plan called *A Pathway to Hope*



36

Understanding the Health System

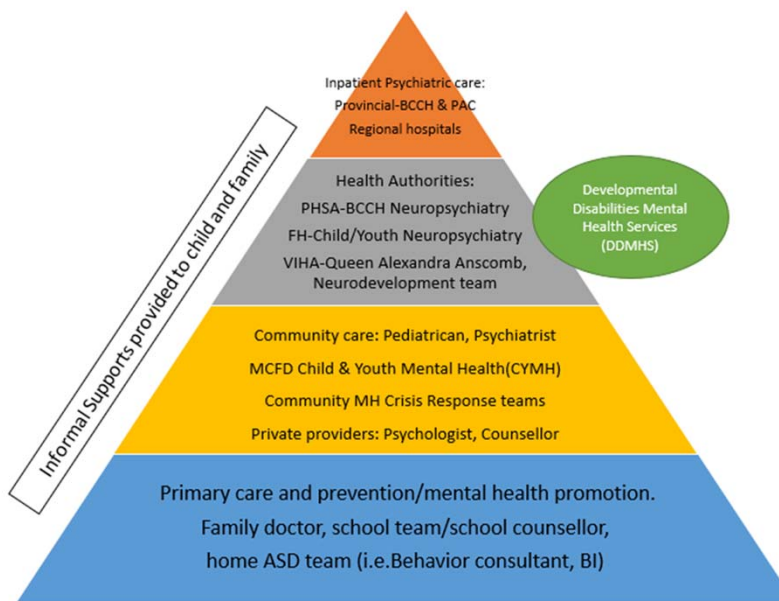
- ▶ In BC, we have Tiers of Service for our health care service delivery system.
- ▶ Child Health BC has recently focused on revising the tiers: now include 6 levels.
- ▶ System planning for children's health services is a major area of focus for Child Health BC and its collaborators, (health authorities, ministries, non-profit organizations, school boards, etc).



Source: Child Health BC
<https://www.childhealthbc.ca/tiers-service>

37

Mental Health Service Navigation



38

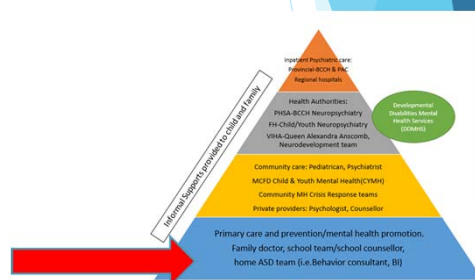
Mental Health Professionals

- ▶ A **Psychiatrist** is a medical doctor who specialize in treating mental illness such as depression, mania, anxiety, psychosis, and addiction. (BC Psychiatric Association)
- ▶ A **Psychologist** is a mental health professional trained in the study of human behavior and in the assessment, diagnosis, and treatment of mental health issues and behavioral disorders. In British Columbia, psychologists are registered and regulated by the College of Psychologists of British Columbia. (BC Psychological Association)
- ▶ **Counsellor:** Using the term “counsellor” is not a regulated in BC. Tips: Look for Counsellors or therapists that have at least Masters level qualifications and experience working with children/youth with special needs and mental health, and have registration with a regulatory body (i.e.: RCC, RSW, etc.)

39

General/Primary care services

- ▶ Speaking to your child’s doctor about your concerns can be a good place to start.
- ▶ Offer some insight into symptoms, advice and/or treatment options.
- ▶ Rule out medical conditions
- ▶ Make the appropriate referrals to a specialist
- ▶ Receive updates, so they can be involved in follow up as required by a specialist or sub specialty clinic.

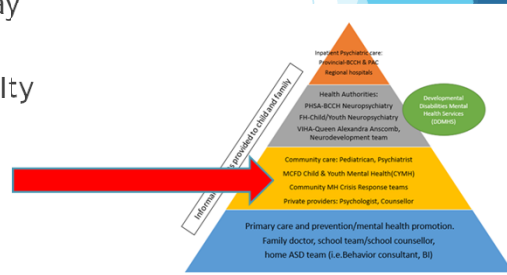


40

Community Level Services

- ▶ **Community Pediatrician or Child Psychiatrist**
 - ▶ May provide diagnostic clarity
 - ▶ Rule out medical conditions
 - ▶ Provide advice and/or treatment options. May suggest trial of medication
 - ▶ Make the appropriate referrals to sub-specialty services

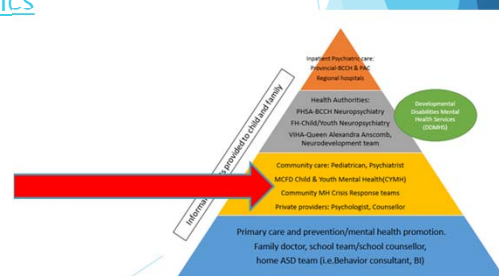
- ▶ **Private services: Psychologist or Counsellor**
 - ▶ Psychotherapy (i.e.: CBT adapted)



41

Community Level Services

- ▶ **Children and Youth with Mental Health (CYMH)**
 - In communities across BC
 - No referral required
 - Drop-in Intake
 - <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/mental-health-intake-clinics>
 - CYMH Services could include: intake, assessment, treatment, case management and consultation.
- ▶ **Crisis response mental health teams**
 - urgent response due to mental health crisis
 - risk assessment
 - short term care



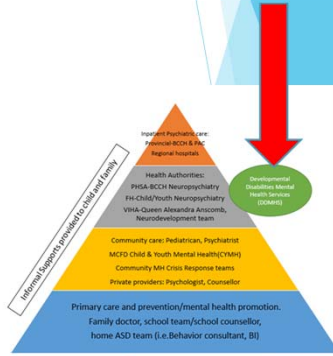
42

Regional Specialized Mental Health Services

▶ Developmental Disabilities Mental Health Services (DDMHS)

Eligibility requirements include:

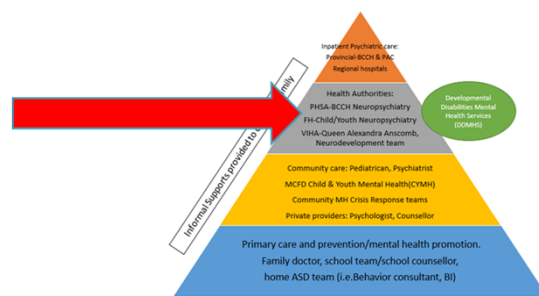
- ▶ Aged 12 years or older (Interior-14 yrs or older)
- ▶ Psychological assessment indicating an IQ of 70 or below
- ▶ Have a mental illness and/or challenging behaviour
- ▶ Meet CYSN/CLBC eligibility



43

Tertiary care - Outpatient Provincial Services

- ▶ BC Children's Hospital serves the children/youth across the province.
 - **Neuropsychiatry Clinic:**
mandate is to provide provincial specialized consultation for children and youth age 6-18 years old with complex neurodevelopmental conditions.



44

Tertiary care - Provincial Outpatient Services

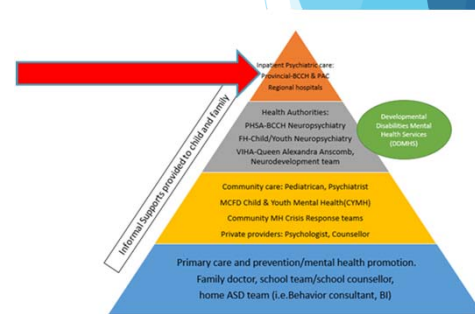
- ▶ **BC Children's Mood and Anxiety Clinic:** mandate is to provide provincial specialized consultation for children and youth ages 6-18 with complex symptoms suggestive of a mood and/or anxiety disorder, who have not responded to community treatment resources.
- ▶ **BC Children's ADHD Clinic:** mandate is to provide specialized consultation for children and youth ages 6-18 with complex symptoms suggestive of ADHD.

45

Tertiary Care-Inpatient Provincial Services

Inpatient psychiatric admissions for children and youth with serious mental health concerns:

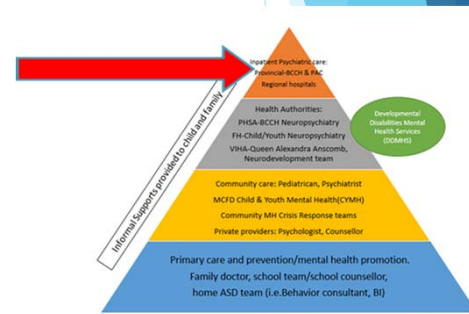
- ▶ **BC Children's Child and Adolescent Psychiatry Emergency unit (CAPE):** short term stay for emergency psychiatric concerns.
- ▶ **BC Children's Hospital Child and Adolescent Inpatient Psychiatric Units**



46

Tertiary Care-Inpatient Provincial Services

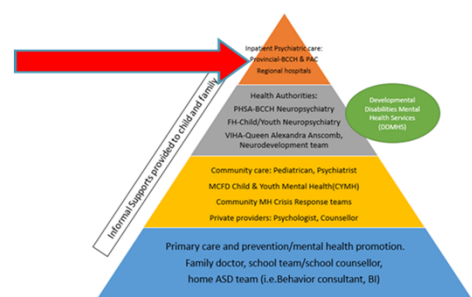
- ▶ The Provincial Assessment Centre (PAC) provides mental-health services for referred individuals 14 years or older with a developmental disability and a mental illness or behavior issue.
- ▶ In-patient facility admitted voluntary or involuntary under the Mental health act.



47

Tertiary care- Regional Inpatient Psychiatry

- ▶ There are inpatient adolescent psychiatric units in hospitals across the province.
 - No specialized inpatient psychiatry units for children and youth with neurodevelopmental and psychiatric conditions.
- ▶ Minimal child inpatient unit services regionally
 - Surrey memorial Child & Adolescent Psychiatric Stabilization unit(CAPSU) and VIHA Ledger House Inpatient program-Child unit



48

Making the Decision about Medication

“The use of medication is more often aimed at treating the symptoms of these associated conditions, which we can characterize as emotional and behavioral challenges, than for core symptoms of ASD itself, as no medications have shown clear benefit for social communication impairment or restricted, repetitive behaviors” (American Academy of Child and Adolescent Psychiatry, 2016, p.4)

- ▶ In collaboration with your child’s physician or mental health team, we know that good communication promotes shared decision-making, and can improve treatment outcomes.



49

Making the Decision about Medication

- ▶ Parent resources to support enhanced knowledge and informed decision making about medication:

- ▶ Kelty Mental Health Resource Centre:

- printable information on the use of specific medication for children/youth and medication topics of interest (i.e. Medications for Irritability for children with Autism).
- Helpful questions to ask the physician to support decision making about medication

<https://keltymentalhealth.ca/medications>

- ▶ Autism Speaks:

- *Autism: Should My Child Take Medicine for Challenging Behavior? A Decision Aid for Parents of Children with ASD.*

<https://www.autismspeaks.org/sites/default/files/2018-08/Medication%20Decision%20Aid.pdf>

- ▶ American Academy of Child & Adolescent Psychiatry:

- *Autism Spectrum Disorder: Parents' Medication Guide*

https://www.aacap.org/App_Themes/AACAP/Docs/resource_centers/autism/Autism_Spectrum_Disorder_Parents_Medication_Guide.pdf



50

Mental Health Specific Resources

- ▶ Kelty Mental health:
 - ▶ <https://keltymentalhealth.ca/>
- ▶ FamilySmart®
 - ▶ <http://familysmart.ca/>
- ▶ ACT-Mental Health and Autism Project:
 - ▶ <https://www.actcommunity.ca/education/mentalhealth>
- ▶ 310Mental Health Support: 24/7 province-wide mental health support for you or your family call 310-6789 (no area code required).

51

Caregiver wellbeing

- ▶ If you are feeling stressed, anxious or physically exhausted, this will affect your parenting abilities.
- ▶ It isn't selfish to take time out and to put yourself first. If we don't take care of ourselves, it becomes harder to take care of our children.
- ▶ We need to attend to our own care physically, emotionally, and creatively or spiritually.
- ▶ Remember - it's always okay to ask for help!

52

Understanding Behavior



53

The first challenge of *challenging behaviour* is to understand...

Video

Source:
Dr. Ross Greene, Collaborative Problem Solving

54

Implications of these philosophies...

If you believe - the child doesn't want to do well then...

- ▶ The only tool you have is motivating the child (reward and punishment).

If you believe - the child is lacking skills and has unsolved problems then...

- ▶ You can teach new skills and help with problem solving.

55

All of us want to do well!

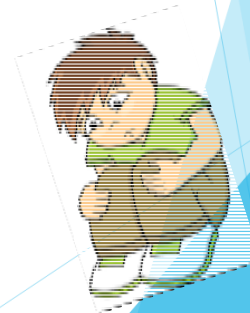


- ▶ When we, as adults, don't do well, it is natural to assume that it is because we haven't yet mastered the skills we need for performing well at the task at hand.
- ▶ For children, we often jump to taking the behavior personally and assume non-compliance rather than lack of understanding.

56

Challenging Behavior

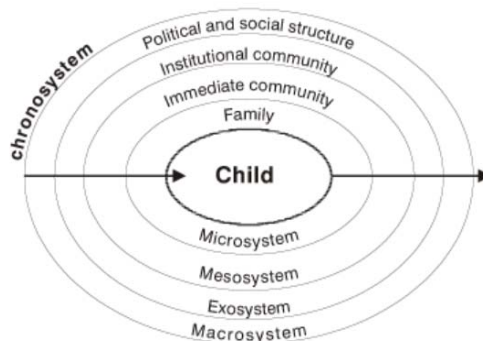
- ▶ “Challenging behavior” generally refers to those behaviors which cause harm or disruption and/or significantly interfere with learning.
- ▶ Challenging behavior is a form of communication that tells us there is an unsolved problem or unmet skill.



57


Theoretical understanding of child development

- ▶ Child within their environment



(Bronfenbrenner, 1996)

58



Understand the Child's Profile

- ▶ A child's personal profile can help to determine the function (or purpose) of the challenging behavior.
- ▶ Important considerations to understand a child's profile:
 - Assessment of cognition, language, motor skills, and social skills.
 - Sensory differences (noise, tactile, etc.)
 - Executive functioning challenges




Internal triggers:

- Food sensitivities
- Sources of pain
- Fatigue
- Hunger/thirst

59

Understand the Environment

- ▶ Where is the behavior happening? At school, at home, or both?
 - ▶ Consider these examples:
 - ▶ Classroom seating, and/or lighting
 - ▶ Noise level during activities
 - ▶ Unstructured time at lunch or recess
 - ▶ Material that is being presented
 - ▶ Social triggers (peers or siblings)
 - ▶ Parental discord

60

Activity:

How does lacking communication and social skills result in challenging behaviour?

Let's discuss what could happen in these examples (antecedents)...

- ▶ 1. Student is distracted by noise from a fan in the classroom.
- ▶ 2. Student has no pencil.
- ▶ 3. EA is late.
- ▶ 4. Student wants to join peers in game of tag at recess.
- ▶ 5. Student finds volume of teacher's voice too loud.
- ▶ 6. Student's parents aren't getting along.
- ▶ 7. Student sees his favorite car on the way to school.

61

Proactive rather than Reactive

Being proactive means understanding your child's profile within the context of his or her environment to anticipate potential problems for the child.

Example: It's assembly day at school and we know the child dislikes large crowds. Ways the parent and school could be proactive:

- ▶ remind the child of their calming routine before leaving for school
- ▶ have the child's headphones available if they would like to wear during the assembly
- ▶ the teacher could pair the child with an older peer who could take him/her out of the assembly for a walk if needed.

62

Sometimes its more complicated...

- ▶ Sometimes the reason for the behaviour is fairly clear and you know what adjustments to make or skills to teach to prevent the behaviour from arising again.
- ▶ Other times the behaviour seems to “come out of nowhere” and a Functional Behaviour Assessment (FBA) is needed.
- ▶ An FBA can highlight the reason for the behaviour, which then points to the skills that need to be taught and the environmental accommodations that need to take place.

63



Questions Review

64



Introduction to Functional Behaviour Assessment/
Positive Behaviour Support Plan Process

65

Philosophy of Functional Behavioural Assessment

“All Behaviour is meaningful and functional from the perspective of the individual engaging in the behaviour. The cornerstone of successful positive behaviour support is identifying the function of the challenging behaviour and assisting the individual in utilizing more socially acceptable strategies to serve the same purpose.”

Carr and Horner, et al (1999)

66

PHASE 1: Collect Historical & Background Data

PHASE 2: Determine the Target Behaviour

PHASE 3: Conduct Direct Observations

PHASE 4: Identify the Function of the Behaviour

PHASE 5: Generate a Hypothesis Statement

PHASE 6: Verify the Hypothesis

(e.g., Liaupsin, et al., 2000; Oneil et al., 2015)


The Six Phases of a Functional Behaviour Assessment

67


Phase 1: Collect Historical and Background Information

Record or File Reviews Include:

- ▶ Diagnostic/medical records
- ▶ Psychological reports
- ▶ Reports from other specialists
- ▶ Individual Educational Plans
- ▶ Incident Reports



68



Phase 1:
Structured Interviews (FAI) may examine:

- ▶ Further historical information
- ▶ Settings, events and persons where the behaviour occurs
- ▶ Settings, events and persons where the behaviour DOES NOT occur
- ▶ Potential Reinforcers
- ▶ What the Problem Behaviour Looks Like
- ▶ What usually triggers the behavior

69

Phase 2:
Determine the Target Behaviour

Defining the target Challenging Behaviour consists of two parts:

- ▶ A General Category of Behaviour
- ▶ Specific Descriptors



70

Phase 2:
Determine the Target Behaviour

Examples

General Category + Specific Descriptors

Physical Aggression: pushing, pinching, hitting, biting

Verbal Aggression: loud voice, swearing

Disruptions: vocalizations, singing, saying the teacher's name over and over



71

Which are well written target behaviors?

1. Paul is extremely annoying all day long.
2. Mary slapped the teacher across the face.
3. Jose bites children and staff.
4. Phillip is aggressive and disturbs his peers.
5. During story time John screams loudly for the time period he has to sit on the mat.



72

Phase 3: Conduct Direct Observations

- ▶ Observe the environment
- ▶ Observe staff and peers
- ▶ Observe the program
- ▶ Observe the target behavior
 - ▶ What sets it off?
 - ▶ What happens after the behavior?
- ▶ Wonder about setting events
 - ▶ What conditions or settings make it more likely the behavior will occur?
- ▶ Determine the function of the behavior



73

CONSEQUENCE/OUTCOME

- ▶ The events or reactions of others that happen directly after the behaviour occurs.



Looking through the lens
of the child:

“What happens after I engage in the challenging behaviour? What did I gain? What did I avoid?”

74

Phase 4

Identify the function

All behavior serves a purpose or function for the child

- The target behavior usually compensates for a skill deficit
 - Appropriate behavior = ask for a toy
 - Inappropriate behavior = bite child
 - Function = get toy



75

Functions of Behavior

Get/Obtain

- ▶ Attention
- ▶ objects, tasks, activities
- ▶ Sensory stimulations



Avoid/Escape

- ▶ Attention
- ▶ Objects, tasks, activities
- ▶ Sensory stimulation



76

What is the function of the behavior?

1. John bites Sara's hand and Sara drops her donut. John eats the donut.
2. During music class Alex covers his ears. And grimaces.
3. Karen yells "NO!" then runs from the classroom as the staff ask her over and over to do her math worksheet.
4. Lewis spits across the room. The other children laugh loudly.



77

Phase 5: Generate the Hypothesis *The Hypothesis Statement*

- ▶ The Person Does
(challenging behaviour)
- ▶ When.....
(trigger)
- ▶ Which Results In...
(outcome)
- ▶ This is Most Likely to Occur
When.....
(setting events)



78

Phase 5: Generate the Hypothesis

The Hypothesis Statement...Example

Joe bites other children (**problem behavior**) whenever they have candy (**antecedent**). The children usually drop the food and run away from him (**consequence**). John then eats the candy (**function = get tangible**). This is more likely to happen right after school, before the daycare snack has occurred, when Joe is hungry (**setting event**).



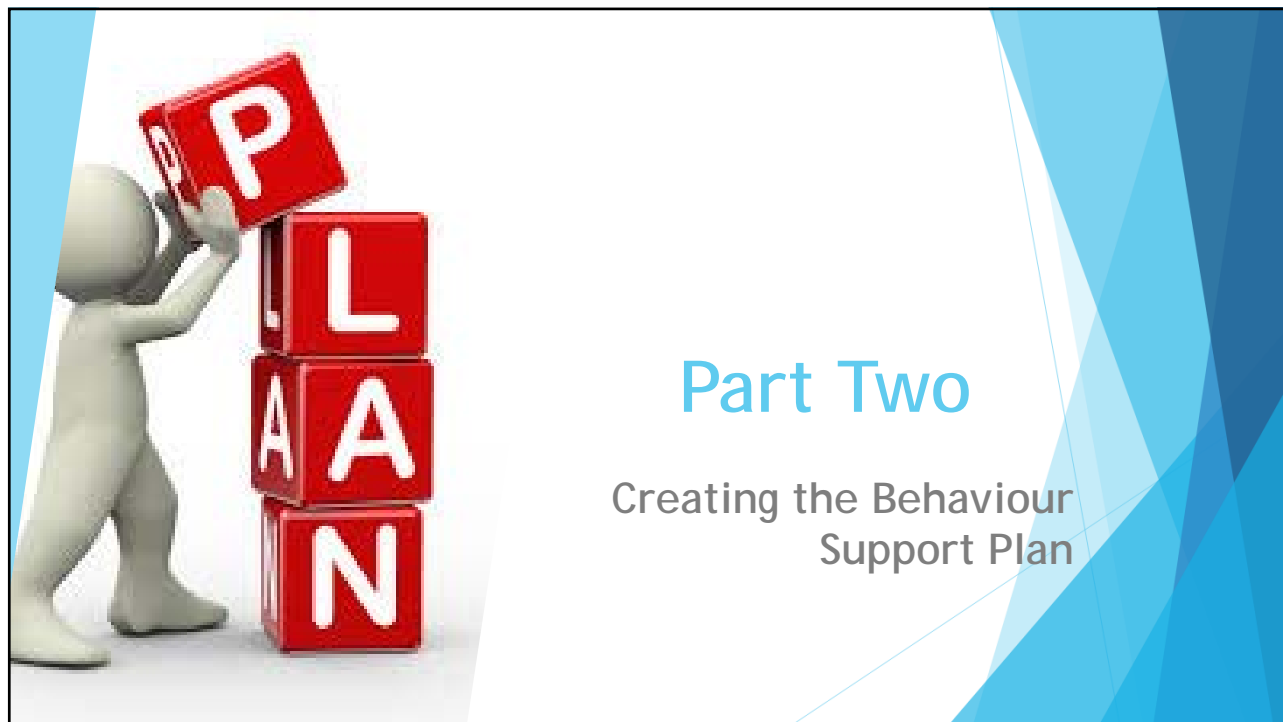
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Phase 6: Verifying the Hypothesis

Functional Analyses

Not usually conducted in School Settings

80



81

Setting Events	Antecedent Triggers	Problem Behaviours	Consequences/ Function
Setting Event Strategies	Antecedent Strategies	Teaching Strategies	Consequence Strategies

82

Setting Events	Antecedent Triggers	Problem Behaviours	Consequences
<p>Difficulty getting to sleep, tired</p> <p>Sensitive to sound</p> <p>When interrupted part way through set up of train set</p>	<p>Clean up song over loud speaker to signal end of play period</p> <p>When asked to tear down train set before its been put together</p>	<p>Disruptions: screaming, (with hands over ears)</p> <p>Physical aggression: biting teachers</p>	<p>Avoid /escape</p> <p>Song on loudspeaker</p> <p>Transition from play</p> <p>Tearing down incomplete train set</p>
Setting Event Strategies	Antecedent Strategies	Teaching Strategies	Consequence Strategies
<p>Sleep routine</p> <p>Reduce number of train pieces in set</p> <p>Shift schedule</p>	<p>Visual schedule with more than one time with train</p> <p>Change signal for clean up</p> <p>Provide saving tray</p>	<p>Functional communication and protest skills</p> <p>Tolerance/ Emotional regulation</p>	<p>Positive reinforcement for compliance with small steps to success</p> <p>Redirect to visual schedule and saving tray</p>

83



Family Resources and Behavior Support Strategies

84

MCFD Service Delivery Framework for Children with Special Needs

Children and Youth with Special Needs Service Framework Development
Summary of Engagement and Research Findings

Supporting Families
 The Ministry of Children and Family Development (MCFD) is developing a service framework to better support children and youth with special needs (CYSN) and their families. The framework will guide the ministry, service providers and family CYSN programs and services, and will be ready for pilot implementation in spring 2020.

The Engagement Process
 MCFD contracted two firms to do research and identify opportunities to improve access, quality and coordination of CYSN services and programs.

- Regions of Consulting led the user experience research with Indigenous families and
- PMG conducted user experience research with families, including but not limited to Indigenous families and communities.

Over 1000 individuals, from a broad range of families and service providers, shared their experiences with CYSN services through community workshops and research surveys. Phone interviews were also conducted with local and remote service parts and providers, as well as subject matter experts.

Where We Went
 In total, 39 communities participated in community engagement sessions.

Other Research
 MCFD staff also analyzed information from other sources, such as:

- Reports provided to MCFD from the Office of the Representative for Children and Youth
- Reports and articles provided by partners and external organizations
- Academic research literature

What We Heard
 This case experience research and research from other sources complement each other and for many of the same themes. These include:

Accessibility – Can families attain the right services at the right time?

- Finding and accessing CYSN services can be overwhelming and confusing for families and service providers
- Access is often linked to a family's financial, personal and community resources
- Geographical demand for CYSN services has likely exceeded growth in funding
- Families living in remote communities have less access to information about services and greater distances to travel for services
- Timeliness and consistency of service is critical for early intervention
- Transportation can be a barrier
- The range of services available to families is generally high, but more is needed

Eligibility – How are families deemed eligible for services?

- Families feel well deserving to gain the diagnosis needed to access CYSN services
- Varying methods of determining eligibility across CYSN programs makes it challenging for families to navigate
- Eligibility requirements are often poorly communicated to families and are difficult to understand
- Each program has a separate intake process making it difficult

Equity – Do the current array of services support children and families in a fair and equitable way?

- Low income, Indigenous, English Language Learning (ELL) families and those being in remote areas require having difficulty attaining services
- Support needs for children with Head Aches/Spina/Neck Disorder are not being met
- Families and service providers describe that children in care have greater access to CYSN services compared to families with their families
- There is a need for transparent and consistent to support equity

Cultural requirements – Do services meet cultural needs?

- Many Indigenous families experience racism and discrimination when accessing and receiving CYSN services
- Many Indigenous families prefer to not access services because of racism and a lack of trust and fear of MCFD services
- Indigenous families could benefit from older involvement in CYSN programs and services that could include greater access to traditional teachings and cultural activities and place emphasis on the importance of Elders and grandparents being a role in raising children
- Satisfaction with CYSN services is lower in ELL and Indigenous communities
- A lack of culturally appropriate services was identified

"Delays in service are detrimental to children"

Inclusion – Do services support children and families to be included in society?

- Families value early intervention and inclusion supports
- More support for transition planning into kindergarten and adulthood is needed
- The cost of equipment that aids accessibility and inclusion is a challenge for many families

Family Support – How do services support families to care for themselves and their child?

- Families need support to stay healthy and participate in community life
- Families are concerned by the amount and volume of paperwork to access services
- Families are asking for more support to manage and coordinate services
- Families feel isolated and want support so they can participate more fully in their communities

What We Learned

- The complement of services is generally right, but more is needed
- The current system favours families with resources to find and access CYSN services
- Culturally responsive and trauma informed services are needed
- Family support including case coordination, is needed
- Families request a one-stop, full information as ideal

Next Steps

Draft Framework Consultation	Feb 2019
Implementation Planning	March 2019
Public Release of Service Framework	March 2020
Begin Pilot Implementation	Spring 2020

Source: BC Ministry of Children and Family Development, retrieved from https://www2.gov.bc.ca/assets/gov/health/managing-your-health/7023_mcf-d-cysn-what_we_learned_screen.pdf

85

Provincial Supports

► MCFD - Office of Children and Youth with Special Needs (CYSN)

▣ Autism Funding Program

- Children under age six are eligible for up to \$22,000 per year for each child (Specific guidelines and professionals from RASP)
- Children aged 6 to 18, are eligible for up to \$6,000 per year for each child (Flexible options)



86

Provincial Supports

▶ MCFD - Office of Children and Youth with Special Needs (CYSN)

□ Family Supports *may* include:

- Respite
- Behavior Support
- Child & Youth Care worker
- Social Skills Groups
- Homemaker Support
- Residential support



87

Provincial Supports

▶ MCFD - Office of Children and Youth with Special Needs (CYSN)

□ Priority for Service Tool (PST):

Provides a ranking of the urgency of support needs for the child/youth relative to others in the shared area/locality.



88

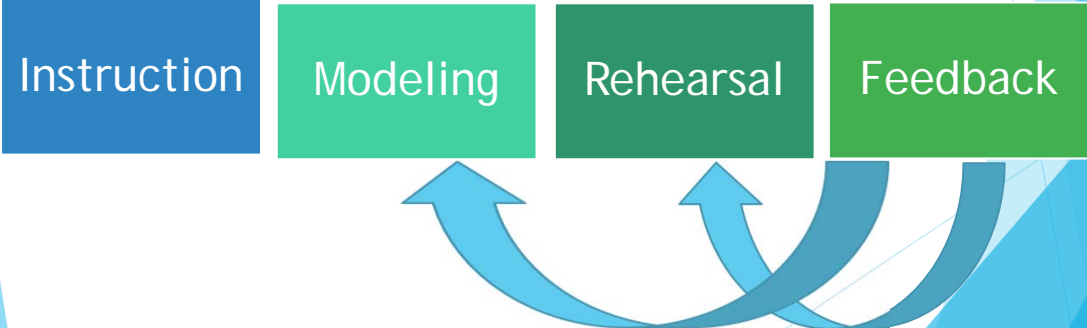


Behavior Support Strategies

89

Behavior Skills Training

- ▶ Behavior skills training (BST) is an evidence based intervention for teaching various skills and in diverse settings.



```

graph LR
  A[Instruction] --> B[Modeling]
  B --> C[Rehearsal]
  C --> D[Feedback]
  
```

90

Example: using BST with Video Modelling

- ▶ Video modelling and Video Self Modelling
 - ▶ Evidence based strategy. Video modeling is a highly effective teaching method for children with ASD (Bellini & Akullian, 2007).
 - ▶ Involves recording the child or others engaging in a target behavior or skill. The child views the video later.

Using BST with video modelling: E.g. helping a child learn how to play ball appropriately

- Provide Instruction (simple/concrete language: *When we play ball, we will pass the ball back and forth to each other, so that we each get turns to enjoy the game.*)
- Modeling (view the video model)
- Rehearsal (Practice! Play ball outside or in the gym together)
- Feedback (Praise the child: *Great passing! Good turn taking!*, or provide corrective feedback as needed)

91

Video Modelling: Play Ball with a friend

Video

Source:
Watch Me Learn
*Learn social skills
through Video Modeling -
Let's Play Ball with
friends*

92

Common Strategies used to Support Positive Behavior: Visual Supports

Visual supports help to:

- Provide expectations
- Stay on-task
- Encourage independence

E.g.

- ▶ Visual Schedules
- ▶ Visual Cards (i.e. break card, help card)



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Washing hands	
	Water on
	Hands wet
	Rub hands with soap
	Rinse
	Water off
	Dry



93

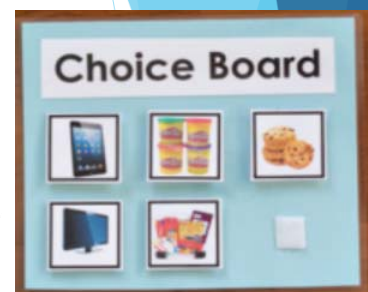
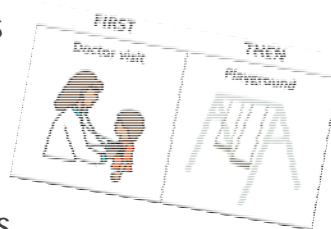
Common Strategies used to Support Positive Behavior: Providing Choice

- ▶ "First, then"

Something your child prefers will happen after less preferred task.

- ▶ Choice board

Can include pictures, objects, drawing, or text. Used by the child to communicate their preference of activity, item or task.



94

Common Strategies used to Support Positive Behavior: Social Domain

- ▶ Social stories™ (Gray, C., 1994)
 - ▶ Increase greater social understanding
 - ▶ Short description of a situation, or activity, and includes information on what to expect.



Source: autismcanada.org

95

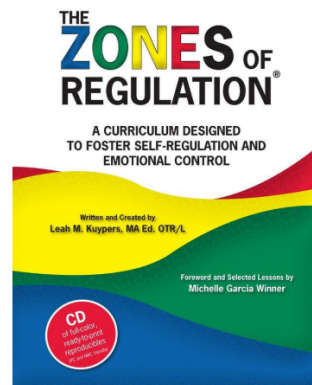
Common Strategies used to Support Positive Behavior: Social Domain

- ▶ Comic strip conversations (Gray, C., 1994)
 - ▶ Assist with greater social understanding
 - ▶ Provide visual representations of the levels of communication that happen in conversation
 - ▶ Use stick figures, symbols and colors

96

Common Strategies used to Support Positive Behavior: Self- Regulation Domain

- ▶ Zones of regulation (Kuypers, 2011)
 - ▶ Cognitive behavior approach
 - ▶ Recognition of 4 different states represented by a different color
 - ▶ Strategies/tools to support movement from one zone to another

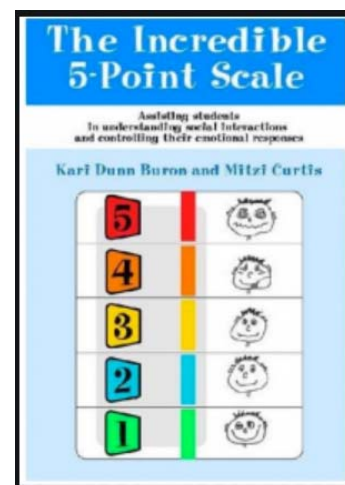


(Kuypers, 2011)

97

Common Strategies used to Support Positive Behavior: Self-Regulation Domain

- ▶ The incredible 5 point scale (Dunn & Curtis, 2003).
 - Provides concrete visual for abstract concept of emotion
 - Helps child identify and manage emotions/behaviors
 - Easy format that can be used in multiple environments



98

Additional Resources

- ▶ **Autism Focused Interventions and Resource Modules (AFIRM):** Modules designed to help you learn the process of planning for, using, and monitoring an evidence based practice with learners with ASD. Supplemental materials and handouts also available:
<https://afirm.fpg.unc.edu/afirm-modules>
- ▶ **POPARD eLearning Lessons** on a variety of topics related to ASD:
<http://autismoutreach.ca/elearning>
- ▶ **Autism Speaks: Helpful Strategies to Promote Positive Behavior (Challenging Behaviors Tool Kit):**
<https://www.autismspeaks.org/sites/default/files/2018-08/Challenging%20Behaviors%20Tool%20Kit.pdf>
- ▶ **Autism BC lending library** (comprehensive library on a variety of topics related to ASD, includes books, DVDs, and games)
- ▶ **Autism Community Training (ACT)** webinars (i.e. Positive Behavior Support Learning series) and resource links

99

Thank you!

100