

# PROTOCOL FOR ADDRESSING PROBLEM BEHAVIOR RESULTING FROM INTERNAL STATES

*Diana Browning Wright and Denise Keller*

## **Analysis for Internal Function**

Consider how this behavior is impeding learning of this student or others.

- Consider whether addressing this behavior is necessary and whether more harmful behaviors may replace this behavior if this behavior is eliminated

Consider whether Tier One and Tier Two interventions have been tried.

Is this behavior perhaps indicative of a medical or psychiatric need? For example, is masturbation systematic of sexual abuse history? Is talking to self indicative of a possible psychotic disorder requiring psychiatric services?

Consider your data and how you have established that this behavior is not contingent on environmental conditions or social responses, and why a behavior plan with a functionally equivalent replacement behavior is not suggested. Review the following:

- Is the behavior non responsive to social contingencies? (attention, praise, contingent access)
- Does the behavior persist in the absence of social interaction?
- Has manipulation of consequences been examined to determine effect on the behavior?
- Has reinforcement for absence of the behavior been systematically evaluated?
- Can the behavior be inhibited? Under what conditions and for how long? Is there a “cost” for inhibition? Would the student likely substitute a more harmful behavior if staff attempts to get the student to suppress the behavior?

Consider whether in Pathway Charting clear variables could not be determined, and functionally equivalent replacement behavior not found, e.g., masturbation does not have a functionally equivalent replacement behavior.

Consider the data you have collected:

- severity: frequency, intensity, duration
- Settings and conditions in which behavior occurs
- Settings and conditions in which the behavior does not occur (if any)

## Selecting Interventions for Internal Function

Consider possible interventions and services.

- Environmental changes
  - Stimulus satiation, environmental engineering, altering stimulus control through elimination of triggers
- Altering consequences for the behavior
- Changing Staff interactions with the student
- Coping strategies (scripts, time away, breathing modulation training, etc.)
- Teaching behavior modulation (AlertProgram)
- Cognitive behavioral therapy (e.g., Coping Power, Coping Cat)
- Self monitoring systems
- Relaxation training
- Mindfulness treatment for anxiety, depression and others
- Systematic desensitization (e.g., tic disorders, school phobia, anxieties, selective mutism)

Consider who will implement interventions and services and how to describe these in the IEP, 504 or other school based plan for the student.

Consider whether a Medical or Psychiatric Diagnostic Assessment is recommended at this time.

- Consider funding sources and need for consultation with administration

Consider whether interventions are designed to maintain or increase quality of life for the student.

- Do not employ interventions that isolate, stigmatize or alienate the student from peers

## WEB RESOURCES

### Automatic Reinforcement

*A Multiple-schedule Evaluation of Immediate and Subsequent Effects of Fixed-time Food Presentation on Automatically Maintained Mouthing*

Journal of Applied Behavior Analysis, 36, 541-544

<http://seab.envmed.rochester.edu/jaba/articles/2003/jaba-36-04-0541.pdf>

*Assessing and Treating Vocal Stereotypy in Children with Autism*

Journal of Applied Behavior Analysis 2007, 40, 263–275 Number 2 (Summer 2007)

<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1885411&blobtype=pdf>

*The Evaluation and Treatment of Aggression Maintained by Attention and Automatic Reinforcement*

Journal of Applied Behavior Analysis 1998, **31**, Journal of Applied Behavior Analysis 103–116 Number 1 (Spring 1998)

<http://seab.envmed.rochester.edu/jaba/articles/1998/jaba-31-01-0103.pdf>

*Persistence of Stereotypic Behavior: Examining the Effects of External Reinforcers*

Journal of Applied Behavior Analysis, 36, 439-448

[http://seab.envmed.rochester.edu/abstracts/jabaabstracts/36/\\_36-439.htm](http://seab.envmed.rochester.edu/abstracts/jabaabstracts/36/_36-439.htm)

*Toward an Empirical Method for Identifying Matched*

*Stimulation for Automatically Reinforced Behavior: A Preliminary Investigation*

Journal of Applied Behavior Analysis 2006, 39, 137–140 Number 1 (Spring 2006)

<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1389606&blobtype=pdf>

*Varying Response Effort in the Treatment of Pica Maintained by Automatic Reinforcement*

Journal of Applied Behavior Analysis 2002, **35**, 233–246 Number 3 (Fall 2002)

<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1284382&blobtype=pdf>

### Mental Health General

<http://www.pent.ca.gov/beh/mh/references-MHbook.pdf>

### Bipolar Disorder

<http://www.pent.ca.gov/trn/bipolardisorder.pdf>

<http://www.pent.ca.gov/beh/mh/bipolardisorder.pdf>

<http://www.bpkids.org>

[http://www.pent.ca.gov/for/f6/bipolar\\_VS.pdf](http://www.pent.ca.gov/for/f6/bipolar_VS.pdf)

### Selective Mutism

*Selective Mutism: An integrated Treatment Approach*

<http://www.asha.org/about/publications/leader-online/archives/2002/q3/020924fr.htm>

**Self-cutting:**

[http://www.luc.edu/socialwork/praxis/pdfs/praxis\\_article3.pdf](http://www.luc.edu/socialwork/praxis/pdfs/praxis_article3.pdf)

<http://www.jenniferboyer.com/SInews9-1.htm>

**Alert Program:** teaches and supports children to choose appropriate strategies to change or maintain states of alertness.

<http://www.alertprogram.com/>

**Cognitive-Behavioral Therapy**

<http://www.nacbt.org/whatiscbt.htm>

[http://www.nami.org/Template.cfm?Section=About\\_Treatments\\_and\\_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952](http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952)

**Coping Cat:** The Coping Cat program is a cognitive-behavioral therapy intervention that helps children recognize and analyze anxious feelings and develop strategies to cope with anxiety-provoking situations.

<http://www.whatcomcounts.org/whatcom/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=671>

<http://www.socialwork.buffalo.edu/ebp/training/CopingCatInfo.htm>

**Coping Power:** A preventive intervention school-based program for at-risk children in late elementary school and early middle school. Coping Power is based on an empirical model of risk factors for substance use and delinquency and addresses key factors including: social competence, self-regulation, and positive parental involvement.

<http://www.copingpower.com/>

**Obsessive Compulsive Disorder**

<http://www.pent.ca.gov/beh/mh/obsessivecompulsivedisorder.pdf>

**Mindfulness:** a tool designed to decrease stress, enhance academic performance, and promote emotional and social well-being, mindfulness-based education focuses on developing a person's capacity for attention and awareness.

<http://www.mindfuleducation.org/index.html>

[http://www.nytimes.com/2007/06/16/us/16mindful.html?\\_r=1&ex=1183608000&en=3d87faf9c47eb9f2&ei=5070](http://www.nytimes.com/2007/06/16/us/16mindful.html?_r=1&ex=1183608000&en=3d87faf9c47eb9f2&ei=5070)

[http://www.mindfuleducation.org/documents/JKZ\\_mindfulness.doc](http://www.mindfuleducation.org/documents/JKZ_mindfulness.doc)

**Relaxation**

<http://www.library.nhs.uk/learningdisabilities/viewresource.aspx?resid=28865>

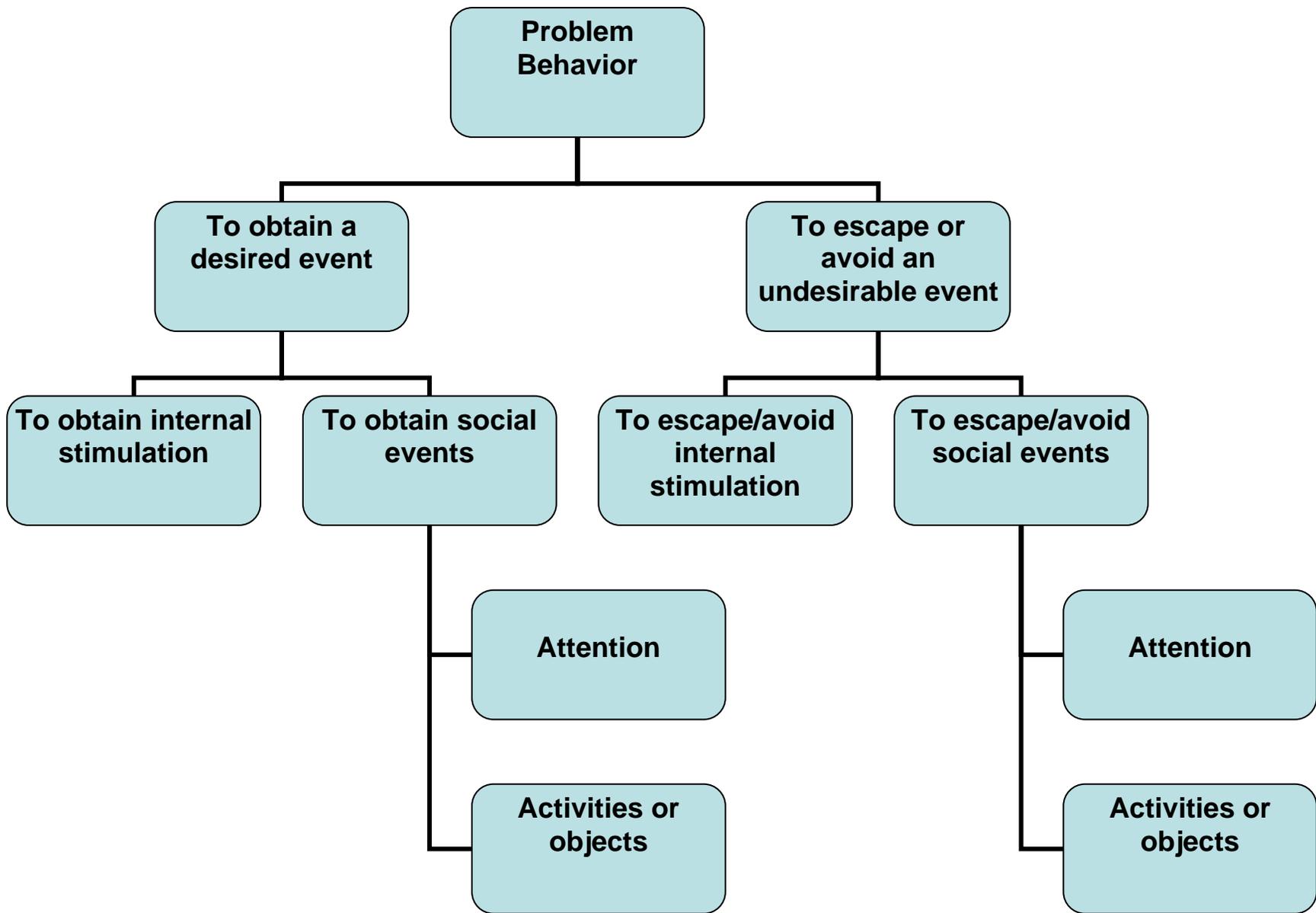
Powerpoint: [http://www.bridgingproject.org.au/downloads/relaxation\\_and\\_disability.pdf](http://www.bridgingproject.org.au/downloads/relaxation_and_disability.pdf)

**Systematic Desensitization**

<http://phobialist.com/treat.html>

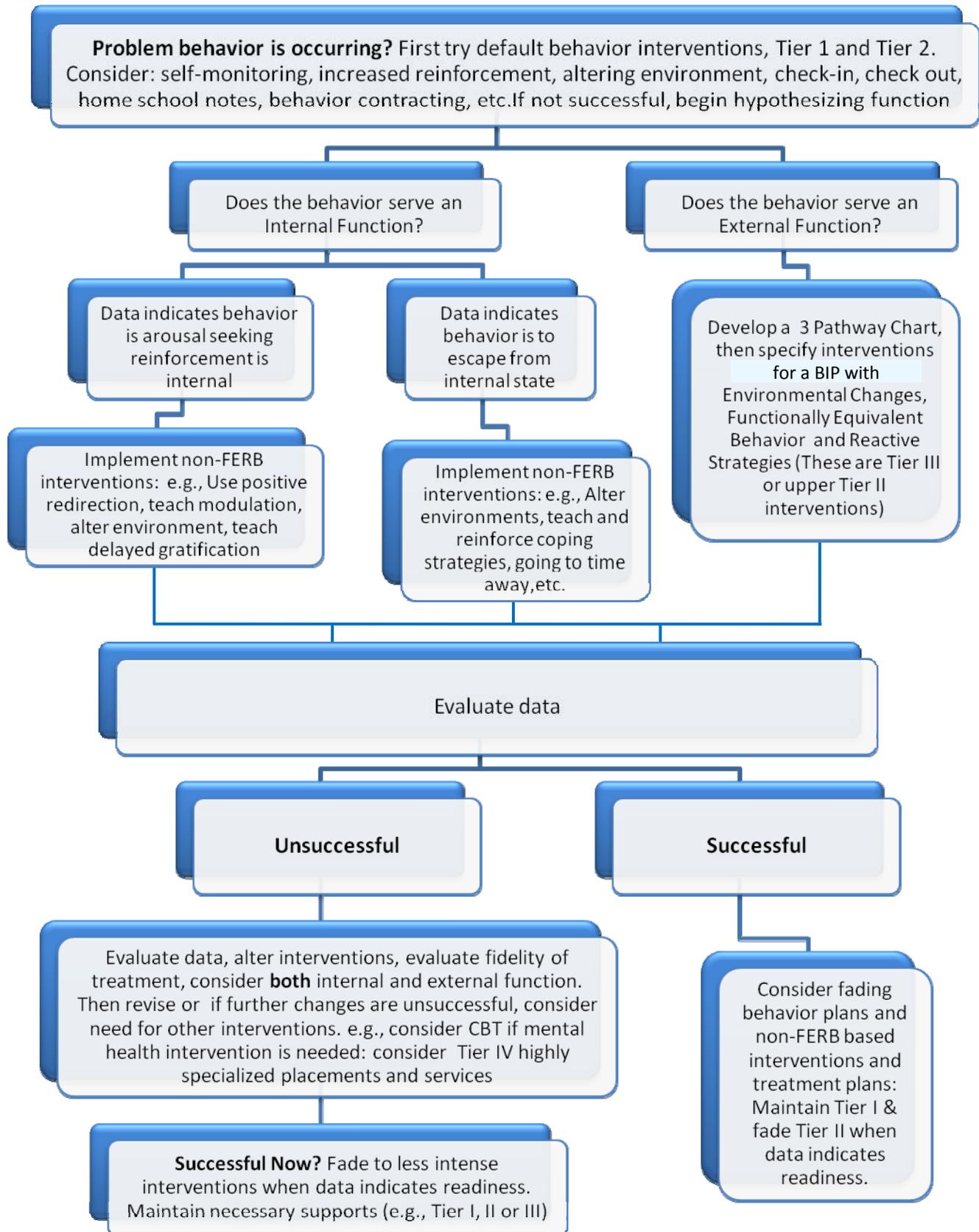
<http://www.breakoutofthebox.com/systematicdesensitization.htm>

<http://www.slideshare.net/guest717e83/systematic-desensitization-377731>

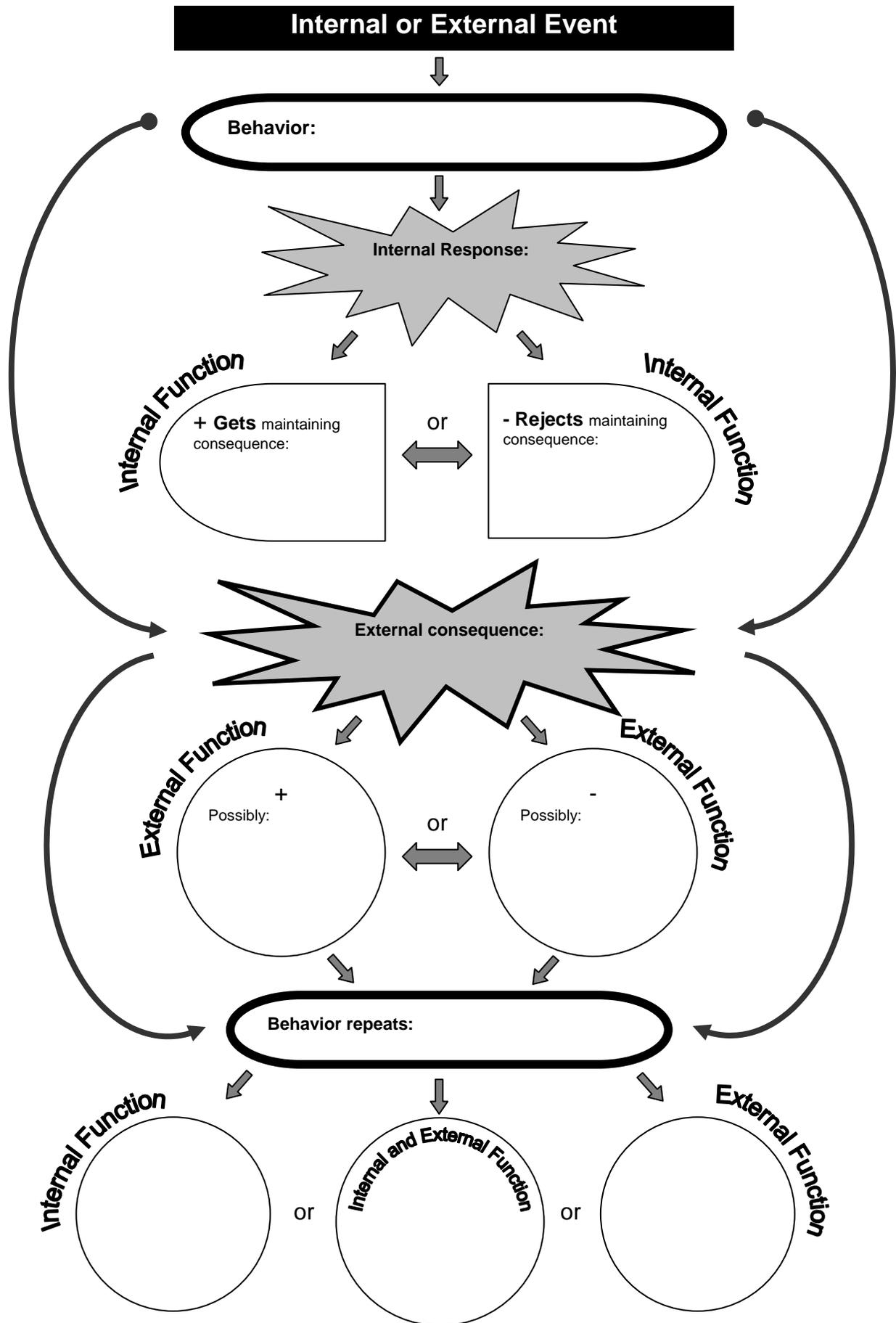


*Introductory flow chart downloaded from: Center for Autism and Related Disabilities, University at Albany SUNY*

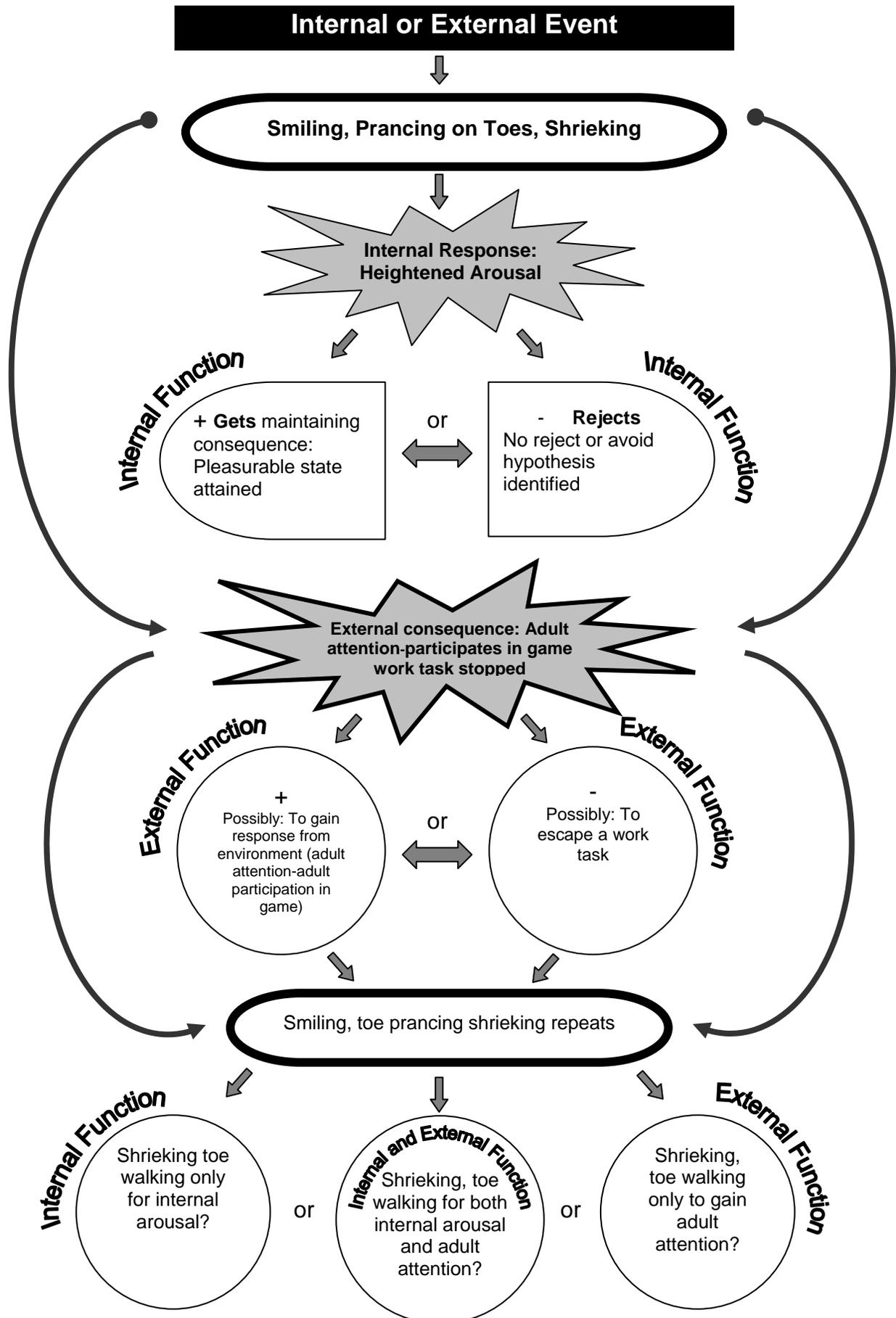
## Internal vs. External Function Treatment Plan vs. Behavior Intervention Plan



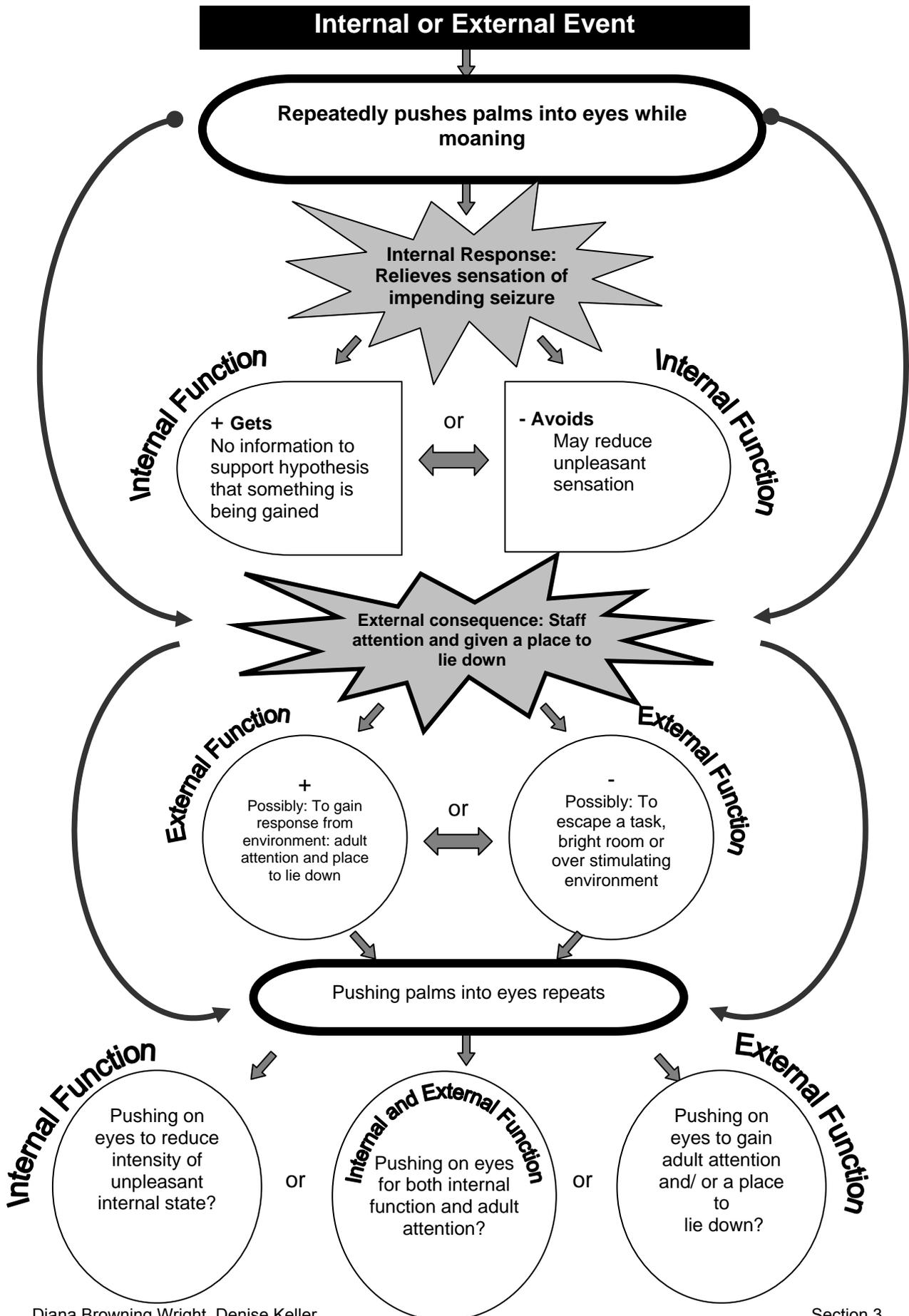
# Pathways from Internally to Externally Supported Problem Behavior



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**EFFECTIVE REACTION PART III: FUTURE RESPONSES TO PROBLEM BEHAVIOR**

How will staff respond to future episodes of this problem behavior?

**12.**

Who will need training on desired responses if the behavior occurs again?

What personnel will train teachers and staff on effective responses? When?

**OUTCOME PART IV: BEHAVIORAL GOALS**

Behavioral Goal(s)

**13.** A decrease or elimination of the problem behavior through this treatment protocol will be monitored by achievement of these goals during treatment sessions and in observations of the student in natural settings

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how

**Coordination of Treatment Protocol with Other Services and Supports:**

- Are curriculum accommodations or modifications also necessary?  yes  no
  - If yes, where described:
- Does this behavior also require a behavior intervention plan?  yes  no
- Does this treatment protocol require coordination with behavior intervention plan implementers?  yes  no
  - If yes, person responsible for coordinating treatment protocol and behavior intervention plan implementers:
- Does this treatment protocol need to be coordinated with other agency's service plans?  yes  no
  - If yes, persons responsible for contact between agencies
- Is this treatment protocol necessary to benefit from the student's special education?  yes  no
  - If yes, this treatment protocol is a "related service." Person responsible for providing the related service:

**COMMUNICATION PART V: COMMUNICATION PROVISIONS**

**Manner and content of communication**

**14.**

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

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**PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT**

- Student
- Parent/Guardian
- Parent/Guardian
- Educator and Title
- Educator and Title
- Educator and Title
- Administrator
- Agency Representative
- Psychologist
- Related service providers
- Other