

**Traumatic Brain Injury/ National Association of State Head Injury Administrators
Behavior Assessment and Problem Solving Using Positive Behavior Supports for
Students with Traumatic Brain Injury**

April 27, 3006

HEATHER CROWN: Good afternoon. Welcome to today's broadcast, "Behavior Assessment and Problem Solving Using Positive Behavior Supports for Students with Traumatic Brain Injury". This year, the TBI schedule program director decided to focus on two priority areas, returning veterans and identification and planning for children and use of TBI. Today's program addresses the latter priority.

I'm Heather Crown, from HRSA's federal TBI program, traumatic brain injury center. Today our presenter, Linda Wilkerson, will discuss why it is important to identify students with TBI and provide them with appropriate support and services. This discussion will help you to identify problem behaviors and construct positive plans to deal with these behaviors. You will also be able to identify possible behavior problems with students following TBI and develop positive interventions to accurately deal with the behaviors that disrupt the classroom atmosphere. The webcast can be a training resource for teachers, special educators, school nurses and other school personnel who are working with students with traumatic brain injury. This webcast will be archived and we encourage its continued use.

I'm joined by Linda Wilkerson. Linda is the technical assistance coordinator. Her duties on the Neurologic Disabilities Support Project include in-service training, consultation, and

specific technical assistance for educators in the state of Kansas. The project disseminates information to educational and medical staff, graduate and undergraduate classes and families inside and outside the state of Kansas. In her current position, Linda has also provided consultation to school districts in several other states through the nation, through national and at state conferences. On topics related to TBI. Prior to working with the Kansas Department of Education, Linda had ten years of junior high school classroom for students with behavior problems. Before we begin we have a few housekeeping details to go over.

The slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You don't need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay window. We encourage you to ask questions at any time during the presentation. Simply type in your question in the white message window or on the right of the interface, select questions to speaker from the dropdown menu and hit send. Please include your state or organization in the message so we know where you are participating from. The questions will be relayed to Linda at the end of her presentation. If we don't have the opportunity to respond to your questions during the broadcast, we will email you following the broadcast with the answer. This response should come within a week. Again, you can submit questions at any time.

On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider, which you can access by clicking on the loudspeaker icon.

Those of you who selected accessibility speakers when you registered will see closed captioning under the video window. At the end of the broadcast, the interface will close automatically and you will have an opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us to plan future broadcasts in this series and provide technical support. Linda will now get us started.

LINDA WILKERSON: Hi. I would like to spend some time talking to school personnel about the need for identifying children with traumatic brain injury and in doing some programming for the behavior issues that are common after this kind of injury. And we will answer questions at the end. I do want to take a second to say that one of the things we're going to talk about today is the need to really do a lot of observation and take a lot of data. And so having said that, it will be difficult to just answer questions about students' specific cases. So I prefer not to do that in this kind of format if possible. Please ask questions as we go along. Let's go ahead and start with the first slide.

Most traumatic brain injury occurs in the frontal lobe. That's according to some of the trauma registries and insurance documentation when they look at what kind of injuries children are sustaining. Frontal lobe seems to be a common area. In that area when you have problems with the frontal lobe area, we will often have behavioral problems. Even with kids that were pretty well behaved and mild mannered kids before. It's important to think about the mechanism of brain injury itself. For typically behaving children, that is a problem behavior down the road and we want to look at that with kids when they come back to the school setting.

The next slide we're talking about, it's important for school personnel to understand that for kids with traumatic brain injuries, the behavior problems are not willful in nature. It is a manifestation of the brain injury. And when kids first come back, we often are pretty aware of that. But what happens over time is that the kids will come back to school and they'll start looking better, they'll start kind of sitting in and meshing. It may be a while before the behavior problems start to occur. As we ask kids and move them back to a normal schedule, quite often the frustration will start showing in behavior problems. When that occurs, they look so good, they're acting so, you know, much like before the accident, they are often mistaken for willful behaviors. Sometimes that is not the case. We're going to look at that as we talk about some of these other issues.

The next slide. When we talk about behavior, it's important to think about behavior as something that can be observed and measured. We use terms when we are citing behavior that aren't very measurable and they're not often observable. So when we start to do plans of these, behavior management terms afterwards, we have vague terms that don't make much sense when we're talking to other people who have a different perspective about what's going on. When we look at behavior, hang on for a second. When we look at behavior, one of the things we want to talk about is that there are things that are going really well at school sometime. And we don't look at that behavior as closely. We look at behavior that seems to be kind of abnormal or a little excessive. I really want to encourage schools to look at places where the behavior is going well.

What's going on that seems to be working for this child. Study that as much as we do when the child -- [INAUDIBLE] there's a lot to be learned from that.

When we talk about behavior, we use terms like happy and sad, aggressive and noncompliant, tardy. Those are the terms, while they're familiar terms with us, they're really pretty vague. They have a lot of meaning person to person. I'm going to use tardy for just a quick example. Some teachers, you're tardy if you are not seated. Other teachers say you're tardy if you're not in the doorway. There may be four or five different definitions of tardy in this student's day. And when we are talking about tardy as an issue, we will throw that term out in a group meeting and talk about it. But we're not all talking about the same thing. A child's behavior can be identical class to class, but the number of tardies may be different depending on what the teacher decides as tardy. When you are working with kids following a brain injury, this will be one of the most difficult things about the behavior plan is getting all the teachers together to come up with one definition of tardy. So this is what we're talking about, getting the team together and discussing some of these things.

If you look at me right now, I realize I'm about the size of a postage stamp for some of you. But am I happy? Am I sad? Those are terms that we use to describe kids sometimes, but what we need to be describing if we go back to measurable and observable is what would the janitor say if he looked in the room and looked at me? What would be the things that would make you think I'm happy? Or think that I'm sad? If I'm happy, I might be smiling, talking to my neighbor, I might be sharing something with them. If I'm sad or

angry, I might be crying, I might physically look like I'm unhappy about something. But we need to not use these terms when we're talking to the school team about trying to define behaviors and make plans for them. We need to use terms that are clear to everyone. And we'll talk about that just a little bit more. The behavioral assessment is key to doing any kind of programming. I know that seems like a simple statement. You think, yes, clearly. But it is not done very many places. And it's really surprising to me. We need to have very child-specific -- [INAUDIBLE] thorough assessment before we start any kind of programming. That is one of the things that school personnel really, really want to kind of get a grip on what's going on with kids in school and how to do some better programming. This step is really the one we need to spend some time on. How do we do that thorough assessment? And how do we make it more child specific? When children misbehave at school, there is a thought process that precedes that behavioral. The child was thinking something. That's a key point to remember, because if we're going to change behavior, that's where we need to intervene. What was going on right before that behavior?

This next slide, someone sent me on the Internet. You may have seen it. But somewhere in his day, this little guy thought that this was a good idea. This is going to get him something. Unless somebody just physically picked him up and shoved his head in the back of this chair, somewhere along the line there was a thought that this will be cool, this will help me. I want to tell all of you that is watching this, if it takes a janitor with a hacksaw to get you out of here, it's not a good move. Somewhere along the line, we can talk to him, but we need to go back further and find out what he was hoping to gain. We need to step back and intervene earlier in the process. Behaviors that are reinforced. This is basic

behavior 101. You all had classes in this in college. If a behavior continues to occur and we think we've got a behavior plan in place that should be eliminating that, but it just keeps occurring, then clearly somewhere, someone is reinforcing that behavior. We need to kind of step back and see what might be going on.

The other thing I'd like to use this example. When you are anywhere at the boat or in Las Vegas, if you go there, you'll see people in a row and throwing money in a slot machine. Quite often, about the time I'm about ready to say I'm not going to put any more money in this slot machine, someone maybe two machines down will win. One of the things we know about slot machines is that those bells and whistles and the big noise are all done not just for the benefit that the person that put the coin in, but for all the people sitting around them, because they all get reinforced by that. It's not uncommon to see people look over and acknowledge that someone has won and start throwing money into their own machine, when they were ready to leave. The fact is that it may not be the individual himself is getting reinforced, but people around him may be getting reinforcing or reinforcing something they don't want to see continue.

One of the things I try to get schools in particular to think about is that there are some emotional things going on. There is a physical and a conscious -- [INAUDIBLE]. The physical part is something we don't take into consideration when we have kids escalating at school. When you have someone who is getting highly agitated or very excited in a setting, there are some physiological things that are going on. Their heart rate is increasing. The respiration may be increasing. They might start to perspire. There are

physical things going on. They start to feel anxious. There are two things to be aware of when this is going on. One, after a brain injury, this person may not be getting good information from their body. They may feel they're in a fight or flight kind of mode, when actually they're not in any kind of danger. But they may have some physiologic things going on as a result of their brain injury.

The other thing is we need to think about the fact if you are driving down the road and a car swerves in front of your car, you get that excited, agitated feel yourself. In my car, language starts to fly out. We get this kind of excited physiological thing going on. When the car goes back into the other lane, that doesn't stop right then. It takes awhile for you to calm down and get settled down to how you were feeling before the car entered your lane. We will kids that are highly agitated sometimes and try to immediately put them back in a school setting. Sit back down and do your math or reading and history. We need to be aware that even after the immediate danger is gone and there is nothing that we see still stimulating them, that physically they may not be ready to sit down and do what it is we're trying to do with them. We need to be conscious of the fact that these kids need time to unwind after they've agitated and escalated their behavior. We need to look at some of the physiologic things.

Some kids need specific instructions on how to calm themselves back down, the things that we do to calm down. Such as take a deep breath, take a walk. We may have our hands in our fists and don't even realize it. They need direct instruction on that calming down before they can do what we're asking them to do. And these are some things that I

really want the schools to think about. I call these problem downs for schools. They don't happen in a succession always, but I find that quite often they do. The first one is the shut down. They shut down their work for you or shut down communication with you. The shut down, which moves to the meltdown, when we put a lot on a kid and all of a sudden there is some kind of an emotional meltdown in front of you in class. If those continue without being addressed, it will move to a show down. The child will do whatever it takes to remove themselves from the situation or protect themselves emotionally. Somewhere along the line, further back in the step, we need to -- [INAUDIBLE] before we get all the way up to show down.

And my experience as Heather read part of my training was in junior high behavior disorders, which was kind of a redundant job title. But there was a pattern to things that I had seen going out and doing behavior observations in schools. There are four things that continue to be triggers for behavior that I see quite often when I go out into the field. One of those is just clearly weak social skills by these kids. The second one is a language or communication weakness, whether it's receptive or expressive. The third one is poor classroom environmental control. The last one is unrealistic academic expectations. And for kids with brain injury, these, like I said, are absolutely -- these are common across all kids. These four in particular seem to be in the order that I see them pretty problematic for kids when we're trying to get down to why this behavior keeps occurring. If you want to see what kind of social skills the children that you are working with have, and especially kids with traumatic brain injury when they come back, you know, we can do a lot of

behavior rating scales. There's a lot of assessments. A lot of things, neuro. Psych. probably have looked at.

I like to play a game of Uno with the kids. One of the things that you'll find out from the game of Uno is who can't wait their turn, who bosses other kids around, who is going to play by the rules, who can't move through the game and who quits when they get frustrated so they won't finish the game. These are things that we see commonly with kids at the rehab facility that we work with them. And when they have a chance to have time to play games with others, these are the things we see happening over and over again. If they're doing that in a game setting, most likely this is how they're problem solving with all of their relationships with the kids at school or any of the interactions that they've having. These kids do these kind of things out on the playground when they're all playing basketball or soccer. They do this when they come to your birthday party and they try to take over the games at your birthday party. These kids are the ones that, when I go to the playground to look at, they're usually on the side line of the game, but they're yelling a lot of instructions into the game. Or they're the ones that are easy to spot because they're the ones standing right next to the teachers. Because the teacher is the only one that will put up this with behavior on a consistent basis. Pretty soon they're out of the game and standing with the teachers. These are red flags that this kid has a social deficit that needs to be addressed. It's alarming to see a little kid that can't play on the playground with the other kids, but I think about bigger picture. If you can't be social in a school with 800 other kids around you or, you know, 100 out on the playground, then your chances are being social when you're isolated in a community are slim when you get older. These are things I

try to look at and see what's going on with this particular student. Inappropriate social skills leads to problems with isolation down the road.

This is one of the number one complaints by families following brain injuries. Is that their student or their spouse, whoever has had the brain injury, is pretty socially isolated after their accident. And there's a lot of behavior at school, teacher employment is in jeopardy. They can get jobs quite often, but they can't keep them very long. The community living may be at risk, if you can't hold your job down, you can't keep your apartment. So a lot of these individuals end up back at home. So there's a lot of stress on the family. And they don't typically have a lot of friends that stay with them long-term. It is not uncommon after a brain injury initially, especially with high school kids, for there to be -- when we go to the hospital, there may be 50 kids sitting out in the waiting room. They will rally around the classmate that is injured, but over time, you don't see -- it's too difficult. It's too difficult for the kids to mediate the relationship with the other. So you see the friends start to drop off rapidly. Then you see someone that is typically isolated. You have to remember that these poor social skills don't just bankrupt -- interrupt us at school, they will impact all facets of the person's life. If you have impaired social skills, the chances of losing the relationships that you have is a significant consideration.

Isolation, high unemployment, family distress and increased risk for divorce. There's a pretty high rate of divorce in the parents of kids with brain injuries. It's very stressful.

There's a lot that goes on with that. But I'm also talking about this student when they get older, their chances if they don't improve their social skills, if they do get married, they will

have all the trouble mediating that relationship, like they do their others. There's a high rate of divorce following the brain injury. So social skills would be the first area that I see a major issue in as far as a trigger for behavior at school. The other is a language or any kind of communication deficit. A lot of these kids have poor receptive skills and poor expressive skills, and so it makes it difficult for them to kind of mediate and see what the issues are at school. So we will oftentimes -- these kids are considered noncompliant or, you know, willfully being disobedient when actually it may be a communication issue going on.

One of the people that we always try to get involved with these kids in the behavioral management who are working at schools is the speech therapist. Let's see what kind of communication issues might really be going on here. These kids aren't very good at topic management, so, you know, you have four kids standing and having a conversation and talking about the football game and a child comes up and inserts something that doesn't have anything to do with the football game. And the other kids are saying we're talking about the football game. This topic management becomes more problematic the older kids get. Which is another reason they're standing by the teacher. They're the only one that will ignore that odd comment and direct them back to the conversation. Other 16-year-olds don't do that very often. Taking turns in a conversation. Quite often it ends up being much like you're seeing today, a monologue at someone, not really a discussion. If you listen to these kids talk and they're relaying stories in their every day life, you will notice that often the story doesn't have a beginning, middle and end. It rambles around and there is no sequence to it. That tells me that these kids don't understand the concept of a beginning

of something, a middle and an end. So it not only hurts their discussion or their retelling of what happened out on the playground, but it also impacts the school work, where you have in the paper the need to express logically a beginning thought, a middle and an end. These are indicators when they're talking to that may be impacting them academically.

Indirect speech. That's what middle school is all about. When kids talk to each other in the hall, if you are not, you know, a 16, 15-year-old at the time, you have a really hard time following a conversation and following what some of the indirect, unspoken kind of language going on is. This is really a problem. I was at a school the other day, and this little guy was standing in the hall. And I was talking with a teacher, so I was standing out there with him. And he -- it was right before prom and so he decided he was going to ask someone to the prom. He was standing there and this cheerleader. She had the outfit on and he goes up to her and he asked her as seriously as -- I want to go to the prom. Do you want to go with me? She kind of gave him the eye roll and said yeah, sure. She turned around and walked off. When she walked off, he went yes! Right then, I thought we have a major problem here. This guy doesn't understand that she's not going to go to the prom with him. What would happen later when he sees her in the hall or he starts telling everybody she's going to the prom with him.

These situations are problematic for kids and the problems move up in the school. As they get older, the problems start to go up, as well.

Next slide. We're not going to go through all these. You can read all of these. I do want to tell you that restricted output is very common after brain injury and very problematic for

people as far as a discussion goes, when kids have restricted output or lack communication. A lot of people are under the impression that these kids don't care. They're not engaged in the conversation, they don't care about what you're saying or talking about. That is not the case. But it is difficult for other kids to hang in the conversation if they start getting what they think is apathy from the student. The restricted output will drive you crazy. Adults start to have a difficult time maintaining a conversation or any kind of relationship with kids that you have to drag everything out of.

Okay. So if you look at the speech literature right now, one of the things that we know is that the ability to reinforce others is the core skill necessary for maintaining friendships. How many of you get up on a Friday and say, you know, Sara hates my husband, she thinks my kids are stupid. She always tells me how dirty my house is. Let's have her over for dinner. These are people that we socialize with. We ask people to be around us that are reinforcing to us. And so there are people that have the same likes as we do. They compliment us once in a while. They say nice things to us. And we know that that's true in our friendship, but a school implication for that is these kids are not very reinforcing to their teachers. They are not the kid that comes in and says -- [INAUDIBLE]. They're the ones that come in and say, where did you get that haircut? Or who told you that shirt goes with those pants? They don't have the social skills to reinforce their own teachers. And teachers are no different than any other human. At a certain point, we are kinder, we pay more attention. We are more likely to go the extra mile for kids that are reinforcing to us. Not the ones that insult us and point out all of our flaws.

One of the other language issues that is in the literature that we should really be looking for when these kids are talking with us is do they use -- [INAUDIBLE] in their conversations. Do they say anything that causes you to stay engaged in the conversation? Do they do any kind of getting more information kind of comments to you? Or is it just that you say something to them and then they say something about a totally different topic? If they're doing that with you, they're probably doing that with their peers, as well. That triggers all sorts of potential for behavior problems down the road, because kids with brain injuries are isolated and they tend to have behavior issues around that isolation as time goes on. And physical aggression is the most severe form of communication. It serves the purpose and it's very easily reinforced. Even if that behavioral was not intentional, the first few times they used it, if they get angry and they said things back because they're so upset, but it makes the adult at the other side of the table back up and act like they're afraid of what you just did, that may not have been their initial intent, but that's effective for them when they don't want to do something. It becomes kind of a go-to communication. We want to intervene early so that does not become well established aggression form of communicating. We can go ahead. And one of the things that's really important to think about is that oftentimes behavior plans are set up to just extinguish a behavior we don't like. That behavior, if it's being used as a form of communication, must have an appropriate substitute. We must give kids a way, if they choose physical aggression and we don't want that, we must give them a more appropriate way to communicate those same things with us. The I don't want to do that, this is frustrating me or I don't want to do that, we need to give them an alternative message to communicate with. We oftentimes just try to get the behavior to go away without that substitution. So basically what we're

saying is, you know, I really don't have time to listen to what you are saying. Whereas, if it was a child who was very articulate, we would stand there and find out why it was so difficult.

Those are the things we need to look at in a communications, aggression and communication manner, not just aggressive. And the presence of stressors are certainly going to impact kids' communication skills. And anything that you are working on in a therapy setting, when you practice what to say when someone is talking to you and when you are getting upset, and you practice it and you practice it, and you think they've got it, but you go by and you see the confrontation with the English teacher out in the hall and inside you're thinking, why didn't you do those four steps we talked about? Well, in the middle of the stressor, whatever the situation is, these kids are often not going to be able to rely on those strategies that we teach them. So we need to think about where we're teaching them, if they're in a calm, nurturing environment, when you are working on keys to stressors, then it's not unreasonable to think when you are in a stressful situation, that will not be a useful tool for them. Sometimes they're penalized more so because we think they had a better choice, they practiced a better choice, they know better than to do that. Knowing better to do that, and having the information is -- think about. And for classroom or environmental control is another issue. It seems to be a trigger for behavior at school.

And one of the things that I hear often in meetings about schools and some of the things going on when we're trying to plan for kids that are having some behavior problems is where we're going to assign parasupport. A lot of times we look at parasupport in core

subjects, and not in the subjects that we think are less stressful or less demanding, such as PE or cooking or art. I think schools need to be careful with that and think about the fact that it's the structure of the class, the demands of that class that you need to look at, not whether it's a core subject or not. Because those classes that we think have less cognitive stressors on kids, the PE and art and cooking, that's when we have difficulties with those social skills and the communication skills. Those are the classes where those go up more than in the class you are sitting and taking notes and doing your academic subjects. I'm not saying they need those in the elective classes at the expense of core academics, but I need to stress that we need to look at why a child needs support and what settings they would need that support in, not just look at core academics, which something that happens often in the school setting.

Sometimes a bad match is a bad match. I know that sounds like a strange comment, but I will go to a school meeting in the fall sometimes and sit and do observations and meet with the team. And basically people on the team can tell you this is going to be a rough year. This teacher and this kid are not going to get along very well. Some of the reasons that we use for not looking at a different teacher or a different setting are kind of ridiculous. The one I hear the most is, well, I'm not going to give them what they want. If we think about it in terms of want, I understand where that comment comes from. But basically, I've had schools sign off in October that we're going to have a rotten year. We're going to struggle through this. I wonder why the school -- [INAUDIBLE] problem situation all the way through to the end. We need to look at sometimes there is a bad match between staff and students. And that's not necessarily a reflection on the teacher or the student, it's a

bad match. Schools need to be more proactive about changing that match and not trying to survive the year. There are triggers in a classroom setting that, you know, this list isn't really a highly technical list. You guys could all come up with this. But we need to look at where are they seated, who are their classmates. There are times I go in to do an observation, and this is particularly true when I was the teacher for the classroom at the junior high level for behavior disorders, where I went in and sat down and saw the kids in the class, I thought this is a recipe for disaster. This group of kids is not going to be a good match. We oftentimes again will let things ride and we'll let them stay in a setting that we should have removed them from or removed some of the students that were in that setting to be a better match for everyone. Personality, that personality of the classmate, certainly the personality of the staff and the students. And the energy level in the class -- [INAUDIBLE] brain injury quite often.

Some of our kids, after a brain injury, are really over stimulated by their environment. We have some elementary teachers in particular who have very colorful, very enriched settings with a lot going on and a lot of auditory information going on. And while it is absolutely ideal for most of the other kids in the class, it may absolutely be the worse setting for a kid after a brain injury who is trying to function and survive some of the things that they've got going on after the injury. Just the demands on the teacher. A lot of times we have a teacher that would probably be a good match for the student, however, they're the teacher that takes the debate team and are gone a lot, or a track coach or a music teacher that has programs. And if we're substitutes in this class, we're filling in, that may

be a bad matchup for kids. We need to look at those things and see if that may be some of the things that are going on in the classroom.

One of the other triggers that we see pretty consistently is the unrealistic expectations. And we often, when we're called in, get this kind of saying before he can do it, but he won't do. There's a willful I'm not going to do this attitude by the student. Occasionally, while you find that to be true, one of the things that I'm amazed by when we spend time with the student is that I see no evidence that they actually can do it, other than the teacher saying that. I see no work performance. I see no skills, like lead-in skills. I see nothing that would tell me this child can do this. And so I really would like to encourage schools that think kids can do it but won't, to really go back and evaluate how did you decide this child can do this. Because quite often when we sit down with them and try to work with them to see what's going on, we don't get a lot of evidence that that's actually what the situation is.

And that goes with this next slide. Children with -- [INAUDIBLE] disabilities may show subtle cognitive weaknesses. And they often exhibit, one of the things I hear often, is that they're so inconsistent. My answer is yes. Yes, they are. Kids following a brain injury are very inconsistent in their school work sometimes. And so if they look like they have a skill on Monday, and you show up Tuesday and you try to build on that skill, it would be nice if they had all the information available to them that you went over on Monday so that you could review a little bit before you go on to part B. Because kids following brain injury don't always hold on to all the information from day one to the next day. And they can't access it

easily and use it in a useful manner on the second day. It takes a lot of repetition and a lot of backing up and going over what you've just done for it to be useful for kids following a brain injury sometimes. And when you are having -- [INAUDIBLE] and teachers are having confrontations, one of the things that I really try to keep in the back of my mind, and also try to remind teachers occasionally, that a confrontation, a power struggle with a kid is not always won by the person who is right. It's won by the person with the most stamina. Quite often, it's not the teacher. They're not vested in the argument and they're not willing to do whatever it takes to save face.

The next slide I think is really important, especially with middle school and high school kids, is that we can never underestimate an adolescents' desire to save face in front of their peers. One of the things we do often is confront behavior problems in a setting that is not isolated. It's not one-on-one with a student. We will confront them in a group of peers and that triggers a higher level behavior problem, because what we've done is not only do we have whatever issue we're arguing about, but now we have a person trying to save face in front of their peers. A 15-year-old kid that can't read is a lot more invested in not having to read in front of his peers than you are trying to get him to read that paragraph. And for some reason for kids, it's better to be thought of as a thug or a problem kid than to be known as a 15-year-old that can't read. So we really need to think about where we're confronting, where we're talking about.

And again, you guys are probably sitting there going yeah, that makes sense. However in practice, this is what we need to look at to see if this is what's happening, because even if

people can articulate this, it happens on a regular basis. It does trigger a whole other set of behaviors that probably are more intentional than some of the other things that we see. When you have teachers and kids that are starting to get in a power struggle, you get a cycle of confrontation that begins. Once it does again, it's difficult to break that cycle and to step out of it. These are teachers that have fought or disagreed with the child so long that at that point, when we come in to try and do some behavior assessments and behavior management, we want to put a kid on a high rate of reinforcement schedule, they don't want to. I don't blame them. I know exactly how they got there. But we need to think about the fact that it is difficult to step back, once you started this circular cycle of confrontation with kids, it's difficult to break that, to not be that kid or not be that person. And that makes what we do with them down the road a lot more difficult.

When you have these cycles of confrontation going on, sometimes they're created because the staff treats kids inconsistently. Not necessarily individually inconsistently, but I treat them one way, the parents treat them another. When you have that kind of inconsistency going on among the staff with the students, we're more likely to trigger the cycle of confrontation. Because if I ask you to get your work out and I expect you to do it now, but Mrs. Jones asked you and she'll ask you two or three times, pretty soon you're going to kind of expect me to let you have two or three times before, you know, I want your work out. And I'm going to be still on that, I've asked you once let's get this out. It starts that cycle of confrontation simply because we have different expectations. Those are things to look at with kids. Why does he not fight with his parents, but with his teacher. There are different expectations. Neither one is necessarily right, but it does -- that

inconsistency creates problems. And what I find with these confrontational cycles is that they just get more negative as the confrontation goes on. Every exchange gets a little more negative. And if you are having negative confrontations with kids over multiple settings and often, then you're really in the cycle and, you know, the school needs to look at breaking that cycle. So how do we stop this cycle of confrontation that's going on? These are some things to look at. If you are having these power struggles with kids. And any of these things continue to kind of creep up. If you are fighting with a student over the same topic, if it becomes a little more disrespectful either way, if the student starts to become more disrespectful to you, if you go to default phrasing because I said so. If you start getting in those kind of arguments.

One of the ones that I really look at is if you can't clearly tell who wins the argument at the end. Now, we shouldn't be focused on who is winning, but if you have the circular conversations and you walk away and nothing has changed time after time, that's a confrontation for the sake of confrontation. That's not anything that's going to alter behavior. Those are things we need to look at. Okay. So these are the questions I ask when I see this. Do they get what they wanted from the conversation? Did the kids get what they wanted? Did they get out of what you asked them to do? Did they get you to change the staffing? Did they get what they wanted? Was there any peer involvement, because that tells me how invested they may be in keeping the confrontation going. And am I only one not getting along with this kid? That was a really interesting question for me to consider when I had the junior high kids. And we had teachers that will fill in these behavior ratings skills. I had a young man one time that they were wanting to place him in

my program. They sent out rating skills to everyone. It turns out he was only behavior disordered one hour out of the day. We all know that you can't be behavior disorder one hour out of the day, so there was an issue there. But it shouldn't have triggered a more restricted placement of the student. We had to get to the bottom of what was going on with the student. A lot of times there is a student with an adult mix, again going back to it, it's just not a good mix.

One of the things that is really vital that you understand when you are doing behavior management plans, when you are working on some of these, is that if it doesn't seem to be working, then you may have targeted the wrong behavior. But quite often, what we find is that you targeted the wrong behavior, but you abandoned the plans too quickly. This is a common problem that we have after kids go into behavior management plans, is that we start them. We go for a day or two. The kid's behavior escalates and the school abandons it and tries something new. This is common for kids with behavior problems. If you look in the file, there are five or six behavior plans in there from one school year. I would like to encourage you to start a behavior plan based on child center good data, targeting behaviors that are very specific and outlined. Then if you've done all that, then try and stay with your plan long enough to see if you can get it to start working with the students. Quite often about the time you would see their behaviors start to settle down is when the behavior plan goes away.

One of the things that we teach students is that if I wait long enough, this will go away. That's a dangerous way of thinking, because they can outlast us. You may have -- you are

continuing to and you can adjust it from there. But again, the number one thing that we see when behavior plans aren't working is that they just fly through them. Whenever you put a student on a behavior management plan initially, you're likely to see their behavior escalate. The plan makes them uncomfortable, they don't like it. If they think they make you uncomfortable, you'll change it. So it's important to have a good plan based on good information and that you stick with it for a while. Now, when we're talking about behavior management plans and looking at things from a functional behavioral assessment, most of the people today, our school personnel, functional behavioral assessment is a term in the special education law and it's mandated when you are about to put someone in a more restricted setting or about to lose their placement. It's mandated for a small number of kids. But truly, functional behavioral assessment is something that we should use with all kids when we're trying to decide if their behavior is something that we can tolerate or if it's something that we can take.

When I look at behavior, my training has been pretty explicit in the behavior modification piece, in that I try to look at two things. I think function of behavior serves two purposes, obtaining something or avoiding something. What about this and what about that. But what I tell schools is that if you can go back to these two things as looking at what function were they trying to do, most of the times, in most school behavior, these students will serve your purpose and you can write a plan off of these. You can program for these. Some of those other things are more emotional and more out of your control and you can't really do a behavior plan that would impact those anyway. So I look at things like this.

Were they trying to obtain something or avoid something. That has worked well for me in my experience working with kids at school.

Now, these are two people that pioneered behavioral management in the 1960's and I don't know if any of you are familiar with these people. These are my parents. And they were really big on functional behavioral assessment. They weren't so big on behavioral support. But they were very big on assessing why is this going on, do I want to see it again? As a matter of fact, when I have a twin sister. And so we were often in trouble together. And I think when we would do something, that that is a question that would go off in their heads. Do I want to see that again? Is that a behavior I want to put up with from my child or is that something we need to stop right now? I think quite often, especially with small children, we let behaviors go that we're not very happy with because we hope if we ignore it, it will go away. Or we just don't have the energy to deal with it. But we set a very dangerous precedent by letting things go that we don't want to see later. And one of the examples that I talked about with schools is that very small children that will hit parents when they're talking, if they're very small, the parent will sometimes laugh or maybe be embarrassed by the fact that they just got hit. We let that go sometimes when they're small and it doesn't hurt. But if the child learns that it's all right to physically, you know, communicate with their parents, when they're ten or 15, that little slap is a lot less cute and it becomes dangerous and scary.

Shoving people to get what you want. I would encourage schools to be aggressive when you are dealing with physical communication, such as slaps, hits, punches. As, you know,

not necessarily in a cumulative manner, but in acknowledging, yeah, I see you. You have my attention. But that is not okay. And these two are really big on, if they didn't want to see it again, they dealt with it right then. And I tell people, I'm not going to go into the full story, but when I was very small, I was about six years old. I informed my parents that I didn't like the dinner choice that my mom was making. And she at that point said that's fine, you don't have to eat it. This is what we're having, but you don't have to eat it. And at that point I decided to up the ante, as kids do. If we don't get the answer we like, we will up the ante. So I told her if she didn't fix me what I wanted, I was going to run away. At that moment, my mom thought is this the behavior I want from my child? Had I gotten what I wanted? I was little and I was cute. My mom didn't treat it as cute. When you are threatening a parent, even with running away, what I was saying is do what I want or I will do this to you that kind of bullying behavior is something, if I had gotten what I wanted, I would probably use that behavior more often. And I would get better at it as the years went by. It's important that we not let that kind of stuff fly that we do intervene. That we try to teach them more appropriate ways at that point to tell them that they didn't like what they had for dinner.

Okay. And if you are looking at doing a functional behavior assessment, there is a functional behavior assessment that is mandated by Special Ed law and your districts have some kind of format that they use. But in this particular instance, I'm not even talking about that huge formal assessment. What I'm talking about is when you have kids that are doing things at school, whether they're special ed or not, when they are doing something that is problematic for a school, what assessment do you do to determine why are they

doing it and what do we do to stop it? You want to do the assessment step before you write your behavior management plan. Now that seems like it should be a given. But when I go to schools quite often I see behavior management plans, five or six of them for different kids and it's almost the exact same plan. It's almost like they white out the name and stick in the next one.

When you have all -- [INAUDIBLE] on the same behavior management plan, that tells me that probably there wasn't a lot of assessment done that was child specific. That you kind of have a default plan that you go to. If you go back and look in your records and you look through all the kids that are on behavior management plans, look and see if they're all pretty similar. Should the same plan that gets rid of blurting out answers be the one that is used for a kid that is physically aggressive? Maybe, but I doubt it. We really need to look at these plans as a result of the data that we took, the information we gathered about this student, and have the plan be very tailored to the behavior we're trying to get rid of. Quite often that just does not happen. The assessment itself needs to be child centered, outcome driven and preventive in nature. And we really have got to spend more time on these plans. And there is something that schools are hesitant to spend a lot of time on. And it's not out of them -- it's not that they don't want to do it, it's just they don't feel they have someone trained to do it most of the time is what I find. That the formal assessment that is mandated through Special Ed law, they don't feel that they're qualified to do it. And that is not necessarily the case, in that your district may have parameters that they have to use, but certainly teachers can take most of the information that they need, whether they have loss of behavior management planning.

If they're given the right format for what we need them to find out, teachers are capable of getting that data together for us. And why do you want to use positive behavioral support? Well, you know, -- [INAUDIBLE] don't work well for a lot of kids that we work with. One is punishing kids because of their behavior is probably brain-injury-related. So that's not a good system. Two, the kids that are good, well behaved I should say, not good, but the kids that behave under punitive systems are usually the kids that are going to be good at schools anyway. It's the one that is afraid you may call their parents, that doesn't want to be sent to the office to see the principal. The kids with chronic behavior problems are typically not the ones that are phased by anything we do to them at school. That's important to remember, because these punitive plans don't often change the behavior we want to change, but they do start that negative cycle of confrontation quite often.

Go ahead to the next slide. This is a little story that someone sent me. And it just made me think of what I do with kids, especially when I was a junior high behavior disorder teacher. It talks about a C-141, which is a military aircraft. Was preparing to depart from a base in Greenland. They were waiting for the truck to arrive to pump out the sewage holding tank. The commander with in a hurry, but the airman that got there was slow in getting the tank pumped out. The commander was mad and said, I promise you that I'm going to pursue punitive actions for the way that you acted today. The next slide is the kid's response. I have no stripes. It's 20 below zero. I'm already stationed in Greenland. I'm pumping out sewage out of your plane. What are you going to do to punish me? Quite honestly, that is the talk I don't ever want to have with a kid in the hall. When you are a

disorder teacher and you're out in the hall and these kids are figuring out that the school suspension is that the best you got? You know. Sending me home for a few days, that's my punishment. We don't have good punishment in public schools. Before anybody tries to comment or question, we shouldn't. But we certainly don't have punishments available to us that are going to alter behavior.

Now, yes, there's the argument that punishment only alters behavior for a short period of time, those kind of things. The bottom line is for kids with chronic behavior problems, there is very little that a school is going to do to them that will make them want to change their behavior. Again, a kid that occasionally gets in trouble may be motivated not to get a suspension. But there are kids that I work with, every time I go to the school, they're suspended. There gets to be a point where I tell the principal, that he's in there for home room. He takes attendance when teachers are late. These kids are in there all the time.

If your management plan that you are working on does not decrease the behavior that you are trying to get rid of, if it stays consistent or escalates over a long period of time, then you have to ask yourself, is this punishment system we're using effective. For kids with brain injury, one, quite often it's unfair and, two, they don't typically work very well. If you look at -- these are the A, B, Cs of behavior. The antecedent is the consequence. If you look at -- I work in the state of Kansas and we traveled around to schools quite a bit, I see less of this than I have before, so I'm encouraged by that. If you look at the consequence model and think of the pyramid. In a consequence-based model, you don't spend a lot of time on the antecedent part. And you spend a lot of time on the consequence. The

problem with that is the behavior has already occurred and if they were reinforced through that behavior, if they really, really got a benefit from it, you are not going to consequence it away. Especially since we don't have really good consequences. So and again, we shouldn't, don't misunderstand me. If we're basing everything on a consequence model, then you need a consequence that will alter the behavior. An antecedent is what we want schools to go to. We want to ask ourselves how can we prevent this from occurring again? What can we do to prevent the behavior from occurring. So if you are going to do a functional behavior assessment, if you are going to look at the steps of that and you're going to try to change behavior with that, one of the first things you do is develop a hypothesis. You are going to identify operational descriptors. How do we define operationally what we're going to call party? If we're going to take data on parties, it needs to be the same thing.

If I take data on tardy is not the same as your data. If he's not going to look like he's tardy to your class ever, he may be tardy every day in mine. His behavior isn't changing, it's what the individual teachers are looking at. You need good descriptors. If I ask you all of you to give me your definition of aggression, if there is 100 of you, we would have multiple definitions of aggression. We all have a preconceived notion of what we consider aggressive behavior or noncompliant behavior in the classroom. When we're in a team meeting, we throw that phrase out. He's noncompliant, we need to work on non-compliance. We assume that everybody sitting in the room considers non-compliance to be the same thing that we consider it to be. It's not. Our definitions would vary widely.

Sometimes they wouldn't vary widely, some of them would be narrow, close, but we're still not taking the same information down.

We need to think about what are our operational descriptors. Quite honestly, this will be the thing that will bring your meetings to a screeching halt. If not taking the data on tardy that is the problem, it's getting all the adults at the table to come up with one definition of tardy. This is the difficult part. Some of your teachers have had a standard for tardy that's been the same their entire career. Now we're asking them to change what their definition of tardy is. This is often when administrators need to step in and assist in this process. If you can't get your group to come together and define what behavior is acceptable and what behavior is not working for you as a school, if that group can't define it, then you're not going to change it in that student. You'd be better off not to try and address it at all. Because you're just going to put a plan in place that's not going to work and then you're going to pull it off and the student will decide they don't mean anything if I just outlast it. It will go away. Thank you.

You're going to look at predictive variables. What happens right before? If two people looking in the room wrote down their description of what happened, it would have the same characteristics. Threw a computer, tipped over desk. Yelled words. Not he doesn't like Sally. Those kind of things. I see real emotional statements in some of these logs that you guys keep at school when I come out to do observations. And I would like schools to if he -- focus on real behavior that is measurable and observable. I can't write a behavior plan that makes me happy, but I can write one -- [INAUDIBLE] when you are upset. Those

are the things that we try to get schools to narrow down. You want to look at the consequence. And you're going to take data. That is a phrase that really creates a lot of discomfort for schools quite often, taking data. But, you know, quite honestly, if you guys don't have the mechanism to take some data or you're not willing to sit down and do that, then really you're not going to change behavior and you would be better off not to implement the plans. They don't have to be very elaborate systems. We have teachers that put dimes in their pocket if they're doing a frequency count. And they move the dime over to the other pocket every time something happens. Then at the end of the hour, they count up all ten dimes, or they'll have a little piece of tape and they'll just make little hatch marks. We're not talking about high-tech data collection, it would be great if your district has it, but that's not typically what happens for a classroom teacher. You're trying to work with 20 other kids. Now we're asking to take data. Again, this is often where administrators need to step in and they need to -- sometimes they need to find someone that can come in and take data in your classroom for you while you're still being busy with the other kids. I may need assistance with that. You're going to look at all of these things that happen before the behavior that you don't want to see reoccur. You need to get a replacement behavior that is appropriate.

We all operate at schools pretty much and the assumption is that they had a better choice and they didn't make it. What I find is that they didn't have a better choice. It seems like they should have, but they didn't. So they take the one that they picked. And now we're having to deal with it. After we define that replacement behavior, we're going to get their behavior to where we want it to be ultimately and then write a plan. We're going to write a

plan so that everyone does the same thing. Behavior management for kids, if you are doing assessment or planning for kids that have significant behaviors, especially if there is a neurologic base, everyone needs to do the same thing. You are probably not going to change behaviors if everyone kind of complies with the plan. If everybody's not on board using the same phrasing, the same consequence or reward kind of system, if everybody is not doing the same thing, then you're probably not going to change behavior very much.

So the first step in there was to develop a hypothesis. This is simply the same kind of thing we used to do in science class. We're going to ask ourselves, why did this happen. You're the professional in the classroom. You know, why do you think this is happening? What happens -- you know, what happened? And then why do you think that happened? That's the first step to try and figure out how to do an assessment or do the planning is when you ask yourself, why did this happen. Now, honestly, the one I get the most often when I come into schools and talk with the team is that he's doing it to irritate me. And I understand, you know, that that is, you know, commonly how we feel when we're on the other end of it. But I will tell you the fact that it irritates you is a bonus. That was not the initial intent. Now, do I think the longer this behavior escalates and the longer the -- you know, the behavior is left unaddressed, it becomes more intentional? Yeah. I think we teach kids to mistreat us and to argue with us and do those kind of things. But initially, if there is a disagreement between the teacher and staff -- a student and a staff, excuse me, I think at that initial intervention, if we can try to get to the bottom of it, it doesn't become so personal down the road. That's what we want to try to avoid, a teacher's personal attack on them. Okay. You do your data collection and you're going to find out.

One of the things I find that is problematic for data collection is that schools will take frequency data on things that that really isn't what they want. It's the easiest to take, so we get lots of that. I would offer you this kind of example. I've got -- [INAUDIBLE] I've got Sara who has free time, who do you want in your classroom? And the question that should come to mind is what does that tantrum look like? What's the quality of that tantrum? Not how many times is it occurring. Because Sara's free time tantrum may be stomping her feet, doing nothing. Billy's tantrums may be flipping the computer, biting. We need to look into these as to the quality of the behavior. What does it look like? What's the magnitude of it? Not just two times, three times. You need to be careful to take the kind of data that you want, not just a frequency count. Quite often, that's what we get, is a frequency count.

Let me back up just one second about that. You can leave it on this slide. You know, you can do anecdotal records, but I will tell you that there's good information to be had from those if someone will spend time reading those. Otherwise, those records become volumes of griping sometimes. And when I read through the kids' books that I keep track of their behavior log, the first part of the school year, they're nice, little concise, handwriting is still neat. Billy seems to have a hard time containing his frustration. By November, December, the writing is more sharp and jagged. And the comments are a little more sharp and jagged and it's a little more personal, because by now you're convinced they're doing it to drive you crazy. An -- anecdotal records, this is good information, but you have to try to keep the records free of emotion if you can. Try to be more factual with them. Try to list the things that occurred that are observable and measurable and not

those things that tend to make us think that there's such a personal motive behind them. Because that will not be helpful to someone trying to write a behavior plan. Okay.

Predictive variables. These are things that occurred right before. Kids with brain injuries quite often have difficulty with stimuli in their environment. That's often a trigger. And if that is the case, then we really need to get pretty good at identifying what happened right before.

The announcements were on people were moving throughout the room, the teacher was passing out papers. It is not unusual to find a pattern of something being over stimulating that is triggering a behavior problem. We need to address that aggressively if we want the behavior to go away. When I worked in the school district, I worked in a very large school district in Kansas. And I had a young man in my class that had a significant brain injury. He had a severe brain injury. And had loss -- [INAUDIBLE]. One of them was he was just highly agitated and explosive. He had a very short fuse. One of the things that -- he wanted to be very social and be around the other kids. And as a new teacher, I was young and excited. We had an assembly at our school. I thought this would be a perfect time for him to be with his peers at the assembly. We go down to the assembly. This is a school where there's about 2,500 kids sitting in the gym. The pep band is going. And I see that he's starting to get a little agitated. He's sitting next to his peers, not talking to them. But he's starting to get agitated. I think he's like that because he's here. We have a group in Kansas City which is a drum and dance corps and they are extremely loud. This highly positive social interaction I was hoping he would have with his peers, turned into me wrestling him down into the middle of the basketball court until someone else came out

and helped me. You would think that -- I'm reasonably intelligent. You think I would learn by this.

The next assembly rolled around and decided he didn't have enough preparation going in. So we spent a lot more time talking about it. But pretty much the same scenario plays out. It wasn't the Marching group, but it was the dance group. And pretty much again, this positive experience I was hoping that he would have with his peers, turned into a negative experience. And me having to remove him in front of all his peers. We did a lot of soul searching at this team and talking about it, we finally decided that he needed the positive social interaction, but the gym with all the kids and the assembly was never going to be a good setting for that. So we had to create smaller group settings to get him some exposure. My point to that story, is we could have kept trying to put him in that environment and consequence him afterwards, but we need to evaluate, why do we need to keep putting him in there? Why do we want to do that if we have a huge scene every day? Is there a better way to get there?

Then we need to look at the actual consequence and not just the punishment response. This is an interesting concept. It's not easily explained. And this will be hopefully interesting, if I can kind of convey this. Because I'm usually in front of people and have a Mike right here and I can show you. I'm not sure that my picture is big enough for you to see clearly. One of the things, especially with kids that have lower cognitive functioning, we see highly impulsive behavior that if they see it, they think it, they act on it and they do it. And one of the things that I try to get schools to realize, I'm going to put this water up

here. I don't know. Do you think they can see that water? Okay. If you have someone that comes up and grabs something and takes it away. They see it on your desk, they grab it, they want it, your cell phone, your drink, whatever. They grab it. You come over and you take the drink and give it back to the person they gave it to them. You tell them they need to apologize. They do the apology. Then you take them over and put them in their chair or maybe a timeout area to the side. So the scenario is they saw it, they grabbed it, they took it, you made them give it back and then you removed them from the setting. That's not an uncommon scenario for schools. The things I want you to identify is go back to function of behavior. Obtain or avoid. What was my initial function if I'm the one that grabbed that drink? I wanted to obtain? Okay. So going back to obtain or avoid, I was trying to obtain. Did I get it in my hands? I did. And so I am more likely to do this behavior over and over again, no matter what you do later, no matter if you make me give it back and go sit down or go to timeout or go to the office or do whatever, if I get what my function was going after, if I get that, even for a second, why does holding the drink and putting it back down seem reinforcing? I don't know. About if I'm trying to obtain it and I get it in my hand for a minute, that could be very reinforcing. The reason that's important to understand is that my behavior plan needs to intervene here, not after I get it in my hand. It needs to intervene before I get it in my hand. Because if I -- everything I do to the child is after they've got it, it's probably going to keep happening, because they're getting reinforced for what they wanted. So the fact that if I want them to stop grabbing this drink or my cell phone or whatever, my intervention needs to be before they ever get it in their hand. Once it's in their hand, it's been reinforced.

We need to back our plans up. A lot times, our plans are too far down the road. You'll put me in timeout, you'll write me up or send me to the office. The intervention needed to be earlier. The thing about it is kids that have low level, low cognitive functioning, excuse me, kids that are really struggling with their behavior and have some limited cognitive ability, there is a limit to what we can do to alter them to fit their environment. There is a point where we have to alter their environment to benefit them. And there are kids, there are teachers that we'll have this discussion and argument about the drink over and over again. When the bottom line is the drink should never be out. But we'll keep trying to do a behavior plan to get the kid to quit grabbing the drink. The bottom line is, knowing the functioning level that drink needs to not be out there. I say this because we'll put out all the materials we're going to work with, and while we're trying to explain it, we're continually trying to get the kids to sit with their hands on the desk, we're trying to behavior mod them to being more receptive to the learning environment, when some of the kids need some of the stuff on the desk in front of them. You bring it out when you need it. That's changing the environment, more so than changing the student to meet the environment, okay. And then this is a step that I don't really care for as a behavior person. And especially as a teacher. But -- [INAUDIBLE] consequence. And one of the things that I know from working with teachers at school and from being one on that end of it, that sometimes to change the behavior, you must give them a replacement behavior for the behavior you're not real thrilled with.

Now stay with me and I'll see if I can explain this a little bit better. But what we want is immediate compliance. Non-compliance, some kind of intervention, immediate

compliance. That's typically what we want. But for kids that have chronic behavior problems or kids that sometimes are lower functioning, especially kids with communication issues, there is an in between step we have to go. That is maintaining the consequence of their behavior. Let me see if I can give you an example. The one the slide talks about Brad throws a tantrum and is removed from his setting. In his tantrum, he's telling us I don't want to do this assignment. His tantrum is getting him removed from the math assignment. Our desire for him is for him to do the math assignment. For Brad there is probably a step in between. Which is how do you tell me in a more appropriate fashion that you don't want to do the assignment. The problem we have initially is the tantrum. He's telling us he doesn't want to do it. We would like him to ultimately do the assignment. But we certainly don't want a tantrum for him to tell us. So what we're going to do is replace that behavior, that tantrum with a more accessible, I don't want to do the assignment behavior. Again, this isn't real popular because most of this is wanting to comply. This is a step that we need between non-compliance and total compliance. That is, we've done with some kids, given them tokens or chips of some kind. So instead of throwing the tantrum, they can show you the token. From tantrum to the next hour, wait a minute, where is my chip. A lot of times they have to start to escalate and you take the chip and you put it in their hand and you said I need a break. Here is your chip. You remove whatever it is that's in front of them and you walk off. Do you leave them forever? No, you can set parameters for what they can do. But what you are saying is, okay, the tantrum would have got you removed from that table and you certainly wouldn't have been doing your math during the tantrum. So what we're saying is this chip removes the math for a while. You got the math off of

here. We let them -- remember physiologically there is all sorts of stuff going on when they escalate like that. We let them calm down. We go back with the math assignment.

I'm assuming when I do my hypothesis that the assignment was the trigger for the behavior, not that they're willfully trying to get my goat. So I'm going to -- Indianapolis I understand but we'll go over it together and we're going to go over it a lot. We're going to make sure they can do this. If I think we have an assignment that they can't do, they're going to comply with one thing before they quit so they're quitting on my terms, not theirs. We're going to represent it. They can hold their chip up again. You can set limits on how many chips they hold up. It looks like -- quite honestly, the kids that are lower functioning, once they understand that when I am absolutely overwhelmed, I can hold the chip up and it stops everything, then we start to get them to the point where they feel like they have more control. We have kids who are carrying these chips around all day long, they don't use them anymore. That was a lot of information. The basic concept is that non-compliance to total compliance, there are sometimes in between areas that we need to agree on. We're going to move them here, then move them here.

Next slide. You know what, reinforcements are usually not very difficult. However, I can't tell you how many times if a teacher says if you do X, you'll get whatever. And then the kid does X. And it's not there. They're like, oh, oh. You know, I'll bring it later. If you put a kid that you are trying to change behavior on a high reinforcement rate of kind of behavior plan where you are trying to change the behavior and reinforce it, it better be there. The other reason I say this is that quite often principals, you mean well, but you want to be in

on the plan. You say if you get four stickers in a row, you can come to my office and I'll get you whatever you need. Quite often, you're not in your office because you're busy. So I'm warning teachers, do not offer as part of your behavior plan someone else that you don't have control over the schedules as the reinforcer. I do think administrators need to be involved so you can set something up. He's had a good two weeks, don't make it contingent on anything. You want to reinforce it. In addition to whatever he's earned, the principal can take him out and do whatever. But don't have a principal to go to for reinforcement unless you can guarantee he's there.

Okay. When you are looking at the reinforcement schedule, we need to realize that reinforcements start at the lowest level which is edible, and they work their way up to -- [INAUDIBLE]. You want the people to move up. If you stay on the bottom levels, you make kids dependent on someone else telling them how good they're doing. What's good or bad about their behavior. You get these kids locked into a token or edible reinforcement that they see no need in being good on their own. If you take them on the field trip and you for got the Jolly Ranchers, you're on your own. You want the kids to understand that there are higher levels than edible and you want them to move up to activity, which is you do X amount of things and you can play five minutes on the computer or watch T.V., whatever your thing is. But you'd like them to move up to social eventually. Ultimately, intrinsic. Where they just understand that it's nice to around other people. And we don't have to start every conversation you have with don't take your neighbor's pin, don't drink their drink, don't jab their leg. You know, they just understand there is a benefit to being nice to the people around you. But activity and social are the areas that most -- [INAUDIBLE] kids

to. However, think about one of the number one triggers for behaviors especially after brain injury is that social skills. Remember, the Uno game that we talked about? Kids will earn a social activity. They will finally earn an activity with their peers and while that is fantastic, that social activity needs as much training as a reinforcer than anything else we do with the kids. Because what happens is they earn a game of Uno. They still have all the witnesses. We send them over to play Uno with their friends and all heck breaks loose in the game. We end up punishing them for the fight that took place. We have to think about the fact that if we are going to promise a social activity, we have to spend a lot of time on the social activity, practicing that as well, or it's not going to be reinforcing.

In our last slide, I just want to remind you that especially if a kid has memory impairment, you may have to give them a visual system so they can remember what they're working for, how they're doing, what their feedback is. It may need to be visual and in front of them a lot. I had a young teacher who is working for Pepsi. She put the Pepsi on the table. That's not a good plan. He was so focused on the Pepsi, so he couldn't do his work. A visual is good. It's good for kids with memory issues. All behavior plans are contingent on people remembering if I do this, then this happens. Whether it's good or bad, reward or a punishment. So we need to think about the fact that it needs to be visual. It needs to be a good reminder and we need to be able to help kids focus in on what they're working for again. That needs to be visual. Please don't put adolescents on -- [INAUDIBLE]. The whole idea of the plan is to get kids back and socialize with their peers. Age appropriate is really important when you are putting kids on behavior plans. Remember, the plan itself should not make the kid stick out than whatever the previous behavior was.

HEATHER CROWN: Thanks, Linda. At this time we will look at the questions that we have received. We've only had a few questions. For those of you that do have questions, please do go on and send them in. The first one refers back to the beginning of the presentation. The social skills, deficits, triggers and downs. What you are saying in many types of children indeed is escalated in -- what is the difference with children with brain injury and how are the interventions different?

LINDA WILKERSON: Quite honestly, the interventions aren't a lot different that you would do with these kids. They are very similar. A lot of these things, most of the behaviors, we have to remember that good behavior management is good behavior management. It works across disability groupings. It may take more visual. It may take a lot more feedback because of some of the memory issues. Those are always paramount when you are thinking about why isn't he following his behavior plan. He may not remember his behavior plan. Kids after brain injury, a lot of their behaviors are triggered by the medications we have to put them on. And those are things that may vary from day-to-day. More so than with other kids, other disability groupings. And so I'm not sure that totally answers your question. It's not a lot different. The interventions would be very similar. Very clear expectations. A lot of what I call front loading. When you start an activity, I'm going to tell the student, these are the things I'm looking for in this activity. I would like you to finish the first four problems. I would like you to ask questions by raising your hand. I would like you not to -- I would like you to work without refusing -- trying to put it in a positive format. There are three or four things that I'm going to tell the student these are the things that I'm

looking for. Then we're going to try and remind him as he goes through the activity, remember, we're looking for these things. We may write them down so that he can see them. These are the things I'm looking for, whatever his target behaviors are. And then work through some of those issues with him.

HEATHER CROWN: Next question. How do you work with -- [INAUDIBLE] to insure that behavior modification techniques aren't happening at home as well?

LINDA WILKERSON: That is the hardest thing. That is what I'm talking about. When you have a good plan in place, everybody is following it based on solid data and behavior is not changing, it's getting reinforced somewhere. A lot of times, not always, but a lot of times it's the home where it's different. Two things about that. One, when you have good behavior management at school, quite often I find parents would die to have it work at home the way it's working for you. They will sometimes incorporate that. The bottom line is sometimes they're not willing or able. All you can do is try and teach kids the same thing we learned when we were little. There's behaviors we can do at home and behaviors we can do at grandma's house. We learned somewhere along the line that I can do that kind of stuff at school, but not at church. The best outcome we can get is to have kids that can possibly learn this is never going to be okay at school, even though I get away with it at home. So you have to be firm and consistent and stay with it. But a lot of times the parents would like to do the same things, they just need training or information on that.

HEATHER CROWN: Okay. Next question. This refers to what do you do when he threatens to run away.

LINDA WILKERSON: Well, as an adult now, I can see how this works. My parents escorted me to the front door. I was six. I don't know how they did it with a straight face, but my dad hands me the suitcase from the hall closet. Was it unreasonable for me as a six-year-old to think there was a packed suitcase in the closet just for me? He hands me the suitcase. He said it's been great having you in the family let us know how you're doing and they shut the door. I took the suitcase and my world was very limited and I wasn't allowed to cross the street and so I was sitting in the front yard with my suitcase. I laugh when I tell the story, because that wouldn't happen today, because a five or six-year-old would be out on the corner with a cell phone calling family services. But he came out and said he was going to try to get me back into the family. But I needed to think about what I was doing. Fortunately, I did get back in. But they kind of called me on it. Now, had they not called me on it, they probably would have heard it again. That's what kids do. So, yeah, they actually put me on the porch with my suitcase.

HEATHER CROWN: How does the school learn about the deficits of the child prior to his or her return to school?

LINDA WILKERSON: You should get some kind of medical documentation if they've been hospitalized. You don't always get that. But I will tell you that some of the things to look for, we don't typically look at medical information. But some of the information that's

helpful is that vision issues are often in the occupational therapy section. Communication issues are there. But also attention and memory. Some of those are critical for behaviors down the road having a good understanding, the school having a good understanding, are there memory issues, are we overloading this kid. The best you can hope for is actual reports from the hospital. A release so that you can talk with the team when kids are hospitalized. They have a team around them. Somebody from that team should be able to give you a summary. Probably the least helpful, but better than nothing, is parent report. But I will tell you that if you think schools have jargon that is just for schools, the family when they sit in the meeting and get all the hospital jargon that's thrown at them, so a lot of times we think parents aren't telling us information, but most of the time they didn't understand it. We assume the hospital filled them in about the child, but they just didn't get it.

HEATHER CROWN: I had previously heard that -- [INAUDIBLE] placement skill or alternative skill during the time that an undesired behavior is occurring but rather outside the behavior. Is this accurate? If so, could you please explain this?

LINDA WILKERSON: That's kind of like in the heat of the moment. You're replacement of the behavior is not going to be terribly readily usable to the student at that moment. I don't totally agree with that. I do think the behavior needs to occur pretty closely, because remember we're talking about kids that don't generalize well. Don't learn things well in isolation. If it's not taught -- as I'm saying, that's not okay, this is what I would like you to use, we probably need to do that in that setting, because we can practice it over here, but

remember in that stressful situation it's not always available to them if we don't practice it in that setting. Certainly, if the child is absolutely out of control and just has escalated -- I think it depends on their level of escalation is what I can say. There are times when they're escalating to the point that that is not when you are going to get any benefit from trying to teach replacement behavior. Also, we need to do a better job of seeing the triggers and intervene and work on the replacement behavior before they escalate.

HEATHER CROWN: Okay. If the injury occurs after school age, what suggestions do you have that would allow this information to be addressed with those over 18 or out of school, especially in dealing with behaviors with inappropriate interaction, lack of impulse control, et cetera?

LINDA WILKERSON: That's a very good question, because it does bring up something that I didn't mention. [INAUDIBLE SPEAKER] There's a lot of question there. One of the things you need to think about is that a kid saying inappropriate things that's five or six, executive dysfunctioning sometimes we call it, is different than a 16-year-old or a 17-year-old. Because when you are older, people are much less likely to work at your executive functioning for you. They're likely to intervene and say that's not appropriate and it's likely to trigger lawsuits. It's a serious thing we need to address. Outside of the school setting, that's much more difficult because at a school setting, we have a controlled group and we can control what those teachers -- what our behavior plan is doing. When you are an adult and you're out in the community, I don't know how the bus driver can treat you or what they're going to say that might trigger all of this. So you have to really address is someone

in danger or being in trouble with the law or being harmed because of their actions?

[INAUDIBLE SPEAKER] Someone needs to be with them. It is not possible for everyone to anticipate how a person is going to react. When you see somebody doing something wildly inappropriate in the parking lot at Wal-Mart, most of you don't say I wonder if he had a brain injury. Most of you will say, what is that. It's more difficult once they're out of school, because we have less control over the people in their environment.

HEATHER CROWN: How do you assess for low frequency behaviors?

LINDA WILKERSON: Well, if it's in the low frequency behavior, then you're looking at probably the magnitude or the quality of the behavior. If it's low frequency and not a big deal, you probably aren't going to address it. But even if it's a low frequency, what you want to address is how much or what you're trying to assess and how problematic is this behavior, even though it doesn't occur very often. Those are hard to do behavior management plans for. Because the time between interventions and what you do is so spread out that a lot of times kids don't tie them together. Rehearsing some of those situations and what you can do, social scripting that is done with the social stories and things that are done with kids with autism are that social story kind of dialogue and the writings are helpful with those kind of situations where low frequency occurs.

HEATHER CROWN: Okay. What is the least amount of time that should be gathered before the behavior plan is reviewed?

LINDA WILKERSON: Boy, that's -- I'm not sure I can give you a definite answer on that. It certainly depends on what the behavior is and how long you can tolerate it -- [INAUDIBLE] which isn't a helpful answer to you. But it's the high frequency behavior, you can get that kind of information maybe even in a week. If it's a high frequency. But there are certainly others that are a pattern that occurs over time. I guess my answer is I don't have a good answer for you on that one. I'm sorry about that. It's so behavior dependent.

HEATHER CROWN: Okay. Is head banging the behavior due to not getting what is wanted, we don't want that behavior to increase before it decreases. Any suggestions for this type of behavior?

LINDA WILKERSON: That would probably be one of those where I would cite a substitute behavior, like a token. Believe me when I say this, I realize we're not talking about a quick fix or something they're going to learn easily. What that head banging is clearly saying is that I'm not going to do this. I don't want to do this. Whatever it is, it's kind of really escalated this kid to the point that they're willing to do that to let you know they're not going to do it. And so is there any way we can have them give us that information in a different format that gets whatever it is they don't want to do removed from them? Then we will represent it to them. But at that moment, can something less than head banging get that removed from them. And then just by, you know, by the fact that you are looking at that behavior pretty -- in isolation that you are targeting that behavior, it may escalate. I understand what you are saying. You certainly can't have that. That's not a good outcome

to let him go through that escalation. In that particular one, we're going to try the replacement behavior, the substitute behavior.

HEATHER CROWN: We have two more questions. Is it the Special Ed teacher, et cetera? Who should be the one to take measures when there is a bad match between student and teacher?

LINDA WILKERSON: That's a very good question. You know, I believe that's going to have to be an administrator's role, not another teacher's role. We have many dynamics when you have teacher and teacher and trying to make assignments there. I do think that has to be a team addition if they're on an IEP, but ultimately it will lie in the hands of an administrator. My experience has been, the farther away from the kick or bite, the more likely you are going to tolerate the behavior. Unless the administrator is on board, they're not aware of how urgent a situation is. Get good data in front of them and lots of information.

HEATHER CROWN: How long do you recommend staying with a strategy? Staff and families often abandon strategies too soon because they don't respond?

LINDA WILKERSON: Well, again, there's not a set period of time, which is not helpful. Let me give you an example. I work with a boy who was in a 50-minute class period -- [INAUDIBLE] about 51 times in a 50-minute period. So he was out of his seat. And they took data 51 times in that brief class period. So they put him on a behavior modification

plan. I went in and asked how it was going. The teacher said it is not working, he is still driving me nuts. I asked to look at the data. We went in and counted it up, he was out of his seat on average 45 times in a class period. Now, 45 times, even 35 times is still highly destructive to your class. They're going to be praised because -- if you look at the data, it should be showing a decrease. It might be slight, but there still should be a decrease. That's when you decide whether you stay with it or whether you abandon it. But you really need to see, is it moving in the direction we want it to go? And if it is, then we stay with it longer.

HEATHER CROWN: Thank you. Thank you, Linda. I'd also like to thank our audience for participating here today. I would like to thank everyone for the support for this webcast. Please remember this this webcast will be archived and we encourage its continued use for upcoming training. Please remember to complete and submit your evaluations. Thanks.