

The **ABC**'s of Behavior

*All Behavior is **C**ommunication*



Kate Scotti, MS/CCC-SLP, TSSLD
Neita Miller, MS/CCC-SLP, HPCS

Disclosures

- ❖ Any reference to specific products or techniques during this presentation are provided as examples or suggestions. Neither AHA, Inc nor this presenter receive consideration from organizations mentioned, unless specifically stated otherwise.

Learning Objectives

- ❖ Participants will define behavior
- ❖ Participants will identify the signs of escalation
- ❖ Participants will describe prevention techniques for 'negative' behavior
- ❖ Participants will identify safety considerations when using equine movement during instances of escalating and aggressive client behavior

What is 'Communication?'

- ❖ “The act or process of using words, sounds, signs, or **behaviors** to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else” - (*Merriam-Webster*)



What is 'Behavior?'

- ❖ “the way in which someone conducts oneself” (*Merriam-Webster*)
- ❖ “anything that an organism does involving action and response to stimulation” (*Merriam-Webster*)
- ❖ “the **response** of an individual, group, or species to **its environment**” (*Merriam-Webster*)

Applied Behavior Analysis

- Behavioral intervention technique based in operant conditioning used to change behavior
- Focuses on “positive reinforcement”
- Typically provided for more than 20 hours per week before the age of 4
- Controversy and The Neurodiversity Movement

Behavior & communication are explicitly linked

- ❖ 81% of children with **behavior** disorders have **language** difficulties that are unidentified. (Hollo et al., 2014)
- ❖ Early **language** delays have been shown to increase the risk for **aggression**, especially when combined with impulse control and emotion regulation difficulties (Calkins, 1994, Dionne et al., 2003)
- ❖ A significant number of children with developmental **language disorder** (DLD) also exhibit co-occurring emotional/**behavioral problems** (Beitchman et al., 1986; Carpenter & Drabick, 2011; Hyter et al., 2001)

Internalizing vs. Externalizing

- ❖ **Externalizing behavior**
 - Directed outward, usually observable by other individuals
 - Aggression, disruption, acting out, and destruction of property

- ❖ **Internalizing behavior**
 - More difficult to observe
 - Depressed/anxious affect, somatic complaints, and withdrawal

How do we (as OTs, PTs, & SLPs) talk about behavior?

- ❖ We often refer to a child's **'behaviors'** in therapy.
 - *"The child exhibited sensory-seeking **behavior**"*
 - *"The child's attention-seeking **behavior**"*
 - *"The child demonstrated aggressive **behavior**"*
 - *"The child engaged in task avoidant **behavior**"*
- ❖ Dehumanizing
- ❖ Emotional distancing
- ❖ Think of 'aversive behavior' as what it really is - a **communicative crisis**.



Preventing Communicative Crises

- ❖ Listen
- ❖ Ask questions
 - Communicate with the family or the child's communication specialist
 - Learn gestures
 - Explore communication systems
- ❖ **Ensure** the child always has access to their most efficient means of communicating
 - Device
 - Voice
 - Gesture

Preventing Communicative Crises

- ❖ **Child-led** therapy / client-centered play therapy (CCPT) / Child-oriented therapy
 - Originally developed by Carl Rogers
 - Allow the child to select the play materials and how she or he wants to play with them
 - Interpret the child's **behavior** and respond accordingly
 - Respond to the child in a manner to foster **communication**
 - Be sensitive to the child

- ❖ A meta-analysis of 52 studies of CCPT across young children and school-age children of diverse backgrounds indicated that it was an **effective intervention** and overall led to a half-standard-deviation improvement in the areas of **decreasing challenging behaviors** and improving self-efficacy compared to children not receiving CCPT (Lin & Bratton, 2015).

Preventing Communicative Crises

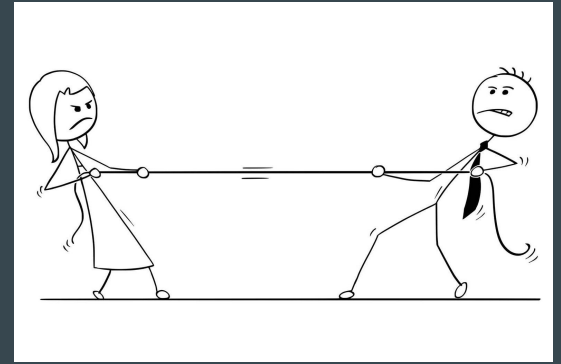
- ❖ **Know your client**
 - What are their sensory needs like?
 - What are they really good at?
 - What's very hard for them?
 - What does frustration look like and how does it escalate?
 - What does a crisis look like for them?

- ❖ Our job is not to push kids to a point of frustration and then force them through it. It's our job to make sure they feel safe and supported while they do the absolute hardest things for them.

Preventing Communicative Crises

❖ Avoid the Power Struggle

- Damages your relationship
- Directly impacts your ability to do impactful therapy



❖ Parent Education

- Help parents learn to recognize the communicative intent behind their child's behavior
- Provide parents with **communicative strategies/modalities** to help their child use in place of the 'behavior'
- Help parents learn/understand how to be **responsive** instead of **reactive**
- Help parents explore their own feelings about their child's behavior

Preventing Communicative Crises

❖ Presuming Competence

- Kids are aware of our expectations
- We use formal evaluations and standardized tests to make determinations about cognitive ability.
- Not all kids are performers - we're not doing these kids justice
- **Better off talking to your child like they 'get it' rather than treating them like they don't!**
- Would you rather assume someone understood and be wrong OR assume that they didn't understand and be wrong?

Preventing Communicative Crises

- ❖ Analyze/recognize the *communicative intent* of the behavior
 - **Requesting** - Child is telling you he or she wants/needs something
 - **Commenting** - Child is trying to tell you that the task is difficult for him/her
 - **Expressing** - The child is telling you he or she is frustrated/mad/tired
 - **Protesting** - The child is telling you he or she does not want/like something
 - **Directing** - The child is trying to gain your attention / child is trying to get you to do something
 - **Interaction** - The child is initiating a *predictable routine*
 - **Signifying** - The child is indicating he/she does not understand something.



Preventing Communicative Crises

- ❖ **Validate** the communicative aspect
 - “I see you want that toy” / “you are telling me you need a break”
 - “You are telling me this is HARD - let me help you”
 - “You are telling me you’re mad”
 - “You’re pushing the blocks away. It looks like you’re all done.”
 - “I see you want to tell me something” / “You are asking for help”



Managing Communicative Crisis

- ❖ What to do when...

IT'S NOT OKAY

Managing Communicative Crisis

- ❖ “Name it to tame it”
 - Dr. Dan Siegel
 - Feelings are okay
 - Aggression is not okay
 - Validate their feelings and tell them you understand.
- ❖ Label & validate the emotion
 - *“It’s **sad** when it’s time to go.”*
 - *“I get so **mad** when fun things are done.”*
 - *“This activity is hard. I’m **tired**.”*
 - *“This is so **frustrating**! Let’s take a break.”*



Managing Communicating Crisis

❖ Attunement

- Meet them where they are
- Be a warm presence
- Focus on comforting

❖ Focus on **nurturing** and curiosity, not labels

- Ask questions out loud to help you and the child work through this
- If you have a verbal child who can tell you what's happening or how you can help, ask them

(Mona Delahooke, Ph.D. 2021)

Managing Communicating Crisis

❖ Use simple vocabulary

- “I’m sorry”
- “It’s okay”
- “I’m here”
- “You’re safe”

❖ Simplify your grammar

- Children with language impairments often have difficulties in many areas of language, but grammar is particularly affected (S. Ebbels, 2014). Therefore, they may not accurately interpret concepts such as negation, contractions, auxiliary verbs, etc.
- Example: 12 year old client with Down syndrome is told “We **can’t** go to the park today”; she does not understand negation, nor contractions, therefore; she interprets the phrase as “We **can** go to the park today”. Imagine the frustration that ensues when they do not end up going to the park!

Managing Communicative Crisis

- ❖ **Understand** that when kids (people) are in crisis, you can't rationalize with them or expect them to employ self-help strategies that aren't automated
 - "When something triggers a child's nervous system into high gear, their body is poised to move - to yell, hit, push, or demand something, all in an instinctual attempt to feel better. When a child is in this "gear," their body isn't positioned to pull down the menu of options that you have so carefully taught them. Many adults also have difficulty doing that, and children have a tougher time because they can't yet self-regulate." Mona Delahooke, Ph. D 2021

Managing communicative crisis

- ❖ **Change/adapt** your approach
 - What changes can you make immediately?
 - Can you facilitate a more effective communicative approach?
 - If not an SLP, maybe reach out to parent/SLP about communicative modalities the child uses for future sessions.

Implementing Hippotherapy

- ❖ Studies have found significantly **higher levels of serotonin and cortisol in people after riding a horse** when compared to other forms of physical activity. (Sung-Hyoun Cho et. al)
- ❖ Moments of communicative crisis are opportunities to utilize equine movement to **achieve a ready state** to work toward your functional outcomes

Implementing Hippotherapy

- ❖ Take a **step back** from your goal and use the movement until your client shows you they're ready to get back to work
- ❖ Identify your child's specific **sensory needs** - what off-horse sensory input do they respond to best?
- ❖ Once these sensory needs are identified - apply them when implementing equine movement
 - Select a horse whose **movement** meets these needs best
 - In the event of an emotional crisis, **manipulate** the movement to further meet these needs (Serpentines? Start/stops? Slow easy walk?)
 - Remember - it's not a recipe! There will be some trial/error

Maintaining Safety

- ❖ Sometimes we can do everything right and crisis still happens - it's **essential** to maintain your safety and the safety of your therapy team
- ❖ Focus on your response

- ❖ How do we do this when hippotherapy is involved?
 1. KEEP YOUR CLIENT ON THE HORSE*
 2. Educate your therapy team
 3. Know your horse - what are his/her emotional capacities

*Emergency dismount may be necessary

Maintaining Safety during Crises

❖ Biting

- Hold the back of your client's head
- Push the body part being bit into the clients mouth
- DO NOT PULL

❖ Hair pulling

- Communicate with your team
- Place both hands over your client's hands and press down
- Call for help

Maintaining Safety during Crises

- ❖ **Strikes/holds (hits, punches, kicks)**
 - Move away if possible
 - Block strikes/hold body parts away from you
 - Duck away from holds, pressing up on client's inner arm

- ❖ **Scratching**
 - Move away/avoid
 - If necessary, hold their hands NOT wrists

Emergency dismount if at any point the situation becomes dangerous for the horse.

Repair Your Relationship/Reflect with your Team

- ❖ Supporting a more “appropriate” expression of frustration
- ❖ Talk about what happened
- ❖ Talk about how you responded
- ❖ What could’ve happened differently?

Case Study #1

Client Information	Sensory Profile
<ul style="list-style-type: none">❖ 7y Female❖ Autistic	<ul style="list-style-type: none">❖ Seeks proprioceptive, vestibular, deep and light tactile, & olfactory input❖ Avoids loud noises, but will shout and play iPad at high volume
Situation	
<ul style="list-style-type: none">❖ Presented with activity❖ Begins to throw body side to side, push against you	

Case Study #2

Client Information	Sensory Profile
<ul style="list-style-type: none">❖ 4y Male❖ No diagnosis❖ Minimal boundaries and discipline in home environment	<ul style="list-style-type: none">❖ Seeks visual and proprioceptive input❖ Avoids tactile input❖ No observed differences in vestibular, olfactory, auditory, gustatory
Situation	
<ul style="list-style-type: none">❖ Refusing to engage in task❖ Yelling and crying	

Resources

 big little feelings

@biglittlefeelings

we chose
play

affectautism.com

Dr. Mona
Delahooke

@monadelahooke

**DR. GIL TIPPY'S CHILD
DEVELOPMENT BLOG**

<https://drgiltippy.wordpress.com>

References

Websites:

- ❖ <http://www.merriam-webster.com>

Journal Articles:

- ❖ Hollo A, Wehby JH, Oliver RM. (2014). Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children*, 80(2):169-186.
- ❖ Dionne, G., Tremblay, R., Boivin, M., Laplante, D., & Pérusse, D. (2003). Physical aggression and expressive vocabulary in 19-month-old twins. *Developmental Psychology*, 39(2), 261–273
- ❖ Calkins, S. D. (1994). Origins and outcomes of individual differences in emotion regulation. *Monographs of the Society for Research in Child Development*, 59(2-3), 53–72, 250–283
- ❖ Joseph H. Beitchman, Rama Nair, Marjorie Clegg and P. G. Patel. (1986). Prevalence of Speech and Language Disorders in 5-Year-Old Kindergarten Children in the Ottawa-Carleton Region. *Journal of Speech & Hearing Disorders*, 51(2): 98-110
- ❖ Carpenter, J. L., & Drabick, D. A. G. (2011). Co-occurrence of linguistic and behavioural difficulties in early childhood: A developmental psychopathology perspective. *Early Child Development and Care*, 181(8), 1021–1045.

References

- ❖ Hyter YD, Rogers-Adkinson DL, Self TL, Simmons BF, Jantz J. Pragmatic Language Intervention for Children with Language and Emotional/Behavioral Disorders. *Communication Disorders Quarterly*. 2001;23(1):4-16
- ❖ Diane Frome Loeb, A Eric S. Davis, A Tara Lee.(2021). Collaboration Between Child Play Therapy and Speech-Language Pathology: Case Reports of a Novel Language and Behavior Intervention. *American Journal of Speech-Language Pathology*, 30(6) 2414-2429
- ❖ Lin, Y.-W., & Bratton, S. C. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling & Development*, 93(1), 45–58
- ❖ Ebbels S. Effectiveness of intervention for grammar in school-aged children with primary language impairments: A review of the evidence. *Child Language Teaching and Therapy*. 2014;30(1):7-40.
- ❖ Sung-Hyoun Cho et. al (Effects of horseback riding exercise therapy on hormone levels in elderly persons. *Journal of Physical Therapy Science*, 2015, 27(7): 2271–2273

Books:

- ❖ Sigel, Daniel & Bryson, Tina Payne. The Whole Brain Child. Bantam publishing, 9/11/2012.

Blogs:

- ❖ Delahooke, Ph.D., Mona. "Why Your Child Can't Access Coping Skills When They Need Them Most." *Mona Delahooke, Ph.D.*, 7 Nov. 2021, monadelahooke.com/coping-skills/.
- ❖ Delahooke, Mona. "Why Labeling a Child's Emotions Can Backfire (and What to do Instead)." *Mona Delahooke, Ph.D.*, 4 Dec. 2021, monadelahooke.com/emotions/.