



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 006

Improving Problem Behaviors in Children with Autism

Hosted by: Dr. Mary Barbera

You're listening to the Turn Autism Around podcast, episode number six. A while back, I did a survey of both parents and professionals asking them what their challenges were in the autism world. 300 people filled out the survey and within a week, the number one challenge by far hands down was problem behaviors. So, in this podcast episode, I'm tackling the four steps to reducing any problem behavior.

Welcome to the Turn Autism Around podcasts for both parents and professionals in the autism world who want to turn things around for their children or clients, be less stressed and lead happier lives. And now your host, autism mom, behavior analyst and bestselling author, Dr. Mary Barbera.

Welcome back to the Turn Autism Around podcast. I'm your host, Dr. Mary Barbera, and today I want to present the four steps to reducing problem behaviors. If you've listened to the first five podcast, I would love it if you would subscribe, share this podcast with other parents and professionals who might benefit and leave me a rating and review. This will help me spread my message and reach my goal to Turn Autism Around for 2 million by 2020.

As you probably know, if you're not brand new to the podcast, I started out as a confused and overwhelmed parent back in the late 1990s when my firstborn son, Lucas, was starting to show signs of autism, and diagnosed one day before his third birthday. I also, in the past two decades, have become a board certified behavior analyst, wrote the bestselling book, *The Verbal Behavior Approach*, and have begun to create online courses for both parents and professionals.

Now, as a doctoral level behavior analyst, I want to start out this podcast by just saying that the advice I give in this episode, the information I provide is for information purposes only as both a registered nurse and a behavior analyst. I need to be careful to point out that I am not giving you medical or behavioral advice and that only a medical and behavioral professional who sees your child and works with you on a consistent basis can individualized programming that is often needed, and if your child or client is displaying dangerous problem behaviors, you really should look into getting them by a board certified behavior analysts.

You can go on the website bacb.com. You can just do a Google search and search board certified behavior analyst with your city and state and see what comes up, and all of these links will be in the show notes under this episode, Marybarbera.com/six.

When Lucas was young, he was not demonstrating serious problem behaviors at all. He was a pretty laid back kid and didn't have any major stimming self-stimulatory behavior. He didn't have any aggression or self-injurious behavior when he was young, so he always had a good, really good ABA program in place. And I think this is part of the reason why his problem behaviors were so low. So when I became a behavior analyst in 2003 and shortly before that, before I was actually certified, I began working, as I told you in episode five, if you were, if you listen to that, I began working with a statewide grant called the Pennsylvania Verbal Behavior Project, and it was within the project I worked for seven years from 2003 to 2010 with hundreds of children on the autism spectrum who went from three year olds to 21 year olds. Went from completely non-vocal, not potty trained, severe problem behaviors all the way up to conversational kids who have ended up to do very well. Some of them are in high school ready to go to college.

So the full gamut, and this is really when I started working with kids with major problem behaviors. Now I do remember one of the first major problem behaviors I dealt with was in the fall of 2003. I had taken my boards, but I hadn't yet found out if I passed my boards. And back in those days it was paper and pencil. And it was a long process to wait for your board results. It's much easier to find out your board results now. So in the fall of 2003, I was assigned to three autism classrooms within public schools and I remember being at one of them, one of my first days as a consultant. I had been there two or three times and there was a very large eight year old boy, I think he was 100 pounds. He was eight years old and he had a lot of problem behaviors including throwing self to the ground. He would flop to the ground even before he got into the classroom.

So he would get off the school bus, flop to the ground in the hallway and he would flop to the ground in the middle of the classroom. So I was trying to give suggestions for how we could transition him nicely from the school bus into the classroom and so we could be providing intervention. And that's what I was there for. But since I wasn't a behavior analyst, the project was very new. No one really knew what my role was per se. They already had some people working on problem behaviors in the classroom or consultants that would come in, administrators who would come in, behavior specialists, and so I remember the teacher looking at me and saying, you're just here for the verbal behavior part. We have people that are dealing with the behavior with the ABA part. You are just here for the verbal behavior part.

And if you listened to last episode on the differences between traditional ABA and the ABA verbal behavior approach, you'll know that you can't separate out applied behavior analysis from the verbal behavior part. It just, it's not possible. So I know back probably in 2003, Mike [inaudible], who also was a behavior analyst with the verbal behavior project. He taught me... He was a school psychologist and really was one of the leaders of the verbal behavior project with me. He taught me very early on that we have a coin. On the one side of the coin are problem behaviors; on the other side of the coin, our language and learning skills. So the key to reducing problem behaviors is to get the child's language and learning skills on the increase to get the environment paired and to get good behaviors going.

So I think one of the confusing parts is that ABA or applied behavior analysis is the science of changing socially significant behavior. It's a science, but it's also a treatment package for kids

with autism. So we have the ABA... the science which as a board certified behavior analyst, I use that as the science of everything I do. It's also a treatment package like the Lovaas treatment package, or in some respects the verbal behavior treatment package which is not as formalized and not as studied as the Lovaas methodology. So when we're looking at problem behaviors, we're also looking at that as this is the way the child is communicating. The child is not wanting to do something you want them to do or he wants something and you're saying no, and he's mad about it. So we can have problem behavior related to.

There are four functions, which we're not really going to get into functions and really going to get into specific interventions, but I'm hoping that we can get into enough to get you started to looking at any problem behavior for any student or any child and come up with ways to begin to assess that better, to plan for treatment, to treat and to take data. So I have worked with the full gamut of problem behaviors anywhere from kids just saying no, arguing, kids flopping like this boy did. Self-stimulatory behavior, you know, I had a client at one point who just wanted to spend his day flapping a straw in front of his face or putting a straw repetitively over and over and bottles. So when we asked about problem behavior, the parents said, no, he's not throwing himself on the ground, but that steaming of the straw was a problem behavior for that boy. And if you took away this straw, you would see major problem behaviors.

So we have self-stimulatory behavior, which a lot of people don't think of as problem behavior. We have dangerous problem behaviors like self-injurious behavior where kids can bite themselves, hit their own body parts, hit their heads, kids can even gouge their eyes. Um, lots of problem behaviors that revolve around self-injurious behavior. Kids can also have property destruction where they're bashing in TVs or putting chairs through windows, you know, it could get that bad. I haven't seen that bad property destruction for sure. Um, and aggression is always a problem behavior that one could face, especially with children with autism who don't have great communication skills. So, but it doesn't have to be all that bad.

Like I said, with the little client with the straw that can look pretty minor, but if he spends hours and hours each day with a straw, it's impeding his learning.

I also had a boy once in a verbal behavior project classroom who said, are you happy a lot? And I wouldn't have thought that that was a problem behavior until I started counting how many times he said, are you happy? And I think it was something like 48 times in 10 minutes. He was saying, are you happy? So we can look at any problem behavior and I'm going to talk about how we look at those problem behaviors and which problem behaviors we want to tackle first in a minute.

First I want to tell you about a little boy named- Well, I'll call him Tony. That wasn't his real name. He was about six years old. He was in first grade in a verbal behavior project classroom. He was... We used to do the VB-MAPP assessment and he was a pretty much a level one VB-MAPP learner and he could talk a little bit, didn't have major problem behaviors that I could remember from the classroom, and I saw him eat corn chips and I think French fries in the cafeteria.

He wasn't potty trained, I don't think, but this was the first month or two of school. I was new to the classroom, new to Tony, and Tony's mom asked if she could come in and meet with me

when I was there. And so with the verbal behavior project since it was a parent advocacy group actually who spearheaded the effort for the Pennsylvania verbal behavior project. So we were always very open to collaborating with parents. That was just kind of something that was that we did. So of course the parent could come in while I was in the classroom and meet with me. So she came in and she expressed that she had two boys. Tony was her youngest, so she had like a six year old and maybe an eight or 10 year old boy and her husband was in the military and he was away on assignment fighting in a war and mom was, was struggling.

She was very stressed and she reported that Tony was a major problem, had major problem behaviors in stores. He would clear shelves when she was at the grocery stores where to the point where she couldn't take him out. She was financially strapped. She was, you know, needing to buy diapers for him. He was six. She was unable to pay for a babysitter so she could just go the grocery store herself. She was really having a lot of problems with problem behaviors even though he really didn't seem to have those kinds of problem behaviors in the classroom as much.

So I was asking some questions trying to get a bigger picture of what Tony was like and one of the questions was, you know, describe his eating, you know, some kids, you know, even older kids drink out of a bottle or use a pacifier. Older kids like six.

So I, I always kind of ask like what are they drinking from, what are they eating? And a lot of kids, including the boy that used to use the straw, are very picky eaters and have problem behaviors around food. And so she said that he would eat corn chips and cereal and French fries and she named a couple more foods and, and I said, well, what about protein and vegetables and fruits? And she nonchalantly said, well, the only way I can get anything of substance into Tony is through baby food. And remember he's six and he's talking and he's eating corn chips. So I was a little surprised about the baby food comments. So I'm trying not to act shocked. Like what are you doing feeding him baby food. So I was just like, oh, okay. So how much baby food are you going through each week?

And she said 52 jars of baby food a week is what she was giving Tony and at that point I thought wow, you are, you know, we really need to be assessing the whole child and the whole picture and we need to be able to do that quickly and not just rely on our verbal behavior assessment or our assessment of problem behaviors in the classroom. So one thing that I learned from Tony, which is I'm going to cover four steps to reducing problem behavior.

So the first step is absolutely an assessment and a lot of behavior analysts, they kind of jump right away to assessing the problem behavior and try to develop the function and all that. But what I like to do is step back and take a look at generally what is the child like? Do they have a diagnosis? What kind of school programming are they receiving? What kind of therapy are they receiving? Do they have any siblings? Do they sleep through the night in their own bed, do they, how do they eat? Are they addicted to a bottle or a pacifier or something like that? Do they have any allergies? You know, just that is so important.

As a registered nurse, I know that we absolutely need to check on allergies very quickly because if they're allergic to latex, we shouldn't be using balloons and those sorts of things. If they're allergic to nuts, obviously we shouldn't be having any nuts around. So I developed a

one page assessment. It actually is taken from the back of my book. I have a five page assessment and I developed a one page assessment from that assessment and I got permission from my publisher to provide a one page assessment and an article I wrote a decade ago and that one page assessment looks at all these general areas.

It can be done very quickly by parents or even teachers with talking to the caregiver or the parent and I think it's just so important that we not just jump into assessing what the problem behavior is and instead we take a step back and we look at the whole picture as quickly as possible. So at the end of this podcast, I am going to give you a link to a free guide which contains this one page assessment. So, um, you'll be able to get that link in the show notes to this episode at MaryBarbera.Com/six. Once we do that Gen one page assessment, and I would do that whether you've already completed VB-MAPP assessment. If you have a functional behavior assessment already done, I would still take a step back and look at the one page assessment after this general assessments done. Then I look more closely at language through preferably I used the VB-MAPP assessment and that's what I recommend for non-conversational kids.

But there might be other assessments that you also want to do instead of. Or in addition to a VB map assessment. I also look at a medical assessment. You know, this whole idea of, well, medical issues have been ruled out. That is really just false because I know from my own son as well as many, many of my clients that problem behaviors, especially those that come on suddenly maybe medical in nature. And I've, I've done a couple of video blogs on this topic and I'm really passionate about getting to the bottom of medical issues which could creep up. You know, just because you had a medical assessment and supposedly ruled out medical issues a month ago, doesn't mean that there are not new medical issues that are causing or contributing to the problem behaviors. And then we really need to dive into assessing exactly the problem behaviors that we're dealing with.

So when we look at problem behaviors, a lot of parents and professionals are very vague, like using things like, oh, he just melts down. He just is out of control. He gets so frustrated, he's anxious. All of these terms are very vague and not very, um, accountable or measurable. So if I am standing in front of a child who's supposedly frustrated and I'm supposed to count how many times he's frustrated or how many times he's anxious, I'm not going to be able to really measure that because I don't know what that looks like. Now, if you tell me he's anxious and when he's anxious, what does that look like? Well, he sighs, he crosses his arms, he pounds on the desk. Those are behaviors I can count, so we really want to get people talking as behaviorally as possible, especially about that problem behavior.

We also want to really help people, parents or professionals, teachers tell us how often this occurs. A child who bites himself one time a month versus a child who bites his right hand, his knuckle, whatever you know, he bites, he bites, you know, 20 times a day versus one time one time a month. I had a client once who he was only two years old. He banged his head on hard and soft surfaces to the point where he had an open lesion on his head and when I went to assess, obviously I'm not going to be able to be with him 24 hours a day to determine how much he's banging. So I asked his caregiver, how many minutes or hours a day he's here for

nine hours a day. How many minutes or hours do you think he's banging his head? And the caregiver said, I'm about three hours a day.

He would predict that this child was banging his head on hard services three of nine hours a day. He was banging. So with that knowledge, with the what we call the typography, what the behavior looks like, and the estimate of the frequency that is really good information and then we have to really say or see when is this happening, what settings? Like when, when would it most likely happen? Also important is when this behavior would rarely or never happen and I think as behavior analysts we sometimes forget to ask, you know, when would the behavior least likely occur?

I know for one boy who had major attention seeking kind of nonsense language, it was a defective mand for attention and he would say things like, Ms. Mary has a striped shirt on. Can I hop like a kangaroo? You know, stop throwing the ball. As he was throwing the ball, just constant. And when I took data, I took a type of data called partial interval data where every 15 minutes I would write down what he was doing and whether... how many of these defective mands he had.

And what I found was if he was really attending to typing, for instance, he was learning to type when he was highly engaged in something like typing his rate of this nonsense language fell to near zero levels. So for him we just began adding more typing time, more time when his brain was just really focused on a task. And we ended up over time I worked with this boy for years as a consultant. And then over time he went from 500 defective mands a day to single digits. And it really changed his life. So when we look at problem behaviors, we need to be very specific about what the problem behaviors are.

We need to get a general rate either through data collection or if it happens so frequently or not frequently enough to actually see it. We need to get an average rate that it's happening. And then we need to find out what settings it happens in a lot and what settings at rarely or never happens. We then need to find out is usually what the antecedent is. And that is the thing that comes right before the problem behavior. So some antecedents could be things out of our control, like a fire alarm bell ringing. That's an antecedent that from my own son caused a startle reaction and self-injurious behavior, um, in the past. So the antecedent was the fire bell ringing and he had a knuckle bite and you know, this is why we have to really analyze things. But a lot of antecedents are people talking.

People either presenting demands like it's time to get your shoes on or saying no when a child reaches for something or request something that they can have now, like if they want to have their fifth piece of candy, but it's right before dinner, you say no. And then that might cause a problem behavior. And then the other thing we look at is what comes right after the problem behavior or the consequence that will shape up the problem behavior. So we're not really going to get into, now, I just described ABC data, antecedent, behavior consequence. We're not really going to get into the four functions of behavior, but just in general, when you see problem behaviors, the demands are likely to high and slash or the reinforcement is too low.

So say I have no idea how to fly a plane, but I'm told that I need to learn how to fly a plane and I get into the cockpit and you start describing all these levers, there's hundreds of levers and

buttons and you start talking to me about all these levers and explaining things and I start crying and you keep going with your instruction on the levers.

And I am sobbing to the point where I'm almost hyperventilating. So in that case, the demands are too high. Reinforcements too low. I mean, I don't even want to fly a plane at this point. Um, you're just going on and on. I have no idea what you're saying. And I'm sobbing. So this can also equate to, you know, kids who were overturning desks or pounding on the desk during math instruction or they're crying when it's time for circle time or they're crying or throwing themselves on the ground. When you say it's time to take a bath in this situation, we really need to go back to assessment and we need to go back to what parts of going to get a bath or sitting in circle time or doing the math instruction are too hard. And we also need to look at where are reinforcements.

The assessment part is actually never done. You're always constantly assessing what is going on. Why is he having problem behaviors? Is it related to a skill deficit? Is it related to a medical issue? Is it related to intermittent reinforcement across all different people in all different settings? And so, uh, you know, we just really need to constantly assess, but at some point too, we need to start making a plan and intervening. So assessment is number one and then the number two step is to make a plan. You might find it hard if you're a teacher in a classroom of eight kids all with different problem behaviors to make a plan to address every single problem behavior at the same time. You know, say it's September and you're just starting the school year and you're seeing all this, all these problem behaviors. You're seeing self-stimulatory behavior and this child scripts, and this child throws himself on the ground, and this child hits others, and this child is pulling the posters off the wall and having property destruction, or if you're a parent working just with your own child and within that one child or all these different problem behaviors, you're not going to be able to necessarily solve everything at the same time on day one.

So what you want to do is you want to plan and prioritize. Your first order of business is to try to get pro major problem behaviors... that being self-injurious behavior, aggression and property destruction... you're going to want to get those down to near zero levels. That's always my goal to get these major problem behaviors elopement and that's another one that you know, it's very dangerous to have a child, you know, it's not that dangerous to have a loop just to the side of the room, but if they're leaving the house or leaving the playground yard, obviously they can get hit by a car. They can drown, they can get abducted. So we're looking at problem behaviors that are safety concerns, first aggression, self-injurious behavior, elopement property destruction, and you might say, well, property destruction is that really... that is really dangerous because you know, if you're throwing chairs through windows, even if you're not attempting to hurt somebody, you're probably going to hurt yourself or others.

So we always have to prioritize those really dangerous behaviors first. And then the ones that are happening a lot like with the boy who set all this nonsense language 500 times a day. I mean he's not going to be able to really learn much if he is scripting and asking questions and making comments 500 times a day. And also the boy that said, are you happy repetitively, 48 times in 10 minutes. Those are very frequent and uh, problems that we need to address secondary after we get the safety issues are resolved and then we can look farther down at the

scripting and stimming and, and um, the behaviors that aren't happening as frequently and are more minor in nature. But in the end it really does come back to those skills. We need to break things down to pair up the learning environment to incrementally desensitized to, to problems like a bath tub.

So the child might have a problem. He might not like the bathtub, he may not like the water temperature. The water temperature varies. So could we keep the water temperature warmer than colder? Could we take the temperature of the water to make sure it's at a consistent temperature that he likes? Can we pair the bathtub up with foamy? So for alphabet letters that he can stick to the sides of the walls. Could we have him just practice getting in the bathtub fully clothed without water and, and give strong reinforcement. Maybe it's just the hair wash part, that's the problem. So with any activity where there's problem behavior, we need to kind of be the Monday morning quarterback, step back and look at how we can repair the, um, the task, make it more appealing, teach the skills, teach prerequisites, and give very strong reinforcement. So back to we're not going to be able to tackle everything at the same time once we're, we're looking at the safety issues and the really frequent behaviors and the minor stuff.

We're also, we're not going to be able to tackle every problem behavior at once. We're also not probably going to be able to teach every skill at one time. So you might have a four year old who needs to learn to dress himself, potty, train, wash his hands, brush his teeth independently. That's a lot of tasks and that's going to take a decent amount of time and you're gonna really have to be systematic in your instruction. So you may pick hand washing because that would go to preschool, it would go to home. It, it is a more of a two year old skill versus potty training. And dressing which are slightly older skills and hand washing is part of the potty training routines so you can make a plan based on how serious the problem behaviors are, how much skill deficit there is, and make a plan to intervene so that we can get each child to reach their fullest potential.

So step one is assessment. Step two is making a plan. Step three is your intervention. And like I said all along throughout this podcast, I'm not going to be really able to give you any specific guidance, but just in general, I think if you see problem behaviors that demands are too high and slash or reinforcement is too low as I set. So one of the activities that I have in my book is, uh, if I give you, gave you a thousand dollars for your child or client, have a good day with little to no problem behavior, what would you do? And when I do this in front of live audiences, people generally get, get the answers pretty quickly. And it's basically like let the child do what they want. So if they want to eat five pieces of candy, that's fine. If they want to run around without shoes on, that's fine.

If they want to spin in circles or script or play with a straw, that's fine. And so give them a lot of reinforcement and don't make them do anything. Limit your demands. So, um, that's how you're going to get that thousand day. You're gonna, you know, okay, I'm not going to teach, try to teach you anything. I'm not gonna require that you keep your shoes on. I'm not going to require you keep your clothes on. But as parents and teachers and behavior analysts, we know that letting a child do whatever they want and not requiring anything is not very realistic. Children have to stay dressed when they go out in public. They have to keep their shoes on at

school and at recess they can't eat, you know, loads of candy or sit there spinning in circles all day. Teachers and the education system have IEP goals in the United States.

I mean, we want our children to be as functional as possible. But what this thousand dollar activity really teaches us, I think, is that while we can't eliminate all demands, we're going to have to have some demands. We want to lower the demands and increase the reinforcement. We want to be the spoiling grandmother when the child is engaging in good behavior. We want to be very reinforcing. We want to limit our demands. So if the child is not able to, you know, sit in a 20 minute circle time without problem behaviors part of the plan and the intervention might be too, we'll have them join circle time for the last five minutes when we do the goodbye song, which is really the only part of circle time that the child likes the rest of the circle time. They'll actually be working on one on one skills, um, which they really need to catch their language up.

So in my plane example, where you're trying to teach me the levers to fly a plane, you would reduce it to one of the, one of the levers, one of the switches, a couple buttons. And you would give me reinforcement. You would say, yes, you just move this lever up and you can try it now. Great. That's all you do and now you know you get to take a little break, you get a piece of candy, whatever the reinforcement is, so we have to just. We have to look at this, this same model, whether we're talking about problems in school, problems at table time or problem behaviors related to bed time related to dressing, self care, toileting, feeding, bath time. These are when kids with autism and language problems tend to have a lot of problem behaviors and when we treat problem behaviors to the best of our ability as parents who aren't experts in ABA, we tend to shape up problem behaviors even worse.

This breaking down things and being super reinforcing and teaching incrementally systematically is one of the reasons I'm such a big believer in errorless teaching and gradually fading in demands. We know that schools have a lot on their plates and so just giving you permission to say, you know what, let's look at this. Maybe we can break this down. If the child is pounding on the desk during math instruction, let's really look at, oh, double digit addition. Well, they're not really fluent with single digit addition, so let's go back. Let's make the reinforcement higher. Let's make the math instruction lower and let's see how we can help this child not have problem behaviors. I came up with this another kind of soap box, if you will, after I wrote my book, but I believe that each child or even adults with autism and language disorders need three main things.

They need major problem behaviors at or near zero. The ability to request your wants and needs and the third thing is independent toileting and if we're having a child even with relatively high functioning autism who's pounding on the desk or arguing or screaming or having problem behaviors, we want to look and see in their IEP, in their plans, do they have the ability to request their wants and needs?

Are they independent with toileting and are there major problem behaviors at or near zero? I see no point teaching double digit addition to anyone who's overturning desks and so I would recommend that we take a step back and we try to lessen our demands, increase our reinforcement to get that thousand dollars a day and then slowly but surely we can increase

the demands and lower that reinforcement. Pairing is a procedure where we prepare the table, the environment, the teacher, the materials with reinforcement and some people say, well, it should pairing be the first month of the year of the school year or should pairing occur the first five minutes of the session.

I think we need to be pairing constantly during our sessions. I don't think pairing has ever done... and I don't think the child should ever know when we've transitioned from low as we up the demands and lower that reinforcement. There should never be an abruptness to clue the child in that. We are now... We're done with pairing and it's time to work. It's one of the other reasons I don't like to use the word work because it's been paired up very negatively with kids with special needs.

Now, as we're talking about the third step in that being intervention for problem behaviors, I do want to briefly talk about one behavioral procedure that's commonly used that I avoid most of the time and in the next episode, the interview with Dr Megan Miller, we are going to talk about this procedure a little bit more. She has even more knowledge and studies and opinions about this procedure is called escape extinction, and it is common in the ABA field and it is recommended for problem behaviors related to a past history of socially mediated negative reinforcement or escape.

And I know I said I wasn't going to talk about it functions, but I just had this slide that is so socially mediated means people are involved and a past history of negative reinforcement means that in the past when demands were given, like go get your shoes or come eat at the kitchen table, not on the Sofa and the child engaged in some problem behavior. Then that demand of come sit at the kitchen table was not, never mind. You're going to have a fit. Just stay off the sofa. You can eat there. So the demands were, were let go and that's what means that's what I mean by socially mediated and negative reinforcement. So the treatment for that, no, I just want to sit on the sofa is the escape extinction that the treatment that a lot of behavior analysts would recommend is you stand there and you just told the child to go to the kitchen table to eat and you would stand there next to the child and you would either physically prompt the child, the, uh, to go to the kitchen table.

You would or you would nag the child, you would repeat that direction, go to the table to eat many, many times that that's called escape extinction procedure. And it's also sometimes called the keeping the demand on procedure. And there are a lot of problems with this. First of all, you're, you're having minutes, sometimes hours of escape extinction. Like if the child is sitting on the sofa, even if you turn off the TV and make the child, you know, not have any reinforcement, it can kind of wait you out for a very long time. It further unpaired you and the kitchen table. And that whole hour or half an hour or 10 minutes where the child is crying and you're standing there nagging or physically prompting is just wasted. So if this can happen for any kind of demand, if I said, sit in the chair, put your shoes on, even touch your nose and the child refused or didn't do it, I could either physically prompt it or I could keep the demand on and not offer any reinforcement.

The problem with physically prompting kids is that anything I learned this, you know, probably a few years into being a behavior analyst, but if I'm prompting a child to come to the table and

I'm physically taking the arm of a child to come to the table and they resist with anything equal but opposite pressure. So if I'm pulling and they're pulling the opposite way with the same amount of force, it's considered a restraint. And so even if a two year old is refusing to go somewhere and you pick the child up and they're flailing, that's a restraint. And if you are trying to get the eight year old up that I was talking about earlier, that used to flop coming in from the school bus, if you try to pull that child up and they're resisting and plopping down, that is a restraint. And within public schools in most parts of the United States, maybe all parts, I'm not sure, but I know in Pennsylvania and public schools restraint is not allowed.

Um, the other problem with physically trying to move kids or physically trying to get kids to do what you want is that they can hurt you. Um, and as they get older it's a lot harder to get someone to go to the kitchen table or to put their shoes on if they don't want to. And that's where a lot of individuals working with kids with autism and parents get injured. I've known professionals in the field who've had bites up and down their arms. They've had concussions, they've had broken bones from children. And um, this is the main reason that I don't think that we should be using escape extinction for the most part. And I think it's one of the most commonly used procedures and I think if we go back to assessing and we go back to thinking about, um, maybe it's just a knowledge deficit, maybe we need a lot more reinforcement.

Maybe we need to break the demands down even shorter. Um, and I think that's the way to go and not to rely on escape extinction. So I know next time we're going to talk to Dr Megan Miller about escape extinction. I also think using escape extinction and getting into battles with kids' physical battles with kids gives ABA a bad image. I think it's hard to recruit and retain young professionals or paraprofessionals who don't obviously want to come into a job and get beat up. I think it unpaired the learning environment and um, can unpair the instructor to. It primarily goes against everything that I believe in. And that is part of The Verbal Behavior Approach is that we want kids running to us to learn. We want kids running to the table to learn. We want kids eagerly trying dressing and new skills and eagerly trying to learn how to shower themselves. And how to make their lives better, even children who don't understand complex language.

So what can you do if you're using a lot of escape extinction wherever you're working with your clients, or if you've been taught to use escape extinction to a very commonly with your child, you are going to want to reduce this. And I would say you should download and listen to all my podcasts, read my book, and especially listen to the next podcast with Dr Megan Miller to in general, your instruction should be based on a child's assessment, especially a VB assessment like the VB-MAPP assessment should also be based on your assessment of self-care skills and the medical assessment, and of course your assessment of problem behaviors and why they're occurring. Dr Glenn Latham wrote two great books. He wrote Positive Parenting and he wrote another book called Behind the Schoolhouse Doors, Eight Skills Every Teacher Needs, which is actually available as a free download and I'm going to link both his books on my website or my podcast page on the show notes at Marybarbera.com/six.

In summary, when we see problem behaviors, the demands are almost always too high and reinforcement is always too low. Um, the final step after we get through with assessment

planning and intervention is that we want to keep data, and this might sound scary to a lot of parents out there and even some professionals might be a little leery about data collection. I developed a system where parents and professionals could keep easy data on a calendar and I've outlined that in a free video blog at Marybarbera.com/video45. I also have a nine page free guide that's called Turn Autism Around and it is available for free at Marybarbera.com/forward/join. In this free guide is that one page assessment I told you about. There's a one page planning form and there's more information about how you can keep data on a calendar, whether you're a parent or professional.

So I hope you enjoyed this episode on problem behavior. There's a lot to cover. I could have gone on for days and days and hopefully you are with me and seeing that we really do want children to want to learn to be motivated, to learn. We also, as parents and professionals want to live in a happy, less stressed environment. We don't want people to get injured. We want children to reach their fullest potential. So I hope you enjoyed this episode.

If you did, I'd love it. If you would share it with another parent or professional, leave me a review, subscribe to the podcast and you can access all the show notes, including how to get the Free Guide and Dr Glenn Latham's books at Marybarbera.com/six. I can't wait until next episode where I interviewed Dr Megan Miller and we'll talk more about problem behaviors and the issues with using escape extinction and other procedures. Thanks a lot and have a great week.

Thanks for listening to the Turn Autism Around podcast with Dr Mary Barbera. For more information, visit Marybarbera.com.