

An Optimistic Approach to
Helping Students with
Challenging Behaviors

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Outline

- Comprehensive intervention for challenging behavior
- The role of optimism in caregivers

How Do We Help This Child?

Why I don't yell at my son with Aspergers.wmv

**COMPREHENSIVE
INTERVENTION FOR
CHALLENGING BEHAVIOR**

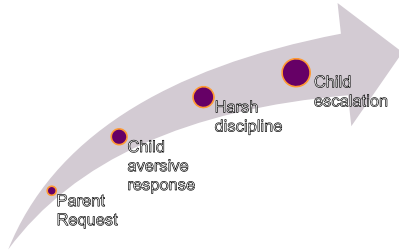
Explanatory Framework

- How do we explain why some children become more challenging as they age?
- Positive, negative and automatic reinforcement processes – explain child behavior.
- Why do others (family members, teachers) behave in ways that can increase problems?

Explanatory Framework

- The “coercive family process” is the defining explanatory framework for problem behavior in children with conduct disorder (Patterson, 1982).
- It explains the nature of severe behavior problems and the family’s role in its development and maintenance

Coercive Family Process



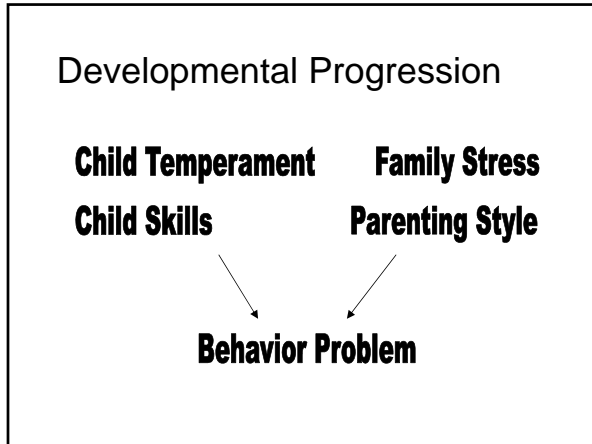
Explanatory Framework

- No similar model exists for these behaviors as observed in children with autism spectrum disorders.

Prevention Project

- Prospective longitudinal study
N=128
Age 3 to age 6

Durand, V.M. (2001). Future directions for children and adolescents with mental retardation. *Behavior Therapy*, 32, 633-650.



Predicting Later Problems

- Not severity of disability
- Not severity of behavior problem

Predicting Later Problems

- Best Predictor?
- Parental pessimism

How you see yourself as a parent/teacher

Pessimistic Thoughts

- *I cannot control this child.*
- *I have doubts about my ability to help this child improve his/her behavior.*

Optimistic Thoughts

- *I am usually able to handle problem situations.*
- *I am capable of helping this child improve.*

How you think others see you as a parent/teacher

Pessimistic Thought

- *When this child misbehaves, people see me as a bad parent/teacher.*

Optimistic Thought

- *I believe I am a good parent/teacher*

How you think others view this child

Pessimistic Thought

- *I think that other people judge this child when he/she is misbehaving*

Optimistic Thought

- *Most parents/teachers have times when their child/student misbehaves.*

How you see the child's ability control his/her behavior

Pessimistic Thoughts

- *This child is not capable of behaving better.*
- *This child's behavior is related to the disability.*

Optimistic Thought

- *This child is capable of behaving better.*

How you view the problem situation

Pessimistic Thought

- *All of these situations are always a major problem.*

Optimistic Thought

- *This particular incident was a problem.*

How you view the future

Pessimistic Thought

- *Things will never get better or will get worse.*

Optimistic Thought

- *Things can and will get better.*

Who is responsible for a problem situation (Child)

Pessimistic Thought

- *The child is doing this on purpose*

Optimistic Thought

- *The child is not intentionally being disruptive.*

Who is responsible for a problem situation (Others)

Pessimistic Thought

- *If only others would follow my suggestions correctly, this child would be better behaved.*

Optimistic Thought

- *Everyone is doing their best under the circumstances.*

Who is responsible for a problem situation (Self)

Pessimistic Thought

- *It is my fault that things are going wrong.*

Optimistic Thought

- *I am doing the best that I can under the circumstances.*

Who should be responsible for the problem situation

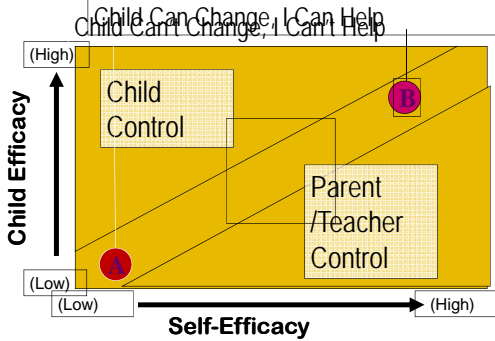
Pessimistic Thought

- *Why am I always the one who has to be responsible for these situations?*

Optimistic Thought

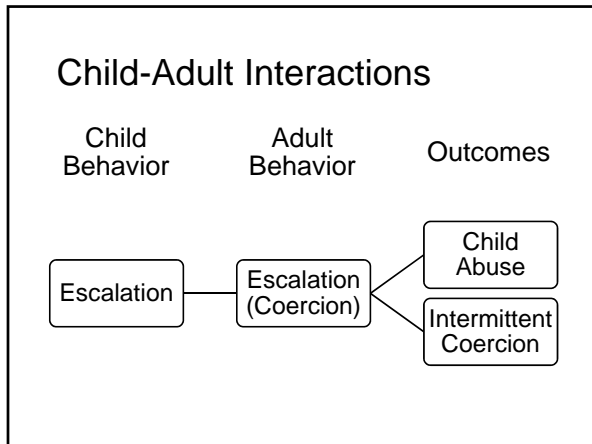
- *Everyone is doing the best they can under the circumstances.*

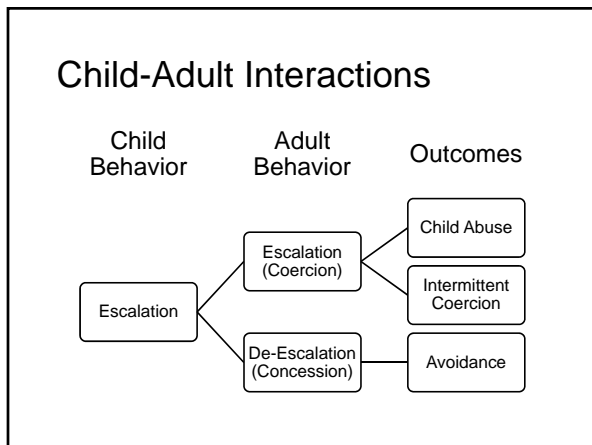
Attitudinal Influences



Explanatory Framework

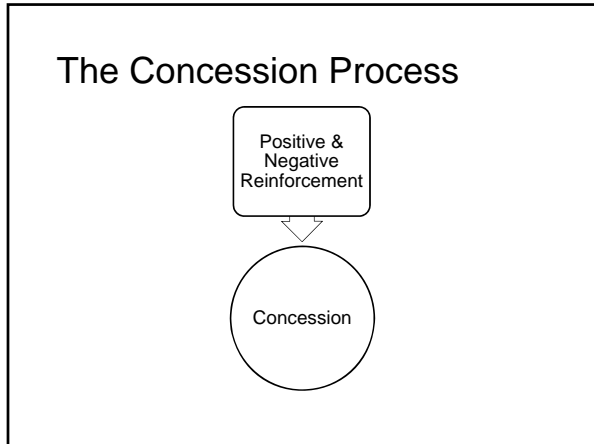
- The “concession process” may help integrate a variety of observations about the development of challenging behaviors in ASD and how we react to them.

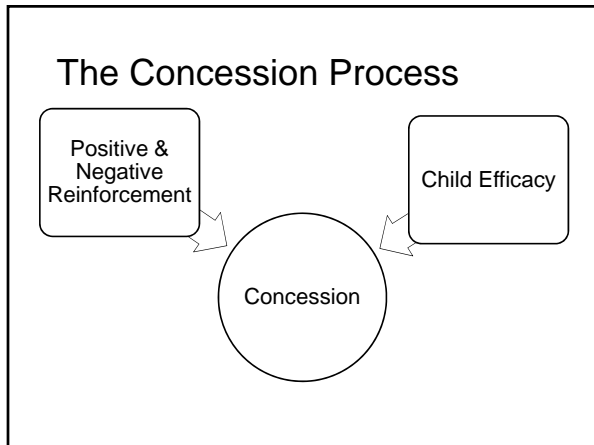


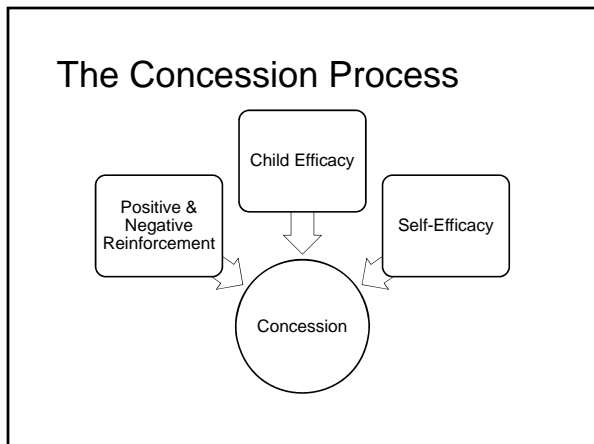


The Concession Process

- The tendency to change environments and approaches to avoid problem behavior







Concession Examples

<http://blog.autismspeaks.org/2010/08/29/tow-becker-2>

Rules

- Rule #1: Do not yawn. Especially no yawning and talking at the same time.
- Rule #2: Do not have loud background noise. That means TVs, radios, computers, vacuums, or hand mixers (can use, but need to alert him first).
- Rule #3: Do not sneeze and scream at the same time (some people do that without realizing it).

Rules

- Rule #4: Do not say “blah, blah, blah ...” while speaking.
- Rule #5: I need to see all your old photographs when I visit.
- Rule #6: I also need to take a mental inventory of all your DVDs, and any VHS movies you may have.
- Rule #7: I rule the TV. I will block the other channels while I’m here, but will unblock them before I go.

Rules

- Rule #8: No loud unexpected laughter. Please.
- Rule #9: Unlimited baths are expected.
- Rule #10: Friday night is pizza night. It must be gluten-free.
- Rule #11: I need to touch you on the chin and the head every time you yawn, sneeze, or sing.

Rules

- Rule #12: Keep things orderly and predictable. Please. I need to know the schedule.
- Rule #13: No deviations in the schedule. Please.
- Rule #14: Absolutely do not change your mind or give me more options.
- There are so many other things I could add, so many that they don't even seem odd to me anymore.

Evidence

- What experimental evidence exists for the concession process?
- Research with families and teachers

Positive Family/Teacher Intervention

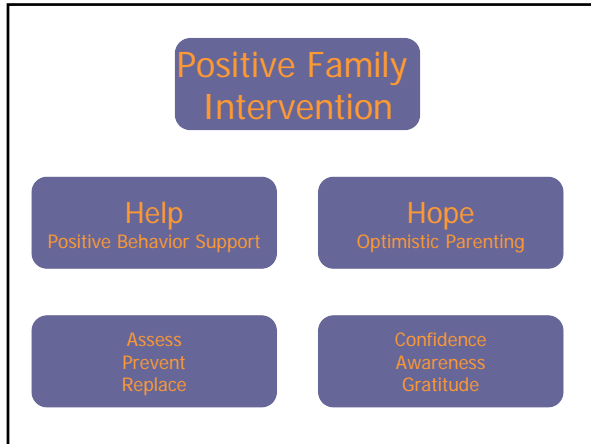
- Can we make pessimistic families/teachers more optimistic?
- Integrating *cognitive-behavioral intervention* with *positive behavioral support*

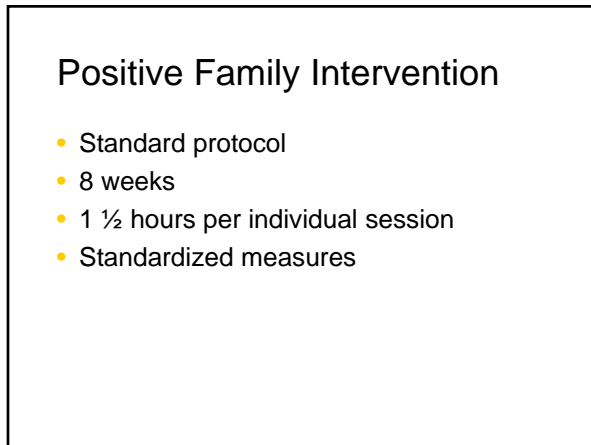
Positive Teacher Intervention

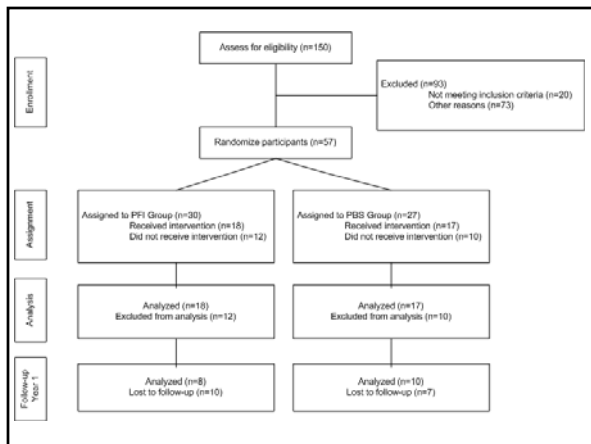
- Research underway (with Dr. Elizabeth Steed – Georgia State University)
- Relies on Motivational Interviewing to improve optimism

Positive Teacher Intervention

- Teachers implemented significantly more strategies to teach children social skills and involved families in their child's social emotional development.
- At the end of intervention, there were significantly fewer children with serious social emotional difficulties in teachers' classrooms.







Positive Family Intervention

- Session 1: Establishing Goals
- Session 2: Gathering Information
- Session 3: Analysis and Plan Design
- Session 4: Preventing Problems
- Session 5: Managing Consequences
- Session 6: Replacing Behavior
- Session 7: Putting Plan in Place
- Session 8: Monitoring Results

Positive Behavior Support

Assess the Function of Behaviors

Short-Term Prevention

Replace

Self-Talk Journal - Session 1

Situation What happened (success or difficulty)?	Beliefs What did you think or feel (self-talk)?	Comments

Self-Talk Journal

Situation

What happened?
(success or difficulty)

Beliefs

What did you think and
feel?

Consequences

What happened as a
result? (actions)

*When my son sat down
for dinner, he started
whining and crying.
(difficulty)*

*I thought "We will never
have a normal dinner"
and felt defeated, thinking
that meals will always be
a problem.*

*I gave him cookies so he
would stop crying.*

Session 2: Gathering Information

- To explore the relationship between thoughts and behavior
- To understand the purpose and goals of behavior
- To learn how to gather information through:
 - observing behavior
 - interviewing people
 - recording information
- To begin gathering information

Situations & Beliefs

- Identify situations that provide triggers to negative thinking (e.g., What was exactly happening? Where were you? What did your child and others do?)
- Identify beliefs associated with the event (e.g., What were you feeling and thinking while this was going on? What did you say to yourself?)

Identifying Situations & Beliefs



ANAS Mom Identification.wmv

Share a Difficulty

- **Example - “She wouldn’t leave the TV to go to school.”**
- **What were you thinking?**
- **Pessimistic Scenario – “Here we go again.”**
- **Optimistic Scenario – “I knew this might happen and I have a plan to handle her if she tantrums.”**

Share a Success

- **Example - “My son sat through a whole meal without yelling.”**
- **What were you thinking?**
- **Pessimistic Scenario – “He must be in a good phase.”**
- **Optimistic Scenario – “My efforts and patience are beginning to pay off.”**

Consequences

- Identify the consequences or results of the negative (and positive) thinking (e.g., When you were thinking _____, how did that affect what you did? What were the results of your actions – both immediate and long-term?)

Recognizing Consequences



JOER Consequences.wmv

Recognizing Consequences

- Parenting “in the moment”

Session 3: Analysis and Plan Design

- To use distraction to deal with unproductive self-talk
- To use information to analyze patterns
- To summarize patterns / generate hypotheses
- To use patterns to brainstorm intervention ideas

Distraction

- Strategy to help with pessimistic beliefs
- Distracting oneself from the pessimistic thoughts

Distraction



CRNG Distraction Example

Session 4: Preventing Problems

- To understand the disputation process
- To discuss circumstances that increase the likelihood of behavior
- To learn strategies for avoiding difficult situations
- To learn strategies for improving difficult situations
- To learn ways to provide a child with choices
- To learn strategies for prompting good behavior

Disputation - *A strategy for challenging beliefs*

- Step 1: Identify the negative belief (e.g., What exactly do you say to yourself that is pessimistic?).
- Step 2: List evidence that supports the belief. (e.g., What makes you believe that to be true?)

Disputation

- Step 3: Find alternative explanations for the problem (e.g., Are there other possible reasons/motives?).
- Step 4: Evaluate the usefulness of maintaining the belief. (e.g., In what ways does that belief benefit you/ others or improve the situation?)

Disputing Negative Beliefs



CRNG Disputation.wmv

Session 5: Managing Consequences

- To use affirmations to replace pessimistic beliefs
- To understand how reactions may maintain your child's behavior
- To learn how to manage consequences
- To take precautions when using punishment

Substitution

- Replace the pessimistic ideas with positive thoughts or affirmations (e.g., "This is a difficult situation and I am handling it well. I am a committed, loving parent. If I can follow through with my plan, things will get better.")

Substituting Positive Thoughts



RASA Substitution.wmv

Session 6: Replacing Behavior

- To practice cognitive restructuring
- To select replacement behaviors for your child
- To teach your child skills

Short-Term Prevention

- Modify the environment
 - reduce work
 - increase attention
- Personal intervention
 - mood induction
 - sleep treatment

Short-Term Prevention

- Dangers
 - Perception of treatment
 - Eliminates the crisis
 - Limited transferability
- Should be viewed as temporary

Session 7: Putting Plan in Place

- To review self-talk and apply cognitive strategies
- To design a behavior plan
- To make sure the behavior plan fits
- To improve your child and family's lives
- To create an action plan

Session 8: Monitoring Results

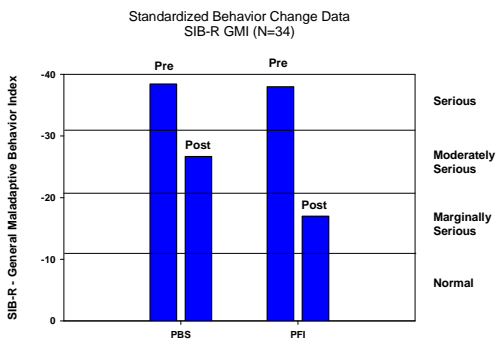
- To review self-talk and continue to apply cognitive strategies
- To make a monitoring plan
- To learn how to make adjustments over time
- To complete the training and continue on your own

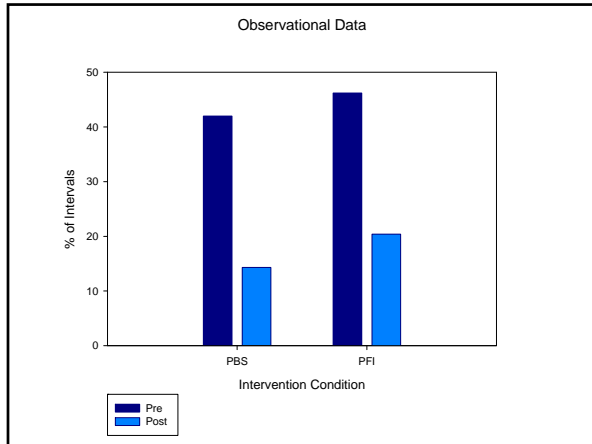
THE ROLE OF OPTIMISM IN CAREGIVERS

Child Outcomes

- A two-way repeated measures ANOVA on the SIB-R GMI scores - significant differences between pre and post treatment.
- PBS - (Cohen's $d = 1.25$)
- PFI - (Cohen's $d = 2.20$)
- PFI Versus PBS Post Treatment (Cohen's $d = 0.94$)

Effect Sizes - small, $d = 0.2$, medium, $d = 0.5$, and large, $d = 0.8$





Quality of Life

- Families from both groups reported significant improvements on following questions;

*Other members of the family have to do without things because of my child.
Sometimes I feel very embarrassed because of my child.
My child is able to take part in games or sports.*

Quality of Life

- Mothers in PFI condition reported improvement on these questions;

*My child will be limited in the kind of work he/she can do to make a living.
I get almost too tired to enjoy myself.
There is a lot of anger and resentment in our family.
I am worried much of the time.*

Self-Efficacy

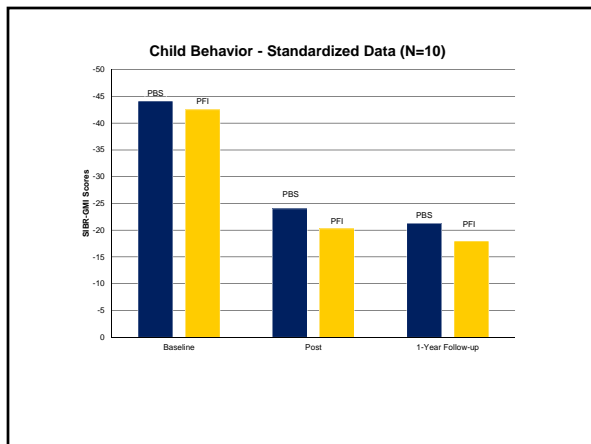
- PFI group responded more positively than mothers in the PBS groups.

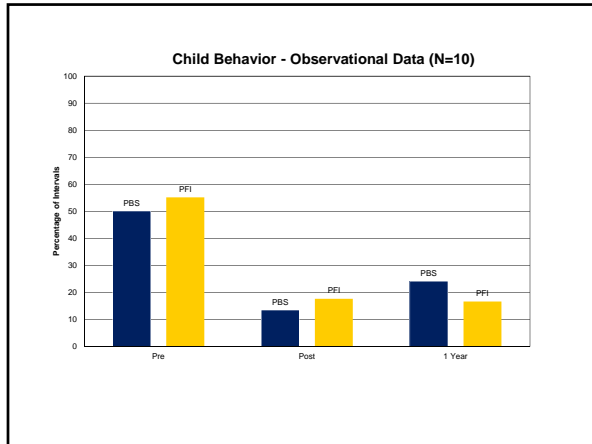
I feel less tense when I take my child out in public.

I am less likely to avoid taking my child out in public.

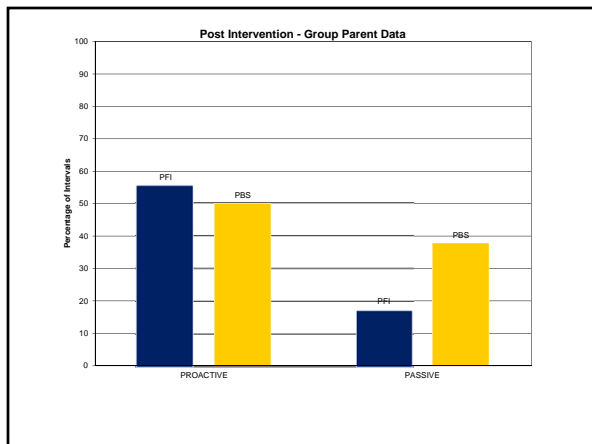
Members of our family get to do the same kinds of things other families do.

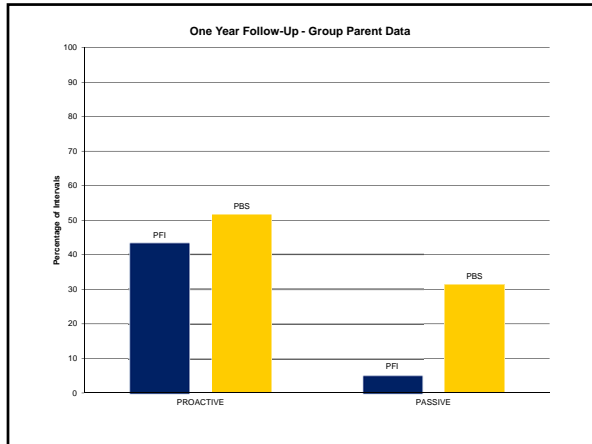
Child Behavior Change Data One Year Follow-Up





Parent Fidelity Data
Post Intervention and
One Year Follow-Up









Pre-Intervention



Follow-Up PFI



Summary of Results

- Both PBS and PFI result in significant improvements in child behavior
- These improvements continue after one year
- Parents report overall improvements on QoL

Summary of Results

- PBS families tend to use avoidance strategies to improve child behavior
- PFI families tend to use more active strategies
- PFI families report more community involvement with their children and less anxiety

The Concession Process

- The tendency to change environments and approaches to avoid problem behavior

Positive Family/Teacher Intervention

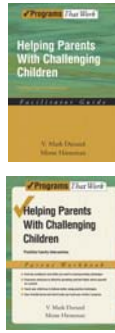
- Addresses the needs of children with challenging behavior
- Addresses the need of family members and teachers who carry out the plans
- Better outcomes when we address both
- Improved family/school partnerships

How Effective Are We?

- Are our interventions only successful with highly motivated families/professionals?
- We need to begin to design our strategies to reach those families/teachers who need our help the most.

Optimistic Parenting

- Durand, V.M. & Hieneman, M. (2008). *Helping parents with challenging children: Positive family intervention, Facilitator's guide*. New York: Oxford University Press.
- Durand, V.M. & Hieneman, M. (2008). *Helping parents with challenging children: Positive family intervention, Workbook*. New York: Oxford University Press.



Optimistic Parenting

- Durand, V.M. (2011). *Optimistic parenting: Help and hope for you and your challenging child*. Baltimore, MD: Paul H. Brookes.

