

DCC and Spectrum Behaviors

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Behaviors

DCC ↔ Autism ↔ ADD / ADHD

- It doesn't matter what the diagnosis
- All areas of NEED have to be identified with Specially Designed Instruction, Adaptations or Assistive Technology implemented prior to behavioral plan
- Behaviors must be addressed across ALL settings (home, school & community)
- Generalization plans implemented

4 Distinctive Characteristics of Spectrum Behaviors

Varying widely in severity of symptoms

1. Social interactions

- a) **Making** and maintaining **friends with peers**
- b) Social skills or motivation / indifference to social engagement
- c) Withdrawal / lack of eye contact
- d) **Imaginative and social play skills** / variety, interactive
- e) Empathy

Characteristics of Spectrum Behaviors

2. Verbal and Non-verbal communication

- a) Understanding facial cues/ voice tone
- b) Abstract / figurative /inferential language / literalness
- c) Pragmatic language / pronoun deficit
- d) Understanding intent / taking perspective
- e) **Stereotyped, repetitive & unusual use of language**
- f) Ability to clearly express thoughts and needs
- g) Sequencing and organization
- h) Determine what is important - details vs. big picture
- i) **Inability to sustain conversation**
 - Initiating, entering, maintaining or negotiating a conversation

Characteristics of Spectrum Behaviors

3. Behaviors

- a) **Restrictive patterns of interest (intensity & focus)**
- b) Obsessive narrow thoughts
- c) **Preoccupation with certain objects or subjects**
- d) **Inflexible adherence to specific routines or rituals**
- e) Repetitive movements - can be self directed and injurious
- f) No sense of danger
- g) Inconsistent performance/ skills
- h) Lack of generalization

Characteristics of Spectrum Behaviors

4. Sensory Deficits

- a) Sensitivity to sound, light, touch, smell, taste or temperature
- b) Lack of pain awareness - significant safety risk
- c) Seek or avoid movement or deep pressure
- d) Decreased levels of attention
- e) May resist / withdraw from physical contact
- f) Difficulty calming self or with self regulation
- g) Fatigue / muscle tone/ coordination/ balance/ postural control

B & / = areas used for diagnosis

ADD / ADHD

Classified into three areas:

1. Behavior marked by inattentiveness, but not hyperactivity or impulsivity

2. Behavior marked by hyperactivity and impulsivity, but not inattentiveness

3. Behavior marked by inattentiveness, hyperactivity and impulsivity

Symptoms of Inattention

- Easily distracted from a task or conversation
- Difficulty listening or following instructions
- Making careless mistakes
- Forgetting what they have just been told

Symptoms of Hyperactivity / Impulsivity

- Inappropriate movement, running or climbing
- Fidgeting, squirming or problems staying seated
- Answers questions without being called on
- Difficulty with taking turns
- Out bursts of emotions or temper tantrums

DCC

- Signs and symptoms of disorders of the Corpus Callosum also vary greatly with each individual
- DCC is a structural diagnosis not a behavioral one
- Autism, PDD, Aspergers, ADHD, ADD are all behavioral diagnoses.

Saying in Autism Community:

If you have seen one child with autism - you have seen one child with autism.

- So lets define the behaviors and what it looks like
- Every child is unique and has individual needs

DCC - Signs and Symptoms

Similar to Spectrum Disorder

- Visual Impairments
- Low muscle tone
- Poor motor coordination
- Low perception of pain
- Delayed milestones (educational & motor)
- Speech and language delays
- Social Difficulties (↓ facial processing)
- Seizures
- Feeding Difficulties
- Hearing impairments

Spectrum Treatment / Interventions

- Educational
- Developmental / Functional (vision, auditory)
- Social Skill & Pragmatic Language
- Speech & Language
- Motor Skill & Coordination
- Sensory Integration
- Behavioral
- Counseling for Parents and Child
- Medication Management
 - Comorbid conditions : Anxiety, OCD
Depression, Seizures, ADD, ADHD

Identify Areas of NEED

- Educational Deficits
 - Reading
 - Writing
 - Math
- Functional (vs. acuity) Deficits in Hearing and Vision
 - Visual scanning, peripheral vision, blurred or double vision , visual fatigue
 - Auditory Processing

Areas of NEED

- Sensory Integration Disorder
 - Oral Motor or feeding difficulties
 - Sensory issues
 - Low perception of pain - safety issue
- Speech and Language Disorders
 - Articulation
 - Expressive
 - Receptive
 - Pragmatic

Areas of NEED

- Social Skills -
 - Imaginative and interactive play
 - facial recognition
 - Systematic teaching / scripting of non verbal communication
- Fine Motor Deficits
 - Dysgraphia

Areas of NEED

- Gross Motor Deficits
 - Low tone
 - Poor motor coordination
 - Postural stability
- Emotional (family and child)
 - How you relate to the issue is the issue
 - Isolation, confusion
 - Huge amounts of wrong information from "professionals"
- Endurance - Cognitive and Physical

Areas of NEED

- Functional Developmental Skill Deficits
 - **ABLLS-R** - The Assessment of Basic Language and Learning Skills
 - **FISH** - Functional Independence Skills Handbook
 - **SCRC** - The Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities
- Dietary Needs
- Medication Management
 - Seizures (30% by adulthood)
- Other Health Impairments
 - Anxiety, Depression, OCD

Areas of NEED

Behavioral Interventions (not due to a skill deficit)

- ABA
 - DTT Discrete Trial Training
 - PRT Pivotal Response Training - play based
 - EIBI Early Intensive Behavioral Intervention
 - VBI Verbal Behavioral Intervention
 - LOVAAS
- DIR / Floortime Relationship Development Intervention
- Naturalistic Environment Training
- SIT Sensory Integration Therapy
- AIT Auditory integration Therapy
- DSP Developmental Social Pragmatic Model

Behavioral Interventions - (not due to a skill deficit)

- Miller Method
- Son-Rise Program
- Abstract Language Training
- Social Stories
- TEACCH Treatment & Education of Autistic & Communication related Handicapped Children
 - PECS - Picture Exchange Communication System
- SCERTS Social Communication Emotional Regulation Transactional Support
- Music Therapy

Goals

- Identify NEEDS adequately and develop goals
- Deliver meaningful educational and social interventions
- Develop & generalize functional communication
- Generalize goals to home and community
- Manage Behaviors - as they arise
 - Are they due to not addressing needs adequately

Only One Goal

LEARN TO LEARN
↓
LEARN
↓
GENERALIZE

4 Models of Behavior

- Behavioral
 - Behaviors learned by antecedents and maintained by (+ -) consequences
 - Receiving reinforcement, increase incentives
- Biogenic
 - Behaviors due to physiology/ biology / chemical imbalance
 - Too much sugar, diet, need for medication
- Psychodynamic
 - Behaviors are result of subconscious psychological states
 - Work out childhood conflicts in therapy
- Ecological
 - Behaviors are result of modeling in environment
 - Poor fit/ match between environment and person

Each Model Has Merit

Consider all and don't use in isolation

- Why do schools focus / justify the behavioral model?
 - If behavior is only learned - they we can re-teach
 - Don't have trained therapists / medical professionals in school
 - Trained in teaching and behavioral model focuses on that

Intervention When?

- Challenging behaviors require intervention
 - Disruptive and withdrawal types of behavior
 - Academic, Social, General Behavior
- Children need opportunities for success
- Behaviorally based interventions focus on:
 - Independence - without artificial supports
 - Taking responsibility without therapy or medication
- Intervention when:
 - Dangerous to self or others
 - > frequency than peers or not age appropriate
 - Effecting educational progress
 - Prevents LRE participation
 - Not due to a skill deficit

Behavior is an Action

- It occurs by: Accident
Modeling
Learning
- It is: Seen
Heard
Felt / Touch

Behavior is Measurable

■ How many	Count
■ How long	Duration
■ How accurate	Percentage
■ How far	Distance
■ Other Measures	Weight Force

We Can Not Measure:

- Feelings
 - Anxiety
 - Fear
 - Sadness
- Thinking / Intent
 - Mean
 - Disrespectful

Define Behavior

- He is hyperactive, fidgety and daydreams.
- Measurable behaviors:
 - Taps pencils
 - Kicks desk
 - Stares off into space
 - Doesn't respond to actions around him
 - Out of seat
 - Moves around room

Labels

- Label behaviors not the child
- Use action words
 - Describe what it looks like
 - Hit table, cried, lowered head
- Not emotional words
 - Rude, disrespectful, mean

6 Defining Characteristics

- Topography
 - physical characteristics
- Locus
 - location / conditions
- Frequency/Rate
 - # occurrences within a time period
- Duration
 - Time engaged - 20^{sec}/ episode, 2⁰ / day
- Latency
 - Time elapse between A and B, 25^{sec} to sit down
- Intensity
 - How much, bruising, heard down hall

Function of Behaviors

We learn behavior to get a desirable outcome

2 Functions of Behaviors

- To **get** an outcome
- To **avoid / escape** an outcome

3 Outcomes

- Attention
- Tangibles
- Internal States

To Get:

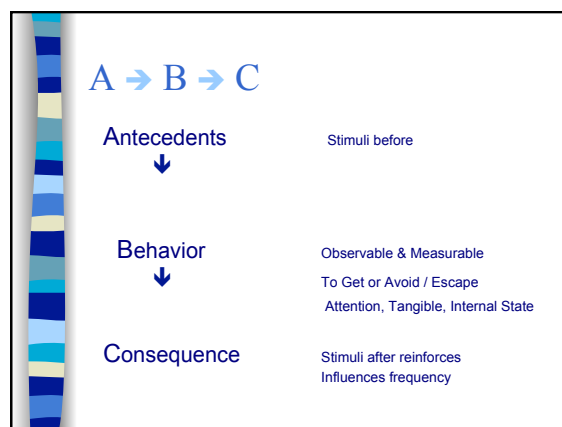
- Attention
 - smiles
 - conversation
 - scolding
- Tangibles
 - Food
- Internal states
 - Rest
 - Self stimulation / regulation
 - Success

To Avoid / Escape

- Attention
 - Scolding
 - Conversation
 - Lectures
- Tangibles
 - Disliked food
 - Scary things
- Internal state
 - Failure
 - Fatigue
 - Pain

2 Types of Behaviors

- Operant Behaviors
 - Learned by modeling or trial and error
 - Voluntary
 - Have ability to refrain from - not engage in
 - Controlled by outcome
 - i.e.: Completing a task, raising hand
- Respondent Behaviors
 - Automatic / innate / involuntary
 - Reflex driven
 - Controlled by environment
 - Response to antecedents / conditions preceding behavior
 - i.e.: coughing, blinking eyes



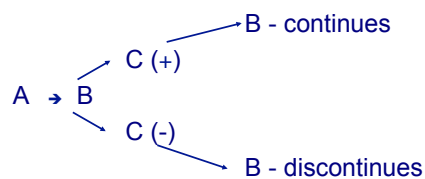
Behavior is Controlled by Consequences

Reinforcement — Occurrence

- Desirable (+)
 - Reinforcement
 - Not Desirable (-)
 - Punishment
 - None (0)
- ↑ occurrence
 ↓ occurrence
 O extinction

What one person considers positive another may consider negative.

Behavioral Model



Functional Assessment

- Understand why behaviors occur
- Takes repeated repeated repeated observations
- Observe for A- B- C chains to predict behaviors

ABC

- A - Children throwing ball
- B - Grabs ball and runs away
- C - Children chase him

Discriminative Stimulus(S^D)



Response (R)

- Learned behaviors - environment
- Events in environment signal behaviors
- Behaviors persist if get desired outcome
- Behaviors extinguished if undesirable outcome

Effective Interventions: Behavioral Intervention Plan

- Effectively applying behavioral principal = teaching NOT SDI
- SDI - Specially Designed Instruction belong in the IEP and need to be carried out PRIOR to a functional assessment or BIP development.
- Define: what, who, when, where, how

Planning

- Define targeted behaviors
- Define replacement behaviors
- Develop instructional plan
- Create management plan
- Develop data collection plan
- Develop data decision rules

Ask ?

- Why is behavior a problem
- What is the immediate consequence
- Are consequences reinforcing
- What is the purpose of the behavior
- What do peers do

BIP Implementation

- Systemic
 - Sequence and manner
- Consistent
 - Time, setting and staff
- Adequate
 - Sufficient length of time
- Monitoring
 - Formative data, daily -weekly
- Evaluation
 - Decision rules about effectiveness, weekly, monthly
- Adjustment
 - Alter per data indicators
 - Desired outcome occurred decrease intervention
 - Not making adequate progress - change intervention

Facilitated Collaborative Team Communication


- Incomplete or inadequate intervention plans increase behaviors and create new ones!
- Effective communication and collaborative planning are key!
- Evaluation done by professionals with experience

Replacement Behaviors

- Should be appropriate responses and met with reinforcement in a natural environment
- Calculated for success and within ability to perform with adaptations of any physical or sensory impairments
- Serve same function as undesirable behavior and does not isolate student

Keep Documents Organized

- Binders need to be organized to provide a place to keep track of an individual's progress and view up-to-date clinical and educational evaluations.
- Single chronological file of all records by IEP and Medical, Respite and Transitional Plan categories
- RESOURCE: www.creatingmoreknowledge.com/products.asp



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