

Preventing Problem Behaviors for Students with Developmental Challenges Through an Emotional Regulation Approach (ERA)

GUIDE #1 — PRESYMBOLIC STAGE

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This guide is designed to support teachers and related personnel who work with students with developmental disabilities who are in the presymbolic stage and demonstrate problem behaviors. Guidelines are provided to support teams in defining and identifying problem behaviors and to assist them in developing emotional regulation plans. A team approach is emphasized in designing preventive strategies as well as reactive approaches to problem behaviors by supporting a student's emotional regulation throughout the day and across home, school and community settings.

Definition of the Presymbolic Stage: Students who are presymbolic communicate primarily through physical means, gestures or vocalizations. Abilities range from those who are not yet intentional (i.e., are not yet directing signals to others for specific purposes), to those who direct concrete presymbolic signals to communicate with others for a variety of reasons. In the late presymbolic stage of development, students may begin to use basic symbolic or representational means such as single words, signs, pictures or picture symbols to communicate as they transition to symbolic stages. Presymbolic individuals include very young children, as well as older students with greater challenges in communication and cognitive development.

What is an Emotional Regulation Approach (ERA) for Problem Behavior?

- The overarching goal is to support students' emotional well-being in all activities across home, school and community settings, and to maximize availability for active engagement and learning, and the development of secure relationships.
- The primary focus is not on stopping or extinguishing problem behavior; rather, it is to support the development of conventional and effective emotional regulatory capacities (self and mutual regulation), which support a well-regulated emotional state and thereby prevent problem behavior from developing and occurring. A well-regulated state is a state in which a person can remain actively engaged given the physical, social and/or cognitive demands of the activity.
- Once problem behaviors have become a concern, efforts focus specifically on supporting a student in achieving a more well-regulated state, to allow for re-engagement and active participation in ongoing daily activities.
- In an ERA, most problem behaviors are viewed as outcomes of a dysregulated emotional/physiological state. For example, disruptive behavioral patterns (such as screaming or damaging property), harmful behavior (such as biting, hitting, or scratching to protest) or attempts to disengage (dropping to the floor, bolting) are understood as the result of confusion, frustration, physical distress (sensory over-load, pain) or other dysregulating factors. Other problem behaviors may be developmental, such as testing limits to learn social rules and expectations.
- Unconventional behavioral patterns, which may or may not be considered problematic, may also be understood as attempts to achieve a well-regulated emotional state. For example, rocking, visually fixating on objects, jumping, mouthing objects, clothes or body parts may be attempts to seek sensory input to either increase arousal, if under aroused, or decrease arousal if overaroused.
- Physiological factors (health status, arousal issues, sleep disorders), as well as emotional experience (anxiety, fear, elation) are considered when examining factors underlying problem behavior.
- In an ERA, emotional memories (i.e., past experiences with specific people, activities or settings) may be regulating or dysregulating factors based on the specific nature of emotional memories associated with those people, places or activities (see below).
- An ERA addresses the two dimensions of emotional regulatory capacities in assessment and support efforts: self-regulation and mutual regulation. This ERA framework provides the foundation for setting goals to support progress in emotional regulation abilities.

Understanding Self and Mutual Regulation

- **Self-regulation** is emotional regulation achieved independently by an individual. When effectively utilizing self-regulatory strategies, a student is able to achieve a more optimal state of arousal and emotional well-being. In typical development, self-regulatory strategies become more sophisticated through socialization and experience. However, students with developmental disabilities may be limited to more primitive, unconventional or ineffective self-regulatory strategies due to their disabilities. Some self-regulatory patterns may be regarded as problem behaviors, as noted above.
- **Mutual regulation** is emotional regulation that occurs in the context of social interaction. Effective mutual regulatory abilities allow a student to achieve a more regulated emotional state primarily due to the actions or presence of another person or other people.
 - Respondent Mutual Regulation may occur when other people respond with appropriate support to signals of dysregulation demonstrated by a student (e.g., partner responds to a student crying).
 - Initiated Mutual Regulation may also occur when a student who is experiencing a dysregulated emotional state seeks support from others (e.g., distressed person asks for help).
 - As with self-regulation, students with developmental disabilities may be limited in developing conventional and effective mutual regulatory strategies (e.g., may not seek comfort by reaching for others, may not use gestures or vocalizations to obtain assistance with a frustrating task).

Risk and Protective Factors

For presymbolic students, both risk and protective factors may be associated with the presence of, or the prevention of, problem behaviors. Risk factors are constitutional or environmental factors that make a student more vulnerable to developing problem behavior. Constitutional risk factors include allergies, sleep disorders and sensory sensitivities. Environmental risk factors include socioeconomic stress on families resulting in limited developmental modeling and educational opportunities. Protective factors make it less likely that problem behaviors will develop and include good health and nutrition, and high levels of developmental support. An ERA approach strives to minimize risk factors and maximize protective factors (see upcoming section).

The Role of Emotional Memory

Emotional memory is the affective (rather than the logical/factual) component of memory. It involves feelings experienced and associated with a person (e.g., joyful or stressful), a place (e.g., safe, threatening) or an activity or experience (e.g., fun, interesting, challenging, boring). Emotional memory plays a great role in emotional regulation, as past positive experiences support a well-regulated emotional state, and past negative experiences may lead to attempts to avoid or escape from people or circumstances that are associated with negative emotional memories. Positive emotional memories about accomplishments and successes support the development of self-esteem and self-confidence, and also serve as protective factors.

The Value of an Emotional Regulation Approach (ERA)

An ERA works towards building developmental capacities that are ultimately self-determined and self-initiated (internal locus of control), rather than focusing on external management of behavior by others (external locus of control). This approach:

- is highly developmental in nature, as it examines each student as an individual, in reference to abilities in self and mutual regulation, and other developmental capacities; it views most problem behavior as an outcome of a dysregulated emotional state.
- develops preventative emotional regulation plans for all students who are at risk for problem behavior, prior to problematic behavioral patterns being observed or established.
- when problem behaviors occur, utilizes a specific framework for examining communicative as well as emotional regulatory functions of behavior. Replacement strategies may be used that are specifically informed by analysis of a student's developmental capacities in communication and emotional regulation, so that there is appropriate calibration between strategies and developmental abilities.
- places great emphasis on analyzing support strategies used (or not used) by those interacting with the student on a regular basis in everyday activities. As a result of this analysis, specific recommendations are made for partners' interpersonal support strategies and activity accommodations as part of an emotional regulation plan.

DEVELOPING EMOTIONAL REGULATION (ER) PLANS

In an ERA, ER plans are created to:

- ✓ support a student's regulation and active engagement throughout the entire day, not just when problem behaviors occur
- ✓ foster the development of both self-regulatory and mutual regulatory strategies that are developmentally appropriate for a student
- ✓ lessen the intensity, duration and frequency of problem behaviors

ER Plans are designed with a hierarchy of regulatory strategies:

- **Generic Prevention Strategies** to assist with maintaining a well-regulated state
- **Strategic Prevention Strategies** to address the specific functions of problem behavior by teaching replacement strategies or providing regulating activities
- **"Heat of the Moment" Strategies** indexed to specific levels of dysregulation (mild, moderate, extreme)
- **Recovery Strategies** to address extreme dysregulation and assist the student to re-engage

Generic Prevention Strategies

Generic Prevention Strategies are employed in all activities including when a student is well regulated/actively engaged as well as when challenged. These strategies are not focused on problem behavior; rather they are strategies that are in place consistently to help abate risk factors contributing to possible dysregulation and to help a student maintain a well-regulated state and participate in daily activities. Examples may include:

- Programmatic Level Generic Prevention Strategies—team process, family involvement, well-designed transition planning, learning environments tailored to student's needs, supports for peers;
- Generic Prevention Mutual Regulatory Strategies—predictable structure to activities, consistent routines, supportive and positive interactions;
- Generic Prevention Self-Regulatory Strategies—object schedules, sensory fidgets, movement and gross motor play, breaks.

Strategic Prevention Strategies

Strategic Prevention Strategies are employed when the student is well regulated/actively engaged or experiencing mild dysregulation. These strategies are tailored for a particular student once problem behaviors have been observed to occur in specific settings/activities, including transitions. Consistent implementation of these strategies is designed to decrease possible dysregulation, but also to prevent incidences of the problem behavior by teaching replacement behaviors for undesirable communication and regulatory behaviors. Examples include:

- Strategic Prevention Mutual Regulatory Strategies—object-based communication support, visual supports, movement opportunities, simplifying activities, teaching replacements;
- Strategic Prevention Self-Regulatory Strategies—sensory strategies (appropriate for environment – water bottle, fidget toy, deep breath, squeeze hands, etc.).

“Heat of the Moment” Strategies

“Heat of the Moment” Strategies are used when a student is demonstrating regulatory challenges consistent with mild or moderate dysregulation. “Heat of the Moment” Strategies also address the function of specific behaviors, as well as contributing risk factors. They are aimed at expanding a student’s repertoire of emotional regulatory strategies, as well as supporting active engagement in ongoing activities, and preventing escalation of dysregulation. Examples include:

- “Heat of the Moment” Mutual Regulatory Strategies—support and redirect with visual cues, provision of fidgets or headphones, simplify/decrease language, provide choices of where to complete work, reduce work load, singing, hugging, etc.
- “Heat of the Moment” Self-Regulatory Strategies—sensory strategies appropriate for environment; offer sensory support such as chewy candy, fidget toy, deep breath, squeeze hands, etc.

Recovery Strategies

Recovery Strategies are utilized when a student experiences extreme dysregulation and is no longer available for learning and engaging. The primary goal is to support a better regulated state to allow a learner to re-engage productively in activities. Examples include:

- Recovery Mutual Regulatory Strategies—partners offer comfort objects or organizing activities with simplified input (e.g., minimal language, visual supports, object representations) to redirect, and allow time for recovery.
- Recovery Self Regulatory Strategies—student provided with opportunity to recover independently in calming “get-away” area, by listening to music, looking at books, holding favorite comfort object, rocking, etc.

Evidence of recovery includes positive changes in level of activity (e.g., highly active to less active), emotional expression (e.g., agitated to calm) and attention (e.g., inattentive to more focused).

SIX (6) STEPS TO CREATING AN ER PLAN

Step 1—Identify and Implement Generic Prevention Strategies

ER Plans are focused on supporting active engagement throughout a learner’s day in home, school and community settings even if problem behavior is not present. Generic Prevention Strategies are identified and implemented to lessen risk factors.

Step 2—Identify Problem Behavior: First Step in Assessment

Defining behavior as problem behavior

All members of a team, including professionals, support personnel, and family members, must reach a consensus about whether behavioral patterns are considered problematic. There are a range of features or characteristics that may result in defining a pattern of behavior as problematic. The following is a continuum of features that range from **possibly** problematic (conventionality, social acceptability) to **definitely** problematic (disruptive, harmful to self or others). These factors are not mutually exclusive.

- **Conventionality**—The degree to which a pattern of behavior is regarded as “typical” or “atypical” relative to a learner’s chronological age and the context in which it is observed.
- **Social Acceptability**—The degree to which other people who observe a pattern of behavior are tolerant or accepting of such behavioral patterns, or consider behavioral patterns as unacceptable given social norms.
- **Disruptive to environment or interfering with learning**—The degree to which a pattern of behavior creates disruptions or distractions for others in the same social context, or interferes with the ability of others or the individual to learn and engage with others.
- **Destructive**—The degree to which a pattern of behavior may result in physical damage to property.
- **Harmful to self or others**—The degree to which a pattern of behavior may pose physical harm to the student or to others.

Please Note: In determining whether a pattern of behavior is problematic, there are additional factors that need to be considered. These include factors specific to the pattern of behavior itself, such as the frequency and intensity of the behavior, and the history of change or progress specific to the pattern of behavior. Other factors, such as an individual’s chronological age, self-awareness and attitude about the problem behavior, and family and cultural values also must be taken into account when developing emotional regulation plans.

Once team consensus is achieved and a pattern of behavior is identified as problematic, a more specific analysis begins.

Step 3—Assessment: Analysis of Problem Behavior

Step 3 begins with team members reflecting on the identified problem behavior and collecting data to answer the following questions:

- When does behavior occur? • Where does behavior occur?
 - With whom does the behavior occur? • What are the triggers?
 - What are contributing risk factors? • What is learner’s arousal state?
 - What are the signs of dysregulation prior to escalation?
- | | |
|---------------------------|-------------------------------|
| ⇒ Physiological Factors | ⇒ Social Understanding |
| ⇒ Sensory Seeking | ⇒ Sensory Avoiding |
| ⇒ Communication—Receptive | ⇒ Communication—Expressive |
| ⇒ Emotional Memory | ⇒ Task Demands |
| ⇒ Limit Testing | ⇒ Uncertainty/Lack of Control |
- ⇒ Executive Functioning problems

In addition, the team identifies times and characteristics of activities when problem behavior does not occur, providing important information for determining factors that support emotional regulation.

Step 4—Synthesize Assessment Data and Create ER Plan

- Team meets to discuss findings related to assessment.
- Team creates a profile and records a description of the student with respect to 4 regulation levels—active engagement, mild dysregulation, moderate dysregulation, extreme dysregulation. Descriptions should include detailed account of what the student does (self regulation) at each level and how he/she seeks out or responds to support from others (mutual regulation) at each level.
- Team acknowledges that one behavior may serve a variety of functions and they look to social, activity, and physical context to determine function at any given time.
- Team uses charts (see next page) that address contributing risk factors and functions to begin to generate self and mutual regulatory strategic prevention, in the “heat of the moment,” and recovery strategies for inclusion in ER plan.
- Team indexes specific self and mutual regulatory strategies to the descriptions of 4 levels of regulation, keeping function of problem behavior often seen in mind. This assists the team in consistently implementing the appropriate strategy for a given behavioral presentation.

Risk Factors for Problem Behavior and Strategies to Reduce Risk

Contributing Risk Factors/Functions	Strategy to Reduce Risk and Support Prevention
Physiological Factors	Address need (hunger, sleep); medical issues are often related to sudden intense onset of behaviors
Social Understanding	Create social routines, model and practice expected behavior
Sensory Processing Differences	Increase / decrease stimulation (see table below)
Communication-Receptive	Use objects to support understanding, create routines, slow rate of speech, simplify speech, use consistent music to cue transitions
Communication-Expressive	Teach replacement communicative means to accomplish communicative function (see table below)
Negative Emotional Memory	Teach sensory motor based coping strategies, create positive associations using preferred activities
Executive Functioning	Create routines for social interactions and familiar activities, object schedules, "all done" bin for finished work
Task Demands Exceeding Abilities	Lessen duration or number of demands, alternate work with breaks, "share work" by taking turns with student
Task Demands Not Challenging	Increase complexity, incorporate special interests into activities
Limit Testing	Consistent, clear expectations
Difficulty predicting actions/ events	Build in predictability, create routines, offer choices visually, when possible
Lack of control	Provide greater control through choice-making

Problem Behaviors, Communicative Functions and Replacement Strategies

Problem Behavior	Possible Communicative Function	Replacement Communication Strategies
Grabbing, Pushing, Vocalizing	Request Object	Point, Reach, Give, Gesture
Screaming, Crying/ Whining, Throwing object, Slapping object	Protest Object	Push away, Head shake, Give "stop" sign or object symbolizing break
Hitting, Kicking, Self Injury, Scratching, Throwing, Saliva play, Crying/ Whining, Dropping to ground, Avoiding, Bolting	Protest Activity or others' actions	Push away gesture, Head shake, Give "stop" sign or object symbolizing break, Sign for "all done"
Hitting, Pushing, Slapping	Seek Social Interaction	High 5, Wave gesture, Hug, Social games/ routines
Screaming or high pitch vocalizations, Jumping, Flapping	Share Positive Emotion	Clapping, Hug, High 5
Spitting, Hitting, Slapping	Share Negative Emotion	Push away gesture, Stomp feet, Head shake

Problem Behaviors and Accommodations to Meet Sensory Needs

Problem Behaviors	Sensory Inputs	Possible Accommodations *
Mouthing	Tactile, Proprioceptive, Gustatory	Water bottle, High texture or high flavor foods, Chewing gum
Flapping	Visual, Vestibular	Drumming/tapping fingers, Kaleidoscope, Clapping, Rocking chair
Head Banging	Vestibular, Proprioceptive	Arc swinging, Joint compression, Jumping, Head Squeezes,
Rocking	Vestibular, Proprioceptive	Rocking chair, Arc swinging, Jumping
Screaming	Auditory (often to block out environmental sound)	Decrease environmental noise, Noise reduction headphones, Music with organizing rhythm/melody
Zoning Out	Often an attempt to block out over stimulating inputs, Understimulated	Always err on side of over-stimulation being the cause and attempt to reduce environmental stimuli. Help individual to safe haven. If "zoning out" appears to be a result of under-stimulation, add inputs that are organizing for that individual (e.g., proprioceptive).

*Must monitor each student for his/her reaction/response to sensory accommodations to determine if replacement strategy is effective for that individual. Consultation with professionals trained in sensory processing is recommended.

Step 5—Achieve Team Consensus and Implement the ER Plan

Team meets to agree on description of the student's behavior at differing levels of engagement and dysregulation, as well as generic prevention, strategic prevention, "heat of the moment" and recovery strategies to be implemented when a student displays particular behavioral patterns. Team members interact with student consistently in accordance with plan.

Step 6—Ongoing Assessment

Team meets to evaluate the effectiveness of the plan. Measures of effectiveness include:

- Student using new self-regulation strategies
- Student using new initiated and/or respondent mutual regulation strategies (e.g., responding to regulatory assistance, requesting regulatory assistance from team members)
- Frequency of the problem behavior decreasing
- Intensity and duration of problem behavior decreasing
- Recovery time decreasing
- Reduced need for the team to use strategic prevention and "heat of the moment" strategies to support a student (moving to primarily Generic Prevention Strategies)

Resources

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