



## **Managing Challenging Behaviors: Part 4**

It is fortunate that changing children's behaviors is not really all that difficult. What it takes is committed parents and therapists who have the child's best interest at heart, and the kind of tough love that follows that commitment. Most parents who resist tackling behaviors are concerned about causing further upset to a child who is already having problems with behavior. It is helpful for parents to remember that their child is asking for help when he is getting out of control. On the surface he wants the "thing," that the tantrum is supposed to get him, but ultimately he wants his parents to protect him and keep him safe.

It's not too tough to parent an out-of-control child when the episodes are infrequent; when the episodes occur regularly and patterns develop, one must take the situation seriously and develop strategies to help the child overcome them. To summarize the information in Parts 1-3, when treating their children at home, parents are diagnosticians as well as therapists. As diagnosticians, the parents identify the behavior to be changed, chart the frequency of occurrence and intensity of the behavior, as well as the precipitating events such as the child's internal states (hungry, tired, sick) and conditions of sensory overload, common to children with sensory integration issues. Other factors surrounding the behavior breakdown such as noise level, time of day, and stress, must also be considered.

Once the parents have an understanding of the behavior and all of the conditions surrounding it, they identify a replacement behavior, and the steps it will take to put it into place. The replacement behavior is almost always already in the child's repertoire, so recognizing it when it happens and rewarding the child for engaging in it, are almost sure bets that it will happen again and again. Then, when the event that precipitates a behavior breakdown occurs, the parents tell the child to put in the replacement behavior, and reinforce him for doing so, naming the desired behavior so the child understands what is expected of him, saying, for example, "I like it when you stay in your chair at dinner time," while re-placing the child into his chair. Breaking down the replacement behavior into segments such as time, i.e., one minute in the chair on Day 1, two minutes on Day 2, five minutes on Day 3, etc., will increase the probability that the child will be successful in carrying out the desired behavior. As we know, verbal reinforcements aren't always strong enough to bring the child around, which is why token reinforcements or granting of privileges work very well.

These principles of behavior modification work with almost any child, whether he is typically-developing, or challenged by speech, language, motor, or sensory issues. In the case of these special children, parents have to be creative in providing their child with the language he can understand, or in providing an environment that he can tolerate. In the example of the 2-year old whose challenging behavior was screaming and head-banging, the environment was modified to reduce over stimulation and pictures were provided to help him communicate. Following a regimen of behavior therapy which was used both in the clinic and the home, he graduated from our group Early Intervention program, not yet using a lot of verbal language, but pointing to objects and otherwise indicating his needs. Tantrums had been nearly extinguished by the time he blew out the candles on his good-bye birthday cake.