

WORKSHEET ON DISRUPTIVE BEHAVIORS

Children's Summit | June 22, 2024

This worksheet was created to guide you on the thinking process on how to address disruptive behaviors.

For this workshop, we have included the following symptoms of DISRUPTIVE BEHAVIORS:

A child causing disturbance:

- Talkative, noisy
- Interrupts, intimidates
- Moves around a lot
- Stubborn, disobedient
- Threatening
- Irritable

CASE:

JD, 7 years old/ Male

Chief Complaint:

JD is a 7 year old boy who was observed to grab things from his parents in the classroom and whose teachers complained as a boy who could not sit still in class.

Background History:

Concerns surrounding JD's development and behavior were first observed at the age of 2 years old because of poor response to name calling, use of hand leading to communicate, with use of only nonspecific babbling and with limited back and forth exchanges during his parents' attempts at conversation.

During play, he was observed to spin the wheels of his cars, line them up, stack them or drop them from the table. He was also observed to spin in place, flap his hands, and tense his body when happy or upset.

He eventually caught up with his vocabulary but his parents observed that he used words only to label the alphabet, numbers, colors and shapes. They were amazed at his excellent memory..

As he grew older, he was able to form words and sentences later than typical at the age of 4 years old. Despite this, he was observed to have difficulty elaborating on his thoughts, followed instructions incorrectly, needed question prompts to sustain a conversation, repeated questions over and over, and used scripted dialogues from shows he watched

He has not made friends with peers in school but showed interest in them by approaching them

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or grabbing their things. He was also sensitive to noise and was very picky with his food, avoiding fruits and vegetables completely.

His parents were not worried because he learned to read at age 2 without being taught and was observed to be good at spelling. He loved to sing and had a good singing voice. He also had an excellent memory with rote facts such as the solar system and dinosaurs. He loved to draw, swim and be active.

Family/Genetic history: Autism, migraine, asthma, allergies, alzheimer's disease

Prenatal/Birth: Prenatal stress; Prenatal fever (2nd trimester) with intake of Acetaminophen in high doses; Gestational diabetes (GDM); Born full term, Cesarean birth, birth weight of 3.2kg, uncomplicated neonatal course

Feeding/Nutrition: JD was not breastfed at birth. He started on processed cereals from 6 months onwards, with heavy milk intake until 4 years old and limited exposure to different food varieties. Picky eating behavior was observed at 2 years old where he would refuse table foods offered to him and preferred only milk and biscuits. Eventually, he became fond of fast food and junk food.

Sleep: He had early morning awakenings (3AM) and teeth grinding

Medical history: He had allergic rhinitis and constipation

Psychosocial history: JD is an only child. His parents work full time and he is left under the care of his nanny and grandmother who allowed heavy screentime use for more than 6 hours/day since he was 1 year old. He was isolated at home during the covid 119 pandemic and stayed mostly indoors while growing up. His family rarely went out on weekends. His parents had a short temper and frequently scolded him and spanked him as early as the age of 2.

THINKING POINTS:

- **What was pertinent to you about this case?**

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- **Where should you start? What is the next best step for this child?**

DEVELOPMENTAL PEDIATRICIAN VISIT:

Physical Exam:

Weight 18 kg (WHO z-score -1.5) Normal
Height 125 cm (WHO z-score -1.5) Normal
Body Mass Index/BMI) 11.5 (WHO z-score below -3) Underweight
Eyes: Pale palpebral conjunctivae
Nails: Pale nail beds; White bands on the nailbeds
Mouth: Dry lip corners, whitish tongue coating, Dental caries
No dysmorphic features
Heart, lungs, abdomen, genitalia unremarkable

CLINICAL OBSERVATION:

- Did not return the greeting given Needed time to warm up
- Limited conversational fluidity, scripted speech
- Fleeting eye contact
- Fidgety, stood up a lot during structured tasks
- Good reading and spelling (grade 2 level), poor reading comprehension

BATELLE DEVELOPMENTAL INVENTORY (BDI-2)

Domains	Subdomains	Current age: 7 years old Age Equivalent Scores

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ADAPTIVE	Self-Care	4 years, 7 months
PERSONAL-SOCIAL	Self-Concept and Social Role	4 years, 1 month
COMMUNICATION	Receptive communication	4 years, 9 months
	Expressive Communication	4 years, 7 months
MOTOR	Perceptual Motor	6 years, 11 months
COGNITIVE	Reasoning and Academic Skills	6 years old
	Perception and Concepts	5 years, 2 months

JD had significant delays in adaptive skills, social skills and communication skills. He had an average performance in perceptual motor skills. He had a low average performance in cognitive skills.

AUTISM ASSESSMENT:

DSM 5 assessment revealed persistent deficits in social communication, social interaction across multiple contexts and with the presence of restricted, repetitive patterns of behavior, activities with repetitive motor movements, fixated interests and sensory processing issues observed since early childhood, persistent up to present and causing clinically significant impairment in social and occupational functioning.

DIAGNOSIS:

Autism spectrum disorder

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THINKING POINTS:

- **How do we help families understand where the child's behavior is coming from?**
- **Based on the details/data given, what do you think is the ROOT CAUSE of the behavior?**
- **What are other aspects of his behavior that you would like to know?**
- **How else can we investigate other aspects about his behavior?**

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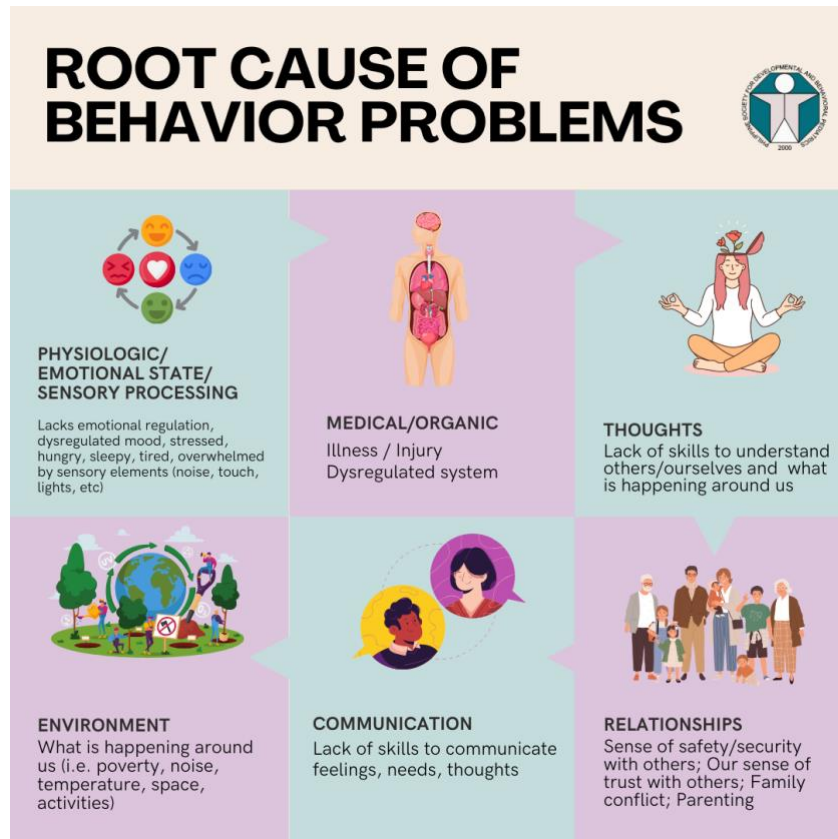


PHOTO: Philippine Society for Developmental and Behavioral Pediatrics (PSDBP)

SPED VISIT AND SCHOOL OBSERVATION:

In school, JD would throw tantrums when doing worksheets especially in Filipino and English subjects. He would comply to his teacher's instructions and answer his worksheet. However, after a while of working, he starts fidgeting his pencil and reads words on his worksheet with high pitched voice. The teacher would remind him to keep working to which he complies but eventually stands up and just goes around the room. The teacher would instruct him to sit on his chair and work on some items with him. He continues to work on his own and completes his task.

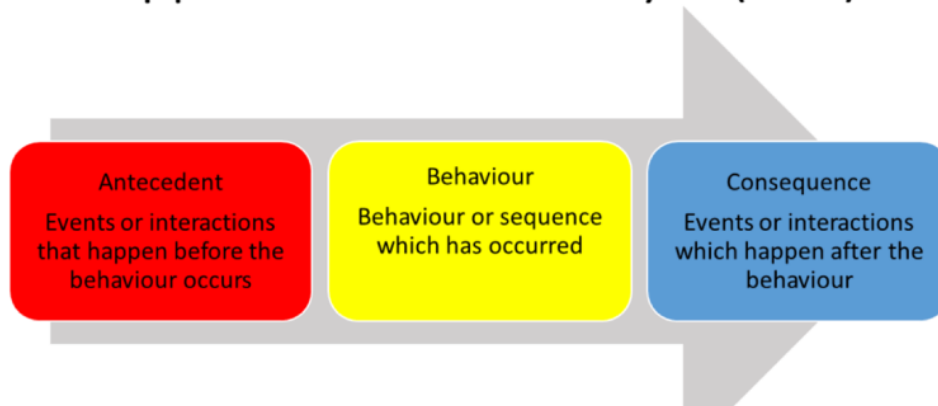
THINKING POINTS:

- **Why do you think he gets off his chair during worksheet time?**
 - a. **He feels like walking around**

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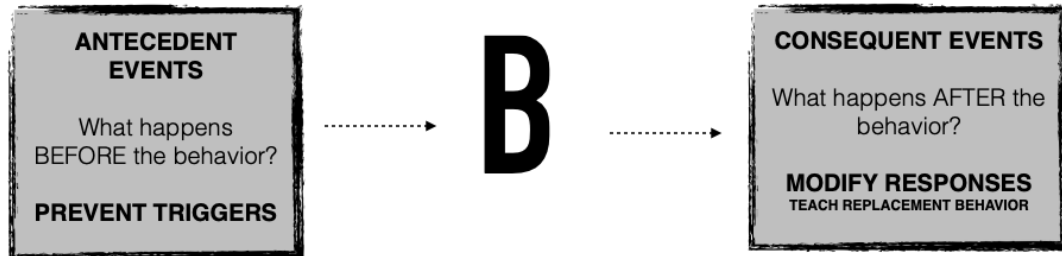
- b. He wants to get something from the other table**
- c. To escape challenging tasks**
- d. All of the above**

Applied Behaviour Analysis (ABA)



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What is your child trying to tell you?
Focus on the **REASON for the behavior** and not the behavior itself.

- Behavior followed by a **PLEASANT** response will likely be **REPEATED**
- Behavior followed by an **UNPLEASANT** response will **NOT** likely to be repeated

MISBEHAVIOR is a **SYMPTOM** of an **UNDERLYING CAUSE**. Is it an underdeveloped skill?
Can't cope? Oversensitive to stress? Overactive fight or flight response? Lack basic social skills?

Document problem behaviors on a **BEHAVIOR CHART** to help you understand patterns of behavior better.

Date & Time	Where did it happen?	What happened just before? (A)	What did do? (B)	What did you do? (C)	What happened as a result of YOUR ACTION?

A child's **BEHAVIOR** serves one of four **FUNCTIONS** or **PURPOSE**:

ESCAPE
(I DON'T WANT TO DO THIS!)

- Difficult tasks
- Prolonged work
- Social demands
- Be in this place!
- Be with this person!

ATTENTION
(I WANT ATTENTION !)

- From parents
- From teachers
- From peers
- From siblings
- From anyone

TANGIBLE
(I WANT THIS!)

- A toy
- A food or treat
- An activity
- A privilege

SENSORY
(I LIKE DOING THIS!)

- It feels good
- It sounds good
- It looks good
- It tastes good
- It's a habit/ Its painful

THINKING POINTS:

- What is the **FUNCTION** of JD's school behaviors?

ANTECEDENT EVENT	BEHAVIOR	CONSEQUENT EVENT
What triggered the	What are the behaviors you	How did the teacher

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behavior?	want to address?	respond to the behavior?

READ MORE ON ACCOMMODATIONS HERE:

<https://inclusiveschools.org/resource/accommodations-in-the-classroom-a-guide-to-making-them-real/>

Read more on accommodations for autism:

<https://www.crossrivertherapy.com/autism/accommodations-for-students>

<https://www.research.chop.edu/car-autism-roadmap/accommodations-and-supports-for-preschool-students-with-asd>

<https://xminds.org/accommodations>

Read more on accommodations for ADHD/ADHD related behaviors:

<https://www.understood.org/en/articles/classroom-accommodations-for-adhd>

<https://chadd.org/for-educators/classroom-accommodations/>

<https://www.additudemag.com/download/classroom-accommodations-for-school-children-with-adhd/>

Read more on accommodations for children with learning disorders/disabilities:

<https://www.washington.edu/doit/academic-accommodations-students-learning-disabilities>

<https://www.ldonline.org/ld-topics/ieps/accommodations-students-ld>

<https://ldaamerica.org/info/accommodations-techniques-and-aids-for-learning/>

<https://iris.peabody.vanderbilt.edu/micro-credential/micro-accommodations/p01/>

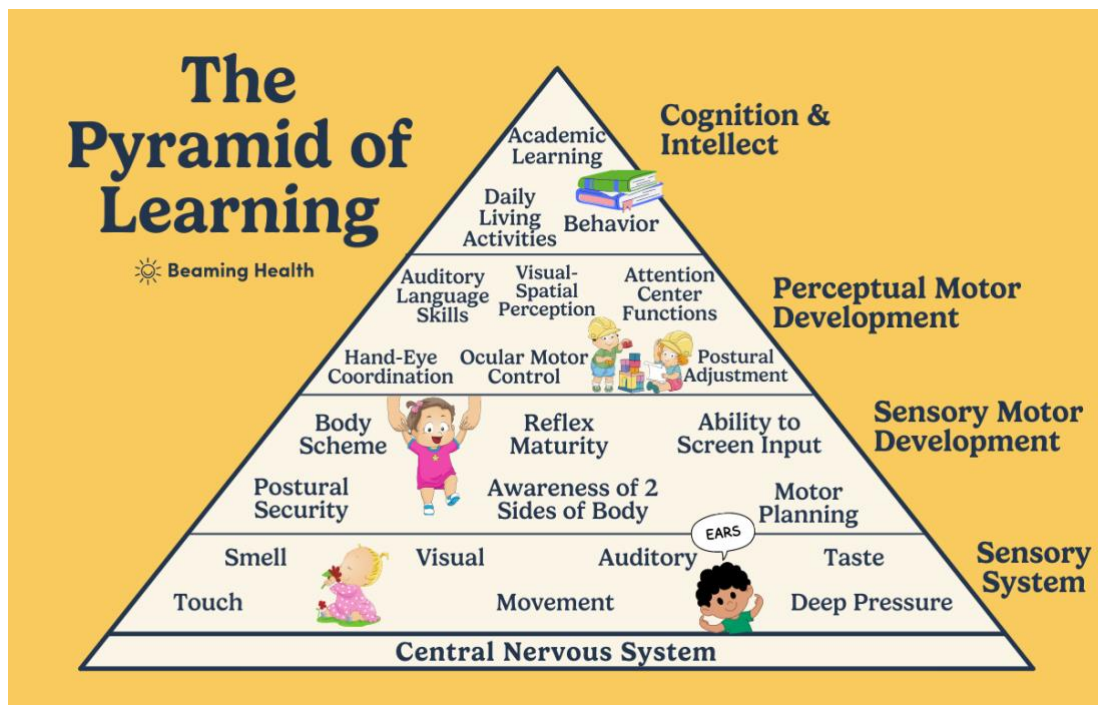
<https://www.understood.org/en/articles/common-classroom-accommodations-and-modifications>

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<https://www.frontiersin.org/articles/10.3389/feduc.2021.795266/full>

THINKING POINTS:

- What other factors affect JD's learning and behavior?



THINKING POINTS:

- Why does JD seek vestibular and proprioceptive input?

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WHAT IS A SENSORY DIET?

A sensory diet is a group of activities that are specifically scheduled into a child's day to assist with attention, arousal and adaptive responses.

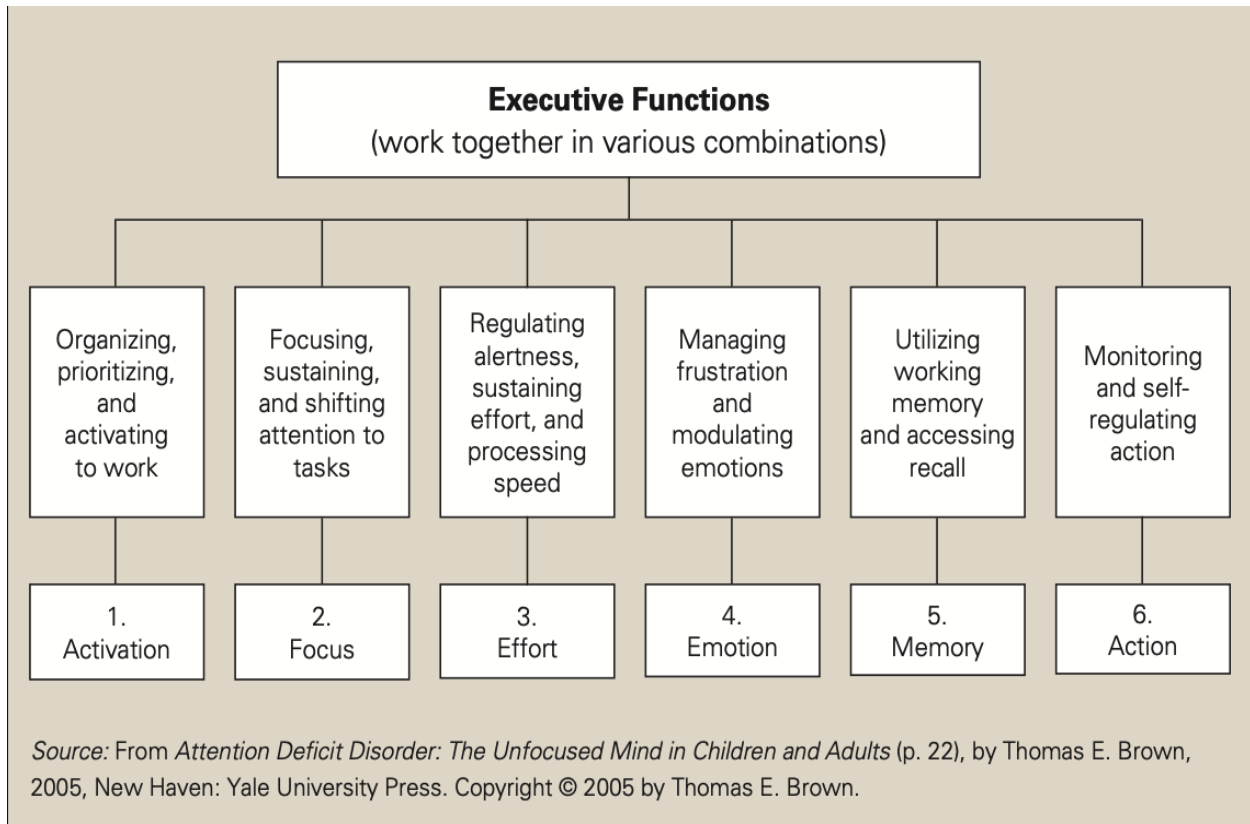
FILL IN THE BLANKS FOR JD's SENSORY DIET THAT CAN HELP WITH HIS DISRUPTIVE BEHAVIORS:

1. _____ upon waking up in the morning
2. _____ before breakfast
3. Eating _____ for lunch
4. Drinking a _____ after lunch using a _____.
5. Eating home made _____ for snack time
6. Eating _____ for dinner
7. _____ time or ball games, biking and hide and seek
8. Reading books under a _____ before nap time

THINKING POINTS:

- **What is the connection between impulse control and disruptive behaviors?**

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BEHAVIOR CHECKLIST:

Do you see any of these with your child?

- speaks fast without giving others chance to reply
- moves fast
- often breaks things at home
- has low or failing grades at school

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- prefers to do what he WANTS instead of tasks expected of him at school/home
- has difficulty waiting

THINKING POINTS:

- What role do PARENTS/FAMILIES play in addressing disruptive behaviors?
- How did we address JD's disruptive behaviors?

BEHAVIOR
I will take you through a process where you will begin to understand your child's behavior like never before. This newfound understanding will help you to navigate those challenging interactions.

EXPECTATIONS
Friction occurs when our child fails to meet our expectations. But are those expectations appropriate and reasonable? This is something we will investigate in our coaching sessions.

PATTERNS
Together, we will explore what I call the Dysfunctional Dance that you and your child are doing so that we can interrupt and change that pattern to create a healthier dynamic between the two of you.

JUDGEMENT
Trying to parent while absorbing the judgements of others makes parenting 1000x more difficult. We will strengthen your "Judgement Shield" so that you can be the parent your child deserves.

CONNECTION
As we move further along in our coaching sessions, you will find that connection with your child becomes easier and your time together becomes more enjoyable.

TRIGGERS
You will begin to identify what your triggers are as well as how they are interfering with your ability to effectively communicate with, connect with, and parent your child.

BOUNDARIES
Setting boundaries (knowing when to be firm and when to be flexible) is one of the most difficult parts of parenting. This is nearly impossible to get right without the help of a coach, but I am here to help.

FEAR
One of the most corrosive elements that creeps into parenting is fear. When we parent from a fearful place, it can ruin our relationship with our child. We will root out sources of fear to neutralize their effect on your relationship.

SELF-CARE
This is one of the most important foundational elements to becoming a great parent that we focus on together. Learning how to and consistently practicing self-care will help you enjoy the role you play as a parent, the most important role you may ever play in life.

Erin Taylor
COACHING

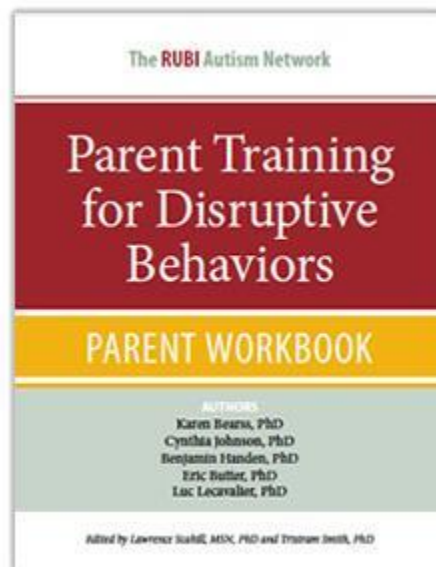
Contact me today to schedule a free consultation, and let us begin our journey together towards

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COMMON ABA STRATEGIES USED IN BEHAVIOR MANAGEMENT

1. Visual schedules
2. Timers
3. Teaching a replacement behavior
4. Reactive strategies: Appropriate use of reinforcement and punishment
5. Practice and repetition across different settings

PARENT COACHING PROGRAMS:



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Find us:  

THINKING POINT:

- With so much information, how do we assimilate it all together?

YOU CAN READ MORE HERE:

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