Behavior Intervention, Positive Behavior Support, De-Escalation Techniques and Crisis Stabilization for Individuals with Autism and Other Developmental Disabilities

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De-Escalation/Crisis Stabilization

Unacceptable behavior is part of the human condition. – Clements and Zarkowska (2000)

On occasion, you might need to implement de-escalation procedures. The person that you are supporting could escalate for any variety of reasons, and it is beneficial to yourself, the person you are supporting, and the family to learn how to decrease the severity of those situations.

For example, an individual might escalate for attention, avoidance, control, escape, communication, isolation, anger release or self-stimulation. An individual could act out to gain access to candy, a toy, an iPad, or a television show, or they could act out to avoid a task.

> "Challenging behavior may be exhibited through a variety of actions, but the perception as to what constitutes such behavior may differ from person to person. Aggressive behavior, which includes hitting, head-butting, threatening others with violence, screaming, scratching, spitting, biting, punching, and kicking, is probably one of the more common conceptions of challenging behavior." (Hext et al, 2018)

Another name for "challenging behavior" that you might see fairly often is "aberrant behavior". Aberrant behavior is any behavior that a person supported engages in that (1) Could Cause Harm to Themselves; (2) Could Cause Harm to Others; (3) Interfere with Learning Opportunities; (4) Interfere with Socialization (Autism Partnership Foundation, 2019) It is important to clarify what is considered "challenging" or "aberrant" behaviors, a child that you are supporting throwing a tantrum could be a behavior that any child would display. While that might be frustrating, it is important to not over-exaggerate it in your mind (and to keep your frustration to yourself). Types of behaviors that are considered "aberrant" would be (1) Aggressive

Behaviors; (2) Self-Injury; (3) Stereotypic Behavior; (4) Elopement; (5) Pica (Autism Partnership Foundation, 2019).

Aberrant Behavior	Description
Aggressive Behaviors	Aggression, such as hitting, biting, scratching, hair-pulling, or kicking another person. (Sarris, 2020)
Self-Injury	Any aggressive behavior that is directed towards oneself (e.g., hitting, scratching, biting)
Motor Stereotypy	Movement of body parts that has no apparent function and movement that is not directed toward another individual (e.g., hand flapping, hand mouthing, putting fingers in ears, fanning/spreading fingers, positioning hands in front of face)
Vocal Stereotypy	Vocalizations that have no apparent function and are not directed toward another individual (e.g., echolalia, non-contextual laughing/ giggling, non-contextual words/phrases, nonrecognizable words)
Elopement	An individual leaving a specified area without supervision or caregiver permission**.** Elopement increases the likelihood that an individual will become displaced from caregivers, seriously injured, or killed (McAdam & Walker, 2021)
Pica	Ingesting non-food items such as pencils, paint chips, dirt, etc.

The Autism Partnership Foundation also cited these behaviors in their 40 hours online RBT training. Their definitions as well as additional information regarding these behaviors are as follows:

- Stereotypic Behavior
  - Repetitive Body movements or Movements with Objects
  - Various Topographies
  - Core Diagnostic Feature of ASD
  - High Prevalence Rate
  - Problems with Stereotypy
    - Decreases Learning
    - Socially Stigmatizing Decreases Quality of Life
- Self-Injurious Behavior

- Any Behavior that may Result in Potential Harm to the Student
- Many Different Topographies ▪ Various Reasons
    - Physiological Reasons
    - Operant Reasons
- Common Forms
    - Head Banging
    - Hand Biting
    - Scratching
- Up to 50% Engage in SIB ○ Aggression
- Any Behavior that may Cause Harm to Another Person
- Various Topographies
- Up to 68% Engage in This Behavior (Autism Partnership Foundation, 2019)

Something that could cause aberrant behaviors is the inability to communicate. When children have a cognitive deficit or are impaired in their ability to understand and/or express language, the cognitive components of CBT are often de-emphasized, simplified, modified, adapted to the child's level, or excluded altogether so that the intervention is "behavioral" rather than "cognitive-behavioral." (Moskowitz et al, 2017).

While many individuals with autism are able to communicate their feelings and needs, some individuals are non-verbal. Communication is not simply important as a means to express wants and needs, it is also important for responding to and controlling the responses of others. Communication used in this manner can be either socially positive or negative. Individuals with ASD who are verbal might use their expressive abilities in some negative ways, resulting in a high frequency of occurrence of externalizing problem behaviors such as aggression and anger (Williams et al., 2018). For me personally, if I cannot effectively communicate with someone (i.e., I cannot word it correctly for some reason or there is simply a misunderstanding) I feel pretty frustrated. Constantly dealing with this could certainly cause an individual to feel angry and aggressive. It is important for caretakers to understand where the person they are supporting is coming from with their frustration, and to be patient with them when they are angry.

Experiencing anxiety is something else that could cause an individual to escalate. Recent research suggests that anxiety-related concerns are among the most common presenting problems for children and adolescents with autism spectrum disorders (ASD). Fear and anxiety are reported to be more prevalent in children with ASD than in neurotypical (NT) children as well as those with intellectual and developmental disabilities. This is largely because assessing anxiety in children with ASD, particularly those with comorbid IDD, is challenging due to the communication deficits inherent in ASD, the difficulty differentiating symptoms of anxiety disorders from symptoms of ASD (Moskowitz et al, 2017). We can even combine this with the communication piece, if an individual is feeling anxious or scared, but is unable to communicate

that, that could make the anxiety worse. It is understandable that not being to discuss your concerns and anxieties could cause an individual to escalate. It is important to be patient and calm in these moments and try to help the individual that you are caring for to feel calm as well.

Whatever the reason or the behavior, it is important that you **actively listen**, be aware of your **facial expressions** and provide **non-verbal encouragements**. You need to be aware of the individuals' feelings, what they are saying, and how they are saying it. While listening, it is important to offer encouragements and high quality verbal statements to ensure that the individual feels supported and understood. Another helpful tactic is to learn the antecedent of the person you are supporting, if you are aware of what causes the escalation, it is easier to stop/avoid. A good way to remember this strategy is the acronym ABC:

- ABC (Antecedent, Behavior, Consequence) ○ Antecedent
  - What Happened Just Before the Behavior Occurred
  - Other Events that Occurred Throughout the Day that Could Affect the Behavior.
  - Observing
- The child
- The environment
- Adults
- Interaction events

▪ Be as specific as possible ○ Behavior ○ Level or Intensity of Behavior ○ Be as Specific as Possible ○ Replicability

- ○ Consequence ○ What occurred immediately after the behavior
- ○ Is there a consistent response to the behavior
  - ▪ Observing
  - The child
  - The environment
  - Adults
  - Interaction Effects (Autism Partnership Foundation, 2019)

If you are able to identify the antecedent of the person supported, and the behavior that follows, you will have a chance to stop the negative behavior before it starts. Good de-escalation prevents the occurrence of more serious incidents and should be instigated at the first sign of an escalating situation. The qualities of good de-escalators include:

- The use of verbal and non-verbal skills
- Confidence without arrogance
- Autonomy-confirming interventions
- Use of appropriate humor
- 'Connection' with the person supported

- Balance between support and control
- Non-punitive approaches
- Empathy
- A soft, calm, and gentle approach (Hext et al, 2018).

Another source stated that the five points to better de-escalation are:

- Keep out of personal space
- Turn sideways
- Talk slower and lower
- Model the behavior in which the child needs to engage
- Show a change of face (i.e., seek help and advice) (Brown, 2014)

Both of these sources (Brown, 2014; Hext et al., 2018) stated that a calm approach is extremely effective. When approaching and engaging with children we have to be so careful of what our body language presents. A calm, relaxed stance and facial expression can go a long way in making children feel safe and listened to (Brown, 2014). If the person that you are supporting is already escalated, approaching them in an aggressive way could further escalate the situation. If it is safe, it is important to approach them how you usually would, or approach them in a calmer way than you usually would. It is also important to respect the individual's "bubble". Standing really close to someone who is already distressed, not having personal space could greatly exacerbate the situation. The distance of social space is measured from the fingertips of the outstretched arm going away from the person. It is usually a safer place to stand because it is out of reach of the child's hands and feet. They would have to physically move towards you, which would give additional time to move away to a safer distance or block and go into a hold or restraint if necessary. The space between the child and adult acts as a 'cooling off' area. This area is important because it protects the adult physically and allows both parties to feel secure in their 'bubble'. This is a comfortable space (Brown, 2014).

If the person that you are supporting escalates, you need to remember that this is not an abnormal part of being a person. All adults who work with children of any age sometimes display unacceptable behavior in their lives. If we can all admit this, maybe the children will be cut some slack and not have to follow rules such as:

- Always be polite.
- Always work hard.
- Be quiet.
- Always do your best.
- Always do as you are told the first time (Brown, 2014)

Sometimes it is difficult to do as you are told the first time, and not just for individuals with ASD. Sometimes it is difficult to be polite if you are frustrated, it can be exhausting to constantly be expected to work hard, and it can be difficult to be quiet if you have important things you want to say. Expecting anyone to always follow these rules is ridiculous, and these expectations could

cause anyone to escalate. It is important to be patient and calm, no one is going to behave perfectly 100% of the time.

> A tactic for staying calm and in control of our own feelings is to vocalize our thoughts. This is not to be confused with random talking that sounds like incoherent rambling. Children with ASD do not always understand how other people are feeling or thinking. Vocalizing our thoughts can help the child to recognize emotions and feelings and can assist with the child's sequencing of changing their behavior (Brown, 2014)

Most of us have worked in customer service (food service, retail, etc.) at some point in our lives. If the environment was already stressful and the crew members were already stressed, wouldn't the supervisor "freaking out" make it way worse? Having the person that is supposed to be "caring for you" panicking, confused, or angry makes it easy to experience those emotions yourself. Being able to keep a level head yourself could make de-escalating that much easier. It is vitally important that the adults try to stay calm when deescalating the child's behavior. Staying calm encourages the child with ASD to engage in flexible thinking. This type of thinking is essential to enable them to process and to reflect on the options and choices we give them (Brown, 2014).

The reality is that de-escalation strategies need to be simple, robust, and consistent. I often witness staff over-complicate issues and situations that then escalate a child's behavior and it becomes open warfare, a massive power struggle or a win/lose situation (Brown, 2014). If one de-escalation method is not working, try another one, **you must discuss this with the person responsible and should not make a de-escalation plan on your own**. If a family has already tried something and it was not successful, or even made things worse, you will not want to try that de-escalation technique again. Communicating with the family is so important, and deescalation might be impossible if you do not discuss de-escalation strategies with the person responsible. It is different with every child and how their autism spectrum disorder (ASD) affects their behavior. If you know the child, it can give you a head start and that is often enough to get you through the process. If it is a child, you do not know very well, or this happens to be the first meeting, then it is about sticking to the basics and doing them well. De-escalation requires versatility (Brown, 2014).

When Crisis Stabilization Includes Hospitalization

On occasion, crisis stabilization will include hospitalization. The family/person responsible might be at a loss on how to regulate the child, or they might be worried about the safety/ well-being on the child. Children and adolescents with autism spectrum disorder (ASD) are psychiatrically hospitalized at significantly higher rates than children with other developmental or psychiatric disorders and have longer lengths of stay than patients without ASD (Cervantes et al., 2019). For individuals with ASD, expressing needs and emotions can be extremely difficult. If they are feeling distressed and are not able to express how they are feeling or how you can help them, this can lead to behaviors that are severe enough for hospitalization. A

dual-diagnosis of ASD and a mental illness could also lead to behaviors that are severe enough for hospitalization, although this is not always the case for individuals with a dual-diagnosis.

> Adolescence is a crucial period in human development. Regarding neuropsychiatric disorders, adolescence is the period of onset for schizophrenia, bipolar disorder, and catatonia. In the field of autism, most children navigate adolescence without manifesting major adult psychiatric disorders. Indeed, the core symptoms of autism – deficiencies in social interaction, language delay and communication disabilities, and restricted and stereotyped behavior – tend to show improvement over time (Guinchat, 2015).

Something else that could cause "severe" behaviors in adolescence is puberty. The hormonal changes will sometimes be temporally associated with clinical deterioration and the occurrence of severe challenging disorders. The largest study of this phenomenon, a survey conducted on 201 young adults with autism born in Japan, indicated that 32% showed marked clinical deterioration during adolescence (Guinchat, 2015). However, this is only one study, and only included 201 adolescents in one culture. In addition, there are not many studies that are available that back any of this information up, as not many studies have been conducted on this specific topic. Severe behavioral changes and mental health problems in adolescents with autism are poorly investigated and currently inadequately understood (Guinchat, 2015).

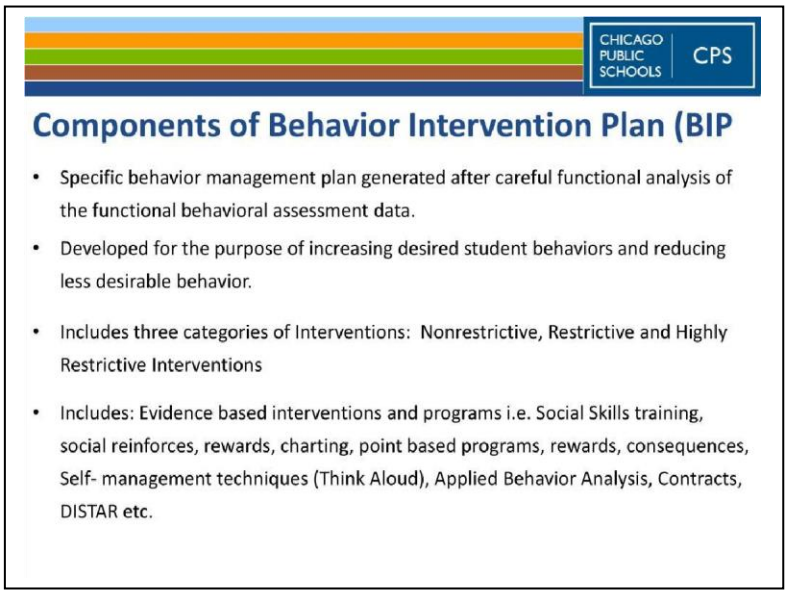
Lastly, an inability to regulate once an individual becomes dysregulated could lead to severe enough behaviors that the individual would need to be hospitalized. Children and adolescents with ASD are at significant risk for difficulties managing or modifying their emotional responses to daily life stressors. Emotional dysregulation in this population can potentially result in serious problem behaviors that lead to emergency psychiatric hospitalization, such as aggression, self-injury, and suicidal ideation (Stark et al., 2015). The best thing that you could do as a Child and Youth Mentor if the child you are supporting is hospitalized is to respect the family's boundaries and offer support as much as you are able.

Some Additional Causes of Escalation

If the person that you are supporting is non-verbal, they might have stomach pain or a headache and will be unable to tell you. Being in pain with no way to communicate that you are in pain, uncomfortable, and need help could definitely be extremely frustrating. If you notice a "significant" (depends on the individual) change in behaviors, this is something that you should take note of and report. If you are comfortable with having this conversation, you should bring up concerns with parents as well. There may be additional medical conditions that they are aware of and that you are not aware of and having this information could increase the quality of care that you are able to provide.

Behavior Intervention

Remain calm. Be kind. The key is not to make quick decisions, but to make timely decisions. – General Colin L. Powell



When you are coming up with a plan with the family, it is important to discuss circumstances surrounding the behavior as well as the outcome of that behavior. Knowing the antecedent of the behavior as well as the consequence is important when providing services to children with ASD. With this knowledge you will be better able to de-escalate and regulate the person you are supporting and will help you to better help support the family as a whole. The circumstances surrounding the behavior include (1) Who and what sets the occasion; (2) Who was present; (3) When and where; (4) What are other people saying or doing. The outcomes of behaviors include (1) Consequences of the behavior; (2) Does the environment change; (3) What maintains the Behaviors; (4) Other individuals' responses to behavior (Autism Partnership Foundation, 2019). Sometimes a simple change in the usual responses that halt a behavior and help to regulate both the child and the family.

As a caretaker, it is important to provide positive behavior support to the person that you are supporting. In order to provide behavior intervention you need to be (1) Fun; (2) Receptive; (3) Adaptable/Flexible; (4) Objective; (5) Engaging; (6) Professional; (7) Creative; (8) Reinforcing; (9) Child Driven. If you do not portray these qualities to the person that you are supporting, the care provided will be less effective and it will be more difficult to initiate behavior intervention through choice and/or redirection.

<u>Redirection</u>

Response interruption and redirection is defined as the "introduction of a prompt, comment, or other distracters when an interfering behavior is occurring, that is designed to divert the learner's attention away from the interfering behavior and results in its reduction" (Case & Stinson, 2020). Redirection by definition means to direct again; to change the direction or focus;

to channel into a new direction. It is a tool that can help interrupt the behavior (Spirit of Autism, 2015). Sometimes, you will need to distract the child/individual you are supporting in order to avoid conflict or to keep the individual that you are supporting safe. The three steps in redirection are (1) grab the child's attention; (2) redirect the behavior and (3) reinforce the behavior.

Steps	Description	Example Strategies
(1) Get Attention	Interrupt the behavior by gaining individual's attention.	-Say the individual's name -Tap individual on shoulder -Block individual's sight - Visually present a preferred object
(2) Redirect Behavior	Ask the individual a question or the individual a demand that requires a verbal response related to class content.	-Direct individual's attention to other activity using prompts -Provide individual with two choices of activity -Provide/ask the individual to take a break
(3) Reinforce Behavior	Reinforce all attempts, even if incorrect	-High five the individual -Thank the individual -Give the student a preferred reward

(Case & Stinson, 2020)

Response interruption and redirection is commonly explained to have two main components: (a) interruption of the behavior and (b) subsequent redirection of the behavior (Case & Stinson, 2020). As an example, if a kiddo was about to do something unadvisable (which kids often to, that's just part of the adventure of childhood) you would stop the behavior (i.e., pulling up flowers that a parent planted in the garden) and redirect them to something different (i.e., swinging or playing with a toy). For situations in which more challenging behaviors may need to be redirected, it is important for practitioners to approach the child with a calm and objective demeanor. Additionally, in this moment, it is often not the time to lecture or explain to students why they are being disruptive or why their behavior is undesired (Case & Stinson, 2020). Examples of more serious behaviors that you may need to redirect are:

Interfering Behavior	Description	Possible Alternative Behaviors

Motor Stereotypy	Movement of body parts that has no apparent function and movement that is not directed toward another individual (e.g., hand flapping, hand mouthing, putting fingers in ears, fanning/spreading fingers, positioning hands in front of face)	- Redirecting to put body parts somewhere other than mouth (e.g., on table, on lap) - Handing preferred toys/objects to learners one at a time -Providing an object to hold and/or play with (e.g., squishy ball, play dough) - Teaching learner to put hands together

Vocal Stereotypy	Vocalizations that have no apparent function and are not directed toward another individual (e.g., echolalia, non-contextual laughing/ giggling, non-contextual words/phrases, nonrecognizable words)	- Teaching learner to say "I don't know" in response to a question -Teaching learners to use more appropriate language when they engage in vocal stereotypy (e.g., rather than giggling/laughing during social interventions, teach the learner to say, "Hello" to peers)
Self-Injury	Any aggressive behavior that is directed towards oneself (e.g., hitting, scratching, biting)	-Providing preferred toys and/or objects -Having learner engage in heavy work (e.g., pulling wagons, heavy lifting)
Pica	Ingesting non-food items such as pencils, paint chips, dirt, etc.	-Providing a food item to eat (e.g., popcorn, raisins) -Having learner chew gum, on a rubber tube, etc.
Echolalia	Repeating words, phrases, or vocalizations	-Teaching learner to say "I don't know" in response to a question -Teaching learners to use more appropriate language when they engage in vocal stereotypy

Response interruption/redirection (RIR) is an evidence-based practice used to decrease interfering behaviors, predominantly those that are repetitive, stereotypical, and self-injurious in nature. RIR is particularly useful with persistent interfering behaviors that occur in the absence of other people, in a number of different settings, and during a variety of tasks (Neitzel, 2009). Interfering behaviors often have a reason that they occur, even it that reason is not apparent to the caregiver. Those reasons include but are not limited to (1) Access to Social Attention; (2) Access to Tangibles or Preferred Activities; (3) Escape, Delay, Reduction, or Avoidance of Tasks and/or (4) Automatic. It is important to try to redirect as soon as a trigger occurs or as soon as you notice warning signs that the individual might display negative behaviors. Remember that you are not punishing the person for inappropriate behavior – a behavior that is serving a purpose for them – you are more or less "shocking" their system to allow for a new focus. This may look like using a different tone of voice, issuing a job or task, or even doing something outlandish, like breaking out into song (Spirit of Autism, 2015). The behaviors listed in the following charts are only examples, as each child with ASD will behave differently.

	Behavior	Reason for Behavior
Access to Social Attention	Screaming	-Every time the individual screams, they receive social attention -Screams for consoling -Screams for other kids to laugh -Screams to get reprimanded
Access to Tangibles or Preferred Activities	Tantrum	-Results in access to candy -Results in access to toy -Results in access to iPad -Results in access to food -Results in access to playground -Results in access to favorite TV show or movie
Escape. Delay, Reduction, or Avoidance of Tasks	Banging Head on Desk	-Results in not having to do assignments -Results in not having to do chores -Results in not having to read at night
Automatic	Hand Flapping	-Can occur during attention -No demands present -Preferred toys and activities are available

Though RIR can be used to minimize a variety of off-task behaviors, RIR is commonly recognized as an evidence-based practice for reducing stereotypic behaviors (e.g., hand flapping, body rocking, repetitive words, etc.) of children with ASD by interrupting the motor or vocal stereotypy and prompting the initiation of an alternative task, such as picking up a piece of equipment or answering a question (Case & Stinson, 2020). If the child is able to be redirected and the behavior is successfully adjusted, the caretaker or professional should provide immediate positive feedback. This can look like a high five, fist bump, or a simple, “good job!”. The feedback should be specific to the thing that the individual did correctly and should include suggestions of what the individual needs to remember for next time. It is also important to balance specific feedback and fun/motivating reinforcement immediately follow the corrected behavior (Autism Partnership Foundation, 2019).

In their discussion of RIR implementation within classroom instruction, they encouraged practitioners to provide subsequent and appropriate reinforcement of the new behavior following redirection. This provides additional positive feedback to the child and

increases the likelihood of the behavior happening again (Case & Stinson, 2020) Sometimes in order to successfully redirect the person that you are supporting, you will need to provide a prompt. This could be a verbal, gestural, visual, or physical prompt. **You will need to ask the family if it is okay to provide physical prompts**. Some children with ASD (or any child, for that matter) do not like to be touched, any being touched could further exacerbate the negative behavior. Parents also might not be okay with the caregiver redirecting their child via physical prompt, it is always important to ask and discuss things with the parents before implementation.

Type of Prompt	**Examples**
Verbal Prompts	- "Do this" - "Your turn!" -Verbal countdowns; for example, "3, 2, 1, go!" -First, then statements; for example, "First run, then water."
Gestural Prompts	-Pointing toward a location or piece of equipment -Touching a relevant object -Predetermined classroom hand signals (i.e., listening ears) -Known sign language
Visual Prompts	-Picture task cards -Visual scheduled of activities -Visual countdown (i.e., clock or timer) -Physical or video modeling
Physical Prompts	-Tapping the child's shoulder -Handing the child the necessary equipment -Positioning the child in the desired spot - Placing hand on back to guide child or providing hand over hand guidance

On occasion, the redirection plan that you had discussed with the person responsible might not work. In this case, the parents/person responsible might need to provide feedback in order to come up with a more effective plan. If a parent does provide you with feedback, it is important to not personalize the feedback, stay calm, be receptive, and follow through on making changes (Autism Partnership Foundation, 2019). The parent will typically know the situation better than anyone, and their feedback and advisement is crucial to effective redirection.

Choice

Providing the individual that you are supporting with choices might also be an effective way to decrease the frequency of negative behaviors. If the person that you are supporting feels

as though they are being forced to do something, that could cause some frustration. Offering them a choice between tasks (i.e., reading or math first, cleaning or exercise first, etc.) gives the individual control over the situation and their life, which could prove beneficial in de-escalating the situation if it becomes escalated. Providing choices to individuals with autism or individuals with other intellectual and developmental disabilities is beneficial in most situations and provides the individuals with more confidence.

> Opportunity for choice is related to social outcomes for adults with disabilities. Research on the opportunity for choice in adults has primarily focused on adults with intellectual disability (ID). Research indicates that consumer choice increases interpersonal relationships and community integration for adults with ID in that when given the opportunity for choice, many individuals with ID tend to spend more time interacting socially with friends and seeking active involvement in the community (Mehling & Tasse, 2015).

Choice making often results in greater levels of social determination and personal control for individuals with DD other than ASD. The correlation between personal control and access to services/supports was significant (Mehling & Tasse, 2015). Having a sense of personal control can be greatly beneficial in certain situations, and choices should be given if the choice is realistic and doable/approved by a treatment team/the person responsible. Reinforcement

If the family that you are working with happens to implement positive/negative reinforcement strategies, it is important to have a general knowledge of the meaning of reinforcement, as well as what positive and negative reinforcement entail. **I would like to clarify that you should not implement reinforcement without prior approval from the family/person responsible.**

The definition of stimulus, which will be brought up many, many, times in this section, is "an energy change that affects an organism through its receptor cells. Or a specific outside influence (typically) that produces a specific response from an individual." The table below defines reinforcer/reinforcing/reinforcement/to reinforce and how the meaning changes depending on the very specific wording that is used. The table thereafter will go over the two main types of reinforcement, positive reinforcement, and negative reinforcement.

Term	Restrictions	Example
Reinforcer (noun)	A stimulus	Justin used action figures as reinforcers for the child's expressive labeling.
Reinforcing (adjective)	Property of a Stimulus	The reinforcing stimulus was produced 10 times within the session

Reinforcement (noun)	Operation: the delivery of consequences when a response occurs	The fixed ratio schedule of reinforcement delivered a token after every 5th label.
	Process: the increase in responding that results from reinforcement	The number of labels increased as a result of reinforcement
To Reinforce (verb)	Operation: to deliver consequences when a response occurs Process: to increase responding through the reinforcement operation	A token was used to reinforce the child's expressive labeling The procedure demonstrated tokens would reinforce expressive labels.

(Autism Partnership Foundation, 2019)

	Definition	**Reinforcer**	**Examples**
Positive Reinforcement	When a response is followed by the presentation of a stimulus, and, as a result, similar responses occur more frequently in the future.	The stimulus presented a consequence and responsible for the subsequent increase in responding	-Food -Tangibles
Negative Reinforcement	The occurrence of a response produces the removal, termination, reduction, or postponement of a stimulus, which leads to an increase in the future occurrence of that response.	Stimuli whose removal strengthens behavior	-Breaks -Removal of Chores

(Autism Partnership Foundation, 2019)

Another type of reinforcement that is beneficial to know is differential reinforcement. This type of reinforcement is much less common, but still good to have some knowledge on. The following is a list of the different kinds of differential reinforcement:

- Differential Reinforcement Procedures
  - Procedures in which the therapist uses reinforcement and extinction
- Differential Reinforcement of Alternative Behavior

- Extinction for aberrant behavior
- Reinforcement contingent upon specific alternative behavior ○ Differential Reinforcement of Other Behavior
- Extinction for aberrant behavior
- Reinforcement contingent upon the absence of the aberrant behavior
- No specific alternative behavior ○ Differential Reinforcement of Low Rates ▪ Extinction for aberrant behavior
- Reinforcement contingent upon lower rates of aberrant behavior ○ Differential Reinforcement of Incompatible Behavior
- Extinction for aberrant behavior
- Reinforcement contingent upon a behavior incompatible with the aberrant behavior

○ Differential Reinforcement of High Rates ○ Differential Reinforcement of Diminishing Rates ○ Implementing Differential Schedules Effectively

- Initially, reinforce immediately and consistently
- Withhold reinforcement for problem behavior
- Know the Limits
- Problem behavior can still occur
- It is not always successful
- It can be slow
- Set initial intervals to ensure reinforcement
- Avoid inadvertent reinforcement of problem behavior ▪ Use baseline as a guide ○ Some Variables Affecting Reinforcement
- Motivation
- Satiation
- Deprivation
- Motivating Operations
- Immediacy
- If the reinforcer is to reinforce a particular response, it must immediately follow that response
- Fade over time

In addition to the different types of reinforcements, there are also different types of reinforcers. This includes (1) Unconditioned Reinforcers; (2) Conditioned Reinforcers; (3) Generalized Conditioned Reinforcers.

	Definition	**Examples**

Unconditioned Reinforcers	-A stimuli change that can increase the future frequency of behavior without prior pairing with any other form of reinforcement. -Sometimes referred to as primary	**-**Food -Water -Sex
Conditioned Reinforcers	-A previously neutral stimulus change that has acquired the capability to	**-**Money -Alcohol -Sports
	function as a reinforcer through stimulus-stimulus pairing with one or more unconditioned reinforcers or conditioned reinforcers. -Sometimes referred to as secondary	
Generalized Conditioned Reinforcers	A conditioned reinforcer that as result of having been paired with many unconditioned and conditioned reinforcers does not depend on a current EO for any particular form of reinforcement for its effectiveness.	-Token -Money

(Autism Partnership Foundation, 2019)

Schedules of Reinforcement are also important. The Four Basic Schedules of Reinforcement being (1) Fixed Interval Schedule; (2) Variable Interval Schedule; (3) FixedRatio Schedule; (4) Variable-Ratio Schedule. Two other types of reinforcement that are a bit less common are continuous reinforcement and intermittent reinforcement. Continuous Reinforcement is when one reinforces the targeted response after every occurrence and Intermittent Reinforcement is when one only reinforces the targeted response on occasion.

Schedule	**Qualities**
Fixed Interval Schedule	-Time Based -Time Period is Fixed -Reinforcer Delivered Contingent upon the First Behavior Following the Time Period -More Responses as the Time Period Elapses

Variable Interval Schedule	-Time Based -Time Period is Variable -Reinforcer Delivered Contingent upon the First Behavior Following the Time Period -Results in a Consistent Rate of Responding
Fixed Ratio Schedule	-Response Based -Requires the Completion of a Fixed Number of Responses to Produce a Reinforcer - Results in Rapid Rates of Responding
Variable Ratio Schedule	-Response Based -Requires the Completion of a Variable Number of Responses to Produce a Reinforcer -Results in a Rapid Rate of Responding

(Autism Partnership Foundation, 2019)

More complex schedules of reinforcement are available as well, however, you will almost never come across these schedules as the Four Basic Schedules are the ones that are more commonly followed. Complex schedules of reinforcement include (1) Progressive; (2) Concurrent; (3) Multiple; (4) Mixed; (5) Tandem.

Positive Behavior Support

The goal of Positive Behavior Support is not "perfect children." Rather the goal should be creating the perfect environment for enhancing their growth. -Randy Sprick

Positive Behavior Support (PBS) defined as:

> An implementation of behavioral interventions which based on functional evaluation, in accordance with the basic laws of human behavior and with the values, skills and resources for those who carry out the intervention, (PBS) interventions focused on showing significant results, including the reduction of behavioral problems that make social or educational barriers for individuals, and increase adaptive skills, and improve the educational and social basis, employment opportunities, and the available options (Amer, 2017).

The aim of a positive behavior support (PBS) plan is to improve the quality of a person's life by supporting the person to lead a meaningful life and learn new skills without unnecessary restrictions. PBS uses person centered values as well as behavioral science and evidence to inform how to work with people who are at risk of displaying behavior that challenges (Javaid et al., 2020). A large part of being a Child and Youth Mentor is supporting and teaching independence and life skills (if possible). Different things help different people, so in this section we will be reviewing visual cues, why they might be effective, and other positive behavior support skills and information.

Why it is Beneficial

"Every child has a right to live a decent life, as stipulated by the divine and international laws, children with special needs just like their ordinary peers need more: support, opportunity of education, health, living and all that they need in accordance with the requirements and needs." (Amer, 2017)

Positive behavior support is an evidence based approach, meaning it is proven to be successful based on research. It is a way of supporting people that respects their human rights and improves their quality of life, using encouragement and reward.

Step	**Purpose**
1) Person Centered Planning	Identifying the Goals, Strengths, and Needs of the Person
2) Including Others	To Contribute to the Assessment, Planning, and Implementation Process. This can Include Family Members, Careers, Support Workers, and Other Professionals.
3) Assessment and Intervention	A Functional Behavior Assessment to Understand the Reason for the Behavior

4) Developing a Positive Behavior Support Plan (PBSP)	This Plan Lays out Strategies for Improving the Person's Life and Addressing any Needs. The Plan is for Both the Person and Anyone Involved in Their Life so that Everyone can Work Together. This Includes Prevention, Responding to Early Warning Signs, and Reactive Strategies.
5) Reducing Restrictive Practices	Restrictive Practices are Limitations Placed on a Person to Prevent them from Harming Themselves or Others. These Practices Limit a Person's Rights or Freedom in Some Way. Positive Behavior Support Aims to Reduces or End the Use of Restrictive Practices. This Focuses on Quality of Life and Respect for the Person's Human Rights.
6) Skill Building	e.g. To Help Them Communicate, Take Part in Fun Activities, and Avoid Using Challenging Behavior.
7) Staff Development	Educating and Training Staff to Understand How to Put Support Strategies in Place.
8) Environment Changes	Changing Some Parts of the Surrounding Can Help, e.g. Removing Unwanted Noise

(Open Minds, 2018)

One major benefit of positive behavior support is that it promotes conversational skills as well as self-help skills. This can help with social/personal relationships as well as overall well-being and confidence. Self-help skills can be something as simple as chores, learning how to complete basic tasks can greatly help with independence and self-sufficiency. Self-help skills may include but is not limited to (1) Setting the Table; (2) Toileting; (3) Washing Hands; (4) Making Meals; (5) Taking out the Trash; (5) Doing Laundry (Autism Partnership Foundation, 2019). If the person responsible/case coordinator/ABA therapist wants to work on conversational skills, positive behavior support can be very helpful. Conversational skills might include (1) Appropriate Distance; (2) Appropriate Levels of Eye Contact; (3) No Inappropriate Touching; (4) Acknowledges Statements of Other People; (5) No Interrupting; (6) Listens; (7) Stays on Topic; (8) Brings up New Topics Gracefully; (9) Leaves Old Topic in the Past; (10) Rude Comments are Nonexistent; (11) Not Dominate Talker; (12) Appropriate Volume; (13) End Conversation Gracefully; (14) Understands Different Topics for Different People (Autism Partnership Foundation, 2019).

In some cases, PBS can greatly enhance an individual's quality of life. It the practice is implemented correctly, and proper resources are utilized, PBS can be very effective. The main goal of (PBS) is to assist the individual on changing lifestyle in the direction that gives parents,

teachers, peers, and the child himself to understand, and the enjoyment by improving the quality of life (Amer, 2017)

Visual Supports

Educators must be able to identify and use effective instructional practices specific to the needs of students with ASD in order for learners to understand and connect to text and thereby improve outcomes in comprehension (Accardo et al., 2017)

Visual supports are an evidence-based practice for supporting learners with ASD in achieving a variety of skills. Research suggests that many children with ASD are visual learners and may struggle to comprehend expectations presented in a verbal mode only. A number of studies have demonstrated that individuals with autism spectrum disorders (ASDs) are faster or more successful than typically developing control participants at various visual-attentional tasks (Kaldy et al., 2016). Visually structured interventions present choices, expectations, tasks, and communication exchanges in a way that is appealing and approachable for visual learners (Kidder & McDonnell, 2017). Visual Supports can be helpful for a number of different tasks and goals and having visual cues that are readily available to the child in the home after you have left can promote further learning and skills. Caregivers should provide the child with simple, clear directions on how to use the visual support, frequent natural opportunities for practice, and modeling. The visual support should be in a visible and accessible location so that the child is frequently reminded that it is available (Kidder & McDonnell, 2017).

Visual supports can assist children with autism spectrum disorder (ASD) in coping with new or challenging situations, behaving in a socially appropriate manner, and communicating with others (Kidder & McDonnell, 2017).

Visual Supports are frequently brought up in research articles as a very helpful form of communication and conversational/task skills. Visual supports are important tools within a framework of positive behavior interventions and support (PBIS). PBIS is a person-centered and prevention-oriented model of support that uses socially validated interventions such as choice making, problem solving, and self-management (Kidder & McDonnell, 2017). If you are using cues or a learning style that is not helpful or understandable to the person that you are using those cues/learning style with, you will not make much progress. Asking the person responsible what the best learning style for the person supported is could greatly assist the child, the family, and the caregiver. The following table lists some different types of visual cues, as well as why they are beneficial for the learner.

Type of Support	**Best for Goals Regarding….**	**Skills Targeted**	**Information Needed**	**Visual Variations**

Activity Schedules (across task)	…Transition Skills Between Activities	-Previewing Upcoming Events -Transitioning Between Activities	Detailed List of Daily Routines and Occasional Events that may Change the Routine	-List -Flipbook -Removable Cards
Activity Schedules (within task)	…Finishing a Challenging Task	-Previewing Steps in an Upcoming Complex Task -Completing Tasks without Adult Prompts	Task Analysis of Targeted Activity	(same as above)
Contingency Maps	…. Learning Effects of Certain Choices	-Previewing Upcoming Choices and Outcomes -Reviewing Outcomes of a Past Choice	Pathways for Challenging an Alternative Behavior	-Highlighted or Colored Pathways -Photographs
Cue Cards	…Meeting Simple Expectations	Recalling an Expected Behavior	Desired Behavior (and optionally, the problem behavior)	-Single Cue -Yes/No Cue
Social Narratives	…Understanding Expectations of a Particular Situation	-Previewing Upcoming Situations and Expectations	Set of Directive, Descriptive, Perspective, and	-List -Comic Strip -Flipbook
		-Understanding the Perspectives of Others in a Given Situation	Affirmative Sentences	
Symbol Exchange	…Requesting Access to Items or Activities	-Recalling Options to Request -Exchanging Symbol to Access Desired Item/Activity	Items or Activities to Request	-Type of Symbol (icon, photograph, text, tangible object) - Number of Items in Array

(Kidder & McDonnel, 2017)

Sometimes, not knowing the schedule for the day can be very stressful and/or dysregulating for the child and could cause them to display negative behaviors (especially if a day has a different routine than days usually do). Knowing how the day is going to go can give a child with ASD a sense of control and stability, which can definitely help promote positive behaviors.

There are two types of activity schedules: across-task schedules and within-task schedules. Across-task schedules depict events across a period of time, such as the order of activities in the day. Within-task schedules show each part of a task, such as the necessary steps to wash hands. Across-task schedules are helpful for children who have difficulty with transitions between activities, and withintask schedules can be used to teach a challenging task or minimize prompting during a long activity (Kidder & McDonnell, 2017).

Figure 1
Class-wide activity schedule

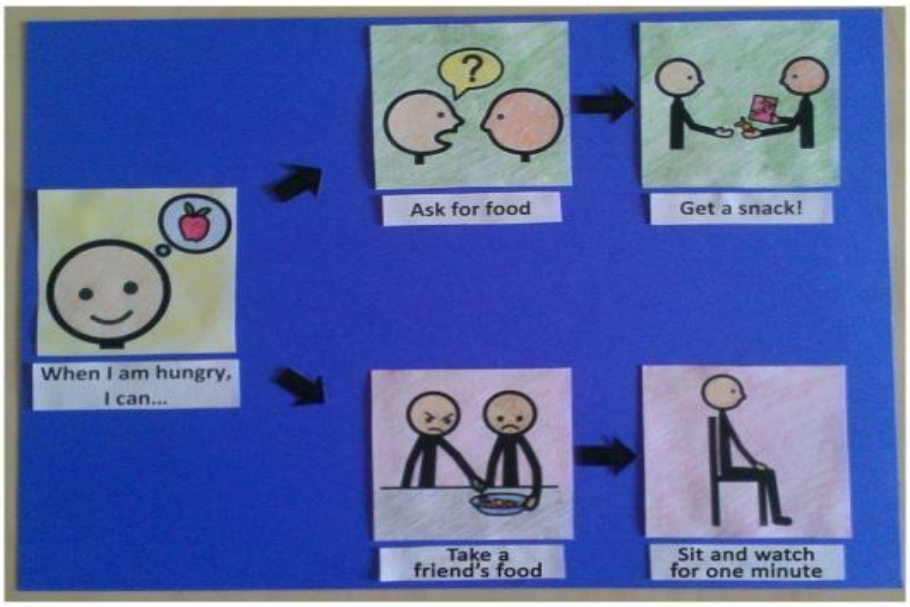
Figure 2
Within-task activity schedule

As stated in the table above, activity schedules are not the only visual support that can be used. A contingency map is a simple flowchart of choices and outcomes. In a contingency map, the consequences of the target behavior and the replacement behavior are shown using picture symbols, photographs, and/or printed text (Kidder & McDonnell, 2017).

As always, you must ask the family before you implement any type of behavior intervention. Family members should always be included in the planning and development of any behavioral intervention, so if a language barrier is an issue, arrange for interpretation. Interpreters may also be able to assist families and educators in adapting progress monitoring materials to the family's home language (Kidder & McDonnell, 2017). The family should never be confused about what cues are being used and what kind of care their child is receiving. They

should always fully understand the plan of care, what it entails, and why it might be helpful. The family and person supported need to have a voice, nothing should be forced on the family or the person supported.

Figure 3
Contingency map



Here are some resources that could be used when making visual cues:

Resources for Developing Visual Supports

Task	Suggested Resources	How to Use
Locate Pictures and Photographs	Online Imagine Search Engines	There are many resources available online for locating royalty-free or inexpensive images. Google's image
		search allows the user to filter for line drawings, clip art, and photographs. Also available are various online image resources for individuals with disabilities, such as the Aragonese Portal of Augmentative and Alternative Communication.

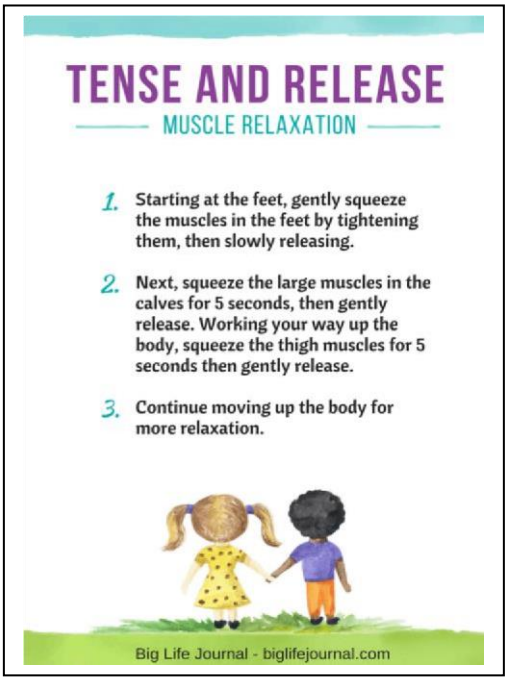
Easily Collect and Access Non-Sensitive Phots	Cloud-Based Image Storage and Syncing	Dropbox, Apple, Microsoft, and Google (to name a few) all feature automatic backups of images taken from mobile devices, for easy printing and drag-and-drop into documents. (For privacy reasons, student/family images should not be stored in this way.)
Print Photos for Pickup/Delivery	Retail or Web Based Photo Uploading and Printing	Many retail chains (e.g., Target, Walgreens) offer photo printing and in-store pickup of user-uploaded images. Several websites (e.g., Shutterfly) also specialize in photo printing and mail delivery.
Save Time Cutting/Gluing	Sticker Paper Compatible with Ink Jet and or LaserJet Printers	Select sticker paper that corresponds to the dimensions needed for the visual support. Most manufacturer of sticker paper include word processor templates for east formatting and printing.

(Kidder & McDonnell, 2017)

Mindfulness and Positive Behavior Supports

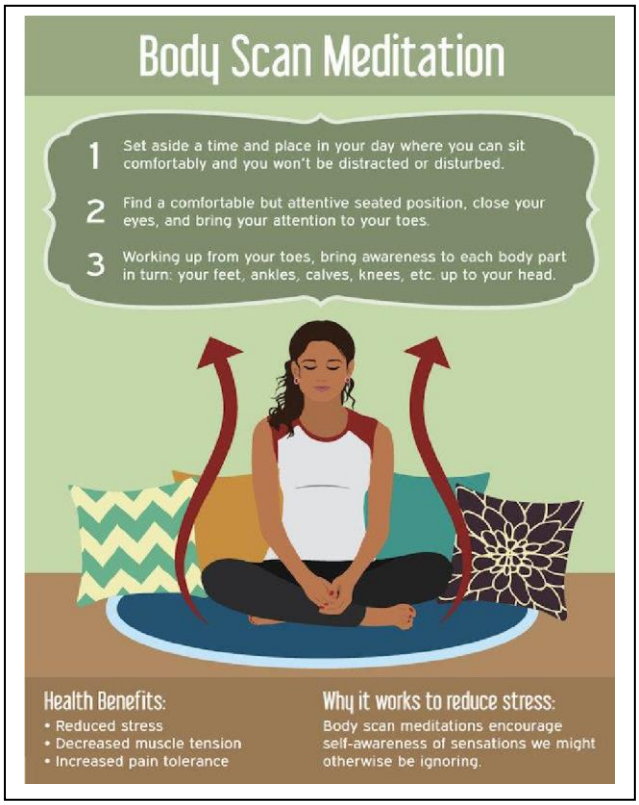
Mindfulness is being attentive to what you are doing and having an awareness, with nonjudgmental acceptance, of your emotional state in the present moment. The systematic cultivation of mindfulness is the "moment-to-moment, non-judgmental, nonreactive attending, and the awareness, insight, and potential liberation that can arise from that intentional cultivation" (Singh, 2020). Almost everyone gets frustrated at some point in their life and having the ability to regulate yourself and push aside your frustrations could save you from behaving in an angry/aggressive way. Helping the individual with mindfulness techniques (i.e., breathing techniques, tapping your fingers on your forehead, counting to 100, etc.). Not only can you work with the person that you are working with on mindfulness, but you can also help yourself with mindfulness as well.

The effects of caregiver mindfulness appear to cascade or spill over to people in their care, thereby enhancing the quality of life of the caregivers as well as those in their care. For example, enhanced caregiver mindfulness decreases aggression and increases learning in people with IDD at the lowest level of behavioral and cognitive functioning, without implementing any additional programs for them (Singh, 2020).



Not being able to regulate your emotions could cause negative behaviors, and it could be extra frustrating if you do not know how to effectively ease those negative emotions. If you are not successfully able to be mindful and calm around the person that you are supporting, it will be difficult to provide positive behavior supports. On airplanes, you need to secure your own mask before helping others, and this goes for caregiving as well. Current research suggests that (1) teaching MBPs to caregivers (i.e., parents and family members, paid caregivers, teachers) has beneficial effects on the caregivers as well as on people with IDD in their care; and (2) people with IDD at mild and borderline levels of functioning can learn MBPs to successfully self-regulate their behavior in stressful situations that would typically produce challenging behaviors, such as aggressive, destructive, and self-injurious behaviors (Singh, 2020).

While mindfulness techniques can help anyone, these can be especially beneficial for individuals with autism of individual with developmental disabilities. A wide variety of social and cognitive therapies have been used to reduce symptom severity, one of which is Mindfulness-Based Stress Reduction (MBSR). Mindfulness is the act of being aware on purpose to whatever is being experienced in the present moment with nonjudgment and receptivity (Brzezinski, 2017).



Mindfulness-based programs (MBPs) train participants to pay attention to the present moment, including emotions, thoughts, bodily sensations, and action tendencies, with a nonjudgmental and curious attitude. This present-moment awareness is practiced with meditations and applied during daily life. Selfregulation of attention forms an elementary component of mindfulness. (Ridderinkhof et al., 2020)

Learning how to Learn

Depending on the person you are supporting, you might need to help with schoolwork (or practice visual cues) and will need the person that you are supporting to be a "good learner". If you are constantly moving around and laughing and talking, you will not be able to learn much. I certainly remember my teachers telling me that when I was younger. Sometimes it is very easy for children to get distracted, but you have to keep them on track to help them learn the skills that they are working on. The following is a list of qualities of an effective learner (it is important to remember that everyone learns differently, and these are not realistic goals for every learner):

- Learning How to Learn
  - Sitting
  - Waiting
  - Attending
  - Observational Learning
  - Relinquishing Reinforcers
  - Not Fidgeting or Grabbing
  - Remaining Calm
  - Paying Attention

- Responding to Instructions
- Learning from Feedback
- Learning from Prompts
- Deductive Reasoning
  (Autism Partnership Foundation, 2019)

Attention impairments could lead to weak central coherency. Children could remain focused on local features of an object because of difficulties in shifting their attention away from it. Overly focused attention hampers perceiving and integrating complex stimuli and perceiving relations between stimuli, thus, weakening central coherency. Attention is crucial for developing higher level executive functioning (Ridderinkhof et al., 2020).

If it seems as though the child is starting to fidget or get distracted, it is okay to give them a short break. It is hard to sit still and be focused for a long period of time as a kiddo and being able to move around and play for a moment could greatly enhance their ability to learn and the amount of information, they are able to retain. It is important to remember, however, that all of the responsibility of effective learning does not fall on the learner, the teacher needs to be effective as well. You should be able to (1) Create a Behavioral Culture; (2) Listen; (3) Remember that Not Job is Beneath You; (4) Do Not Bring an Ego; (5) Teach to Independence; (6) Be Willing to Make Mistakes; (7) Normalize Difficulties in the Learning Process; (8) Be Generous with Praise; (9) Inspire (Autism Partnership Foundation, 2019). If a teacher is not effective, it will be hard for the student to learn and retain the information that was taught (that is my excuse for being so bad at math in high school).

While working with your person supported on assignments (if that is something that you have to do) it is also important to be calm and patient, as the individual that you are helping might feed off of your behavior and act that way themselves. Positive verbal behavior is vital to an effective learning experience. The definition of verbal behavior, as well as speaker and listener, are as follows:

- Verbal Behavior ○ Skinner first defines verbal behavior as the behavior of an individual that has been reinforced through the mediation of other person's behavior.
  - ○ Verbal behavior involves social interactions between speakers and listeners.
- Speaker ○ Speakers gain access to reinforcement and control their environment through the behavior of listeners.
- Listener ○ The listener must learn how to reinforce the speaker's verbal behavior, meaning that listeners are taught to respond to words and interact with speakers.
  (Autism Partnership Foundation, 2019)

To be an effective teacher, you need to be willing to collaborate with the rest of the team. This includes other professionals (i.e., teachers, case coordinator, therapist, OT, PT, etc.), family,

and friends. Having a collaborative approach means (1) Being Non-Judgmental; (2) Emphasize Teamwork; (3) Parents Have Great Knowledge; (4) Be Objective; (5) Be Reinforcing; (6) Have them Select Areas that Need Targeting. It is important that you are on the same page as the family and the rest of the team, so keeping open communication with everyone and well as being able to effectively implement what the treatment team/family decides on could make or break a positive learning experience.

Social Skills and Positive Behavior Support Why is Teaching Social Skills Important?

- Promote Language
- Improve School Performance
- Scope of Education
- Peer Approval
- Reduced Loneliness and Depression
- Reduced Thoughts or Attempts of Suicide
- Formation of Friendships
- Quality of Life

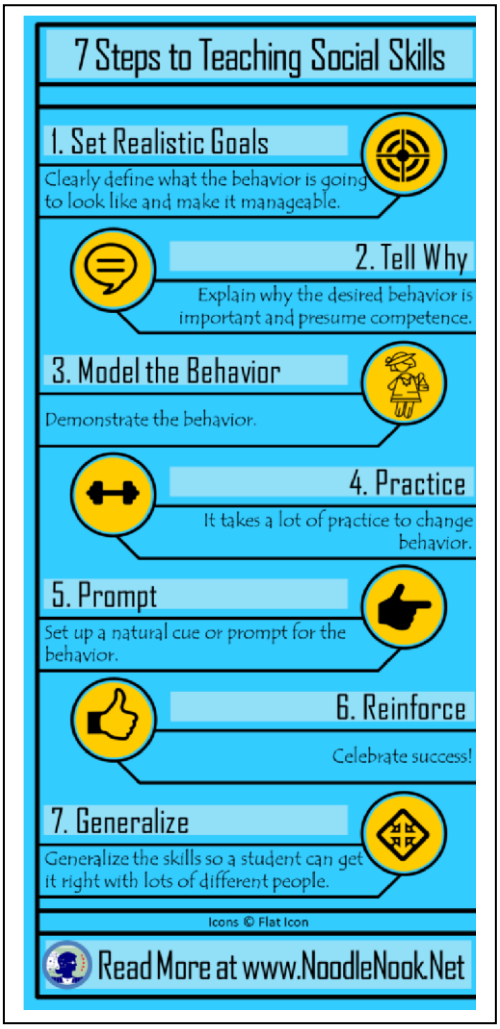
Working on social skills can greatly benefit individuals with Autism Spectrum Disorder. Not being able to effectively communicate your thoughts and feelings could make it difficult to develop relationships with peers and to strengthen relationships with family and other individuals that might be in their lives. Young adults with ASD experience difficulties with social skills, empathy, loneliness, and social anxiety (McVey et al., 2016). When individuals reach middle school, they typically try to develop a social sphere and start making close friends. Inability to do this could make an individual feeling lonely and anxious and could cause life-long problems.

Individuals with ASD often struggle with social cognition, such as theory of mind, and may have difficulty initiating or maintaining social interaction and reading social cues. Social skills deficits may present as limited verbal and nonverbal communication, lack of eye contact, limited reciprocal speech, and lack of insight (McVey et al., 2016)

While development of social skills will be more of a marathon than a sprint, and the social skills may never fully develop, it could positively impact the quality of life of the

individual that you are working with. Individuals with autism may experience difficulties with social-emotional reciprocity and impairments in emotion recognition and expression. Children with ASD frequently exhibit delays and deviations in their ability to recognize emotions in themselves of others (Rice, Wall & Shic, 2015).

Due to difficulty identifying and accurately interpreting facial expressions and social interaction, many social interactions could be confusing and frustrating. Studies have shown children with autism have difficulty ‘‘reading’’ facial expressions, matching facial expressions with verbal messages, and comprehending emotion-laden words. (Rice, Wall & Shic, 2015). The person that they are talking to might be upset or frustrated, and the individual would not be able to identify that, which could lead to a negative social interaction. Being patient with the person that you are supporting is extremely important, and it is important to recognize that social interaction may not come as naturally to the individual.



> Accordingly, social cognitive theories propose that core emotion and social processing deficits observed in individuals with ASD may account for some of the observed behavioral symptoms of autism. For example, problems recognizing, labeling, and understanding the emotional and mental states of others, coupled with an inability to discern the appropriate empathetic and congruent response, can obstruct communication and precipitate social misunderstanding (Rice, Wall & Shic, 2015).

Because social competencies are not universal, the capacity to behave appropriately in a variety of social contexts depends, at least in part, on other skills as well as on social competence of a person (Szumski, 2017). There are a variety of social situations that an individual might find themselves in, and each social situation will have different expectations. As an example, you would not talk to a teacher the same way that you would talk to your best friend. You cannot provide the child you are supporting with a set list of rules for behaviors they should display in each social situation, because social competencies are not universal. Only working with the individual on talking to friends and peers could result in them talking to everyone that they come into contact with the same way. It is important to teach and demonstrate how to interact in a variety of social situations. Social skills are very important to children’s development. Children’s social skills usually include showing an interest in others, initiating, and sustaining interactions, taking part in group play or goal-directed

group activities, responding appropriately to peers' aggressive behavior, and effectively solving social problem. These skills are required for positive relationships with peers, which satisfy the need to belong, protect against victimization, and promote cognitive and social development (Szumski, 2017)

Another option, other than individual work, would be Behaviorally Based Social Skills Groups. Behaviorally Based Social Skills Groups give an opportunity for three or more children to come together and simultaneously learn social behaviors (Autism Partnership Foundation, 2019). Behaviorally Based Social Skills are used to teach a wide variety of skills such as social behavior, communication, abduction prevention, and gun safety. Some large parts of this type of training are modelling, rehearsal, and feedback and praise, the recommendations these steps are as follows:

- Model
  - Appropriate Way Only
  - Similar to Natural Setting
  - Multiple Exemplars
  - Describe What Happened Rehearsal
  - Should be Similar to Real Life
  - Think About Proactiveness of The Situation
- Rehearsal
  - Arrange Stimulated Situations for the Student to Display the Skill
  - Make it More Natural Overtime
  - Think About Proactiveness of the Situation
- Feedback and Praise
  - Provide Reinforcement and Corrective Feedback
  - Be Descriptive as Possible/Needed
  - Practice Until Mastered (Autism Partnership Foundation, 2019)

One popular test to determine social skills, problem behaviors, and academic competence is the Social Systems Improvement System. It was designed to replace the SSRS Social Skills Rating System (Gresham & Elliot, 2021).

The SSIS can be used to assess children with behavioral and interpersonal skills difficulties, screen for problem behaviors, and identify students at risk for social behavior difficulties

and poor academic performance. In addition, it can be used to identify specific social behavior acquisition and performance deficits that can be addressed with skill-building school and home interventions and identify social skills strengths (Gresham & Elliot, 2021).

SSiS: Domain – Autism Partnership Foundation	**Qualities**	**SSiS: Domain – Gresham & Elliot**	**Qualities**
Communication	-Saying Thank You -Taking Turns in Conversation -Voice Tone -Body Gestures -Saying please - Responding to Conversations	Social Skills	-Communication -Cooperation -Assertion -Responsibility -Empathy -Engagement -Self Control
Cooperation	-Follows Rules -Pays Attention to Instruction -Works Well with Others -Follows Directions -Completes Task without Bothering Others	Competing Problem Behaviors	-Externalizing -Bullying -Hyperactivity/ Inattention -Internalizing -Autism Spectrum
Self-Control	-Resolves Disagreements Calmly -Stays Calm When Teased -Takes Criticism without Being Upset -Makes a Compromise During Conflict -Tolerates Peers that are Annoying -Responds Well when Pushed -Stays Calm During Disagreements	Academic Competence (teacher form)	-Reading -Math -Motivation -Parental Support -General Cognitive Functioning

Improving Social Skills can positively impact an individual's life in multiple ways, including but not limited to (1) Social Awareness; (2) Social Communication; (3) Social Interaction; (4) Social Learning; (5) Social Relatedness (Autism Partnership Foundation, 2019).

Social Skill	**Qualities**

Social Awareness	-Receptive Label of Significant Others -Relationship Discrimination -Gestures -Impact of Behavior on Others -Inferences
	-Jokes -Perspective Taking
Social Communication	-Basic, Intermediate, Advanced Conversation -Giving Compliments/Feedback -Interrupting -Maintaining or Changing Conversation Flow -Implying/Subtleness -Persuasion
Social Interaction	-Tolerance, Awareness, Interest -Attention Seeking -Interactional Reciprocity -Helping -Assertion -Negotiation -Decision Making/Problem Solving/Coping
Social Learning	-Imitation -Observational Learning -Vicarious Learning -Incidental Learning -Information Seeking -Group Effects -Screening Influences
Social Relatedness	-Desire for Proximity/Social Reinforcer Value -Joint Attention -Engagement -Desire for Approval/Acceptance -Attachments and Friendships -Interpersonal Reciprocity -Empathy/Compassion/Caring/Altruism

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