



Autism Society  
of North Carolina



# Behavior & the IEP Toolkit

Suspensions, the Disciplinary Process, Functional Behavior Assessments  
and Behavior Intervention Plans

Part of the ASNC School Toolkit Series

Rev 9.22

Sometimes children with autism behave inappropriately in the school setting, violating the school conduct code. This may lead to suspension and can be an emotional time for families on many levels. The family may be angry, confused, embarrassed or simply overwhelmed by the myriad of emotions. It doesn't seem fair that their child who has a disability should be punished, and it can be difficult to understand the disciplinary process.

## About the toolkit

This information is for families whose children have problem behaviors in school and who may be at risk for suspension from public school because of inappropriate or dangerous behavior. The toolkit reviews the school disciplinary process, suspension/removal and how behaviors may be addressed through a Functional Behavior Assessment (FBA) and development of a Behavior Intervention Plan (BIP).

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This toolkit is broken into different sections; you can read all of it or just choose sections that you are most interested in.

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## Beyond the toolkit

If this toolkit raises new questions for you and you want to talk with someone, the Autism Society of North Carolina (ASNC) can help. In every NC county, ASNC has Autism Resource Specialists who are experienced parents of children with autism and trained autism educators and advocates. You can find contact information for the Autism Resource Specialist in your community here: [www.autismsociety-nc.org/resourcespecialists](http://www.autismsociety-nc.org/resourcespecialists).

The ASNC Autism Resource Specialists also hold IEP workshops across the state. To find an IEP workshop in your area, go to the schedule on the ASNC website at [www.autismsociety-nc.org/workshops](http://www.autismsociety-nc.org/workshops) or contact the Autism Resource Specialist in your community.

If you would like to read more about this topic, go to the additional resources section of this toolkit for recommendations by ASNC staff.

# Suspension/Removal & the Disciplinary Process

**Out-of-school suspension** is the temporary removal of a student from the school setting. Any time a child is denied access to any part of the educational services, regardless of the time of day, it is counted as one day of out-of-school suspension. This includes:

- When a parent is asked to pick up a child prior to the end of the instructional day
- When a student is placed into in-school suspension (ISS)

According to the NC Department of Public Instruction (see link below), best practice dictates that either of these actions on the part of the school counts as an out-of-school suspension and **MUST** be recorded as such. Schools should report any suspension to the parent immediately on the day the incident occurs and provide a statement of the reasons for the discipline.

**Long-term suspension** is removal from the school setting for more than 10 school days. Long-term suspension may happen when:

- the student's behavior violates the school code of conduct and
- the behavior is NOT related to the student's disability  
(Schools often use the phrase "manifestation determination" to describe this.)

However, the school system is still required to provide a free and appropriate public education to enable the student to participate in the curriculum and progress toward meeting the goals in the student's Individualized Education Program (IEP). The IEP team must meet to discuss whether a behavior that prompted suspension was a manifestation of the disability. The student's placement/setting may be changed regardless of that decision, if the team believes that the current setting does not allow the student to participate in the curriculum and progress toward meeting IEP goals.

## FAQs:

### 1. Can a child with a disability be suspended?

Any student, regardless of a disability, can be suspended short term for violating the code of student conduct. When a long-term suspension is being considered, students with disabilities are required to go through the manifestation process to determine whether the behavior was caused by the disability. If the behavior was part of the disability or the school failed to implement the IEP, then the student cannot be suspended.

### 2. What if parents disagree with the suspension, the manifestation determination process, or a change in placement?

If parents disagree with any part of the manifestation determination review, a suspension that results in a change of placement, or a change in placement, then they can request an expedited due process hearing with the Office of Administrative Hearings. The student remains in the discipline setting during the hearing process.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/best-practices>

# Functional Behavior Assessments (FBA)

Functional Behavioral Assessments are used to try to determine why individuals exhibit specific behaviors. The context of the behavior – as well as the frequency, duration, and intensity – lead to a better understanding of how to help the student.

Although a Functional Behavioral Assessment (FBA) is not required until the student has been removed or suspended from school, best practice is to perform the assessment for any student with a disability who has problem behavior. This would lead to proactively creating interventions to help the student learn more appropriate behavior.

## Steps included in a Functional Behavioral Assessment:

1. Identify and define the problem behavior.
2. Collect information about when the behavior happens through observations (include frequency, duration, and intensity) and interviews with child, parents, and staff.
3. Identify what happens before the child's problem behavior and what happens afterward. Look for patterns.
4. Come to an agreement about the purpose of the problem behavior.
5. Develop a statement that explains why and when the Individualized Education Program (IEP) team thinks the child uses the problem behavior.

For a sample form you can use for an FBA, please see the appendix to this toolkit.

## FAQs:

### 1. Who can do an FBA and is it part of an evaluation or a re-evaluation?

Teachers, parents, and anyone who works with the child can do an FBA. An FBA is not part of a formal evaluation, and parents are not required to give permission to the school. An FBA is a tool for finding information and not a formal assessment; each school or school district may have its own version of an FBA form.

### 2. What if the teacher or school refuses to do an FBA?

The school is only required to do an FBA when a long-term suspension is being considered. It is important to remember that identifying the triggers and patterns of behavior is necessary in order to develop a good Behavior Intervention Plan. Figuring out why the behavior is occurring is the first step toward changing the behavior.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/functional-behavior-assessment>

# Behavior Intervention Plans (BIP)

After the Individualized Education Program (IEP) team has completed a Functional Behavior Assessment (FBA) and the function of the behavior has been decided, the IEP team develops a Behavior Intervention Plan (BIP) for the student.

## A BIP is:

- a plan to support the student to help the student change behavior.
- part of the IEP.

Effective BIPs consist of multiple interventions or support strategies and are not punishment. The BIP must address the function of the behavior and include information gathered in the FBA. Changing the environment when appropriate and possible, and recognizing and modifying behavioral triggers are key components of any BIP.

When the IEP team is ready to create a BIP, they should start by brainstorming possible interventions.

## Here are the next steps:

1. Discuss whether the interventions are appropriate and how they relate to the FBA.
2. Identify the types of supports that team members will need to implement the selected interventions. For example, if a staff person is going to work individually with the student on a specific social skill, that person's other duties must be covered. Document this in the BIP.
3. Include how and when the BIP will be evaluated.

At times, teachers can modify the environment of the student by implementing preventive strategies, such as:

- stating clear expectations
- modifying seating arrangements
- adapting the pace of instruction
- avoiding exposing the student to long delays
- providing a choice of activities
- allowing the student to take breaks

## Examples of positive supports that might be included in a BIP:

- Teaching the child replacement behaviors
- Rewarding the child for using socially acceptable behavior
- Teaching the child to recognize and avoid the behavior "triggers"
- Teaching the child to identify emotions
- Changing the responses of the adults
- Changing negative stimuli in the environment
- Providing a caring adult to give positive time at school
- Supporting the child at problematic times

*continued on next page* →

## A Sampling of ASNC Workshops:

- Autism: Building on Strengths to Overcome Challenges
- After the Diagnosis: Get Answers, Get Help, Get Going!
- The IEP Process: Building Success for Your Child at School
- IEP Basics: Frequently Asked Questions
- Beyond the IEP Basics
- IEP Notebook: Taming the Paper Monster
- Taking Autism to the Doctor/Dentist
- Taking Autism on the Road
- Wading Through Therapy Options: Where to Begin
- Developing an Individual Transition Plan: ITP @ 14
- Journey to Adulthood
- The Importance of Developing Self-Advocacy Skills
- Making the Parent-Professional Relationship Work
- Considering College? Prepare, Plan, Succeed
- Preparing for College Starts at Home
- Guardianship: What You Need to Know
- The Next Step: Residential Options for Adults with Autism
- Managing Stress: Taking Time to Breathe
- Staying Two Steps Ahead: Safety Considerations for Caregivers
- iPads, Mobile Technology and Autism
- Tips and Tricks for iPads and Autism
- Navigating Services
- Civics 101: Understanding How Government Works for You
- Civics 201: Practical Strategies for Advocating for Change

A calendar of workshops can be found online at:  
[www.autismsociety-nc.org/workshops](http://www.autismsociety-nc.org/workshops)

*{BIP continued from previous page}*

Lifestyle interventions to improve the student's quality of life may be included in a comprehensive BIP. For lifestyle interventions to be effective, there must be ongoing, long-term support for the student. Examples include:

- helping the student have the opportunity to make friends
- assisting him in accessing events or activities of interest
- giving more personal choice and power over age-appropriate life decisions

Because it does take a while for a Behavior Intervention Plan to change a student's behavior, it is important that the IEP team decide what will happen when the problem behavior still occurs. If it is a manageable behavior, it is important to come up with responses that discourage the problem behavior. In some cases, the behavior may be extreme, and the IEP team should develop a crisis plan to address those situations. Here are the steps in creating such a plan:

1. Define a crisis situation.
2. Describe the intervention procedures to be put into place, including who will be involved.
3. Identify the resources needed to implement the plan and agree on the procedures for documenting the use of the crisis plan.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/behavior-intervention-plan>

# Resources

## IEP Books:

- **Autism: Asserting Your Child's Right to a Special Education** – *David A. Sherman*
- **The Complete IEP Guide: How to Advocate for Your Special Ed Child** – *Lawrence M. Siegel*
- **The Complete Guide to Special Education: Expert Advice on Evaluations, IEPs, and Helping Kids Succeed** – *Linda Wilmschurst and Alan W. Brue*
- **Wrightslaw: All About IEPs** – *Barbara Cooper MPS, Nancy Widdows MS*
- **Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks** – *Ross W. Greene*

## Six-fold quick references for teachers:

- **Autism: Strategies A-Z Elementary**
- **Autism Strategies for Middle Schools: A-Z**

## Behavior Books:

- **The Incredible 5-Point Scale** – *Kari Dunn Buron and Mitzi Curtis*
- **A 5 Is Against the Law! Social Boundaries: Straight Up!** – *Kari Dunn Buron*
- **Functional Behavior Assessment for People with Autism** – *Beth A. Glasberg, Ph.D*
- **Stop That Seemingly Senseless Behavior!: FBA-based Interventions** – *Beth A. Glasberg, Ph.D*
- **The Ziggurat Model: A Framework for Designing Comprehensive Interventions** – *Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.*

Three Underlying Characteristics Checklists are used with the book:

- **Ziggurat Model: Underlying Characteristics Checklist** – *High Functioning (UCC-HF and UCC-CL)*
- **BZIGo4 Underlying Characteristics Checklist** – *Early Intervention (UCC-EI)*
- **BZIGo5 Underlying Characteristics Checklists** – *Classic Autism (UCC-CL)*
- **Comprehensive Autism Planning System (CAPS)** – *Shawn Henry and Brenda Smith Myles*

# About Autism

Autism Spectrum Disorder (ASD) refers to a group of developmental disabilities – including classic autism, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and Asperger’s Syndrome – that affect a person’s ability to understand what they see, hear, and otherwise sense. It is a brain disorder that affects communication, social interaction, and behavior.

Individuals with ASD typically have difficulty understanding verbal and nonverbal communication and learning appropriate ways of relating to other people, objects, and events. No two people with ASD are the same. As its name implies, ASD is a spectrum disorder that affects individuals differently and with varying degrees of severity. Additionally, ASD is often found in combination with other disabilities.

It is estimated that up to 1 out of every 59 children has some form of ASD. Evidence suggests that the prevalence rate in North Carolina is even higher than the national average, at 1 in 57. More than 65,000 individuals live with ASD in North Carolina.

The overall incidence of ASD is consistent around the globe, but it is five times more prevalent in boys than in girls. ASD knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of occurrence. While ASD is typically diagnosed in children, it is a lifelong disorder that affects individuals of all ages.

## What Causes ASD?

Although it was first identified in 1943, to this day no one knows exactly what causes ASD. However, research to discover its cause is ongoing. Many researchers believe that there is a strong genetic component. Some research suggests a physical problem that affects the parts of the brain that process language and information; other research points to an imbalance of brain chemicals. A variety of possible external or environmental triggers are also being studied. It is possible that ASD is caused by a combination of several factors.

## Signs and Symptoms

People with ASD may have problems with social, behavioral, and communication skills. They might repeat behaviors and might not understand change in their daily activities. Many people with ASD also have different ways of learning, paying attention, or reacting to things.

### A person with ASD might:

- have severe language deficits or differences
- talk about or show interest in a restricted range of topics
- not point at objects to show interest, such as an airplane flying over
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people’s feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- laugh, cry, or show distress for no apparent reason
- repeat actions over and over again
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- be oversensitive or under-sensitive to pain
- lose skills they once had (for instance, stop saying words they were once using)

# **APPENDIX:**

## Functional Behavior Assessment Guide & Iceberg Worksheet

# University of North Carolina TEACCH® Autism Program

## Functional Behavior Assessment Guide

Use the attached iceberg to highlight the main points of this process. Note that the data will be collected and charted separately.



### SECTION ONE-A – IDENTIFY THE TARGET BEHAVIOR

Define the target behavior, what the individual does in concrete, objective, and observable terms.

*\*Document on the iceberg.*

### SECTION ONE-B – IDENTIFY THE EXPECTED BEHAVIOR

Select one situation in which the target behavior occurs and describe the expected behavior in concrete observable terms, what should the individual be doing if they were not engaging in the target behavior. State the original expectation, such as, completing assigned work, eating lunch, walking from the bus to the classroom, playing with their toys.

*\*Document on the iceberg.*

### SECTION TWO – BRIEF PROFILE OF THE INDIVIDUAL

Identify the individual's developmental level/intellectual functioning, communication skills, current academic skills and supports, strengths and interests. The individual's profile (the information in this section) will help to better understand the "why" behind the behavior as well as develop appropriate supports for the expected behavior.

#### A. Describe developmental level/intellectual functioning

#### B. Describe the individual's communication skills

##### a. Describe the individual's spontaneous expressive communication skills

- ☐ Verbal, using full sentences conversationally
- ☐ Verbal with scripted language and/or some conversational skills
- ☐ Non-verbal to minimally verbal: communicates with objects or pictures

##### b. What is their receptive language communication level?

- ☐ Follows one step verbal directions
- ☐ Multi-step verbal directions
- ☐ Follow group instruction

##### c. Additional thoughts:

**C. Describe the individual's academic skills (literacy and math)**

**a. What is their current level of independent comprehension?**

Grade level – Reading ☐ On ☐ Above ☐ Below

**i. Reads and comprehends:**

- ☐ written sentences
- ☐ single words
- ☐ pictures
- ☐ objects

**b. Grade level – Written Language ☐ On ☐ Above ☐ Below**

- ☐ generates written paragraphs
- ☐ generates written sentences
- ☐ generates written phrases
- ☐ copies written words

**c. Grade level – Math (relevant if the expected behavior involves math skills)**

☐ On ☐ Above ☐ Below

**D. Describe the individual's current visual supports and work behaviors**

**a. Schedule:** A personal, individualized schedule is meant to indicate what activities will occur and in what sequence. It increases independence with transitions and helps improve tolerance for change.

- Describe personal schedule: \_\_\_\_\_

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- ☐ Uses the schedule without prompts or adult support
- ☐ Needs prompts or support from adult

**b. Work/Activity System:** An individualized work/activity system, is meant to provide a systematic approach to understanding what needs to be done, how much needs to be done, provides a concept of finished, and tells the individual what happens next.

- Describe the work system and the settings): \_\_\_\_\_

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- ☐ Uses the work/activity system without prompts or adult support
- ☐ Needs prompts or support from adult

**c. Visual Instructions:** Visual Instructions help an individual independently understand how to complete an activity. The form of the instructions should be based on the individual's independent reading level.

- What type of visual instructions does the individual follow?
    - ☐ Written sentences
    - ☐ Short phrases
    - ☐ Single words
    - ☐ Pictures
    - ☐ Objects
  - Level of independence
    - ☐ Follows the visual instructions without prompts or adult support
    - ☐ Needs prompts or support from adult
- d. Speed of Work Completion:**
- ☐ Finishes quickly
  - ☐ Average speed
  - ☐ Rarely finishes
- e. Accuracy Of Work Completion** (does the Individual typically complete the assignments independently and accurately)?

**E. What are the Individual's Strengths and Interests?**

## SECTION THREE – OBTAIN AND PRESENT DATA

Provide data that describes the frequency, duration, and intensity of the targeted behavior(s). Assure that data provides information on the context prior to the behavior's occurrence. If possible, collect data on the frequency of the expected behavior. This data will be used to develop hypotheses in section four.

**A. Data (Create a data form to collect the relevant information as indicated below)**

- a. Setting/Situation: where, when, with/by whom, activity, biological issues, other.
- b. Antecedents what is happening just prior to when the behavior occurs: describe what you see without judgment about why
- c. Consequences response(s) of others after the behavior occurs: when the behavior occurs how does everyone respond and what happens then?
- d. Individual's Response: how did the individual respond to what happened next?
- e. When does the behavior not occur?
- f. Data on frequency and setting/situation of the expected behavior
- g. Comments (other relevant information):

**B. Changes in the Individual's Routines, Physiological States or Mental Health**

Have there been any major changes in the individual's school setting, home life, or daily routines which may be causing confusion or stress? (e.g., changed schools, new teacher, new classmate, divorce, changes in routine due to holiday, weather, illness, etc.). Describe any that apply

- a. Home/family composition: \_\_\_\_\_
- b. Daily routine: \_\_\_\_\_
- c. Eating routines/diet: \_\_\_\_\_
- d. Sleep patterns: \_\_\_\_\_
- e. School class placement, class composition: \_\_\_\_\_
- f. Routines: \_\_\_\_\_
- g. Medication change or not taking: \_\_\_\_\_
- h. Physical exercise: \_\_\_\_\_
- i. Other mental health conditions: (We are only considering if there has been a change in the mental health condition. This behavior problem solving process focuses first on the autism, while keeping in mind there may be other factors to consider later.)
- j. Other: \_\_\_\_\_

**C. Analyze the Data**

Graph the data based on factors such as location, time of day, day of the week, activity, who is present, etc. Look for patterns in terms of when the target behavior occurs and when it does not occur. Also look at patterns regarding the expected behavior.

- a. Note any patterns:

## SECTION FOUR – GENERATE HYPOTHESES

Develop hypotheses from the perspective of autism and level of developmental and cognitive abilities. Develop an understanding of the reasons underlying the behavior. Prioritize factors that may be getting in the way of the expected behavior. Reference and consider the information detailed in the overview of the individual.



**Iceberg Concept** – understanding behaviors from the perspective of autism.

**Prioritize factors related to why the individual is not engaging in the expected behavior.**

**A. Learning Styles and Developmental Level of ASD in Relation to the Behavior: Check all that apply and then note details in the comment section.**

- a. Developmental level
  - ☐ Is the expected activity at the individual's developmental level?
  - ☐ Are the expectations and activity age appropriate?

- Comments:

b. Implicit Learning

- ☐ Are there skills that you assume the individual should know or skills that need to be taught more explicitly?
- ☐ Does the individual understand the meaning behind the activity? Why is this skill or behavior important from the individual's perspective?
- ☐ Does a skill need to be generalized?
- Comments:

c. Attention

- ☐ Have you highlighted what the individual should attend to or toned down the distractions?
- ☐ Does the individual have a warning or way to anticipate that it is time to shift his/her attention?
- ☐ Does the task require the individual to attend to more than one thing at a time?
- Comments:

d. Executive Functioning/Time and Organization

- ☐ Is their organizational skill/ability to initiate or sequence events or understanding of time causing any difficulties?
- ☐ Does the activity have a clear concept of finished?
- ☐ Does the Individual know what to do while waiting?
- Comments:

e. Communication: Receptive, Expressive

- ☐ Does the individual know what is being asked?
- ☐ Are they able to follow multiple step directions?
- ☐ Is there a concrete visual instruction for the expected behavior?
- ☐ How does the individual communicate?
- ☐ What might the individual be communicating with his/her behavior? What is a more expected way for them to communicate this need/desire?
- ☐ Does the individual need extra time to process information?
- Comments:

f. Social Communication: Multiple Perspectives

- ☐ Does the individual have the skills to appropriately engage another person?

- ☐ Other than social motivation, why should the individual engage in the expected behavior?
- ☐ Does the Individual understand other people's perspectives?
- Comments

g. Restricted Or Repetitive Behaviors or Interests

- ☐ Is the individual driven to complete a specific routine?
- ☐ Is this a functional routine?
- ☐ Do they have a strong interest that is causing difficulty or could possibly be used to enhance engagement?
- ☐ Does the individual learn routines quickly?
- Comments

h. Sensory Processing

- ☐ Are there obvious signs of sensory seeking behavior?
- ☐ Does the individual have some sensory aversions that may be related to the area of concern?
- ☐ Does the individual appear to get overwhelmed by certain types or amounts of sensory input?
- Comments

**B. Linking Traditional Thoughts About the Why (Functions) of Behavior to Autism Learning Styles:**

As you review the data, if you develop hypotheses about the communicative functions, dig deeper and consider what may be the basis of this function from the perspective of autism.

a. Function to access items or activities

- ☐ Does the person demonstrate the skills to request appropriately?
- ☐ Are there visual supports in place so the individual can clearly see when they will get the preferred activity or item in the future?
- ☐ Do they have a concept of time and sequencing?
- Comments

b. Function to escape/avoid a task or unpleasant stimuli

- ☐ Does the person demonstrate the skills (do they know how) to perform the activity?
- ☐ Do they have a meaningful visual strategy that clarifies what to do, how long it will go on, when they will be finished and what they will do next?
- Comments

c. Function to Access Social Attention

- ☐ Does the individual have the social skills for getting attention in appropriate ways?
- ☐ Do they have a concept of turn taking?
- Comments

d. Function of Sensory Stimulation.

- ☐ Does the individual have appropriate and predictable ways to get these need(s) met?
- Comments
- 

Overall, be sure that the individual has the supports in place to know how and when to do the expected behavior?

*\*Document the top 3-5 hypotheses on the iceberg.*

## SECTION FIVE: DESIGN AND IMPLEMENT INTERVENTION AND PREVENTION Based on Hypothesis

For each of your hypothesis in sections 4 A, B and C above, decide what you will structure or teach to address the hypothesis and **INCREASE ENGAGEMENT IN THE EXPECTED BEHAVIOR.**

*\*Document and align the interventions with the corresponding hypotheses on the iceberg. It might be helpful to number the hypothesis and corresponding interventions. See suggestions below for ideas to address most common hypotheses.*



### A. Develop or Modify the Meaningful Structure and Visual Supports

- a. Strategies need to match individual's developmental level. All strategies need to be explicitly taught.
- b. Physical Structure – how will you change the environment?
  - i. Boundaries
  - ii. Address sensory issues – How will you minimize distractions and reduce stimulation (visual, auditory, tactile, olfactory)

- c. Schedule – how will you improve the schedule to clarify expectations and balance activities? Use strengths and interests, provide choices, engage in tension reduction activities, and socialize with peers. How will you increase the individual's ability to independently utilize and interact with schedule?
  
  - d. Work System – how will you highlight “WHAT TO DO, clarify FINISHED, and WHAT’S NEXT. Can the Individual access and use the work system independently? Identify how they know, visually, the answers to these questions, during this time:
    - i. How much do I do? \_\_\_\_\_
    - ii. What do I do? \_\_\_\_\_
    - iii. When is it finished? \_\_\_\_\_
    - iv. What do I do next? \_\_\_\_\_
  
  - e. Visual Instructions – how will you modify tasks to be more meaningful, clarify instructions, and how materials are structured?
- 

**B. Teach New Skills to Address the Behavior:**

- a. Teach expressive communication skills to address the function of the behavior i.e., a replacement behavior
- b. Teach social skills i.e., turn taking, sharing, social rules, social perspective taking, and initiation of social interactions
- c. Teach coping skills and emotional control strategies i.e., relaxation routine, calming activity, identifying an emotion.

**C. Curriculum Adjustments: Indicate what if any curriculum adjustments need to be made.**

- a. How will you make the curriculum more engaging, meaningful and or diverse? Is the curriculum/activity and expected behavior at the appropriate developmental level.
- b. What activities, objects, topics of discussion, etc. preoccupy or hold the Individual's interests? What does the Individual like best within the curriculum? Adjust the curriculum to use the Individual's interests.
- c. Could the physical exercise routine (or lack thereof) be affecting the behavior? Note that consistent physical exercise, aerobic exercise 3 to 4 times a week for at least 30 minutes, has been associated with positive behavior effect in individuals with autism.

- D. Reinforcement and Tokens:** Reinforcement and tokens are only appropriate if the expected behavior is within the individual's skill repertoire and has been demonstrated. If this is true, then one hypothesis is that the individual has the skill but not the motivation. Need to visually link the expected behavior to the reinforcer. Individual needs the opportunity to demonstrate the expected behavior across multiple occasions.

Questions to ask if planning to use a motivator or reinforcement. What motivators can be available to focus the individual's attention on the expected behaviors? How will these motivators be presented so that the Individual knows when they will obtain the motivator? It is usually most effective if the token or reinforcer does not expire.

## SECTION SIX: CREATE A PLAN FOR WHEN THE BEHAVIOR OCCURS

- A. How to Address the Behavior in the Moment:** What will you do to keep everyone safe and to avoid creating negative routines? Remember proactively addressing the learning styles will be most effective approach to increasing expected behavior and decreasing problem behavior. What you do after the behavior occurs is about keeping everyone safe.
- a. Consider how to reduce demands and sensory stimulation
  - b. Redirect the individual to the meaningful visual structure that clarifies "what to do"
  - c. Consider ignoring unwanted behavior, but do not ignore the individual
  - d. Consider processing the behavior later when the individual is calm
- B. Progress Monitoring:** Continue to take data on the problem behavior, expected behavior and/or your intervention to determine if your intervention is effective. Reevaluate data and if needed, repeat steps three and four.

# Iceberg

OBSERVED BEHAVIOR	EXPECTED BEHAVIOR
<div data-bbox="699 1050 824 1822"> REASON FOR THE OBSERVED BEHAVIOR FROM PERSPECTIVE OF AUTISM </div> <div data-bbox="824 1050 1416 1850"> <div data-bbox="699 189 824 989"> VISUAL SUPPORTS, TEACHING STRATEGIES AND SKILLS TO ENGAGE IN THE EXPECTED BEHAVIOR </div> <div data-bbox="824 189 1416 989"></div> </div>	

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## Autism Society of North Carolina

The Autism Society of North Carolina improves the lives of individuals with autism, supports their families, and educates communities.

We respect and value the uniqueness of all individuals with autism; when provided the opportunity, each person can make a unique contribution to their family, community, and society. For over 50 years, we have improved the lives of individuals with autism, supported their families, and educated communities across North Carolina.

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**We improve lives:** Our services and programs are tailored to the unique needs of individuals with autism. We enable them to have healthy, safe, and fulfilling lives in their own communities. Our expertise helps individuals – many of whom have significant lifelong needs – be as independent as possible and achieve their goals and dreams.

**We support families:** Autism Resource Specialists are often the first people parents talk to after their child is diagnosed. We help families connect with resources, keep their children safe, find services, and resolve school issues. We also provide guidance on lifelong issues including employment, residential options, and planning for children's needs beyond parents' lives.

**We educate communities:** Our training for professionals such as doctors and teachers has increased the quality of care for individuals with autism. We advocate for the needs of the autism community with state policy-makers. Our education efforts have increased public awareness of autism and helped NC have a lower average age of diagnosis than the U.S.