TEACHING CHILDREN WITH FASD EFFECTIVE BEHAVIORAL REGULATION

A guide for caregivers

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Teaching Children with FASD Effective Behavioral Regulation: A Guide for Caregivers

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Introduction

Overview/Purpose of Manual

The following manual is designed to help caregivers of children with FASD to learn and implement effective behavioral regulation training in their homes. This manual provides information on what behavioral regulation training is, basic social learning principles, techniques to identify and intervene with your child's arousal regulation problems, techniques to improve your child's compliance and cooperativeness, and strategies for dealing with negative behaviors.

The content included in these materials is based on the accumulated knowledge of over 35 years of research on the effects of prenatal alcohol exposure and working with children with FASD and their families for over 15 years. This information was originally incorporated into a comprehensive treatment package designed to facilitate the academic and behavioral adjustment of children with FASD. The overall program was found to be effective and resulted in improvements in academic functioning (math) and behavior.

This information has also been shared with many families as part of their individually tailored therapeutic treatment services in our clinic. The material has received high satisfaction ratings from families who report feeling empowered by the information needed to effectively support their child's learning age-appropriate behavioral regulation skills.

This program is not a replacement for the individual therapy a child may need in that it is not tailored for a specific child. If a child or family has an existing therapist/counselor, we encourage you to share the material with this professional to avoid conflicting goals and to assist you with tailoring the information herein to meet your child's needs.

Training Goal

The goal of this manual is to provide information to parents to assist them in teaching their child appropriate behavioral regulation skills.

Objectives

The following are the objectives of this manual:

- Parents will have an understanding of arousal and behavioral regulation.
- Parents will have an understanding of basic social learning principles and be able to use them to change their child's behavior.
- Parents will learn strategies to modify their child's level of arousal in order to assist their child with learning new information.
- Parents will learn strategies to support their children during problematic situations and will also learn strategies for preventing them in the future.
- Parents will learn strategies to help their child learn to be compliant and how to respond to their child when they are not compliant.

Section 1: What is Behavioral Regulation?

Topics in this Section:

- Behavioral Regulation Definition
- Factors Affecting Behavioral Regulation
- Behavioral Regulation and FASD
- Arousal and Arousal Regulation
- Arousal Regulation's Impact on Learning and Behavior
- Behavioral Regulation Training Advantages over Traditional Approaches to Dealing with Problem Behaviors

Behavioral Regulation Definition

Behavioral regulation includes regulating *emotions and behaviors* to meet environmental and social expectations. That is, behavioral regulation involves changing behavior to meet the various demands of a given situation in a particular setting. Children with behavioral regulation problems therefore have difficulties meeting demands. For example, a child with behavioral regulation problems may have difficulty sitting still in a classroom, may throw frequent temper tantrums, or become too excited at the grocery store.

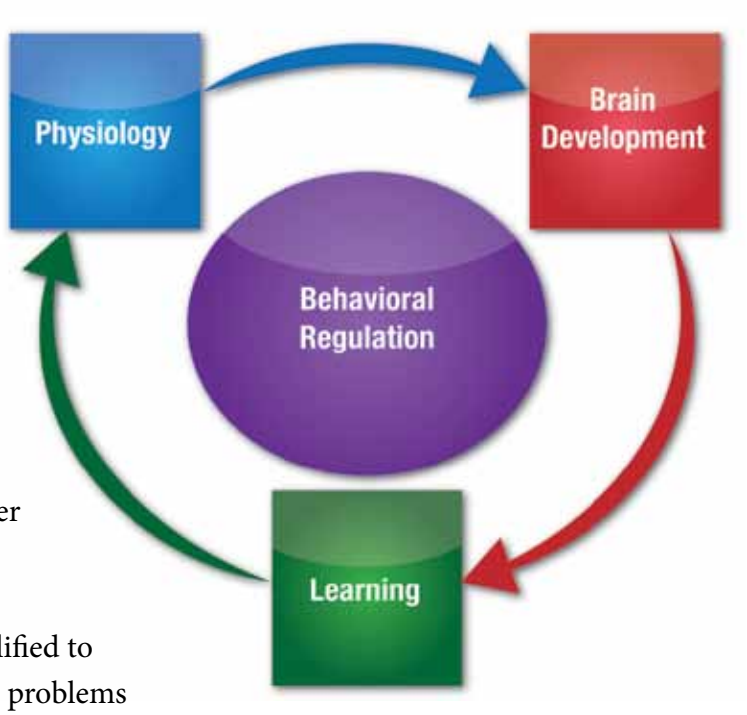
Factors Affecting Behavioral Regulation

Our ability to regulate our own behavior is the result of a combination of factors, including our prior learning experiences, brain development, and physiology. Problems in any one of these areas may cause behavior regulation problems.

Behavioral Regulation and FASD

Children with FASD have been identified as having major difficulties regulating their behavior. These difficulties begin at birth or soon after and some evidence suggests that they persist over a lifespan.

In addition to the impact of alcohol on their early brain development, children with FASD may have also experienced neglect, physical and/or sexual abuse, or multiple changes in caregivers. These types of experiences may also be linked to behavioral regulation problems. As a result, children with FASD are vulnerable to having behavioral regulation problems.



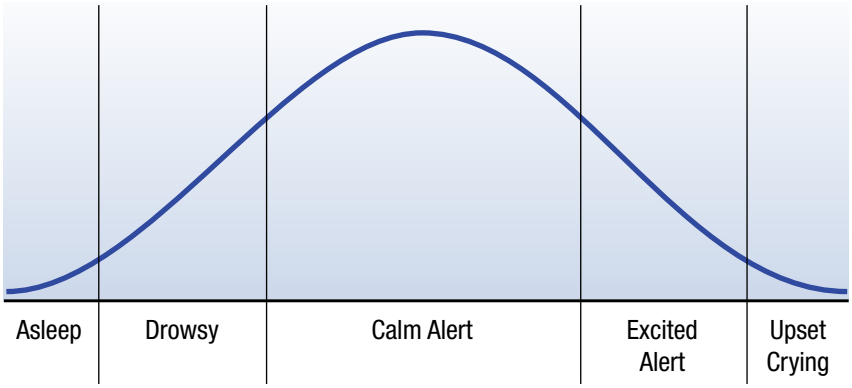
Although children with FASD are vulnerable to behavioral regulation problems, these problems typically are different from those experienced by children with Attention Deficit Hyperactivity Disorder (ADHD). The differences are small so many children with FASD are mislabeled. A professional trained in understanding the brain damage of FASD is best qualified to determine whether your child's behavioral regulation problems are consistent with those associated with prenatal alcohol exposure. This type of professional can also determine whether or not your child has an additional disorder, such as ADHD.

Arousal and Arousal Regulation

Arousal refers to the physiological status of a person. It can be measured by observing behavior or monitoring various things, such as heart rate, sweating, or breathing rate. Arousal can be observed. It can be rated by looking where someone falls on a scale between being asleep and being very excited or upset.

There are specific areas of the brain that are involved in regulating arousal levels. These areas are impacted by prenatal exposure to alcohol. This suggests that some of the behavioral regulation problems children with

FASD experience are the result of an underlying arousal regulation problem. A child may be described as having arousal regulation problems if he or she is either hyper-aroused, under-aroused, or has difficulty transitioning between arousal levels on a regular basis.



Arousal Regulation's Impact on Learning and Behavior

Research has shown that when people are sleepy they are not able to effectively learn new information. It may also be hard to apply previously learned skills. Also, when people are too upset or excited, they are often not able to learn or perform. When people are in a calm or alert state they are able to take in information. They are also able to use previously learned strategies to solve a problem.

In order for a child to benefit from a learning experience at home or school, he or she too must be in a calm or alert state. This means that if you are trying to teach your child, you must first make sure that he/she is in the appropriate state of arousal. Failure to do so could mean that your child will not benefit from the teaching experience. The *first step* with a child who has arousal regulation difficulties is to *get him or her to a calm or alert state*. Next, proceed with any additional teaching or *consequences*.

Behavioral Regulation Training Advantages over Traditional Approaches to Dealing with Problem Behaviors

Traditional approaches to dealing with children's problem behaviors may not have worked well in the past—especially if underlying arousal regulation problems and/or cognitive impairments were not taken into account. Many commercially available materials do not adequately address issues that are common to children with FASD. In addition, many traditional behavioral management programs tend to focus on teaching parents how to appropriately apply the consequences to behaviors when greater efforts should be put into preventing behavioral problems.

Behavioral regulation training will implement strategies within traditional behavioral learning principles while adapting them for children with cognitive and arousal regulation problems. Although strategies for appropriately consequating problem behavior will be discussed, considerable focus will be placed on preventing these problematic behaviors.

Section 2: What are Social Learning Principles?

Topics in this Section:

- The Fundamental Assumptions of Social Learning
- Antecedents, Behaviors, and Consequences
- Reinforcement: One Type of Consequence
- The Praise Rule
- Charting Reinforcement
- The Ignore Rule
- Punishment: Another Type of Consequence
- The Punish Rule
- Charting Punishment
- Additional Social Learning Principles

The Fundamental Assumptions of Social Learning

Social learning principles are guidelines for changing the behavior of individuals. They are basic principles that have been researched and systematically applied for several decades to alter human behavior. In addition, they are guidelines which apply to humans of all ages, from infancy to adulthood. Understanding these principles may help you to change your child's behavior.

Principle 1: Behavior and interactions are learned. Behaviors are based on learned behavioral, emotional, and attitudinal patterns. A child's cognitive, social, and physical development influences the range of behaviors available for responding.

Principle 2: Behaviors and interactions are maintained in present relationships. These patterns have been learned in the past. They are often maintained by ongoing interactions with others. This means that we do not necessarily have to do an in depth analysis of early childhood to be able to change your child's behavior.

Principle 3: Interactions can be changed. In any given interaction, the contributions of the people involved can be studied and used to improve future interactions.

Principle 4: The "Law of Reciprocity." If you expect someone to respond positively to you, you must respond positively to him or her. Likewise, if you respond negatively to someone, you can expect that they will respond negatively to you.

Antecedents, Behaviors, and Consequences

Antecedents, behaviors, and consequences are the formal language used to understand the relationships between behaviors and the events which occur before and after them. In order to understand how to apply social learning principles, it helps to understand some basic definitions. The following section provides basic definitions of the various types of antecedents, behaviors, and consequences.

Antecedents. Antecedents refer to the surroundings, events, and behaviors that come before a behavior.

Behaviors. Behavior can be any action taken by the child. A behavior can be categorized into any one of three categories.

- **Desirable Behaviors**
  - Behaviors you want to maintain or increase
- **Undesirable Behaviors**
  - Behaviors you would like to go away or decrease
- **Neutral Behaviors**
  - Behaviors that are not of interest

Consequences. Consequences refer to the events or actions that occur after a behavior. Consequences can be natural or planned. For example, a natural consequence of a child's behavior which involves throwing an object might be that the object breaks. An example of a planned consequence would be placing the object out of the child's reach for a period of time. Consequences can be categorized into one of three categories as well.

- **Desirable Consequences**
  - The consequences are perceived as pleasant.
- **Undesirable Consequences**
  - The consequences are perceived as negative or aversive
- **Neutral Consequences**
  - The consequences are not of interest

One of the most powerful tools that caregivers have in influencing their child's behavior is their attention. Caregivers can choose to selectively use this tool to increase desirable behaviors and to reduce undesirable behaviors. We will focus on the use of parental attention in this program.

Many behavioral management programs tend to focus on the behaviors and the consequences rather than on the antecedents. However, research has shown that controlling the setting in which behaviors occur and working to prevent negative behaviors is a much more effective way of changing behavior. This is particularly true for children with brain damage.

Reinforcement: One Type of Consequence

Reinforcement refers to delivering consequences that increase the frequency of a behavior. Reinforcement may be given by providing desirable consequences such as applause, a hug, or a cookie. This is known as positive reinforcement. Removing an undesirable consequence is also a form of reinforcement, but is referred to as negative reinforcement. Turning off a loud noise like an alarm clock in the morning is an example of negative reinforcement. Pushing the button or getting up is negatively reinforced by the loud noise stopping. For a parent, behaviors that stop a child from crying are often negatively reinforced as well.

- **Positive Reinforcement**
  - Adding a desirable outcome/consequence
- **Negative Reinforcement**
  - Removing an aversive outcome/consequence

Both forms of reinforcement result in *increasing* the behavior over the long run.

Reinforcers can be either tangible (stars, cookies, toys) or intangible. The intangible or social reinforcers are recommended over tangible reinforcers if possible. The social reinforcers (i.e., praise, applause, and hugs) tend to feel more natural to the parent and child. Children are less likely to tire of social reinforcement over time.

Many parents who have tried a behavioral charting program often become frustrated after a period of time because the child no longer cares about the chart or the rewards. Often, tangible reinforcers lose their appeal. Attention must be paid to selecting alternatives to maintain a child's particular interest.

Previous experience in working with children indicates that parents who use more social and naturalistic reinforcers tend to have an easier time maintaining the program once they have completed training.

The Praise Rule

The Praise Rule refers to one form of positive reinforcement. It requires that you positively reinforce a child with the desirable consequence of "praise" for desirable behavior. Praise could take many forms, including verbal praise, a congratulatory hug, or even a rewarding facial expression.

Charting Reinforcement

Completing a reinforcement chart may help you to figure out which reinforcers are most effective for your child. The types of information contained in each column of the chart are bulleted below. Note that the second half of this chart asks you to do the same for negative reinforcers:

- In the first column, list the reinforcer that you try with your child to affect the desired behavior you want. Some examples of positive reinforcers may be watching television, giving hugs, or giving candy. Some examples of negative reinforcers may be allowing your child to skip doing household chores or not eat a food that they do not like.
- In the second column, record the desired behavior that you want to target. Some examples of behavior may be taking out the trash, completing homework, or getting dressed.
- The third column allows you to provide a description of how effective the reinforcer was in changing the specific behavior of interest.

Reinforcers for Your Child

Positive Reinforcers	Behaviors that Increase	Usefulness Evaluation
Candy (MM's, chocolate bar)	Cleaning room	This worked the first few times that I tried it but now my child does not care
Giving hugs	Cleaning room; picking up toys	Seems to work most of the time
Praise-saying "good job"	Picking up toys, finishing homework	Seems to work most of the time
Giving an allowance at the end of the week	Cleaning room, picking up toys	Seems to only work for a day or two and then my child gives up-not sure how much to give when only did this on Monday and Tuesday?
Time playing videogames	Cleaning room; doing other household chores	This increases the behavior but my child gets angry if he cannot do it right away. I also don't like some of the material in the videogame.

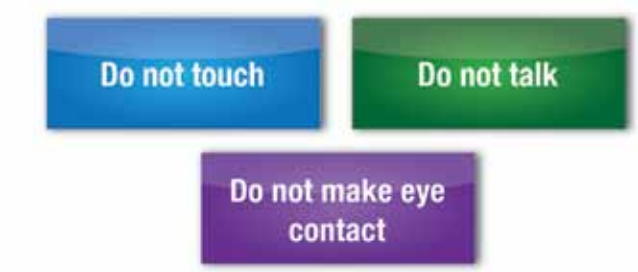
Negative Reinforcers	Behaviors that Increase	Usefulness Evaluation
Letting your child skip doing dishes or any regular chore	Getting homework done	My child was happy to not have to do dishes and was willing to work on his homework.
Letting your child not eat their broccoli	Child willing to finish eating their carrots	Works but they may need another source of vitamin C
Stop yelling at my child	Child picks up toys	Child doesn't want to be around me; angry with me all the time

See the Reinforcers Chart on page 38 for a blank chart.

The Ignore Rule

One of the most effective methods of reducing negative behaviors is to use a technique called *ignoring*. In order for this technique to work effectively, it must be used in a specific way. As people are social beings, the removal of social attention can be a negative experience. This negative experience can then serve to motivate the child to avoid the unwanted behavior in the future.

When applying the ignore rule to an undesired behavior, the caregiver should physically turn away and not respond, acknowledge, or talk to the child in any way.



Most children find the ignoring experience to be negative, aversive, and undesirable. This serves to motivate them to engage in other behaviors that elicit positive attention and to avoid behaviors that resulted in them being ignored.

The majority of children's behaviors that caregivers dislike should be ignored rather than punished. The most common example of an undesired behavior is a child's temper tantrum. As long as the temper tantrum ***does not involve the child injuring himself, someone else, or something of value in the home*** then it should be ignored. The removal of your attention will result in the child decreasing or extinguishing this behavior in

time. The caregiver should then reinforce (with positive attention or praise) the child when he/she stops crying and regains composure. This will result in fewer temper tantrums and shorter duration of temper tantrums. The child will learn that the caregiver wants the child to regain his/her composure.

When you first ignore a behavior, you may find that the behavior problem will increase before it goes away. This is the result of the child being confused and becoming upset. It is because you are no longer responding in the same manner. Once the initial increase of behavior is over, you should see the behavior decrease over time.

The following chart can be used to track behaviors that you are interested in reducing by using ignoring. The first column documents the specific behavior of interest and the second is used to track the outcome of the ignoring procedure.

What Behaviors Can You Ignore?

Behavior	Outcome from Ignoring
Tantrums	Initially, my child's tantrums increased but after a week they disappeared
Cursing	My child no longer curses
Crying during time out	My child screamed to get my attention but this soon stopped when he realized it would not work

See the Ignoring Chart on page 39 for a blank chart.

Punishment: Another Type of Consequence

Punishment refers to delivering a consequence that is designed to decrease the frequency of a behavior.

There are two types of punishment: positive punishment and negative punishment. Both forms result in decreasing the behavior over the long run.

- **Positive Punishment**
  - Adding an undesirable outcome/consequence.
- **Negative Punishment**
  - Removing a desirable outcome/consequence

The Punish Rule

If any attention is directed toward a child engaging in negative behaviors, that attention must be negative or punishing. The function is to reduce the future occurrence of that behavior. In other words, if a caregiver pays attention to a negative behavior, the caregiver must implement a punishment (e.g. time out). This helps the child to know the behavior was unacceptable.

Punishments are recommended when the child has done something which hurts himself, someone else, or something of value.

Use punishers if the child…
Hurts himself.
Hurts someone else.
Hurts something of value.

Punishment should be used ***very rarely***. Often when a child becomes used to a punishment, it no longer has the same impact and can become ineffective.

Charting Punishment

The following chart was designed to assist you in evaluating effective punishers for your child.

- The first column is for the positive punishers that you are evaluating. Some examples that may be evaluated are time-out, extra chores, and spankings. Spanking is a form of positive punishment that we do not recommend because it often leads to over-arousal which interferes with learning.
- The second column documents the behavior that you were attempting to change as a function of giving the punisher. Some examples are taking out trash, completing homework, and getting dressed.
- The third column is provided so that you can provide a description of how effective the punishment was in changing the specific behavior of interest. In the second half of the chart, you are asked to do the same thing for negative punishers.

Punishers for Your Child

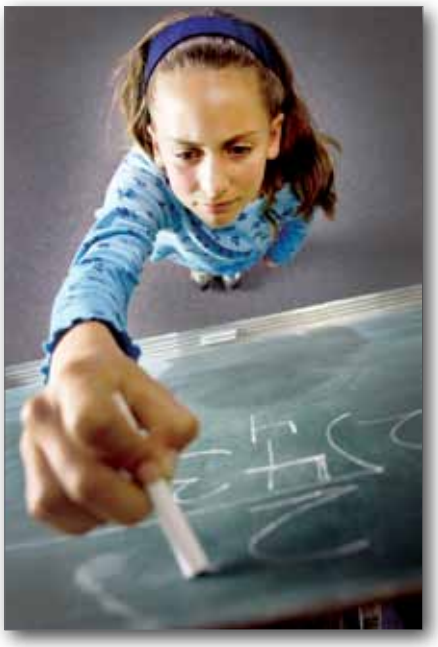
Positive Punishers	Behaviors that Decrease	Usefulness Evaluation
Spanking	Hitting others	Initially worked but now my child does not care and he hits anyway. I wonder if spanking is the right punishment for my son
Wiping the floor	Throwing food from the table	Seems to have worked-my child no longer throws food
Lecturing my child	Yelling in the house	Doesn't seem to work for long
Picking up toys	Throwing toys out of the toy box	This seems to work-now my child just moves the toys in the toy box when looking of a new toy
Negative Punishers	**Behaviors that Decrease**	**Usefulness Evaluation**
Taking away television time for a week	Hitting others	Seemed to work the first day but did not afterwards
Putting a toy out of reach	Fighting with his sister over the toy	This seemed to work when we put the toy in time out. They now take turns.
Lecturing my child	Yelling in the house	Doesn't seem to work for long
Making the child clean his room	Throwing things around and knocking over stuff	My child got frustrated and just cried-cleaning his room seemed overwhelming to him

A chart on punishers is available on page 40 of the Appendix for you to complete for your child.

Additional Social Learning Principles

Two more social learning principles that are useful in teaching children effective behavioral regulation skills are the **Principle of Positive Behavioral Momentum** and the **Principle of Choice or Control**.

Principle 5: Principle of Positive Behavioral Momentum: Positive successful behavior increases the likelihood of subsequent positive and successful behavior. Negative and unsuccessful behavior increases the likelihood of subsequent negative and unsuccessful behavior.



This means that if you want your child to try something new or difficult it is often best to do it in small steps. Given them something that you know they can do or give them a different task that you know they have mastered before trying something more difficult.

Principle 6: Principle of Choice or Control: When people choose activities or some aspects of those activities, they tend to participate more willingly or behave more appropriately.

Section 3: How Do I Modify My Child's Level of Arousal?

Topics in this Section:

- Monitoring Your Child's Level of Arousal
- Identifying "Triggers" of Over-excitement
- Identify Techniques to Calm
- Teaching a Language of Arousal and Emotions
- Reinforcing Your Child's Efforts to Calm Down and Efforts to Maintain a Calm State

Monitoring Your Child's Level of Arousal

You can use a rating scale to categorize your child's level of arousal. The more rating you do initially, the more this will become a habit for you. Frequent monitoring is needed to identify what levels of arousal result in behavioral problems for your child.

Stages of Arousal

Some children have difficulties when they are in stage 2 or a drowsy state. This means that morning and evening are peak periods of behavioral disruption. Children who have difficulties at this time often need additional time as well as structure to wake up and complete morning routines. Similarly, evening routines may require more structure and a gradual change in the environment.

Some children have difficulties with stage 4-Excited Alert. They cannot return to a 3-Calm Alert state. This means that once they get excited, they have to have a melt down and possibly fall asleep before they can return to a 3-Calm Alert state. Children who have this difficulty will often have problems going on shopping trips or to birthday parties. They will get too excited and as a result, have difficulties with regulating their behavior.

Understanding how your child transitions through these stages of arousal is important. The first step relates to the various times and places where your child experiences behavioral or emotional difficulties. You can

monitor your child's arousal level over the course of a week to identify peak periods of dysregulation. Identifying these periods is the first step in setting up supports to prevent problem behaviors. Often it is best to track your child's arousal level throughout several periods a day over at least a one-week interval. You can use the rating scale discussed above and record the day, time of day, and rating in a notebook.

Identifying "Triggers" of Over-excitement

Triggers are events or conditions that result in your child becoming too aroused or excited. Triggers occur prior to your child becoming upset. Examples of triggers might include shopping trips, a favorite video, a particular child, or any other person, event, or action.

List of Common Trigger Situations

- Getting up in the morning
- Morning routines (i.e. brushing teeth; getting dressed)
- Going to bed
- Meal time
- Bath time
- When you are distratced by others (i.e. on phone; with visitors)
- Riding in the car
- Shopping
- Eating in a restaurant

It is important to monitor what triggers your child. Take note of the triggers which result in your child losing control of his/her behavior or becoming overly upset. The following form can be used to identify the common triggers that result in meltdowns for your child. This form should be used over the course of a week at least to track when the meltdowns occur and the circumstances before and after the meltdowns. A sample chart is provided for you below and another is available in the Appendix on page 41 for you to complete for your child.

Identifying "Triggers"
Eating out –We were eating out and it took over 30 minutes to get our food. My child went crazy and threw a fit. I had to take him to the car and missed eating with the rest of the family.
Going to bed-After taking a bath my child runs all through the house. He gets so hyper that he does not want to go to bed. It takes over an hour for him to fall asleep and often he ends up in tears before finally going to sleep.
Playing with a specific little boy in the neighborhood-Every time my child plays with an older neighbor child, he ends up in tears. He enjoys playing and rough housing with him but can't handle it when the other child wants to quit.
Staying up too late-whenever my child stays up late, the next day he typically has 2-3 meltdowns.
Learning something new-every time I try to teach my child something new, she ends up in tears. I get so frustrated that I quit trying to teach her.

Identify Techniques to Calm

Children are calmed by a variety of different things. Early arousal regulation occurs when a baby is physically comforted, rocked, and spoken to in soothing tones. As we mature, words can be used to calm someone under most circumstances. Under severe trauma or shock, adults sometimes revert back to early methods of regulating their arousal. Children are developing strategies to calm down. They require assistance from the caregiver or adult. They also need time to learn strategies to accomplish this on their own. Most caregivers have some idea of what actions or events are calming to their child.

Your child's cognitive status, ability to organize, plan, and self-monitor will influence the degree to which he/she can handle regulating his/her arousal level on his/her own.

The following table can be used to identify the common things that calm your child. The form should be used over at least a week to track things that seem successful in reducing your child's arousal level. See the **Calming Chart** on page 42 for a blank chart.

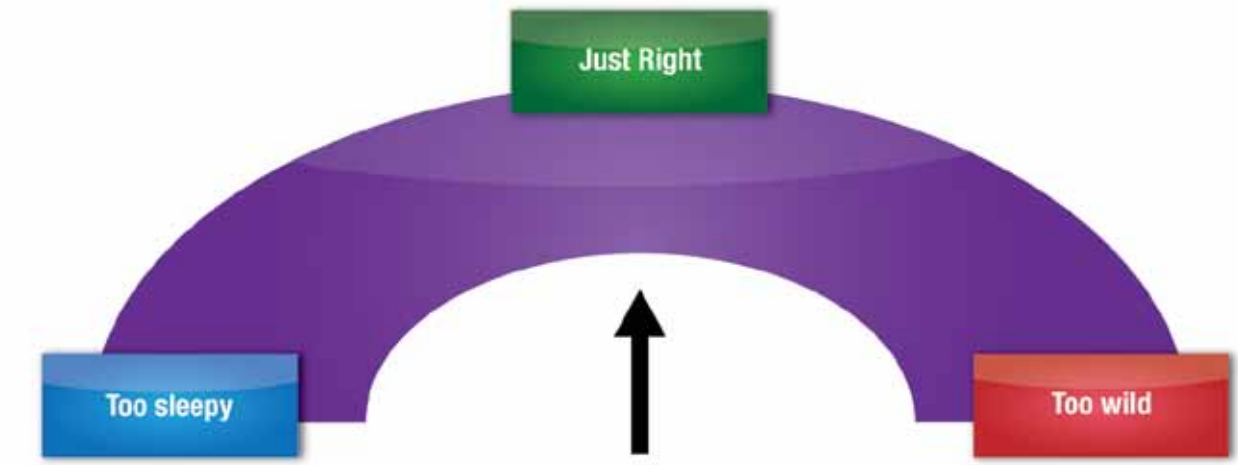
What Calms Your Child?

Calming Techniques	Evaluation
Rocking my child	Works but he is too old for this.
Playing soft music	Works but is often inconvenient for us.
Watching a cartoon	Works but when going to bed-he sometimes stays up too late.
Sending my child to quiet space	Works as long as I start this before he gets out of control.

Teaching a Language of Arousal and Emotions

Typically developing children pick up on words related to emotions and arousal in specific situations. Children with cognitive impairments often have trouble doing this. Such children require instruction in pairing words with facial expressions and behaviors. Instruction can be done with the use of picture cards, modeling, and role-playing. Consistently using a set of words in the contexts of the child's life to describe his/her emotions can be helpful. It also helps the child to learn to use these words to communicate his/her emotions.

Children with arousal problems are often not aware of their own levels of arousal. Sometimes simply pointing out to them that they are over- or under-aroused can help them regulate and come to the calm-alert state where learning can take place. A simple tool to use for this purpose is the "**energy meter**." You can make this by cutting a semi-circle out of cardboard and attaching an arrow to it with a butterfly pin. When the child gets too aroused, you simply push the arrow to the area of "too wild" and indicate that the students needs to make the arrow go back to the middle.



Reinforcing Your Child's Efforts to Calm Down and Efforts to Maintain a Calm State

Caregivers reinforce their child's efforts to calm down by giving positive attention and consequences to the child's efforts and accomplishments. It is important to verbally label this relationship (I'm so happy you calmed down!). This helps the child learn the behaviors you are trying to increase. This is powerful if the caregiver appropriately ignores while the child is overly excited or upset.

One of the common mistakes that caregivers make is to have discussions with their child when the child is in an overly excited state. The child is often trying to negotiate how they can obtain a desired outcome. For example, the child may be thinking, "I want that cookie." But the caregiver in this example wants to inform the child that he/she cannot have the cookie until after supper. Although the caregiver's goals of teaching the child are admirable, the child will not learn this lesson until her arousal state is in a moderate range. The discussion should be delayed until the child has reached a state where she can take in new information. This means that the child's protests should be ignored. The caregiver should limit his/her verbalizations to reminders that the child needs to calm down. The child needs to calm down before any other discussion can take place.

It is also important to use praise when the child is in an appropriate arousal state ("I am so proud of you for…"). Often caregivers take for granted times when their children are doing what they want them to do. They focus only on undesirable behaviors. Telling your child that you are happy with them when they are in a calm state provides positive attention that should reinforce or increase the behavior in the future.

Section 4: How Do I Modify My Child's World to Prevent Problematic Situations?

Topics in this Section:

- Establishing a Good Working Relationship with Your Child
- Avoiding Triggers
- Preparing Your Child for Problematic Situations
- Practicing Difficult Situations
- Avoiding Accidental Reinforcement

Establishing a Good Working Relationship with Your Child

Almost all behavioral training programs have components that involve implementing some form of positive adult attention during play with the child. This is done to build a positive relationship between the caregiver and child. The most powerful tool that a caregiver has is the use of their attention. If there is not a positive relationship between the child and adult, this will not always work.

Some children with FASD have a history of neglect, abuse, and multiple caregivers. As a result, they often have attachment problems. This means they may have difficulties forming positive relationships with their caregivers.

If your child has attachment problems, then he/she may need an individual therapist. This will help you in implementing the procedures discussed in this training manual.

Much of this manual focuses on how to get your child to comply with requests and goals established by the caregiver(s). To facilitate your child's compliance, it is important for you to reserve time for the child to be the leader and have control of your behaviors. It is recommended that a child receive a minimum of 20 minutes a day of such interactions.

During these interactions you may describe and imitate your child's appropriate play behavior. You are also encouraged to praise your child during the play. Reflecting back to the child what he or she said is also important. This shows your child that you are listening. Inappropriate behaviors should be ignored whenever possible. Avoid giving commands, criticizing, and asking questions during the play. Asking questions indirectly takes control from the child as you become the leader of the conversation.

Avoiding Triggers

The first impulse for most people who have a child with behavioral regulation problems is to ask: "How can I change my child's behaviors?" Yet, the easiest intervention and better question is: *"How can I change my child's environment, to make his/her behavior more desirable?"* Research has shown that these types of interventions are much quicker and more powerful in changing children's behavior. Using your knowledge of what your child's triggers are can help you identify appropriate strategies to avoid the negative emotions associated with the triggers.

Most children want to please the adults around them. Behavioral regulation problems may occur because the child tries to get attention. The positive attention or child-directed interactions involve attending to the child's desirable behaviors and ignoring undesirable behaviors. The child will learn to increase desirable behaviors and decrease the undesirable behaviors.

Behavioral regulation problems also occur because the child does not know how to succeed. They may not know how to carry out the appropriate behaviors. This type of problem is common to children with cognitive impairments and brain damage. The child becomes frustrated and may become oppositional. To avoid such problems the following may be helpful:

- Behavioral expectations must be appropriate to the child's developmental level not chronological age.
- The caregiver should make sure that the child understands the expectations. You may want to ask the child to repeat instructions.
- Appropriate supports should be put into place so that your child can succeed. These can then be gradually phased out as your child demonstrates mastery over the behavior.
- Teach your child to ask for assistance when confused rather than getting upset.
- Monitoring the "triggers" helps in identifying the difficult situations. This helps reduce your child's distress increasing his/her success.

Here's an example of avoiding triggers: A parent complained that her child always wanted to watch a particular group of videos. He would repeatedly put in tapes and turn on the VCR. This disrupted other family members. If she allowed the child to watch his preferred videos, then he would become very upset when they were over. The child would become mad if he had to turn them off to achieve some parent goal (i.e., leave for school or eat supper). At the time they came in for services, the frequency of temper tantrums was high. All family members (mother, father, and sister) were under a lot of distress.

The intervention for this family was very simple. They blocked access to the VCR and tapes by placing a padlock on the cabinet that contained the materials (the trigger). The parents opened the cabinet only when there was sufficient time for the child to watch the movie. Initially, the child didn't like the lock but quickly learned that this had no impact on opening the cabinet. Thus, he pursued other interests. The family no longer had daily temper tantrums about control of the TV.

Preparing for Problematic Situations

If a particular situation or behavior is always difficult for your child, then developing strategies that will help your child be able to achieve success is important. The following are strategies that you may find effective:

- Break the task down into smaller parts for the child. Praise the child's success with each step.
- Provide structure and appropriate steps if needed using visual and verbal cues.
- Reduce competing interests to allow your child to focus on the task at hand.
- Accept and praise steps towards the desired behavior. Then gradually raise the standard that the child must meet as he/she shows mastery.

Planning for an escape is also important. This means that you have a specific plan that you and your child have made to take a break from trying to accomplish the behavior. For example, you can say to the child "Let's rest for a minute and then try again." This will avoid continued escalation of the child's distress and allow for a fresh start. Instructions may help the child during the next attempt. Provide extra supports if your child is struggling and it becomes apparent that they cannot achieve success. It is important to make sure that you have allowed enough time so that you can use the escape/break as well.

If a particular event is often difficult for a child, the caregiver may want to talk to the child ahead of time. The child and caregiver may want to work out an escape plan. If the child starts to get too excited or upset, they would have a plan of what to do. For example, if you know that your child always gets too excited and ends up losing control at certain events, you might plan to go to an empty room when he/she begins to get too excited. This will help him/her calm down.

Practicing Difficult Situations

Although time-consuming and inconvenient, often the best way to deal with very difficult situations is to *plan a practice session*. This means you put the child in the *context and allow the child to feel successful*. For example, if going to a store is a problem area for your child and you often end up with major temper tantrums, then you might want to set up practice visits. This means that you do not care if you purchase anything. The goal is only for you and your child to have a successful walk through the store. The time in the store may be short. Then gradually increase to a typical duration of a family shopping trip.

Avoiding Accidental Reinforcement

Accidental reinforcement refers to unintentionally reinforcing a behavior (causing it to increase) when you wanted the behavior to decrease over the long run. This is another common mistake of caregivers. It results from competing goals.

Caregivers often act to achieve a short term goal (getting the child to stop crying or running around the living room) by giving the child a desired outcome. This is reinforcing to the caregiver because the negative behavior stops. Yet, the child chooses to engage in the behavior more frequently in the future because it achieved his/her desired outcome. If we go back to the temper tantrum in the store model, this pattern occurs when the caregiver initially says "no" to the child's request for a candy bar. The child then cries loudly for 15-minutes through the store. The caregiver decides to give the child the candy bar at the checkout line so that he/she can pay in peace. In the future, the caregiver will dread trips to the store with the child. The child will be more likely to cry for extended periods to get candy bars (or toys) while in stores.

To avoid accidentally reinforcing a behavior, caregivers have to think through both the short-term and long-term implications of the consequences. The materials included in this manual should provide a framework for thinking through these events and behaviors. This will assist to achieve the desired outcomes in the long run.

Section 5: How Do I Get My Child to Comply?

Topics in this Section:

- Compliance vs. Noncompliance
- Giving Directions to Help Your Child Comply
- Time-out or Taking Time-out
- Overcoming the Common Problems of Time-out or Taking Time-out
- Obtaining Additional Help

Compliance vs. Noncompliance

Compliance refers to your child successfully performing a task or behavior that you have requested. Non-compliance refers to the times when you make a request and your child does not successfully complete the task despite knowing how to do the task. The problem is that there are often multiple reasons why the task is not completed. Learning to understand the difference between these will help you make good choices about how to respond to your child's noncompliance:

- **Can't Do**
  - These are behaviors that your child is not yet ready to complete without structure or assistance. The child does not yet know how to do this.
- **Doesn't Do**
  - These are problem behaviors that result from your child not knowing how to appropriately inhibit his behavior, a lack of interest, or misunderstanding.
- **Negative Punishment**
  - These are problem behaviors that result from your child not wanting to do what they know others want them to do. This is oppositional or defiant behavior.

True non-compliance refers to situations where your child ***"Won't Do"*** something. ***Won't Do's*** require behavioral consequences, usually either implementing a punisher or giving a reinforcer for successful completion of the behavior. ***Can't Do's*** should not be consequated in the same way because your child was unable to complete the task. These require additional training or teaching to help your child with developing the skills that are needed to complete the request. ***Doesn't Do's*** are often complicated to problem-solve. Often environmental changes are needed to support your child's ability to successfully complete a task. Sometimes the consequences of the behavior should be changed to increase your child's interest.

Giving Directions to Help Your Child Comply

In order for your child to comply with directions, he/she must first attend to and understand the directions.

To get your child's *attention:*

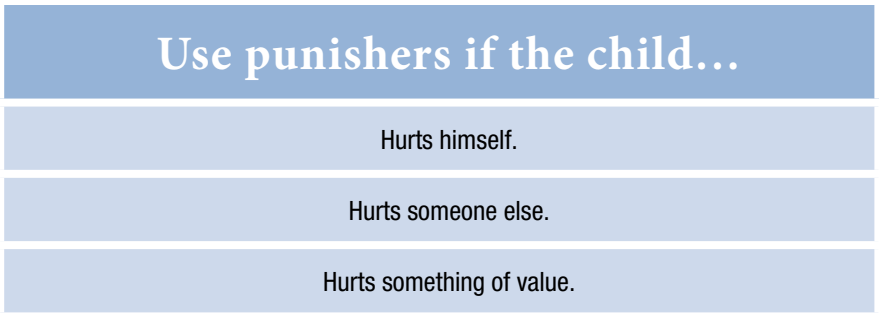
- Make sure your child's arousal state is appropriate.
- Make sure that you have eye contact before giving a direction.
- Make sure distracters are minimized (i.e. turn TVs and radios off).
- Use a firm tone of voice.
- Be specific and simple.

To make sure your child *understands:*

- Avoid "will you?" or "could you?"
- Be specific and simple.
- Words and phrases should be appropriate to the child's developmental level.
- Use physical gestures to help with comprehension.
- Reward compliance.

Time-out or Taking Time-out

Time-out may be used when your child violates one of the three rules for punishment given in the graphic below.



The duration of the time-out should be one minute for each year of your child's developmental age (not chronological age). Time-out should be done in a relatively isolated area, such as a hallway, kitchen corner, or a living room. The child's room, bathroom, a closet, or a dark room is not recommended.

When should you use time out? Many children with FASD will not comply with requests because they *can't* or *don't* do the behavior(s) needed to comply. Therefore, you would find yourself unfairly punishing the child. It is important to only use time-out for noncompliance when you are sure that the problem is a *won't do* problem. If you frequently have to punish his/her noncompliance and you are sure that your child can and does do the behaviors needed, then your child may have additional emotional difficulties that need to be addressed in therapy sessions with a professional.

Five Steps for Using Time-Out

1. Tell the child they have to go to time-out.
2. Lead your child to the chosen time-out location without lecturing, scolding, or arguing.
3. Ignore the child's crying and protests.
4. Tell the child he/she must sit in time-out for "__" minutes.
5. Clap and praise the child for their appropriate time-out behavior.

Taking Time-Out. Taking time-out is a procedure similar to time-out but modified to reinforce your child's efforts to calm themselves down. This is done whenever your child reaches a stage of arousal where he/she is no longer able to communicate. As you can no longer teach or accomplish a goal when the child is in this state, your primary goal is to get him/her to calm down. The procedure is different. The time is determined by how long he/she needs to calm himself down. There is not a predetermined number of minutes based on the child's developmental age.

Five Steps for the Taking Time-Out Procedure

1. Tell the child they have to go to time-out until they can calm down.
2. Lead your child to the chosen time-out location without lecturing, scolding, or arguing.
3. Ignore the child's crying and protests.
4. Tell the child he/she must sit there until he/she calms down.
5. Clap and praise the child's attainment of a calm state.

Children are often very upset during their first experience with learning to calm themselves down. Some children can take up to 45-60 minutes to calm down. If they go beyond this period, then you should look for approximations of calming (i.e., pauses, deep breathes). Then verbally praise those as if the child was trying to engage in them. This will help in teaching him/her what you want.

Overcoming the Common Problems of Time-out or Taking Time-out

Verbal requests and complaints. Children often try to argue or bargain their way out of time-out. It is important to not reinforce this behavior by attending to it as you will be causing the behavior to increase (i.e., through accidental reinforcement). Your only response to verbal requests and complaints should be to:

- Ignore.

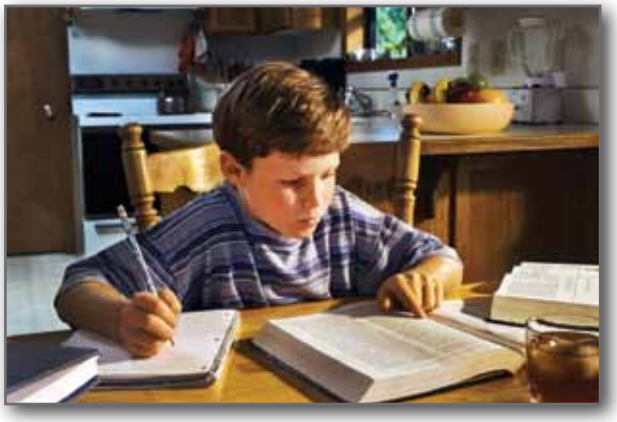
Refusing to sit or leaving the area. Children will often refuse to sit in a time-out place. They may get up and leave. Your response to this behavior should vary depending on your child's developmental level and skill with handling his or her own arousal level. Your response when your child refuses to sit or leaves the area should be to:

- Wait to start the timer if the child is refusing to go to time out.
- Stop the timer if the child leaves the time-out.
- Remove privileges (unless more than 2 privileges need to be removed).
- Provide physical support as needed with minimal social attention: walk the child to the chair; place hand on legs to maintain physical support to stay in place.

More advanced levels of physical support (i.e. the teddy bear time out procedure) are available for children who cannot sit in time out independently but these should be discussed and taught to you by a trained therapist.

Crying. Children often cry during time out or when taking a time out. The following are recommended to deal with the crying.

- During time-out, you should ignore this behavior.
- At the completion of timeout, you should remind them that their time period is done. He/She cannot leave time-out until he/she is calm.
- Remove privileges (unless more than 2 privileges need to be removed).
- While taking time-out, at times remind him/her that he/she cannot leave until he/she is calm.



Obtaining Additional Help

Although this manual is a caregiver resource, many caregivers will require the assistance of an individual therapist to help them think through the problem behaviors and to provide assistance in appropriately preventing problem situations. A therapist may also be helpful in selecting the various consequences available to them.

Conclusion

This manual provided information to help parents teach their children behavioral regulation skills. *Section 1: What is Behavioral Regulation?* explained that behavioral regulation includes regulating *emotions* and *behaviors* to meet the expectations and demands of a given situation. Children with FASD have been identified as being vulnerable to behavior regulation problems and therefore have a hard time meeting demands.

It has also been shown that some of the behavior regulation problems children with FASD experience are caused by underlying arousal regulation problems. The areas of the brain involved in regulating a rousal levels are affected by prenatal exposure to alcohol. So, children with FASD may also have difficulties regulating arousal: they can be either hyper-aroused, under-aroused, or have difficulty transitioning between arousal levels.

If parents are to guide and teach their children with FASD, this requires knowing how to prevent and deal with problematic behaviors as well as how to help children regulate their arousal levels. An understanding of the social learning principles presented in *Section 2: What are Social Learning Principles?* of this manual will provide a good foundation for working with children and their problematic behaviors. These principles are:

- Principle 1: Behavior and interactions are learned.
- Principle 2: Behaviors and interactions are maintained in present relationships.
- Principle 3: Interactions can be changed.
- Principle 4: The "Law of Reciprocity."
- Principle 5: Principle of Positive Behavioral Momentum
- Principle 6: Principle of Choice or Control

The information presented on when and how to use consequences, such as reinforcers, punishment, and ignoring, was also provided to aid caregivers in making decisions about how to respond to their child's behavior.

Helping children with FASD to meet the demands of a given situation, teaching them new information, or reinforcing what they've already learned also requires skill in getting children to a calm or alert state, where learning and problem-solving occurs best. Parents can help their children to modify their levels of arousal by following the methods covered in *Section 3: How Do I Modify My Child's Level of Arousal?* The stages of arousal are:

1. Sleeping
2. Drowsy

3. **Calm alert - best stage for learning and meeting situational demands**
4. Excited alert
5. Fussy/irritable
6. Crying

The key for parents is to understand what triggers their children into becoming too aroused or excited. They can monitor for triggers over time and learn to avoid or better handle those triggers in order to regulate arousal. When children do become over-aroused parents can identify the best calming techniques for their children. This includes using a language of arousal and emotions that their children can understand, and using reinforcement for a child's self-calming efforts.

Section 4: How Do I Modify My Child's World to Prevent Problematic Situations? focused on proactively structuring the child's environment in order to set the child up for success. First, parents must work on a good working relationship with the child by using attention appropriately and letting the child "take the lead" at times. Triggers in the environment that are known to bring on a child's problematic behavior should be prevented skillfully again through the use of appropriate attention, as well as by supporting the child's attempts to carry out desired behaviors. For example, make sure the child understands, ensure the task is developmentally appropriate, help the child carry out a task, put environmental supports in place, and keep an eye out for triggers. Setting children up for success also involves preparing for situations that you know may be problematic—including thinking through an escape plan if needed. Section 4 also talked about practicing difficult situations as a way to help children succeed.

Compliance is an area of struggle for all parents, but especially those parents whose children are affected by FASD. *Section 5: How Do I Get My Child to Comply?* recommends that we should first differentiate between tasks that a child can't do, doesn't do, and won't do. Parents should offer support and additional structure in those areas a child can't or doesn't do. However, for requests that a child won't do, Section 5 suggests many ways for first getting a child's attention and then making sure the child understands. If non-compliance is still an issue a time-out may be in order. Section 5 also gives the steps for these procedures and offers suggestions for handling common problems with these techniques, such as what to do when the child complains about it, refuses, or cries.

Again, although this manual is a caregiver resource, many caregivers will require the assistance of an individual therapist to help them with problem behaviors. If you are interested in working with an individual therapist and do not already have one, your group leader can provide you with a list of appropriate resources.

Appendix

- Reinforcers Chart
- Ignoring Chart: What Behaviors Can You Ignore?
- Punishers Chart
- Triggers Chart
- Calming Chart: What Calms Your Child?

Reinforcers Chart

Completing a reinforcement chart may help you to figure out which reinforcers are most effective for your child

Directions: In the first column, list the reinforcer that you try with your child to affect the desired behavior. In the second column, record the desired behavior. In the third column, describe how effective the reinforcer was in changing the behavior. In the bottom half of the chart, do the same for negative reinforcers.

Positive Reinforcers	Behaviors that Increase	Usefulness Evaluation
Negative Reinforcers	**Behaviors that Increase**	**Usefulness Evaluation**

Ignoring Chart: What Behaviors Can You Ignore?

The following chart can be used to track behaviors that you are interested in reducing by using ignoring.

Directions: The first column documents the specific behavior of interest. The second column is used to track the outcome of the ignoring procedure.

Behavior	Outcome from Ignoring

Punishers Chart

The following chart was designed to help you evaluate effective punishers for your child.

Directions: In the first column, record the positive punishers you are evaluating. In the second column, document the behavior that you were attempting to change with the punisher. In the third column, describe how effective the punishment was in changing the behavior. In the bottom half of the chart, do the same for negative punishers.

Positive Punishers	Behaviors that Decrease	Usefulness Evaluation
Negative Punishers	**Behaviors that Decrease**	**Usefulness Evaluation**

Triggers Chart

The following form can be used to identify the common triggers that result in meltdowns for your child.

Directions: Use this form over at least a week to track when meltdowns occur and the circumstances before and after the meltdowns.

Identifying "Triggers"

Calming Chart: What Calms Your Child?

The following table can be used to identify the common things that calm your child.

Directions: Use this form over at least a week to track things that seem successful in reducing your child's arousal level.

Calming Techniques	Evaluation


MILE