

# Practical Tips to Support Common Behavioral Challenges in School Aged Children with Down Syndrome

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# Objectives



DISCUSS SHORT-TERM AND  
LONG-TERM PROACTIVE  
STRATEGIES TO REDUCE THE  
INSTANCES OF CHALLENGING  
BEHAVIORS

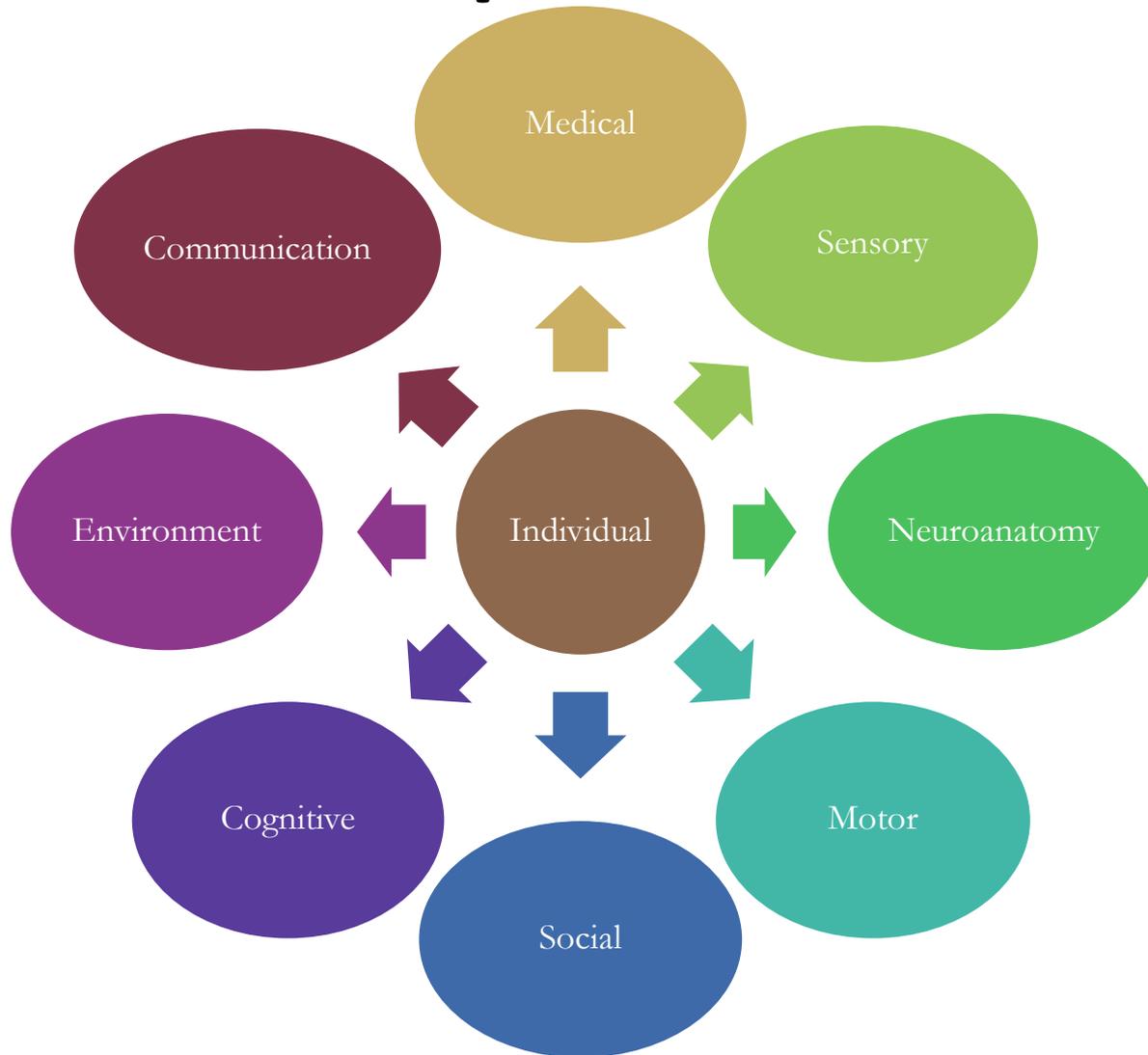


DISCUSS HOW TO  
DECODE BEHAVIORS IN  
THE MOMENT



SHARE SPECIFIC  
STRATEGIES FOR  
COMMON BEHAVIORAL  
CHALLENGES

# Behaviors are Impacted by Multiple Factors



# Addressing Behaviors

- We can address behaviors and even prevent them from occurring in many different ways, but three particular points of intervention seem to be the most important:
  - Before the behavior occurs through use of proactive strategies and environmental modifications
  - By working on development of specific pivotal skills that will impact multiple areas
  - In the moment (A-B-C)

# Example

<b>Immediate Proactive Strategies (Identification of Strengths and Challenges)</b>	<b>Long-Term Proactive Strategies (Skill Acquisition)</b>	<b>In-the-Moment Strategies to Address Antecedents (A-B-C)</b>
-Clear expectations	- Emotional regulation training	- Deep breathing
- Visual schedules	- Social skills development	- Use calm voice
- Errorless Learning	- Management of medical comorbidities	- Offer choices
- Visuals in the Environment	- Communication Training	- Provide space
- Routine & consistency	- Desensitization to Sensory Sensitivities	- First then

**PROACTIVE STRATEGIES**  
**(Identification of**  
**Strengths and Challenges)**

# Strengths

Category	Strength Area	Examples / Notes
 <b>Medical</b>	Tolerates appointments	Cooperative with doctors or dentists
	Medication routines	Takes meds with minimal challenges
	Participates in physical health activities	Enjoys swimming, walking, or movement classes
 <b>Sensory</b>	Enjoys tactile activities	Likes textured objects
	Responds to music/sound cues	Calms or focuses with music
	Uses sensory tools	Effectively uses chewies, fidgets, weighted items
	Self-regulates through sensory input	Rocking, deep pressure, or stimming

# Strengths

Category	Strength Area	Examples / Notes
 <b>Communication</b>	Uses AAC/signs/visual supports	PECS, tablets, gestures, sign language
	Understands verbal directions	Follows first-then format
	Communicates with facial expressions	Smiles, cries, laughs
 <b>Environment</b>	Does well with structure	Thrives in routines at school/home/therapies
	Follows daily routines with support	Getting dressed, brushing teeth, bathing, etc.
	Uses object schedule	When object handed, will transition to next activity

# Strengths

Category	Strength Area	Examples / Notes
 <b>Cognitive</b>	Learns through repetition and routine	Needs to have visual supports with routine
	Strong visual memory	Remembers people, places, or signs
	Symbol recognition	Recognizes logos, community signs
	Makes choices or decisions	Selects activities or foods when held up
	Understands cause and effect	Knows how to activate toys
 <b>Social</b>	Builds positive relationships	Does well with familiar adults
	Sibling relationships	Motivated by siblings
	Imitation of others	Learns by imitating

# Strengths

Category	Strength Area	Examples / Notes
 <b>Motor</b>	Participates in physical activities	Strong gross motor skills
	Daily living skills	Uses utensils to feed self
 <b>Neurodevelopmental</b>	Progress in developmental milestones	Learning to follow two step directions
	Learning by observing	Follows classroom routine with peer buddy
	Is persistent	Keeps trying even if it's hard
	Memory for events	Remembers details about events that have happened or places they have been

## Setting Events Checklist

**Student:** \_\_\_\_\_ **Respondent:** \_\_\_\_\_

**Behavior Interest:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** The list below includes events that could possibly increase the likelihood of problem behavior occurring. If an event contributes to the student's behavior, check the appropriate column to indicate when the event occurs in relation to when it contributes to the problem behavior. For longstanding influences, note only those that contribute to the current incident or behavior.

SETTING EVENT (by type)	Same Day	Day Before	Within Week	Long Standing
<b>Physical</b>				
Meal time change or meal missed				
Sleep pattern (including duration) atypical				
Medications changed or missed				
Appeared or complained of illness				
Appeared or complained of pain or discomfort				
Allergy Symptoms				
Seizure				
Chronic health condition				
Other (specify):				
<b>Learning and self-regulation</b>				
Specific disability (specify):				
Learning difficulties (specify):				
Low frustration tolerance/impulsive				
Short attention span				
Poor organizational or planning skills				
Anger management problems				
Atypical sensory needs				
Other (specify):				
<b>Social-Emotional</b>				
Anxious				
Irritable or agitated				

# Challenges

# Proactive Strategies to Address Factors Impacting Behavior

Category	Strategy
 <b>Medical</b>	Use a social story, desensitization protocol
 <b>Sensory</b>	Modify environments to reduce sensory overstimulation, proactive breaks when in these environments
 <b>Communication</b>	Always have AAC, teach others basic signs, create opportunities for practicing
 <b>Environment</b>	Visual schedule at school, home, and at therapies
 <b>Cognitive</b>	Use simple instructions with prompts supporting comprehension
 <b>Social</b>	Remind individual before entering new environment
 <b>Motor</b>	Modify the environment to reduce physical limitations, eliminate writing demands if you are assessing something different
 <b>Neurodevelopmental</b>	Use first then directives, visual supports, token boards, social praise, processing time, errorless learning

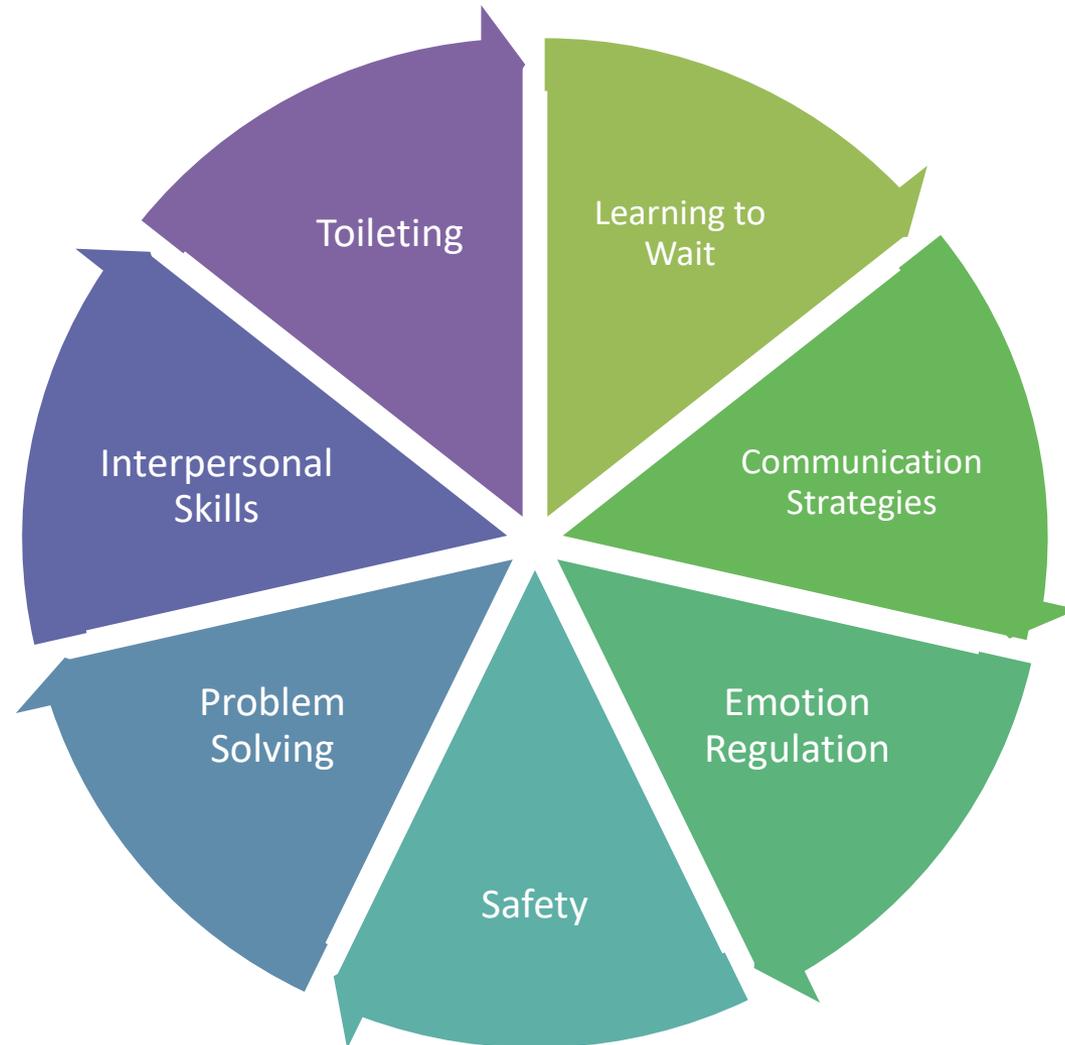
**LONG-TERM PROACTIVE  
STRATEGIES (Skill  
Acquisition)**

# Long Term

Pivotal Response Treatment (PRT®) is a naturalistic intervention model derived from Applied Behavior Analysis (ABA). PRT targets pivotal areas of child development, including motivation, responsivity to multiple cues, self-management, and social initiations. These skills are pivotal because they allow learners with ASD to make widespread collateral improvements in the domains of communication, socialization, and behavior. PRT increases children's motivation to engage and learn using research-based motivational procedures, such as child choice, task variation, rewarding attempts, and use of direct, natural reinforcers. PRT empowers family members to implement interventions, with learning embedded across daily routines in the natural environment.

<https://www.autismprthelp.com/about-prt.php>

# What are you child's "pivotal areas" Game Changers



# Reflection

# How do you go about developing these skills?



ASSESSMENT



PROMPT FADING



SUPPORT SYSTEM

# Assessment

New Skills (skills that have not been taught or introduced yet)	Emerging Skills (skills that can be done partially on own and still require some support)	Mastered Skills (skills that can be done on own at least 75% of the time)

Least Restrictive / Most Independent

Most Restrictive / Least Independent



<b>Visual</b> Visual clue or guide	<b>Verbal</b> Telling	<b>Gestural</b> Pointing or motioning towards	<b>Modeling</b> Demonstrating	<b>Partial Physical</b> Guiding by elbow	<b>Full Physical</b> Hand-over or hand-under hand
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Task	What would support at each level look like for your child?			What level are they at now?		

# Support System

- Family/Caregivers
- Teachers
- Therapists
- Community Providers
- Psychologists
- Medical Providers

**IN-THE-MOMENT  
STRATEGIES TO ADDRESS  
ANTECEDENTS (A-B-C)**



A → B → C  
(Antecedent) (Behaviour) (Consequence)

# Common Behaviors

ELOPING

IMPULSIVITY

THROWING

AGGRESSION (SELF AND OTHERS)

REPETITIVE BEHAVIORS

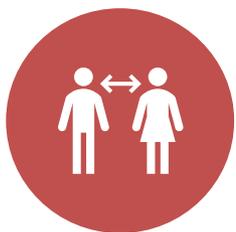
DESTRUCTIVE

FLOPPING

REFUSAL/DEFIANCE

MELTDOWNS/TANTRUMS

# Common Functions of Behavior



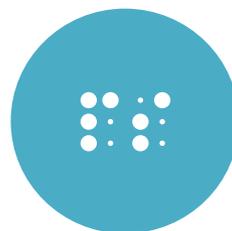
**Social Attention:** A person may engage in a certain behavior to gain some form of social attention or a reaction from other people. For example, a child might engage in a behavior to get other people to look at them, laugh at them, play with them, hug them or scold them.



**Tangibles or Activities:** Some behaviors occur so the person can obtain a tangible item or gain access to a desired activity. For example, someone might scream and shout until their parents buy them a new toy (tangible item) or bring them to the zoo (activity).



**Escape or Avoidance:** Not all behaviors occur so the person can “obtain” something; many behaviors occur because the person wants to get away from something or avoid something altogether (Miltenberger, 2008).



**Sensory Stimulation:** The function of some behaviors do not rely on anything external to the person and instead are internally pleasing in some way.

# Eloping

Observation (Clues)	Function	Reactive Strategy	Proactive Strategy
Looking back at you.	Attention	Move quickly, neutral facial expression, bring back to location.	Practice shorter distances. Provide attention while transitioning from one place to another.
Focusing on getting to a specific place, activity, or item. Looking towards something.	Tangible/Activities	Move quickly, neutral facial expression, first then with the activity sought out, if available.	Use a visual schedule: what to do, how much, progress towards being done, what comes next. First-then directive. Embedded access to preferred activities.
Nonpreferred task introduced. Leaving the area regardless of whether attention is given or not.	Escape/Avoidance	Present a first then directive with the avoided task and a then activity.	Use a visual schedule: what to do, how much, progress towards being done, what comes next.

# Impulsivity

Observation	Function	Reactive Strategy	Proactive Strategy
Says no even before adult says anything (“Impulsive no”).	Skill Deficit	Pause and support verbal with visuals.	Teach a phrase like “listening ears” as a way to have child pause.
Gets up out of the chair during meals and walks around and returns to the table after a few minutes.	Sensory	Physically redirect the child to go and sit back down. Use a visual timer to help them learn to strength their seated time.	Engage child in a sensory regulating activity prior to seated activities, or a sensory diet. Start practicing a routine with gradual increase in time demand for sitting.
Swats or pushes down sibling when walking by. Does not look back.	Skill Deficit, attention, control	Give attention to the sibling and praise for keeping safe hands.	Supported play interactions with fading prompt.

# Throwing

Observation	Function	Reactive Strategy	Proactive Strategy
Child looks at caregiver and throws toy while laughing.	Attention	Maintain a neutral facial expression, do not talk to the child and retrieve the object without giving it back.	Teach and practice skill of gaining attention in a socially appropriate way.
Child throws new food that is presented.	Escape/ Avoidance	Get a new piece of the food and present again with a specific demand that is lower than eating it.	Use a token system or a clear routine each meal and snack to present a new food interaction.
Repeated throwing of objects/toys up at the fan when no one is in the room and even when others are in the room.	Sensory	Remove the item being thrown and offer sensory input strategies.	Replacement behavior with full time support while learning replacement behavior.

# Aggression (Self and Others)

Observation	Function	Reactive Strategy	Proactive Strategy
Hits head on the floor when told no. Pauses to see who is watching.	Attention	As long as safe, ignore until child is engaged in appropriate behavior. Once calm give a choice.	Teach alternative communication strategies to protest or express emotions.
Hits when iPad is removed.	Tangible/ Activities	Move away from the child and wait for them to calm.	Set a password to lock screen. Use a visual timer to indicate how much time is left.
Hits or scratches when picked up or physically prompted.	Escape/ Avoidance	Model a different way of communicating “down”. Only put them down when the alternative is presented.	Work with an SLP on communication strategies.
Constantly bites thumb to the point of breaking the skin.	Sensory	Block and replace with alternative.	Work with an OT who specializes in sensory processing to find alternatives.

# Repetitive Behaviors

Observation	Function	Reactive Strategy	Proactive Strategy
Repeatedly asks the same question over and over.	Attention	Determine and stick to number of times you will answer. Write response down or draw a picture.	Engage in a prompt fading system using a dry erase board.
Repeatedly asks for ice cream until adult gives it to them.	Tangible	Ignore. Say “that’s not a choice. But you can have X or X.”	Use a token system during the day to identify lots of different rewards throughout the day.
Dangles string or sock and makes it dance.	Sensory	Nothing if it is not interfering in engagement.	Set times when child has access to string/sock. Indicate on visual schedule.
Opens and shuts cabinet doors repeatedly.	Skill Deficit	Redirect to a different activity or toy that they can open and close.	Teach play skills.

# Destructive

Observation	Function	Reactive Strategy	Proactive Strategy
Only breaks things when others are watching.	Attention	Remove objects nearby without giving attention.	Positive attention and praise when engaged in safe behaviors. Teach skill of how to gain attention.
Takes toys apart when others are not watching.	Skill Deficit	“Oh we can’t play with it. It’s broken.” Remove.	Demonstrate what ways are okay to play with the toy. 24/7 supervision and then fade.
Tears up classroom and then gets sent to office.	Escape/ Avoidance	Establish safety.	If repeated event, create smaller space with limited access to objects without adult.
Goes through many clothes and socks because unravels threads	Sensory	Remove object that is being unraveled. Offer other sensory input.	Check clothes and socks for loose threads. Sensory diet and replacement behavior.

# Flopping

Observation	Function	Reactive Strategy	Proactive Strategy
Flops to ground when asked to transition.	Escape/ Avoidance	Present a first then directive.	Present a first then directive or use a visual schedule before the transition.
Flops to the ground when leaving a preferred location.	Tangible	Block access to preferred activity. Offer first then.	Present a first then directive or use a visual schedule before the transition.
Walking together and caregiver is talking to someone on the phone. Child flops to the ground.	Attention	First then directive to “first walk and then X.”	Give attention and engagement while walking together. Point out things you see or praise intermittently.

# Refusal/Defiance

Observation	Function	Reactive Strategy	Proactive Strategy
Will not brush teeth but will complete other self care activities.	Sensory	“Let’s brush for a count of three, then all done.”	Desensitization program.
Does not want to transition to bed because watching television.	Tangible	Turn television off and block access to turning it back on.	Create a clear routine with use of a timer, visual schedule, and first then directives.
Continues to engage in a behavior that you have asked them to stop doing.	Attention	Remove the object without giving child attention.	Wait for opportunity to praise appropriate behavior.

# Meltdown/Tantrums

Observation	Function	Reactive Strategy	Proactive Strategy
Child cries and yells when others don't understand and other times at random.	Skill Deficit	Model alternative for communication. Model calming strategy and give wait time.	Teach emotion regulation and coping skills. Work on alternative communication strategies.
Throws self on ground until adult gives what they want or offers something if they calm down.	Tangible/ Activities	Wait time. Use the "How to Show I'm Calm Visual"	Create opportunities to earn preferred activities using token boards and visual schedules.
Cries, yells, hits fists on floor any time asked to sit on the toilet.	Escape/ Avoidance	Wait time. Watch for a moment of calm. Give a first then directive.	Use a first then directive or adult directed choice.
Started out at Lava Island with no other children, but this quickly changed.	Sensory	Leave or move to a quieter area.	Proactively plan and practice where to go or how to communicate when a break is needed.

# What is the reason the behavior is happening?

## Is it a Setting Event?

- Medical
- Sensory
- Neuroanatomy
- Motor
- Social
- Cognitive
- Environment
- Communication

## Is it a Skill Deficit?

- Learning to Wait
- Communication Strategies
- Emotion Regulation
- Safety
- Problem Solving
- Interpersonal Skills
- Toileting

## Is it an In-The-Moment Trigger (Antecedent)?

- Social Attention
- Tangibles or Activities
- Escape or Avoidance
- Sensory Stimulation

# Thank You!



Global Down Syndrome  
Foundation for their  
unrelenting advocacy  
and support of our  
work



Individuals with Down  
syndrome who teach me  
the beauty of living in the  
moment and keep me  
honest and creative  
everyday



Families of individuals  
with Down syndrome who  
tirelessly work with me to  
create environments for  
their loved ones to learn  
and grow