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Adult Initiated Transition of Students with Autism and Self-Injurious Behavior

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Acknowledgements

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Adult Initiated Transition of Students with Autism and Self-Injurious Behavior

A Qualitative Study

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Of the Requirements of

EDU 8114 Qualitative Analysis and a Single Case Study

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Abstract

The purpose of this study was to discover if adult initiated transitions from center to center cause students with Autism self-injurious behavior. An ABC chart was used to gather data based on how many times the student inflicts self-harm upon himself, and what time of the day the self-injurious behavior occurs. With the data that was gathered on the student it was noticed that the most self-injurious behavior occurred when the student had to leave one center provided with adult initiation, and when he did not want to leave the activity of choice. As the behavior came more problematic, interventions were implemented to alleviate the self-injurious behavior. Such interventions were used as the countdown method, and saying "hands-down" when the behavior was occurring. The interventions decreased the behavior over time and the self-injurious became less prevalent.

Key Words: *Self-Injurious Behavior, Autism Spectrum Disorder, Functional Behavior Plan, Behavior Intervention Plan*

Chapter I

Introduction

The parents and teachers of students with Autism are often faced with many difficult behaviors especially during transition time either at school or at home. Individuals with autism spectrum disorders (ASD) may have greater difficulty in shifting attention from one task to another or in changes of routine (Hume, 2006). Some of those difficult behaviors include self-injurious ones, such as biting, scratching, and hitting oneself or others. Although Autism has such a wide range of ability, self-injury is only prevalent within about 50% of those diagnosed with the disability (Duerden et al., 2012). Nonetheless, autistic students with self-injury are seen in the classroom, which is hard to correct without proper training or professional development. In addition, research shows that self-injurious behavior affects Autistic children in school, home life, and extracurricular activities (Roberts, 2012).

Statement of the Problem

As special educators it is important to note the behavior of students' with autism, and to see changes in attitude or behavior when a students' mood shifts. Some of these moods switch to self-injurious behavior (SIB). According to Duerden et al.(2012), these behaviors are often rhythmic and repetitive, can range from mild head rubbing up to severe head banging, and can even become life threatening. Therefore, to assist students with SIB this study will explore the effect of adult initiated transition on students with autism

Purpose of the Study

The purpose of this quantitative single case study was to explore the effect of adult initiated transition on students with Autism. As an educator, shifts in mood have been noticed with particular students when transitioned from one preferred station to another station. Data

collection was done on how many times the student hits himself during transition time and following the workstation rotation. Therefore, the study used graphs and percentages to analyze the data collected. In addition, the researcher notated which time of the day SIB occurs, and if any event, such as student-to-student interactions, verbal or non-verbal exchanges, or adult-initiated transitions have preceded the change from non-injurious to self-injurious behavior. Thus, this study attempted to show data that will help to know why the student is harming himself, if it is out of frustration, anger, or if it is routine in reaction to adult-initiated transitions during the student's daily educational program.

Assumptions and Limitations

As a teacher of special education students, the concept of self-injurious behavior is not new and has been written about for the past several decades. This subject needs to be researched more as there is not a lot of research on this particular subject. Self-Injurious behavior seemed to get less severe over time if implements were put into place and staff followed through with the behavior modifications. Child with autism tend to learn with a lot of repetition, which will eventually help correct the behaviors that harm themselves and others. According to Honey, McConachie, Randle, Shearer, & Coureur (2006):

> It is evident that research into repetitive behavior in young children with autism and ASD is important not only as an early potential marker to help with the identification of the disorder and the understanding of precursors to triad features, but also for the design and implementation of therapeutic intervention for families (p.3).

Some assumptions held are that with enough interventions from various team members that the self-injurious behavior will decrease over time. If all the staff that work with this population of students and use the same language toward the student(s) it is assumed that the

negative behavior will decrease over time. The limitations of the study include a time constraint due to the length of the Graduate Seminar Class, which is shortened due to the summer semester.

Significance of the Study

This study is significant because the study will investigate a real-life, classroom problem identified by the researcher. It will look at the cause of self-injurious behavior with the student and what was done to decrease the behavior. Additionally, the study will add to the knowledge based on SIB and students identified as being on the Autism Spectrum of Disorders.

Questions of the Study

This study is based on our focal questions relating to Autism Spectrum Disorder students' self-injurious behavior, and when they are more likely to *act out* with these behaviors.

1. How does the student react to adult guidance during transition time?
2. Are there in school solutions that can be used to combat the students' self-injurious behavior?
3. When do parents/teachers start to notice the change in behavior in children with autism?
4. What, if anything, precedes SIB occurring in the Autistic student studied?

Definition of Terms

This section presents an abbreviated list of definitions for the purpose of the hypothetical study proposal. These terms will be used throughout the research project and will help explain the data collection process and the end result. The terms used are medical terms and educational terms to describe the setting of where the data comes from as well as whom the data comes from.

ABC Chart. An ABC Chart is a direct observation tool that can be used to collect information about the events that are occurring within a student's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior. The "B" refers to observed behavior, and "C" refers to the consequence, or the event that immediately follows a response (KU, 2015).

Autism Spectrum Disorder. Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors (autismspeaks.org, 2015).

Behavioral Intervention Plan(BIP). A behavioral intervention plan is a plan that is based on the results of a functional behavioral assessment (FBA) and, at a minimum, includes a description of the problem behavior, global and specific hypotheses as to why the problem behavior occurs and intervention strategies that include positive behavioral supports and services to address the behavior (NYS.gov, 2011).

Functional Behavioral Assessement (FBA). Functional behavioral assessment is generally considered to be a problem-solving process for addressing student problem behavior. It relies on a variety of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior. Functional

behavioral assessment should be integrated, as appropriate, throughout the process of developing, reviewing, and, if necessary, revising a student's IEP. A functional behavioral assessment looks beyond the behavior itself. The focus when conducting a functional behavioral assessment is on identifying significant, pupil-specific social, affective, cognitive, and/or environmental factors associated with the occurrence (and non-occurrence) of specific behaviors (CECP.org, 2001).

Hydrocephalus. The term hydrocephalus is derived from the Greek words "hydro" meaning water and "cephalus" meaning head. As the name implies, it is a condition in which the primary characteristic is excessive accumulation of fluid in the brain. Although hydrocephalus was once known as "water on the brain," the "water" is actually cerebrospinal fluid (CSF) a clear fluid that surrounds the brain and spinal cord. The excessive accumulation of CSF results in an abnormal widening of spaces in the brain called ventricles. This widening creates potentially harmful pressure on the tissues of the brain (NINDS.gov, 2015).

Intellectual Ability. This is a disability characterized by significant limitations in both intellectual functioning and inadaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18 (AAIDD, 2013).

Other Health Impairments. Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that: (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and (b) adversely affects a child's educational (NASET, 2007).

Self-Injurious Behavior. Self-injurious behavior is one of the most devastating behaviors exhibited by people with developmental disabilities. The most common forms of these behaviors include head banging, hand-biting, and excessive self-rubbing and scratching (autism.com, 2015).

Special Education teacher. Special education teachers work with students who have a wide range of learning, mental, emotional, and physical disabilities. They adapt general education lessons and teach various subjects, such as reading, writing, and math, to students with mild and moderate disabilities. They also teach basic skills, such as literacy and communication techniques, to students with severe disabilities (bls.gov, 2014).

VP Shunt. The most common treatment for hydrocephalus is the surgical insertion of a drainage system, called a shunt. It consists of a long, flexible tube with a valve that keeps fluid from the brain flowing in the right direction and at the proper rate. One end of the tubing is usually placed in one of the brain's ventricles. The tubing is then tunneled under the skin to another part of the body where the excess cerebrospinal fluid can be more easily absorbed (Mayo Clinic, 2015).

Chapter Summary

The current growth rate of Autism Spectrum Disorder and self-injurious behavior is on the rise each year, the prevalence in the United States is one in every sixty eight births (autism-society, 2011). Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention. Additionally, if school teachers and staff are trained properly to handle ASD and various behaviors that coincide, students will learn to become more self-reliant and possibly the self-harmful behavior would overall decrease. This approach of using Behavior Intervention Plans for students with ASD and the constant repetition of certain phrases will help the student

diagnosed with ASD to become less harmful to themselves and those around them. Viewing incident data helps teachers and staff determine the positive variables that will help motivate the child to transition smoothly, it will also show what the students negative variables are that cause the unwanted behavior. All of this information in turn gives the chance for school staff to work with the students with ASD to try and improve the harmful behavior changing to a more positive outcome. Collecting and using incident data are also essential to creating the safe environments that students need in order to learn.

Chapter II

Review of the Literature

The concerns of children with Autism in the school setting between parents and teachers have grown. Parents want what is best for their children, and teachers want what is best for their students'. According to WebMD (2014), "The parents and the professionals all agree that it takes lots of hard work to help a child with autism get the most out of the classroom experience. It also takes, they say, a good dose of structure and the understanding that every child with an autism spectrum disorder is unique. That means each child has different symptoms as well as styles of learning." Teachers and paraprofessional work very diligently on a daily basis to accommodate every individual childs learning needs to develop a proper education in a free, appropriate manner in accordance with IDEIA(WebMD, 2014).

Legislation

According to Autism Speaks (2015), Autism has more funding for education and research different from IDEA. The Federal Initiative states:

> The federal funding law for autism, originally the Combating Autism Act enacted in 2006 and reauthorized in 2011, was renewed in 2014 for another five years as the Autism CARES Act. The original law was signed by President George W. Bush and the 2011 and 2014 bills were signed by President Obama. Total funding under the act should exceed $3 billion by 2019 for autism research, services, training and monitoring by the National Institutes of Health, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration (AutismSpeaks.org 2015). This funding is to help teachers and paraprofessionals in the classroom to establish a better educational

setting for children with Autism. It will help the students to communicate better with speaking devices, materials, and training for staff to better serve students.

Autism Cares Act

In August of 2014, President Obama signed the *Autism Cares Act.* Autism CARES reauthorizes the landmark 2006 Combating Autism Act for another five years at an annual funding level of $260 million (AutismSpeak.org , 2014). The funding will be used primarily for autism research grants awarded by the National Institutes of Health. Autism CARES will also ensure the continued funding of autism prevalence monitoring; training of medical professionals to detect autism; and continued efforts to develop treatments for medical conditions associated with autism (AutismSpeaks.org 2014).

Individuals with Disabilities Act

This law was enacted to protect those with disabilities to a free appropriate public education. This law was created in 1975, it was called PL 94-142, then was entitled *Education for All Handicapped Children Act.* In 2004, this law was amended and entitled IDEA, Individuals with Disabilities Act, "educational placement should be on an individual basis, not solely on the diagnosis or category of disability, so as a parent, you will have a voice in the process" (AutismSociety.org, 2015). This law has six components which include: (a)Free and Appropriate Education (FAPE),(b)Appropriate Education, (c)Individualized Education Program (IEP), (d) Least Restrictive Environment (LRE) and (e)Parent and Student Participation in Decision Making Procedural Safeguards.

It is important that the student receive an appropriate education and benefit from it. According to AutismSociety.org (2015), Students with disabilities have a right to related services such as social work, occupational therapy, physical therapy and speech to help them learn and

receive the maximum benefit from their educational programs. These services are to be determined on an individualized basis by the IEP team after team members do an evaluation per student (Autism-speaks, 2015).

Rights at School

Parents of a children with disabilities need to learn the certain rights that they are entitled to. These rights include discussions with teachers, counselors, or principals at any time. IEP reviews at any time. Negotiation or mediation, "Mediation is a voluntary process described in the Individuals with Disabilities Education Improvement Act (IDEIA) in which a neutral third party (a mediator) assists parties (parents and the school) in resolving their dispute. All states must have a mediation process that meets the requirements of IDEIA, including having a list of qualified mediators and bearing the cost of the mediation process (AutismSociety.org, 2015). Neither party is required to use mediation, and the mediator cannot force either party to accept a resolution to the dispute. If a mutually satisfactory agreement is reached on some or all of the issues, a written agreement is set forth. Discussions that occur in mediation are confidential and may not be used as evidence in subsequent proceedings. Mediation must be available as a dispute resolution option, but may not be used to deny or delay the parental right to a due process hearing (autism-society.org, 2015). Parents can also request due process if there is a part of the IEP that is not agreeable between the two parties. This is a legal process, and is handled through the court system.

Autism in the Classroom

According to Matson and Schwalm (2006), Autism Spectrum Disorder is made up of a number of related conditions, most of which are accompanied by at least one challenging behavior. Some of these example of challenging behavior include; self-injury, aggression, and

disruptions to the environment and others around them. These types of behavior limit the child and others in the classroom to less involvement in educational activities. These types of behaviors are also have a negative effect on varying activities, socialization and other learning opportunities. With interventions in place, the challenging behaviors in young children seem to lessen. The problem behaviors can be evaluated by scaling methods by using behavioral observations of defined behaviors and functional assessments (Matson & Schwalm 2006).

Most successful programs incorporated by school systems are guided by the same principles; all students are not alike and should be educated in the manner that is most beneficial to the individual. No one program or strategy will benefit all students, ASD or not. Any program utilized by a school system will only be as effective as the educators in charge of implementing it. They must, therefore, be afforded as much training as needed, and the support of their administration (Daily 2005).

Autism symptoms

The Autism Spectrum is a wide ray of abilities and disabilities. On one of the spectrum children are able to function almost on a normal level, and on the other end children need help in every aspect of their lives. According to the Center for Disease Control and Prevention (2015), "Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Scientists do not know yet exactly what causes these differences for most people with ASD". The CDC also states, "ASD begins before the age of 3 and last throughout a person's life, although symptoms may improve over time. Some children with ASD show hints of future problems within the first few months of life. In others, symptoms may not show up until 24 months or later. Some children with an ASD seem to develop normally until around 18 to 24

months of age and then they stop gaining new skills, or they lose the skills they once had (2015)."

Some symptoms that teachers and parents will notice in a child with ASD are:

> (a)Not point at objects to show interest (point at an airplane flying over) by 14 months, (b) Not play "pretend" games (pretend to "feed" a doll) by 18 months, (c) Avoid eye contact and want to be alone, (d) Have trouble understanding other people's feelings or talking about their own feelings, (e) Have delayed speech and language skills, (f) Repeat words or phrases over and over, (g) Give unrelated answers to questions, (h) Get upset by minor changes,(i) Have obsessive interests, (j) Flap their hands, rock their body, or spin in circles, (k) Have unusual reactions to the way things sound, smell, taste, look, or feel (CDC, 2015).

Children with ASD, also have trouble with social skills. Often times they will avoid eye contact, prefer to play alone, does not share interests with others, has flat or inappropriate facial expressions, does not understand personal space boundaries, is not comforted by others during distress, talking about own feelings (CDC, 2015). Another behavior noted in children with Autism is repetitive behavior. Moore and Goodson (2003) examined children referred because of interaction and communication difficulties at 2 years and re-assessed them at 4–5 years. Social and communication skills were found to change very little over time, whilst repetitive behaviours were subject to age related changes, becoming more apparent as time went on. In another study done on ASD behavior focusing on repetitive behavior, Berkson and Tupa (2000) note that negative correlations have been found between IQ and repetitive behaviours in severely developmentally delayed populations. Furthermore, repetitive behaviours maybe less common in

young or severely developmentally delayed children as a result of the required cognitive sophistication.

Interventions used with Autistic Students

Discrete Trial Teaching (DTT) or the Lovaas Model:

> Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating (AutismSpeaks, 2015).

Floortime:

> The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead (AutismSpeaks, 2015).

Picture Exchange Communication System (PECS):

> Is a learning system that allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently, and starts by teaching the child how to exchange a picture for an object. Eventually, the individual is shown how to distinguish between pictures and symbols and use these to form sentences. Although

PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged (AutismSpeaks, 2015).

Other Interventions that the ASD student is eligible for which will be stated in the child's IEP are, Speech/Language therapy, Physical Therapy, Occupational Therapy, Sensory Integration Therapy.

Speech Language Therapy:

Is delivered by a Certified Speech-Language Pathologist (SLP), SLT encompasses a variety of techniques and addresses a range of challenges for children with autism. SLT is designed to coordinate the mechanics of speech and the meaning and social value of language. For those individuals unable to speak, SLT might encompass training in other forms of communication, or oral exercises designed to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an individual evaluation by a speech-language pathologist and therapy may be conducted one-on-one, in a small group or in classroom/natural settings (AutismSpeaks, 2015).

Physical Therapy (PT):

Delivered by a Certified Physical Therapist (PT), this intervention focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need (AustismSpeaks, 2015).

Occupational Therapy (OT):

Provided by a Certified Occupational Therapist (OT), OT brings together cognitive, physical and motor skills with the aim of enabling the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies and tactics for learning key tasks to practice in various settings (AutismSpeaks, 2015).

Sensory Integration Therapy (SI):

SI therapy is designed to identify disruptions in the way an individual's brain processes sensory input and develop strategies to help process tsenses in a more productive way. A sensory integration-trained OT or PT should begin with an individual evaluation, and then use research-based strategies to plan an individualized program for the child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information (AutismSpeaks, 2015).

According to Autism Spectrum Disorders: Guide to Evidence-based Interventions (2012), ASD interventions do not address the diagnosis in general, but rather address specific individual needs. Most individuals with ASDs receive multiple interventions from multiple types of providers in multiple service delivery systems. For example, it is not uncommon for persons with ASDs to simultaneously participate in interventions with healthcare, educational, and other service providers. Intervention outcomes are significantly enhanced when

professionals collaborate across service delivery systems and when parents play an active role in implementing and coordinating interventions.

Chapter III

Methodology

This study was created to implement and explore the effect of a single case design quantitative study of adult initiated transition on students with Autism and self-injurious behavior. The study gathered data as to when, where, and what time of day the behavior occurred at school.

Participants

This single case study followed a fifth grade student in a public school in the suburbs of southwest Chicago. His current school houses students in grades kindergarten through fifth. This school also houses students throughout the district in special needs classrooms in grades three through five. Throughout the district there are four elementary school buildings and one middle school. Grade five was selected to hold the case study, because these students are older, and more experienced in school. The class was chosen because this particular class teaches students with Autism Spectrum Disorder, and these students exhibit self-injurious behavior. The study was then narrowed down to the student that shows the most self-harmful behavior on a consistent basis. The boy chosen is currently placed is in a program called C.A.S.E., which stands for communication, academic, social, emotional. This program was created for the students that have been diagnosed with more severe Autism or more severe Intellectual Disability. This students IEP labels him with (a)Other Health Impairment, (b) Intellectual Disability and (c) Autism. His medical diagnoses include (a) Hydrocephalus, (b) Intrauterine growth retardation, and (c) VP shunt with a risk of seizures.

Instrumentation

An ABC chart was created to measure how many times the student inflicts self-injurious behavior upon himself throughout various points of the day, and what seemed to cause the behavior. The chart is created into several sections which include; date, time of occurrence, task/staff (person with him during behavior), before (gives several options), behavior, area (of the body), consequence (what happened for hitting to occur), and notes. All the staff recorded the data on the ABC chart as to who was working with the student and at what work rotation.

Procedures

The chart was used as a continuous recording device. Date collection was done on an ABC chart with several different columns to identifiy; when the behavior occurs, where (what station and what time of day), where on the body the behavior/hitting occurs, and the antecedent (what happens after the behavior occurs). The data collection happened on a daily basis as long as the behavior was happening. Data gathered from the ABC chart will be turned into different percentages on a graph showing the time of day when the aggression is the worst, if it is the time when adults are guiding him through the transition to the next educational work station. Data will then be plotted as weeks per month to show the overall decrease in behavior throughout the time working with the student.

Data Collection

The teacher and aides in the classroom will gathered the data being that there is not one person that only works with the student when the self-injurious behavior occurs. Each time a unwanted behavior occurs the staff will tallied how many times the student hits himself during that learning center. This took place throughout the day, and if there were no self-injurious behaviors that happen for that amount of time, no tallies are written.

Data Analysis

This study will compare data previously collected from the middle of the year and the data most recently collected. This will be done on Excel using graph form. Improvements in self-injurious behavior will be looked at in hopes that the behavior will decrease from interventions used with the student, which will happen toward the end of the study.

Chapter Summary

It is the belief that by using an ABC chart and converting the data into comparable numbers, it will become evident that the greatest time when aggression is viewed are the times when the student is being guided from a preferable learning station by an adult to the next learning station. The preferred learning stations that the student has the hardest time leaving are those which use interactive learning materials. By using the ABC chart, it will be visible to see the times of day and when aggression is at its peak and to see when the most hitting occurs.

Chapter IV

Results

The results are as what anticipated throughout the study. It was thought that as an intervention was developed and used throughout the course of the remaining school year and summer school, that self-injurious behavior would decrease as a result of a behavior intervention plan, and all staff working with the student using common language associated with the undesirable behavior. Having the CASE staff use common language was the key to the intervention associate with the self-injurious behavior. As figure 4.1 shows, the self-injurious behavior decreased from April until the end of summer school that ended in July.

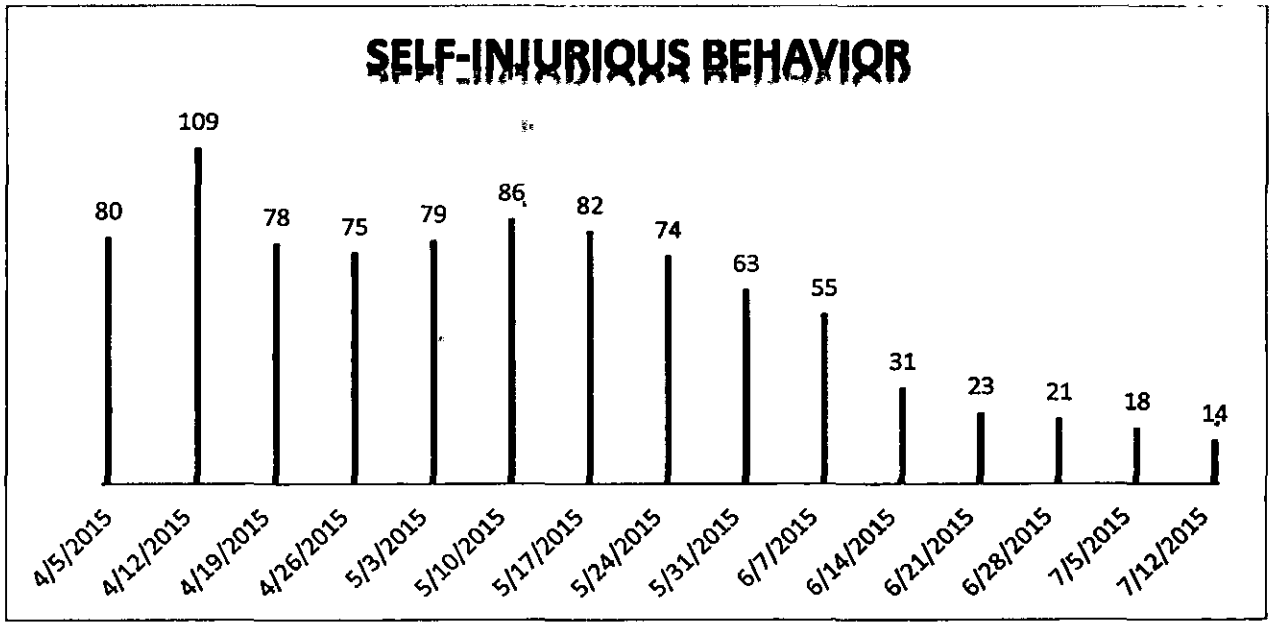

Figure 1 shows the decreasing nature of self-injurious behavior as depicted by the numbers above the graph lines and the dates below the graph lines. Data indicates that behavior decreased as the school year came to an end and throughout summer school, and a BIP was put into place.

Demographics

This single case study followed a fifth grade student in a public school in the suburbs of southwest Chicago. His current school houses students in grades kindergarten through fifth. This school also houses students throughout the district in special needs classrooms in grades three through five. Throughout the district there are four elementary school buildings and one middle school. Grade five was selected to hold the case study, because these students are older, and more experienced in school. The class was chosen because this particular class teaches students with Autism Spectrum Disorder, and these students exhibit self-injurious behavior. The study was then narrowed down to the student that shows the most self-harmful behavior on a consistent basis. The boy chosen is currently placed is in a program called C.A.S.E., which stands for communication, academic, social, emotional.

Adult Guidance During Transition

The first study question of this overall study was, How does the student react to adult guidance during transition time? This can be answered from looking at figure 4.1, the data collected on the student shows a steady decline in self-injurious behavior from when the BIP was put into place until the end of the school year and into summer school. In the beginning of the study the student was very emotional and displayed behavior that was harmful to himself which can be concluded that the student was unhappy and angry when an adult helped him transition from a preferred activity/station to the next learning station on his schedule. After working, with the student on decreasing the unwanted behavior transition time seemed to move much more smoothly as the student learned was used to hearing "Hands-Down" which triggered a response of less hitting.

School Solutions

The second question of the study was, Are there in school solutions that can be used to combat the students' self-injurious behavior? This question was answered by the actually steps in order to provide any information for the study. The school solution for the self-injurious behavior and the safety of all the students was to enact a Behavior Intervention Plan. This plan brought all the staff that works with the student together to create a common language to use when working with the student in small group or one-on-one when the behavior occurred. The BIP allowed staff to create a learning environment conducive for learning activities and less time spent on correcting the unwanted behavior. It gave staff the simple tools turn a harmful behavior into less of one turning the classroom into a safer place to teach and learn.

Change in Behavior

The next question of the study was, When do parents/teachers start to notice the change in behavior in children with autism? As the study progressed and data was being recorded on a daily basis the change came almost immediately after the BIP was put into place with the student. As weeks went by staff started to notice a decline in the behavior that was being recorded on the ABC chart. Staff learned that following the steps in the BIP and using common language by everyone that came in contact with the student that the behavior would steadily decrease. Although the behavior did not come to a complete end, the major decrease allowed staff to give the student more independence and allowed them to work more with the other students in the classroom. As the student moves to the middle school in August 2015, it is vital that the new staff working with him, continue to follow the BIP and use the same language as his elementary school teachers did. As the data showed, as the school year progressed his behavior

decreased significantly. It is assumed that his behavior will decrease even more if interventions are still in place in his new school.

Preceding Self-Injurious Behavior

The last question of the study stated, What, if anything, precedes SIB occurring in the Autistic student studied? The major finding in the study was that the student did not like when time ran out of the preferred task he was doing. When an adult tried to guide him to the next learning station that was on his schedule he would start to cry and hit himself repeatedly. The behavior would carry over to the next rotation which made it very difficult for any learning to take place. The preferred item that caused a lot of the self-injurious behavior was when he was on an IPAD or Smartboard and it was time to switch to the next rotation on the schedule. He seemed to really enjoy interactive activities as he was in control of the device. It was not until the BIP was in place that the noticed behavior started to decline and more learning was taking place. The self-injurious behavior as stated from his previous teachers was nothing new and started at an early age in his educational career. However, no data or FBA was collected until the student was in fifth grade. Had the behavior been intervened when he was younger, the self-injurious behavior could have been lessened by the time he entered the CASE program.

Chapter Summary

From studying the fifth grade autistic student and gathering data on him it can be concluded that he functions best in a classroom that adults, teachers and aides, facilitate any learning to take place. It was observed that the student became angry when he had to move from a preferred learning station to one that involved no interactive devices thus resulting in self-injurious behavior. The student left marks upon himself from the amount of time he would hit himself in the same area. The staff was able to work together to change this behavior and

decrease the intensity and amount of times the student was injuring himself. Creating a meaningful Behavioral Intervention Plan and using common language among all staff was the key in this case to a conductive learning environment that is safe for all students to learn successfully.

Chapter V

Although self-injurious behavior is behavior that is initially shocking, this behavior can be changed over time. All that is needed to change the behavior is time, teachers/aides using common language, and the willingness follow through with behavioral interventions that have set into place. As the data shows what was once an overwhelming amount of hitting, over time and with the support of all staff that come in contact with the student(s), self-injurious behavior can drastically change in the matter of a few months.

Discussion

In chapter II of this project literature discussing self-injurious behavior was provided discussing the implications and findings of students with this behavior. With interventions in place, the challenging behaviors in young children seem to lessen. The problem behaviors can be evaluated by scaling methods by using behavioral observations of defined behaviors and functional assessments (Matson & Schwalm 2006). In this study, the child was followed throughout the day, station to station, specials and lunch. Every time a self-injurious behavior happened, it was documented on the ABC chart and later analyzed.

Conclusion

After the analysis of the date collected on the unwanted self-injurious behavior, a behavioral intervention plan was put into place. This plan was followed every single day by the staff that came into contact each day with the student. The plan states that when the behavior occurs to tell the student, "Hands-down". Over time the student started to recognize and connect the phrase to his self-injurious behavior, and it began to decrease over several months toward the end of the school year and into extended school year.

Educational Implications

Based on conclusions, as the student enters the middle school this coming school year it is fair to say that the Behavioral Intervention Plan needs to be followed in order for the student to have a smooth transition. What this means is the new staff in his school need to follow the key phrase that was said in his previous school. It can also be noted that had the data been analyzed earlier in the school year, or even the previous school year when the student had been working with the same staff and in the same program the self-injurious behavior would have been even less at this point in his educational career.

Another implication for this study was that in the previous school year of working with the student data was collected but no action was taken by the classroom teacher or social worker. As an aide, I was not privy to input what I thought should be done to improve the students behavior.

Recommendations for Further Research

As research was being done on this topic for the study, many of the articles stated the same thing about self-injurious behavior. They all had the same theme as to state what SIB is, how it interrupted the other students and teachers, and what services needed to be given via their IEP. More research needs to go into the actual interventions of what to do when SIB occurs. Being that Autism Spectrum Disorder is such a large spectrum it is difficult to have a control group to follow that have similar behaviors. Research needs to follow the ASD children that are more severe and display self-injurious behavior.

Summary

Overall, this study has proven that when working with self-injurious behavior students it is better to act on the behavior as a team then just to collect data. Data needs to be analyzed as it

is being collected, and decided how to manage and control the self-injurious behavior so that the student is not harming themselves, and others around them. Also, ASD students with limited verbal expression are able to change reoccurring behaviors that they have learned over time. Self-injurious behavior was used as a coping mechanism with the student that data was collected on, it would occur when he was angry and/or frustrated. However, the behavior was decreased over time with the willingness of staff that worked with the student on a daily basis.

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Appendix A

ABC Chart

Date	Time	Task/ Staff	Before	Behavior	Consequence	Notes
			_Demand given _close proximity _no attention _preferred activity removed _someone else has preferred item _other	_hit other _kick _touch/squeeze _hit self	_demand reissued _other person moved away _gave attention to behavior _adult moved closer _removed preferred object _redirected with another request _ignore behavior _other:	
			_Demand given _close proximity _no attention _preferred activity removed _someone else has preferred item _other	_hit other _kick _touch/squeeze _hit self	_demand reissued _other person moved away _gave attention to behavior _adult moved closer _removed preferred object _redirected with another request _ignore behavior _other:	
			_Demand given _close proximity _no attention _preferred activity removed _someone else has preferred item _other	_hit other _kick _touch/squeeze _hit self	_demand reissued _other person moved away _gave attention to behavior _adult moved closer _removed preferred object _redirected with another request _ignore behavior _other:	
			_Demand given _close proximity _no attention _preferred activity removed _someone else has preferred item _other	_hit other _kick _touch/squeeze _hit self	_demand reissued _other person moved away _gave attention to behavior _adult moved closer _removed preferred object _redirected with another request _ignore behavior _other:	