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## 5-Point Scales: Five Points Away from Beating Behavior Problems

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## 5-Point Scales: Five Points Away from Beating Behavior Problems

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In collaboration with Sharon Rinks, Psy.D., & Lisa Sirian Stear, Ph.D.

#### Overview and Development

- The Incredible 5-Point Scale (2003)
- By Kari Dunn Buron & Mitzi Curtis
  - Special Education teachers
  - Autism resource specialists
  - University instructors in MN
- For parents & teachers
- Written to help address social understanding problems of students on the autism spectrum

#### Overview and Development

- Started with 1 student to address voice volume
- Student assigned point values & specified where it is ok and not ok to use particular voice volume
- He rated his own volume using his scale
- He & the teacher then began to talk in numbers rather than in socially & emotionally-laden words

#### Voice Scale



Screaming / emergency only



Recess / outside voice



Classroom voice / talking



Soft voice / whisper



No talking at all

# The Voice Scale

(Buron & Curtis, 2003)

#### 5-Points as Self-Monitoring

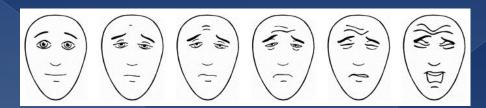
- 5-Point Scales are a form of self-monitoring
- Self-Monitoring
  - Increases awareness of own behavior
    - Frequency of occurrence
    - Intensity of the behavior
  - Awareness leads to empowerment for change
  - Can be connected to reinforcement systems
  - Can be coupled with ratings of others (e.g., teachers, parents) to help increase understanding

#### Historical Applications of Self-Ratings

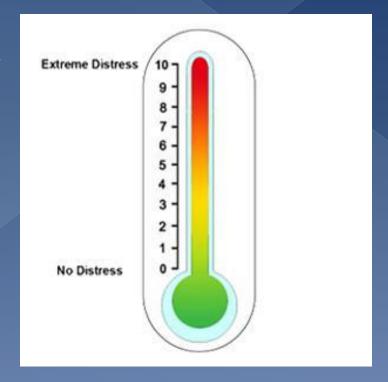
- Pediatric Pain Assessment
  - Once believed that children could not perceive, recall, or describe pain
  - Children experience pain and are able to recall and describe it accurately (P. J. McGrath et al., 1990; Ross & Ross, 1984; Savedra, Gibbons, Tesler, Ward, & Wegner, 1982; Savedra, Tesler, Ward, & Wegner, 1988)
  - Pain is highly individualized and subjective
  - Self-report is the "gold standard" (Merskey and Bogduk, 1994)
    - Poker Chip Tool (Pieces of Hurt) (Hester, 1979)
    - Pain thermometers
    - Visual analog scales
    - Faces scales

#### Sample Visual Scales

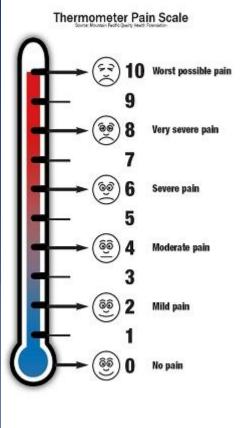
Faces Scale



Thermometer

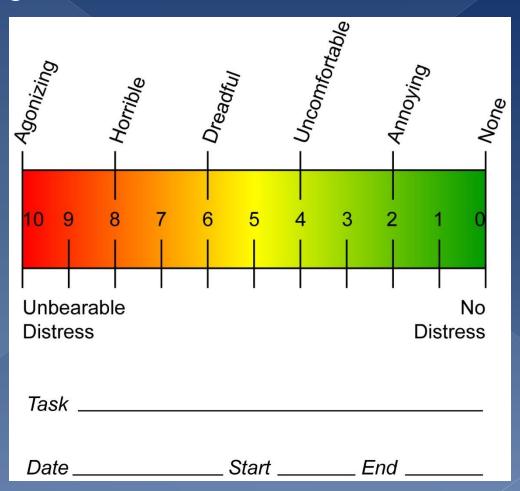


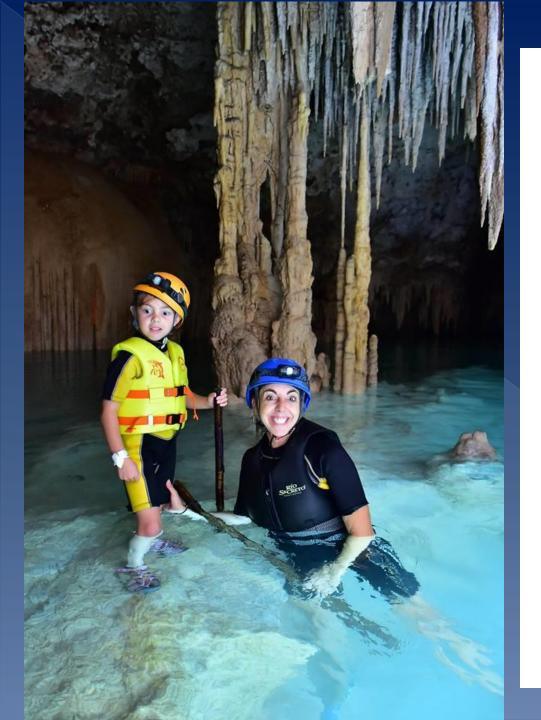
#### Combination

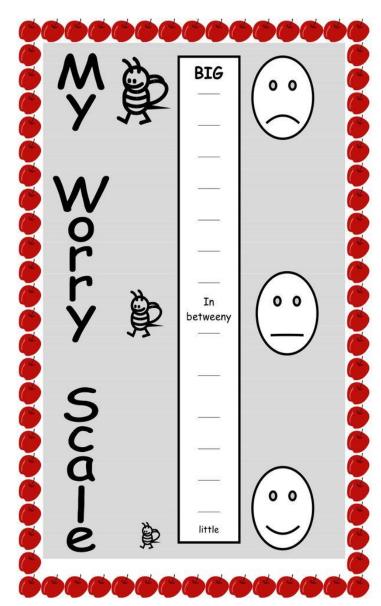


#### The Annoyance & Irritation Scale

Visual Analog Scale







#### Applications of Self-Monitoring

- Used with various disabilities autism spectrum disorders, cognitive impairments, learning disabilities, ADHD
- Can be used from preschool to adult
- To improve academic, social, behavioral functioning
- General and special education
- Skills may generalize more easily when being self-monitored

(Maag, 2004)

#### Using 5-Point Scales for ASDs

- 5-point scales match the learning characteristics of students with ASD
  - Visual
  - Reduce abstract ideas to simple numbers
- Lends itself easily to other applications
  - Young children
  - Individuals with developmental delayed
  - Students with Speech/Language Impairments
  - Those with reading disabilities

#### Using 5-Point Scales

- Goal of 5-point scales:
  - Break down a behavior into concrete parts so that...
  - Student understands what you are asking of him/her...
  - And can use self-monitoring to alter the behavior.
  - PBIS- teaching & modeling expectations
  - ABA- defining your target behavior

### Practical Application

- Steps to implement
  - Select Target Behavior
  - Develop the scale and create descriptions
  - Develop a story or visual cues if needed
  - Model the skill using a think aloud technique
  - Practice using the scale
  - Share the scale with important others.
  - Monitor progress

#### Social Stories

- Writing a story to go along with scale can:
  - Introduce the purpose
  - Outline how the scale works
- A first-person description of a social situation
  - Written from the perspective of the child
  - Using language appropriate to the child's developmental level
- Idea comes from Carol Gray's "social stories"
  - Use sentences that describe social situations
  - State the perspectives of the people involved
  - Gently give direction to the person with ASD

#### Social Stories

- Reduce problem behavior & increase social awareness (Del Valle, et al; 2001)
- Generally positive results (Reynhout & Carter; 2006)
- Small sample sizes limit efficacy studies (Ali & Frederickson, 2006)
- Considered an evidence-based intervention (Wang & Spillane, 2009)

#### Social Story Sample

#### Using my Cool Down Area

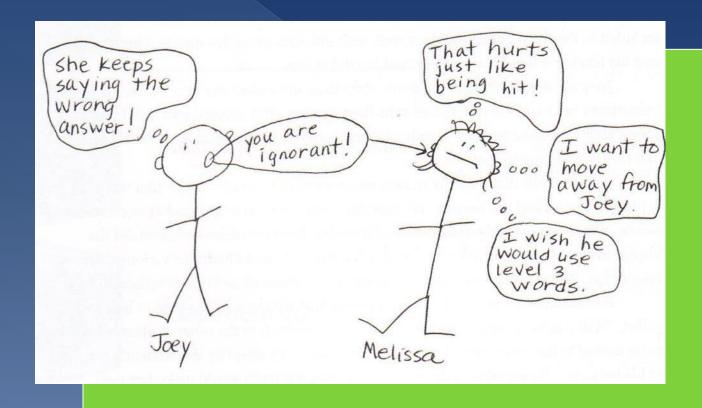
Sometimes, when stuff happens at school I get really upset. Sometimes, where there are lots of people around me, I start to feel upset. I feel like I need to run away. I feel like I need to yell! I feel like I need to hit or kick somebody.

I can tell my teacher I need to go to my cool down area to calm down. I can say, 'Cool Down area!' when I feel as if I am upset. I should try to go to my quiet area before I yell, hit or kick someone. I will try to tell my teacher when I need to use the cool down area. If I can't, I will just go to my cool down area. My teacher will understand.

I can stay calm at school. Going to my cool down area helps me.

## Visual Depiction

Visual depictions can also assist with understanding:



#### The Touching and Talking Scale



Punching/kicking



Being mean (saying mean things)



Talking in a friendly way



Looking in a friendly way

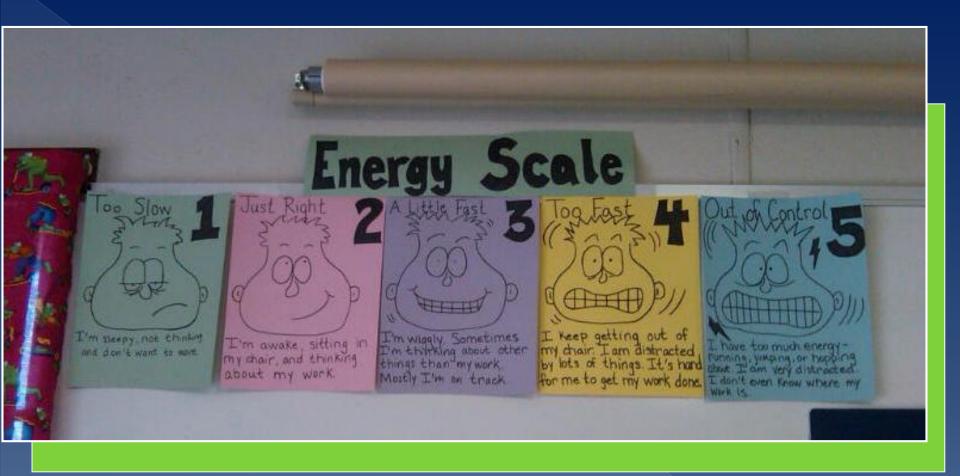


Thinking in a friendly way

# The Touching and Talking Scale

#### The Think Aloud Technique

- Verbalizing thought processes while completing a task
- Make complex internal thought processes overt
- Outline each step for the strategy, say why it is needed, show how to do it, and explain what it achieves
- Using the think aloud technique to model the use of a 5-point scale



## Helpful Hints

- Best introduced in 1:1 teaching session
- Use the student's own words
- Once the ratings are understood, it can be used in small groups at school & at home
- Student doesn't always have to help with definition
- Doesn't matter which direction scale goes high/low or low/high (1 = worst or 5 = worst)
- Top or bottom of a scale may not represent good or bad:
  - "1" may represent "no talking" because that is the lowest possible volume while "5" represents "screaming" because it is the highest possible volume. Either may be appropriate, depending on situation.

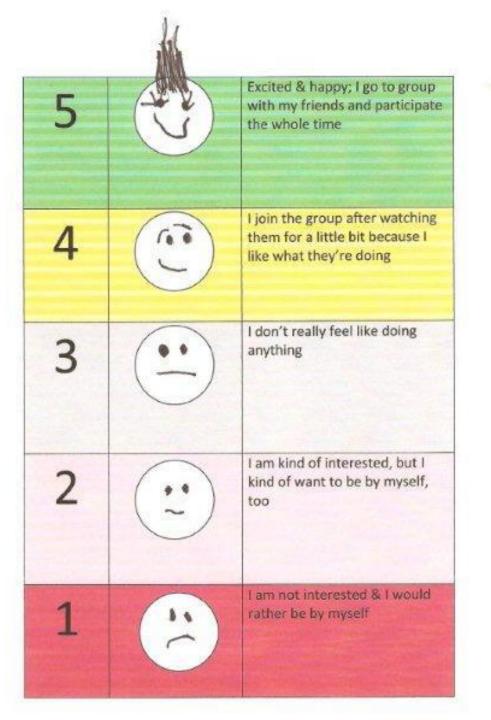
## Demonstration Anyone? Buehler... Buehler... Buehler?

	How do I feel?	What do I Think?
5		
4		
3		
2		
1		

#### Illustrative Case Studies

- Background
  - 4-year-old
  - Female
  - Pre-K student
- Description of the Problem
  - Hannah often chooses to not participate in group time, the subject of which varies from day to day. Instead, she plays alone. At times, she appears "shy," while at other times, she interacts appropriately with many friends. When asked about her lack of participation, she says "I don't know."

- Target Behavior
  - Increase participation in group time
- Scale Development
  - A simple high/low scale was chosen prior to meeting with the student, with "5" as the most desired response
  - The student participated in assigning values and drawing associated "faces" in the circles provided



- Progress:
  - Week 1: 4,5,1,2,5
  - Week 2: 5, 2, 5, 1,
  - Week 3: 5, 5, 4, 3, 4



- Progress
  - Hannah now attends group more often (baseline = 3, current average = 4+)
  - Hannah demonstrates greater awareness of her feelings and behavior
  - Hannah makes more conscious choices regarding group attendance as evidenced in her increased attendance and more detailed explanations regarding her 5-point scale choices

## Early Elementary Application: Devin

- Background
  - 1st grade
  - Male student
  - Diagnosis of ADHD, no medical intervention
  - General education, above average intellectual and academic skills
- Description of the Problem
  - Devin is often off-task and fails to complete work
  - Parents are concerned about poor grades despite his high intellectual and academic ability
  - Devin's confidence and self-esteem are being negatively affected

#### Early Elementary Application: Devin

- Target Behavior
  - Paying attention and completing class work
- Scale Development
  - Developed with the teacher and student in a conference
  - Facilitated by the school psychologist
  - Using the student's own language
  - Pictures were drawn to represent his feelings

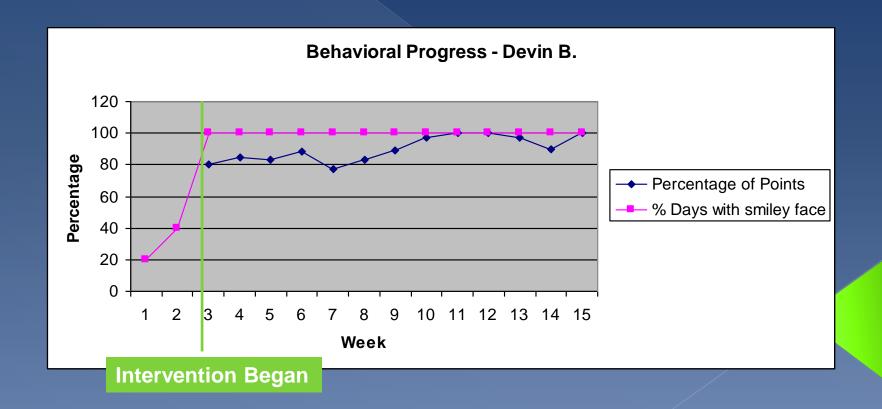
## Early Elementary Application: Devin

- Implementation
  - Explained
  - Posted
  - 2 x Daily Ratings
  - Using the scale for prompts
  - Paired with a response-cost token system



#### Early Elementary Application: Devin

- Progress monitoring
  - Percentage of points maintained
  - Percentage of days where reward was earned



# Early Elementary Application: Christa

- Background
  - 2nd grade female
  - Diagnosed with bipolar disorder and ADHD
  - General education
- Description of the Problem
  - \* At times Christa will whine or cry. This sometimes includes hiding under her desk, but not always. This is often in response to tasks that she perceives as difficult and would rather avoid.
- Target Behavior/Goal
  - To reduce the whining/crying episodes by 75 % from the baseline of 12 episodes per week

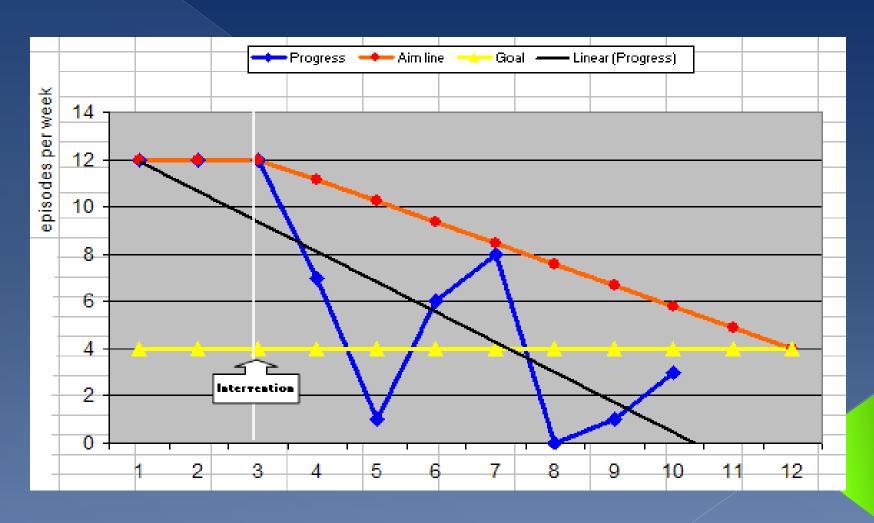
#### Early Elementary Application: Christa

- Scale Development
  - Developed with the student
  - Included how to calm herself down
- Implementation
  - When the teacher sees that Christa is getting upset (first signs of whining)
  - Before tasks the teacher knows Christa will perceive as difficult
- Progress
  - Monitored using frequency counts of the crying/whining tantrum behavior

# Early Elementary Application: Christa

		What it looks and feels like	What should I do?
5		I am screaming and crying. I say mean things and I hide under my desk. I am loud. Others can't work.	I need a moment outside the classroom and someone to help me calm down. My teacher will call Ms. Bolling or Ms. Shelley to help me.
4	Mr.	I am crying a lot and whining, but I am not screaming or hiding. I am loud, some kids can't work.	I might need a short break. I can do deep breathing. I can talk to my teacher. I can think about something fun.
3	00.	I whine and cry softly. I am thinking about being sad. I am not that loud. My friends can still work a little.	I can decide to think about something else. I can try to remember that whining disturbs my friends. I can use my calm down strategies.
2	5-5-	I am feeling sad and like I might cry. I think about being sad in my head.	I can decide to think about something else. I can use my calm down strategies. I can remember that when I cry and don't do my passport, I might miss part of recess.
1	5 60	I am not feeling sad at all. I smile and use my big girl voice. I do my work.	I should celebrate. I will get my work done, finish my passport and I will be able to play the whole recess.

### Early Elementary Application: Christa



- Background
  - 10-year-old male in 4<sup>th</sup> grade
  - Diagnosed with PDD as well as ADHD, anxiety, and depression
- Medications are currently being adjusted & monitored
   Description of the Problem
  - Trevonte has developed a tic that includes throat clearing and head-jerking that can be disruptive to others. He often asks to leave the classroom when this happens and sometimes asks to go home. He tells only his mother about how peers treated him when he goes home.
- Target Behavior
  - Responding to attention from others regarding his tic behavior

- Scale Development
  - A "Looks Like/Feels Like/I Can Try To" scale was chosen after discussion with the student
  - Student and psychologist filled in the grids together
- Implementation
  - Scale was shared with Special Education case manager, who completes it with him twice per week
  - Copies of completed scales are shared with parent on a weekly basis
  - Parent shares this information with prescribing physician

	Looks Like	Feels Like	I can try to
5	Peers make fun of me	Embarrassed; sad; I feel like crying & leaving	Tell the teacher or get up and go somewhere else to work
4	A peer says something to me	Sad; sometimes mad at myself	Say "I can't control it" or "I'm doing the best I can"
3	A peer looks at me	I feel really nervous and scared I won't stop	Focus on my breathing and keep doing what I'm doing
2	A teacher notices	I get nervous that someone else will notice	I nod my head at her; I keep doing my work
1	No one notices	Great! I'm happy	Go on with what I'm doing

#### Progress



#### Progress

- Trevonte demonstrates more adaptive choicemaking in that he follows the 5-point scale rather than attempting to escape the situation and/or "just taking it"
- He now verbalizes that he feels he has more control in tic situations: "I can't control the actual tics but I can control my reactions."
- His mother reported that she is pleased with changes she's observed. Specifically, she is glad that he feels empowered in tic situations and that he no longer comes home feeling bad.

# Late Elementary Application: Maggie

- Background
  - 5<sup>th</sup> grade female student; Other Health Impairment
  - Diagnoses of ADHD, Tourette's, depression
  - History of family problems parents' divorce, stepfather, sibling conflict
- Description of the Problem
  - Maggie often gets upset about "little things." In particular, she experiences significant conflict at home with mother, stepfather, and older sister and feels that she is not being treated fairly. She has previously reported suicidal ideation.
- Target Behavior
  - Emotional outbursts "meltdowns"

# Late Elementary Application: Maggie

- Scale Development
  - With Maggie, her mother, and psychologist
  - Copies at home and school
- Implementation
  - Common language for everyone at home to discuss mood level and strategies
  - Regular check-ins at school to process week's ratings
- Progress
  - No meltdowns at school
  - Reporting no depressive symptoms on CES-DC
  - Parent reports using scale 3-4 times per week, resulting in fewer meltdowns and greater understanding

Rating	Looks/Sounds Like	Feels like	I can try to
1	Smiling. Lots of energy. Giggling. Dancing. Funny.	Good. Hyper, but not out of control. Relaxed. No stress.	Enjoy it! Keep it up. Think about how good it feels, and try to stay here.
2	Good. Sound happy. Energetic. Do my work or chores. Smiling.	Good.	Try to keep feeling good. Remember mom loves me and think about what she told me. Chill. Take deep breaths if I need to.
3	I can talk.	Between happy and sad.	Calm down – play a game, step out of the situation, or talk to friend.
4	Quiet and reserved. Maybe sleepy. Could be agitated. Tics.	Little bit angry. Mad. Sad. Quiet. Stressed out.	Rub my head, squeeze my hands together, and take deep breaths. Talk to mom, 5 <sup>th</sup> grade teachers, case manager, or Dr. Sirian.
5	MELTDOWN! Crying uncontrollably. Can't talk at all. Defensive. More tics.	Angry. Black hole – can't get it out. Can't think about anything good. Sad. Hopeless.	Rub my head, squeeze my hands together, and take deep breaths. Talk to mom, 5 <sup>th</sup> grade teachers, case manager, or Dr. Sirian.

- Background
  - 13-year-old, 8<sup>th</sup> grade male student
  - Diagnosed with ADHD and SLD
  - Alternative school
- Description of the Problem
  - Continued difficulties at school due to argumentative behaviors and talking out. Teachers say he "always wants the last word" and "feels he has to comment on everything and everyone."
- Target Behavior
  - Talking out, which sometimes escalates to arguing

- Scale Development
  - Developed during individual counseling with school psychologist
  - Student expressed a desire to change his behavior: "My mouth gets me into trouble."
  - Used think aloud role-play modeling procedure
- Implementation
  - Andy was given a copy of the scale, including his deescalation self-talk
  - The teachers prompted Andy when they felt he was approaching "the RED ZONE" by saying, "You are at about a level \_\_\_ right now."
- Progress
  - Progress was monitored using the point and level system already in place at the alternative school

	What am I doing and feeling?	What should I say to myself?
5	I'm angry/upset Out of control talking. Out of my seat.	Get it together dude. You're going to get in trouble. You don't have to have the last word. Ask to see the counselor.
4	I blurt out Not talking about what I supposed to be talking about.	Focus dude. Is that relevant? You want to get to venture don't you?
3	I'm participating. I might talk out sometimes, but not a lot and its relevant to the work.	Stay focused. Remember to raise your hand, teachers like that. You'll get to venture.
2	I'm participating. I don't talk out. I make relevant comments and raise my hand.	Nothing to say. Doing good. Stay that way.
1	I'm too sleepy. Can barely open my eyes. Not talking at all.	Wake up. Maybe I need to stand up or take a walk to wake me up.



**Intervention Began** 

### High School Application: JD

- Background
  - 12th grade male student, 18 years old
  - Diagnosed ADHD, not medicated
  - Above average intellectual and academic skills
  - Difficulties with social relationships
- In special education with consultative services
  Description of the Problem
- - JD was referred for individual counseling at the request of his parent and the IEP team. The parents' concern's were study skills and focus. They wanted JD to develop these skills before he went to college.
  - JD's concerns had to do with social relationships specifically, meeting people and not embarrassing himself.
- Target Behavior
  - Increase his appropriate social interaction skills, specifically with girls

#### High School Application: JD

- Scale Development
  - Developed during individual counseling with school psychologist
  - Included strategies for when he reached certain caution areas on the scale
- Implementation
  - The school psychologist worked with JD to identify social opportunities at school
  - JD carried the scale with him in his binder
  - He decided he would consult it during times identified as social opportunities
- Progress
  - JD reported that he used the scale and that it helped him think about how he was interacting
  - Unfortunately the school year ended before he was able to get a date ©

### High School Application: JD

	What I think, feel, and do	What can I do instead?
5	I am in a group or with a girl I like. I am talking a lot. I have too much energy, I'm too excited. I am not paying attention to what anyone else is saying, I just keep going. I am probably going to embarrass myself soon. I have "diarrhea of the mouth."	When I'm so excited, I know I am going to embarrass myself so I need to just leave. Think of something I can say to escape that won't be too weird like, "I just remembered something I have to do. I gotta go, but I'll see you later."
4	I am in a group of people or talking to a girl I like. I have more energy. I'm a little excited. I talk more, but I don't always think about what I'm saying. I might be saying some stuff that people think is weird, but I continue.	I need to notice that my energy is high and I am not thinking about what I am saying. I could excuse myself to the bathroom and calm down a little. Tell myself, "take deep breaths" "Don't say everything that pops into your head." "Listen more, talk less."
3	I see a group or a girl, I join in and I talk a little. I feel pretty good and they don't seem to think what I say is weird. My energy level is just right.	Nothing, this is right where I want to be. I can just enjoy it. I'm proud of myself. I know I won't embarrass my parents.
2	I see a group or a girl, I join in, but don't talk. I think I can do it, but I am still nervous. I am worried that I will say the wrong thing, but at least I approach. I might say hi.	Think about what they are saying, try to plan what I might say and practice it in my head before I blurt it out. I can use non-verbals to show that I am listening (nod and mmhmm).
1	I see a group that I want to be part of, or a girl I want to talk to; but I am too worried that I will embarrass myself. I stay away and pretend to read or study.	Get closer to the group or girl and listen to see if I know anything about what they are talking about. Maybe then I'd be more confident to join in.

### Group Applications

#### Small Group

Check-in/Check-out
To help understand that
different events warrant
different reactions

5

This can make me lose control. I might cry too much or be so mad I hit. REALLY BAD DAY!

4

This could make me really nervous and maybe I might be angry or sad too. BAD DAY.

3

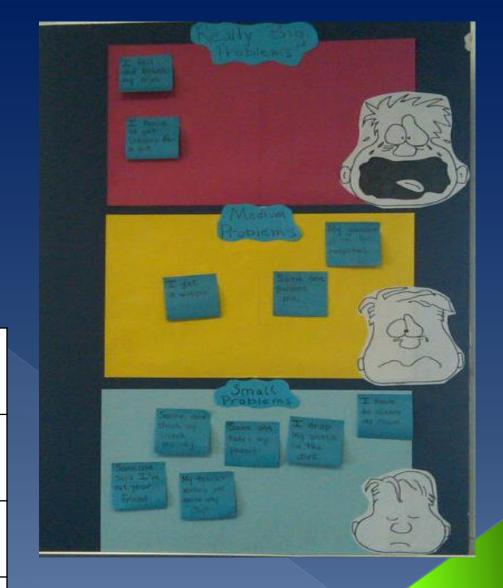
This might make me uncomfortable. I don't like it, but I don't cry. I'm not mad.

2 5

I can Handle this! GOOD DAY!

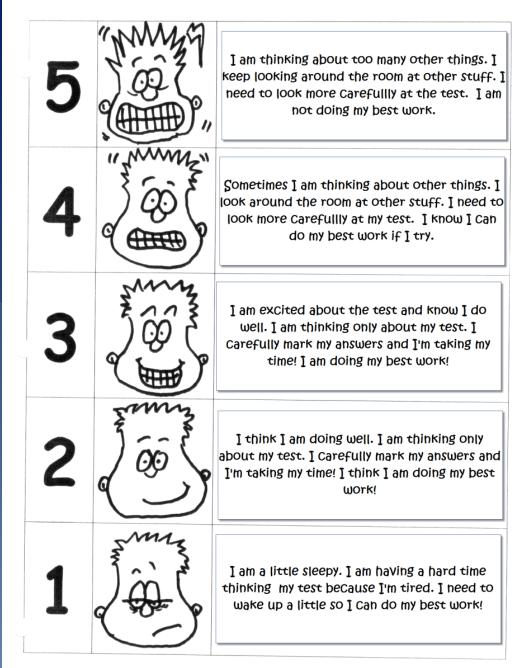


No Problem! No Problems!
GREAT DAY!



## Tier 1: Whole Class

- StandardizedTesting
  - Teacher explained and posted
  - Kids encouraged to think about how they are feeling each time they take a test
  - The teacher practiced with them how to focus



### Questions

Contact Information michelleabolling@gmail.com

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