

Effective Approaches to Reduce & Replace Challenging Behaviors Exhibited by Neurodivergent Students in Grades K-12

October 9, 2026

Monica Fisher, M.Ed., BCBA, COBA

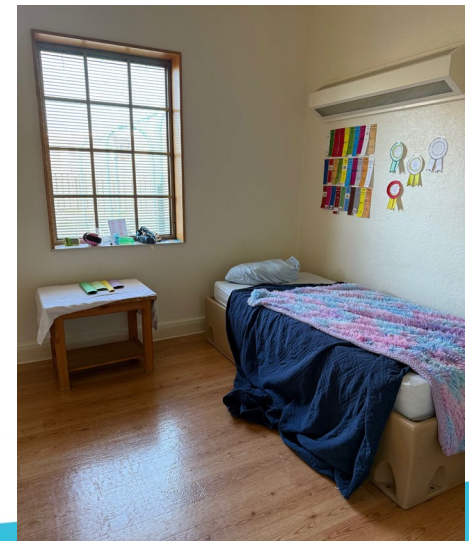
About Me



- Worked in the field of autism since 2003
- Intervention Specialist in 2010
- Board-Certified Behavior Analyst in 2014
- Experience in residential settings, school settings, and in-home settings

Programs & Services

- Located in Shaker Heights, Ohio on the 32-acre campus of Bellefaire JCB
- We offer programs and services for individuals ages 5 through 21 with Autism Spectrum Disorders including:
 - Monarch School (ages 5 through 21)
 - Day School
 - Transition Education Program
 - Extended School Year (ESY) Summer Program
 - Residential Education School
 - Monarch Boarding Academy
 - QRTP (Monarch Qualified Residential Treatment Program) (ages 8 through 20)
 - PRTF (Monarch Psychiatric Residential Treatment Facility) (ages 6 through 12)



Who Do We Serve?

- 92 Students
 - 72 day students
 - 20 residential students
- 90 Staff
- Our students come from 5 states (including Ohio) and more than 45 school districts
- Our students' abilities and learning styles vary greatly across the autism spectrum



Learning Objectives



Participants will be able to explain how behavior develops



Participants will be able to explain how behavior change occurs



Participants will be able to build skills in using clinical judgement to assess and treat challenging behaviors

What is neurodivergence?

A non-medical term that describes individuals whose brains function, learn, and process information differently than neurotypical individuals

- ASD
- ADHD
- Dyslexia/Dyscalculia
- Sensory Processing Conditions

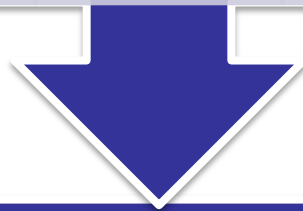
What is Autism Spectrum Disorder?

- Autism Spectrum Disorder (ASD) can be diagnosed by 18 months with differences appearing before the age of 3
- It is a complex developmental disorder
- Differences in the development of thinking, language, behavior and social skills.
- Lack of social interest, eye contact, repetitive movements (self-stimulatory behavior), lack of imaginative or symbolic play
- The symptoms can occur in any combination and with varying degrees of severity
- Autism is a lifelong disability

Symptomatology

This may manifest in ways such as:

Lack of, or delay in, spoken language	Repetitive use of language and/or motor mannerisms (e.g., hand-flapping, twirling objects, scripting)	Little or no eye contact	Lack of interest in peer relationships	Lack of spontaneous or make-believe play	Persistent fixation on parts of objects, activities or people	Rigidity in routines
---------------------------------------	---	--------------------------	--	--	---	----------------------



These characteristic behaviors may or may not be apparent in infancy (18 to 24 months) but usually become obvious during early childhood (24 months to 6 years).

Levels of Support Needs

Some people diagnosed with ASD will have **high support needs**, which may mean they require full-time care and support.

Some people diagnosed with ASD may have **low support needs**, which may mean they require just a bit of support with day-to-day activities.

Many people diagnosed with autism will lead fully independent lives.

What are the 3 Levels of Autism?

ASD Level 1

Requiring Support

ASD Level 2

Requiring Substantial Support

ASD Level 3

Requiring Very Substantial Support

Level 1:

"Requiring support"

Social communication

Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to- and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.

Restricted, repetitive behaviors

Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Level 2:

"Requiring substantial support"

Social communication

Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.

Restricted, repetitive behaviors

Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

Level 3:

"Requiring very substantial support"

Social communication

Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches

Restricted, repetitive behaviors

Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.

Prevalence Rate

Source: *Centers for Disease Control and Prevention (2025)*

- 1 in 31 children in the U.S. have autism, up from the previous rate of 1 in 36.
- 1 in 45 adults in the U.S. have autism
- In the U.S., about 4 in 100 boys and 1 in 100 girls have autism.
- Boys are nearly 4 times more likely to be diagnosed with autism than girls.
- Autism prevalence is lower among white children than other racial and ethnic groups:
 - White – 2.7%
 - Black – 3.7%
 - Hispanic – 3.3%
 - Asian or Pacific Islander – 3.8%

<https://www.autismspeaks.org/autism-statistics-asd>

Comorbidity

Autism is rarely the only diagnosis. Common comorbid diagnoses may include:

- ADHD
- GI issues
- OCD
- Anxiety
- Seizure Disorder
- Sensory Integration Disorder
- Auditory Processing issues
- Pica
- Sleep Problems

What is Behavior Analysis?

Applied Behavior Analysis (ABA) has been demonstrated as an effective teaching methodology for people that need low or high supports that have been diagnosed with ASD.

It is a scientific approach to understanding behavior that applies the principles of learning to reduce undesirable behavior and teach/strengthen alternative, more desirable, behavior.

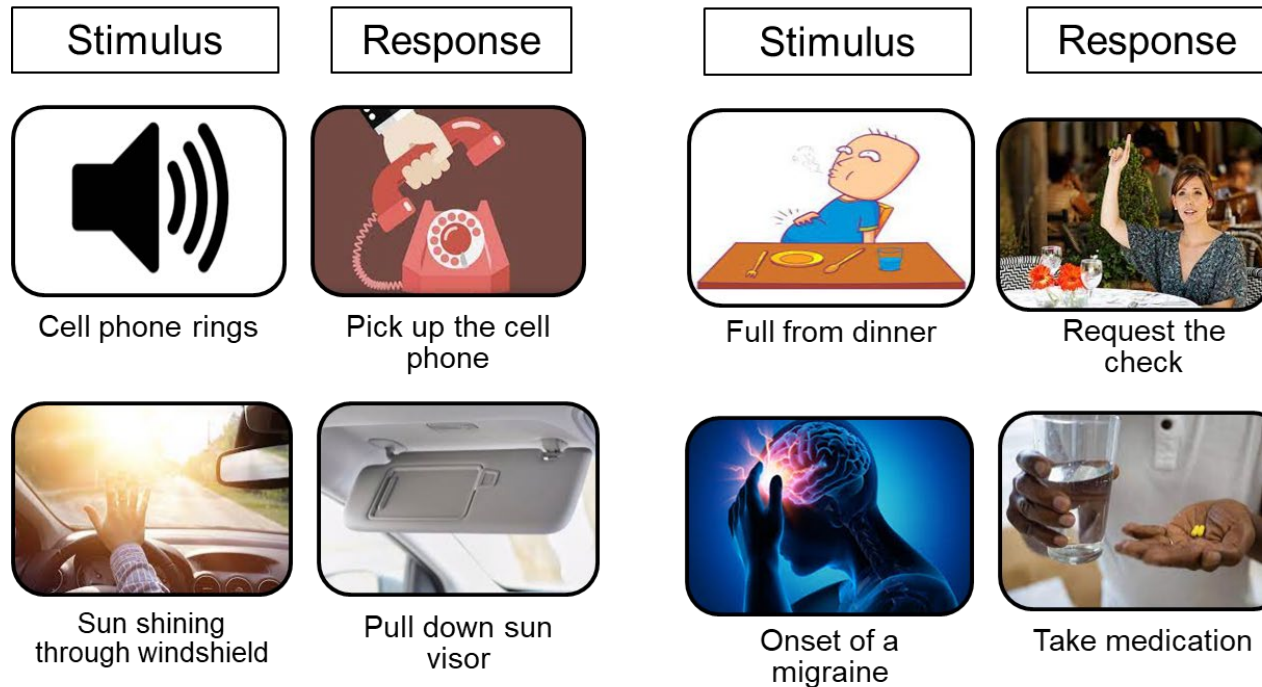
What is Behavior?

- **Behavior**: An organism's interaction with its environment.
- All behavior happens for a reason (deterministic).
- Through the organism's learning history, behavior is changed.
 - We do **more** of what works and we do **less** of what does not work.

Terminology

• **Antecedent**: An event that occurs immediately prior to the behavior of interest.

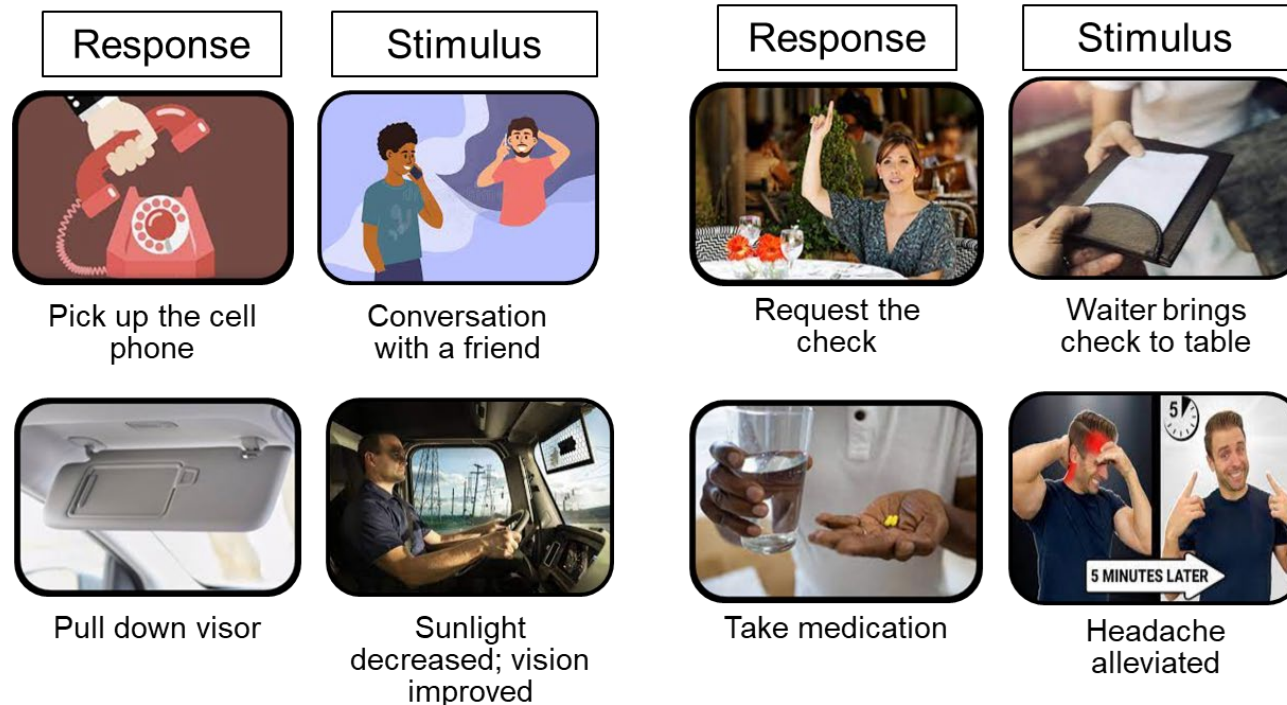
–Antecedents may “trigger” or “evoke” behavior to occur.



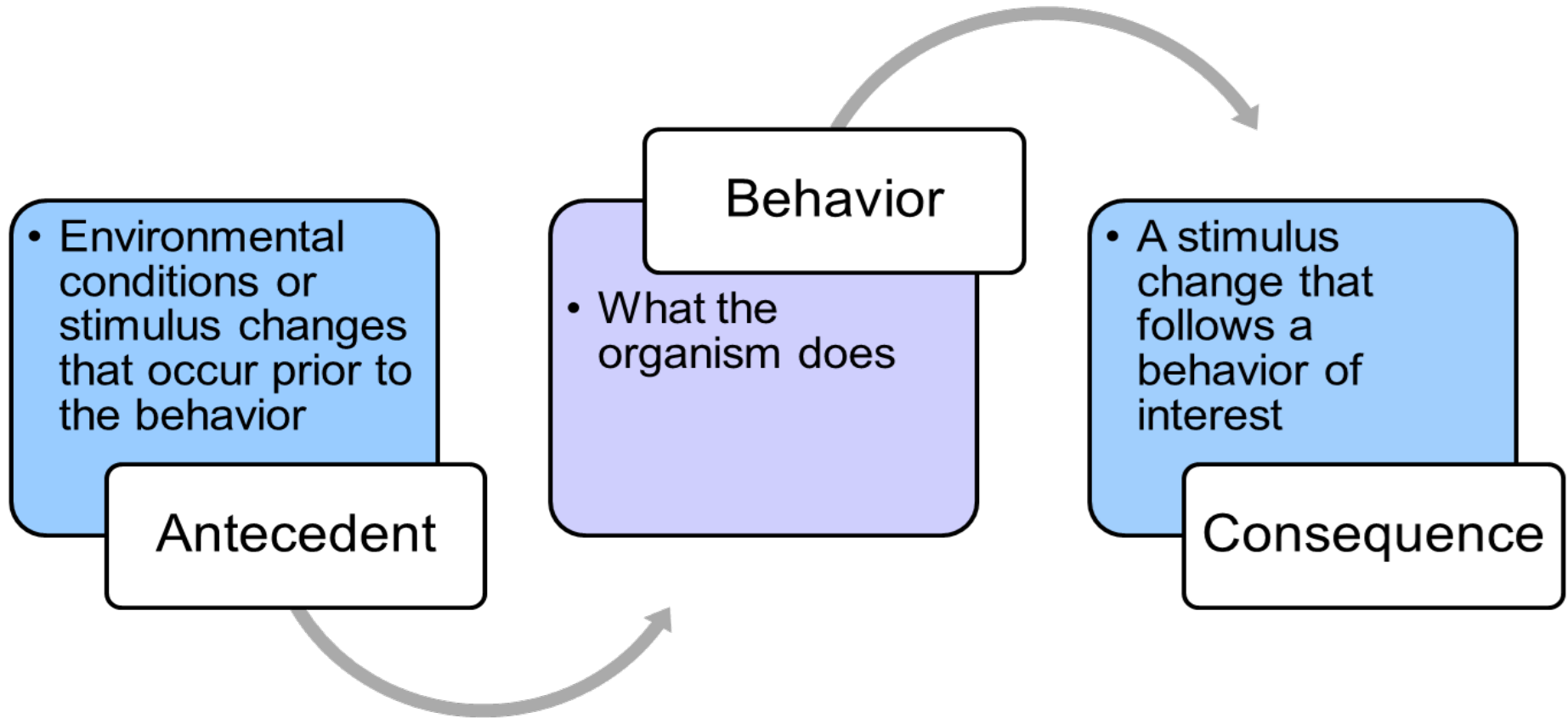
Terminology

• **Consequence**: A stimulus change that follows a behavior of interest.

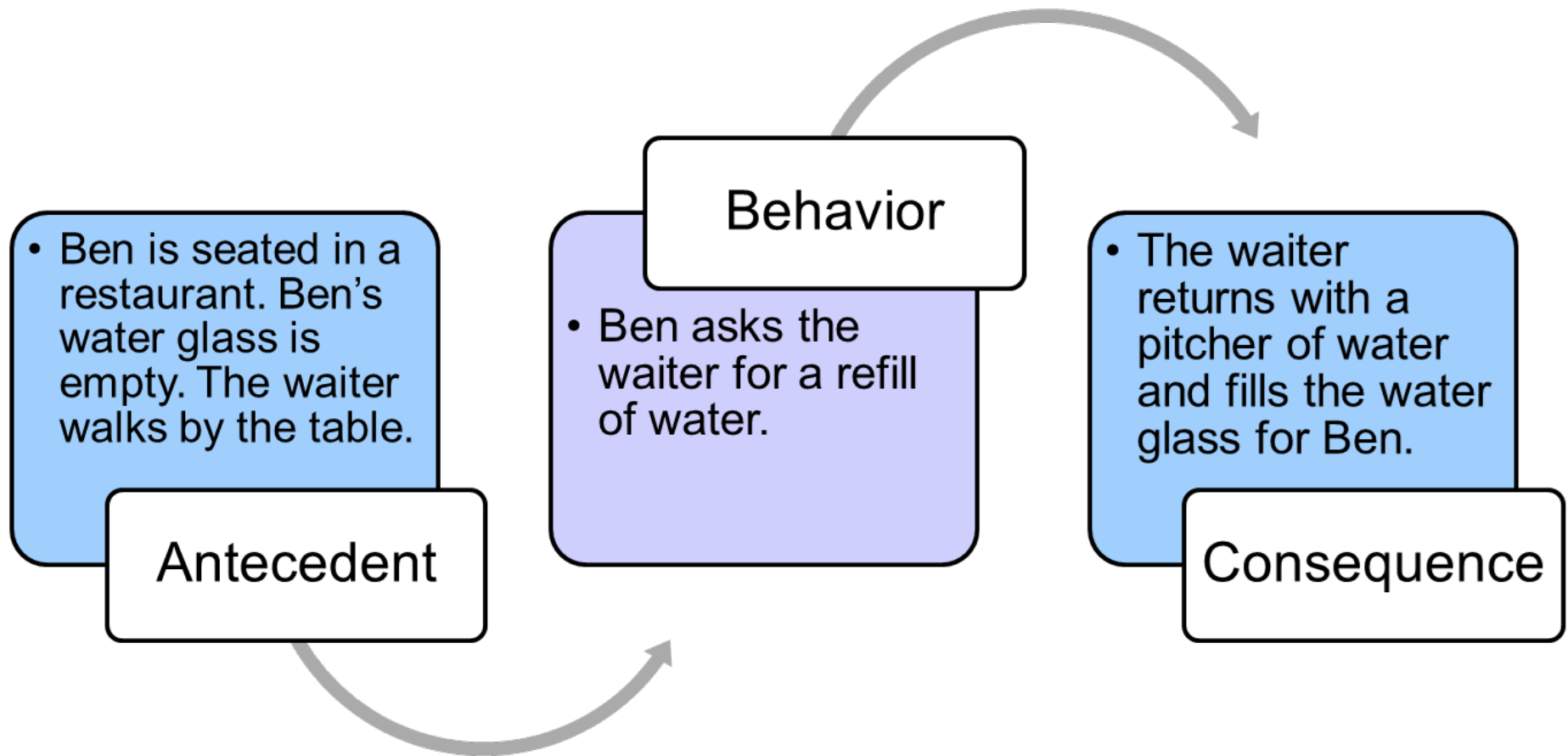
–Consequences strengthen and maintain behavior over time.



3-Term Contingency



Example 3-Term Contingency



Setting Events/Motivating Operations

Setting events are prior events or conditions that influence the probability and form of behavior.

- Poor sleep
- Feeling under the weather
- Previous negative interactions/problems
- Poor rapport with caregivers

Learned (Operant) Behavior

Two Types of Learned Behavior

Rule-governed

behavior is under the control of a verbally-mediated rule.

Example: Looking both ways before crossing the street

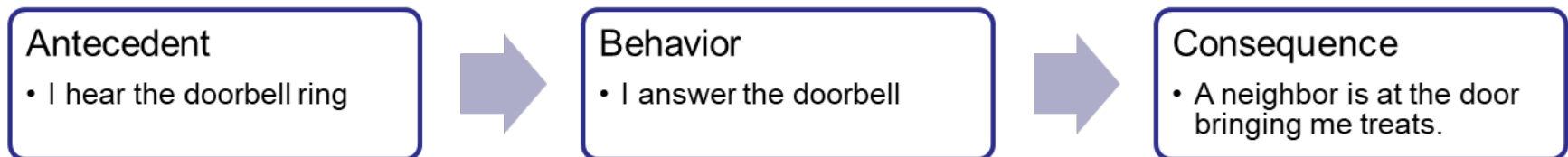
Contingency shaped

behavior is selected by direct contingencies.

Example: Opening refrigerator door to obtain food

Reinforcement

- **Reinforcement**: A stimulus change that increases some dimensional quantity or quality of the behavior that precedes it
- It STRENGTHENS behavior
- The individual does not need to be AWARE that their behavior has been reinforced
 - Automaticity of Reinforcement



Functions of Behavior

S

Sensory/Automatic



E

Escape



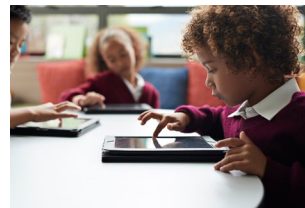
A

Attention



T

Tangible



Sensory/Automatic

What it does

Provides access to preferred sensory experiences; it feels good or alleviates pain to do it

Examples

- Removal of hunger pains
- Feeling of riding a roller coaster
- Removal of a headache
- Removal of an itchy feeling
- Stereotypy or Stimming

Escape

What it does

Allows for avoidance or termination of undesired/aversive activities

Examples

- Staying home when you know your ex-parter is going to an event
- Closing the door when you see a spider on the porch
- Running away when given an instruction
- Answering emails when you know you have a presentation to create

Attention

What it does

Provides access to people or interactions

Examples

- Having a conversation
- Receiving a smile from someone
- Getting a high-five
- Getting yelled at
- Reprimand from a teacher
- Having someone approach you to assist you

Tangible

What it does

Provides access to items or activities

Examples

- Books/toys
- DVDs/tablet/phone
- Food/drinks
- Weighted blanket
- Money/tokens

Interventions

There is currently no cure for autism.

- Studies have shown that appropriate interventions can positively change autism's associated behaviors and improve outcomes
- Early intervention can significantly improve the quality of life for individuals with autism.
- However, the majority of individuals with ASD will continue to exhibit some symptoms in varying degrees throughout their lives.
- The most effective programs share an emphasis on early, appropriate, and intensive interventions. To accommodate the diverse needs of individuals with ASD, effective approaches should be individualized, flexible, re-evaluated regularly, and provide the child with opportunities for generalization.

Treatment is multimodal

A treatment program
might include:

Speech therapy

Physical therapy

Occupational therapy

Behavior therapy / ABA therapy

Social skills training

Music therapy

Medication

Art therapy

Play therapy

Challenging Behavior

Step 1: Identify the behavior and level of severity

- Disruptive behavior: interferes with learning and functioning without being directly harmful
- Dangerous behavior: behavior that is potentially harmful
- Very dangerous behavior: behavior that has significant likelihood of causing serious harm

Challenging Behavior

Step 2: Record baseline data

Measure quantitative (and sometimes qualitative) aspects of the behavior:

- How often (rate)
- How long (duration)
- How long after an instruction (latency)
- How long in between (inter-response time)
- At what magnitude or intensity?

Challenging Behavior

Step 3: Assess for foundational skills

- Does the learner have the communication to request items that they need?
- Can the learner accept a brief delay
- Does the learner have skills to engage in school-related activities?
 - Scanning
 - 1-step or Multi-step directions

Challenging Behavior Flow Chart

Correct each "no" using strategies in the box to the right. When the answer is yes, move on to the next question. Refer to the Monarch Model or [see team and department directors](#) for assistance as needed.

Does the environment present as safe, predictable and interesting to promote learning: has staff established rapport with the student, incorporated interests as well as minimized environmental triggers?



No →

Actively work on gaining student's trust to meet basic needs and for a genuine relationship. Learn about student's interest and "triggers" and modify environment (including staff's own behavior) accordingly. Limit visual and auditory stimuli for an organized environment.

Does the student have an effective way of communicating?



No →

Can student communicate most frequent wants and needs /able to protest effectively in a contextually appropriate way? Are these skills consistently taught or maintained? Consult SLP.

Are the student's sensory needs being met proactively?



No →

Have specific sensory needs and effective co-regulation strategies been identified and part of the student's intervention? Consult OT.

Are the expectations appropriate – are foundational skills present?



No →

Refer to Foundational Skills Checklist to identify possible skill gaps which may prevent learning higher level skills.

Are the expectations for the student clear?



No →

Use visual schedules such as "first-then", "first-next-then" -boards and micro schedules to communicate session or work expectations clearly to the student.

Is the prompt level to teach a new skill appropriate?
Is the response reinforced?



No →

Use errorless instruction with a new skill. Reinforce the prompted response immediately to establish a clear connection between the prompted response and its reinforcement.

Is the reinforcement effective? Is student acquiring new skills?



No →

Conduct a preference assessment to determine current interests. Is the student getting enough of the reinforcer to match the amount of effort which the response requires? Does it occur often enough? Consult the Behavior Department for preference /reinforcer assessment.

If the interventions on the right are in place and problem behavior is still present, consult the Behavior Department for assistance. The Behavior Department will provide ABC data sheets with instructions for filling them out with and schedule an observation in the classroom.

Updated 10/2024 Monarch Center for Autism Behavior Department

Foundational Skills Checklist

Date:
Student:
Informant:

Please select the boxes for skills that the student *has in their repertoire* or that you are *actively teaching*.

- ☐ Responds to name by orientating toward the speaker or making eye-contact
- ☐ Mands (requests) for attention appropriately in the absence of problem behaviors
- ☐ Mands (requests) for ten items (such as food, toys, activities, and locations)
- ☐ Generalizes mands to at least two people and two locations
- ☐ Follows basic one-step directions
- ☐ Looks at non-reinforcing items
- ☐ Scans materials up to a three-item array
- ☐ Tolerates naturally occurring, environmental delays (such as, waiting for a turn, waiting for an instruction, etc.)
- ☐ Follows safety directives (Such as, "stop," "wait," and "come here")
- ☐ Has the ability to negate and protest appropriately in the absence of problem behaviors
- ☐ Tolerates being in class with others (tolerates sharing space with others, tolerates sensory stimuli from others, tolerates diverted teacher attention)



Notes:

References

- Hanley, G. P., Heal, N. A., Tiger, J. H., & Ingvarsson, E. T. (2007). Evaluation of a classwide teaching program for developing preschool life skills. *Journal of Applied Behavior Analysis*, 40(2), 277–300.
- Partington J. W. (2010). *The ABLLS-R—The Assessment of Basic Language and Learning Skills—Revised*. Walnut Creek, CA: Behavior Analysts, Inc.
- Sundberg, M. L. (2008). *Verbal behavior milestones assessment and placement program*. Concord, CA: AVB.

Monarch Center for Autism Behavior Department 2024

Challenging Behavior

Step 4: Consider Identifying Antecedent Based Interventions

Behavior change strategies that alter the environment before the behavior of concern occurs, with the goal of preventing the behavior of concern from occurring.

Antecedent-Based Intervention

Priming: Having the learner review or practice upcoming routines, rules, or transitions, so that they know what to expect.

Proactive Practice: Having the learner practice alternative responses repeatedly outside of the natural context that typically evokes a challenging response so that they may be more likely to select this response during moments of strain.

Antecedent-Based Intervention

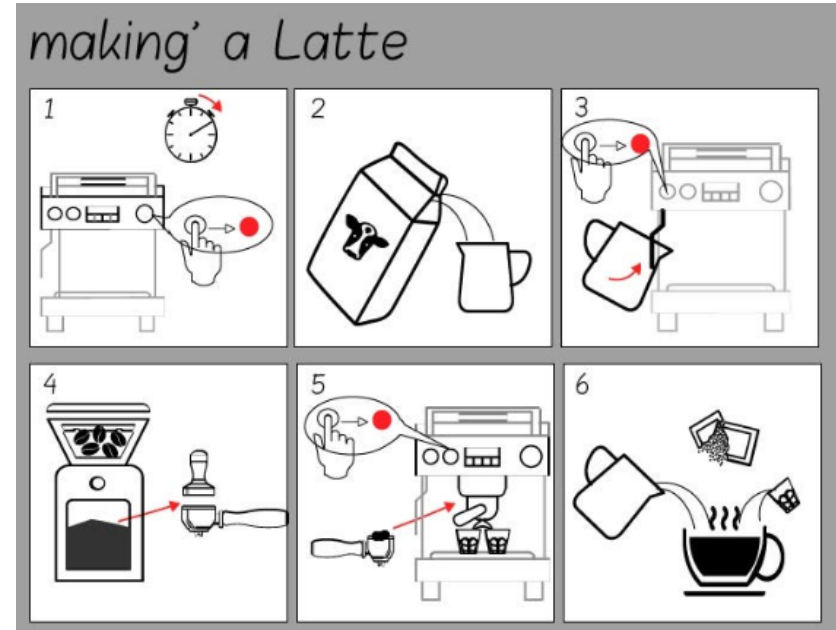
- Visual Supports:
 - Individuals with Autism have strong **visual processing abilities** that offset otherwise notable deficits in communication
 - Visual language taught through ABA interventions yield **socially significant behavior change and learning** for individuals with ASD
 - Visual schedules offer **predictability** and **routines** that help the individuals (and everyone else in the world) to feel less anxiety and **more comfortable**

Antecedent-Based Intervention

- Visual schedules promote **independence**
 - By teaching how to follow a visual schedule, you are equipping the individuals with **functional life skills**.
 - Once an individual understands the notion of following a schedule, you can **generalize** this task to the home, to the workplace etc.
- This will help the individuals learn to independently **manage their own time**.
 - Why is this helpful?
 - What does life look like for an individual that does not know how to occupy or manage their own time?

Visuals: What are their uses?

There are infinite ways to use visuals, specific to those with ASD, and anyone else



In the broadest categories:

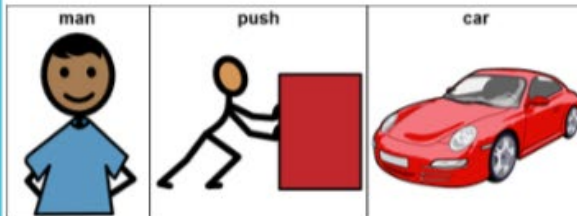
- Instruction
- Organization
- Expression



Visual Instruction Mode (VIM)

Presenting instruction visually (through the use of visual supports), to help improve one's comprehension.

ELEMENT CUE



STATIC SCENE CUE



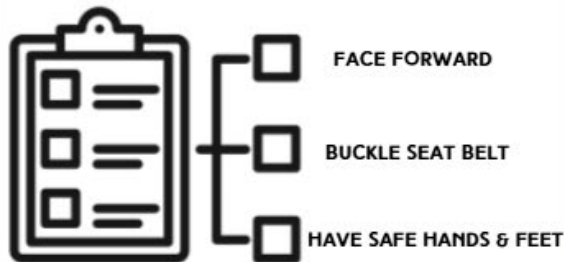
DYNAMIC SCENE CUE (VIDEO MODEL)



SOCIAL STORY



TASK ANALYSIS



WHITE BOARD



Visual Expression Mode (VEM)

Using visual supports to facilitate expressive communication.

TOPIC DISPLAY BOARD



SPEECH GENERATING DEVICE (SGD)



LOW-TECH AUGMENTATIVE & ALTERNATIVE COMMUNICATION (AAC)



CHOICE BOARD



DIRECTIVE VISUAL

Hallway Rules

Listening ears.



Quiet mouth.



Walking feet.



Reading Group Rules

Hands and eyes on book.



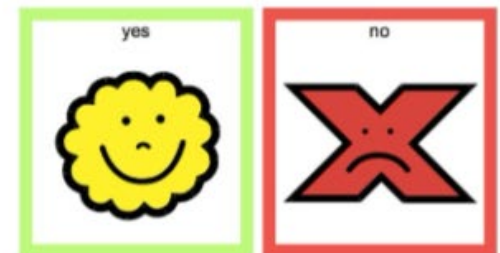
Listen to others.



Raise your hand for help.



PROTESTING & REFUSAL VISUAL



Visual Organization Mode (VOM)

Using visual supports to help organize and improve one's understanding of activities, schedules, and lessons.

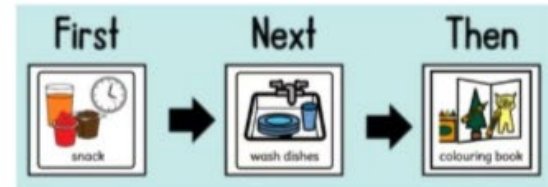
MICRO SCHEDULE



MACRO SCHEDULE



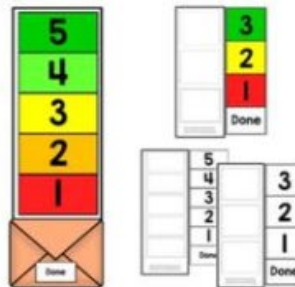
FIRST (NEXT) THEN



TIMERS

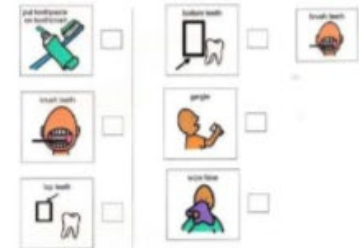


COUNTDOWN BOARD



TASK ANALYSIS

Visual Task Analysis: Brush Teeth



Challenging Behavior

Step 5: Reinforcement-Based Interventions

Reinforcement-based interventions are methods used to increase certain responses through the addition or removal of consequential variables.

Types of Reinforcement

Positive Reinforcement	Negative Reinforcement
The addition of a stimulus that strengthens the behavior that precedes it.	The removal of a stimulus that strengthens the behavior that precedes it.
Stimulus is ADDED (+)	Stimulus is REMOVED (-)

Both **INCREASE** or **STRENGTHEN** the behavior!

Examples of Reinforcement

Positive Reinforcement

- Praise after your boss observes you
- Retention bonus
- TV time after homework

Negative Reinforcement

- Getting to leave early
- Shortening of an assignment
- Removal of water after drying hands

Edible

Activity

Tangible

Social

Sensory

Escape

Avoidance

Differential Reinforcement (DR)

Differential Reinforcement (DR) is an intervention used to strengthen or increase a desirable response and to weaken or decrease an undesirable response.

There are multiple different types of DR with Differential Reinforcement of Alternative Behavior (DRA) being an effective and evidence-based approach.

- Reinforcement **withheld** during and following **undesired** behavior
- Reinforcement **provided** following **desired** behavior

Calling out in class (DRA)

- Teacher withholds reinforcement (does not call on student)
- Teacher only rewards (calls on) desired behavior when it is demonstrated (raising hand)

Functional Communication Training

- FCT or “Help Strategy” is a specific type of DRA used to teach and establish a functionally equivalent replacement behavior for a challenging behavior that the learner has been demonstrating
 - Identify target behavior
 - Identify function
 - Teach desirable communication response that takes the same or preferably less effort.
- Challenging behavior is always a form of communication. It is our responsibility to teach the learner an alternative way to communicate with others that maintains the safety of everyone involved.

Case Study #1

Sam is a 12-year-old student who has difficulty with terminating preferred items and cooperating with the next instructional demand. When the teacher approaches to tell him it's time to return to his schedule, he has initially protested and it has often escalated to swatting at or hitting his teacher. An FBA has indicated that Sam's behavior has allowed him to avoid or escape the transition in the past.

CS#1: Considerations

Are the expectations clear?

Does Sam have access to his schedule?

Does Sam have the language in order to communicate his wants and needs?

What is the reinforcement schedule for protesting?

CS #1: Potential Interventions

- Macro and micro schedules
- Visual timer: terminations are often abrupt
- Advanced warning: provide a warning prior to the transition
- Replacement behavior: teaching language
- Reinforcement schedule

Case Study #2

Megan is an 8-year-old student who does not like writing. During her writing session, she has screamed, slammed her hands down on her desk, crumpled her paper, and thrown classroom materials. An FBA indicated that those behaviors have provided Megan with a break or reset for work in the form of a walk outside of the classroom to de-escalate.

CS#2: Considerations

Difficulty of the writing work

Supports, accommodations, and
modifications

Communication needs

Reinforcement schedule

CS #2: Potential Interventions

- Demand fading
- Replacement behavior
- Reinforcement schedule
- Academic supports

Ethical Considerations



Is the behavior a problem?

- Does it interfere with student learning?
- Does it prevent the student from interacting with others?

Consider the effort of the alternative behavior

- Alternative behavior should not be more effort than the challenging behavior
- Denser schedule of reinforcement for skill acquisition

Minimize use of unhealthy reinforcers

- Offer a smaller amount of reinforcer and less frequently as new alternative behavior is learned

Responses to Challenging Behavior

Our response to challenging behavior should be tailored to the person's individual history, a functional assessment as to why that behavior is being demonstrated and for what purpose, and should always show kindness, respect, and promote the person's dignity.

However, there are a few strategies that can be used in general to respond appropriately to challenging behavior that may be applicable to a variety of settings and situations if an individualized plan is not available.

De-escalation Techniques

Prompt Strategy (Behavior Momentum)

- Cue the person to engage in a response that is simple, easy to do, or that is incompatible with the undesirable behavior. Provide praise and reinforcement while continuing to build momentum with multiple prompts to build rapport and mend the relationship.

What could this look like?

- Distraction
- Conversation
- Coping Strategies
- Cooperation
- Specific Actions

De-escalation Techniques

Help Strategy (Functional Communication)

- Offer the language/words that could be used to communicate effectively with their listener (i.e. you could say, “help”)
- Provide 2-3 available choices for the person to select from
- Ask an open-ended question such as “how can I help you?”

Helping the person to communicate using a mode of communication that can be responded to by everyone will lead to the learner contacting more frequent success and in turn using that communication more often in the future

This can be adapted to the person’s communication abilities if they are non-speaking or cannot use their verbal communication in that moment.

De-escalation Techniques

Wait Strategy (Extinction and Managing the Environment)

- Become quiet
- Remove potentially dangerous objects or materials
- Maintain supervision and proximal support of the person
- Continue observing for signs of decreased agitation (signals) and switch to another strategy (Prompt or Help)

There is no time limit on how long someone might use this strategy. It may be brief (a few seconds) or it may take an inconvenient amount of time

DON'T	DO
Expect to know everything at the start.	This is a learning curve and takes time.
Don't repeat yourself over and over (nag)	Give learners time to process the information.
Assume learners understand verbal language.	Have a good understanding of your learners' expressive and receptive skills.
Talk too much.	Use visuals to enhance communication, comprehension, and learning. Use simple language but grammatically correct language.
Talk about the learner in front of them.	Praise them and ensure they know you are talking to them.
Assume they understand facial expressions and body language.	Be aware of your own body language and facial expressions when communicating with learners.
Forget to be rewarding desirable behavior.	Talk to your interdisciplinary team about how to reward the learners' behavior and how often.
Expect your learners to easily manage change and transitions.	Prepare your learners for unexpected changes in routines and non-routine transitions. (schedules).

DON'T	DO
Hug them, touch them, or engage in physical contact without forewarning.	Understand your learner's response to touch and their comfort level as well as appropriateness.
Inadvertently teach learners to communicate with undesirable behavior.	Be aware that we can accidentally strengthen undesirable behavior through reinforcement and discuss with your team how to prevent this.
Shut down their interests, tell them to stop, calm down, relax, or take away a communication icon or system.	Utilize their interests to establish motivation and communication.
Forget to always have representation for what you are asking of them.	Use their schedules and encourage the learner to use the schedules autonomously. Provide clear and concise expectations.
Ask them if they want to do something if it's an expectation that you are needing to enforce.	Provide choices and self-determination.
Imitate behaviors, sounds, scripts that are inappropriate to the context.	Model in behavior and language what you want the child to do.
Worry or blame yourself if a learner has a "problem" behavior when you are working with them.	Use it as a learning opportunity to determine under what conditions learners' might respond differently.

Crisis Management

Many of our learners do engage in very dangerous behavior towards themselves or others that may require the use of more restrictive reactive interventions.

Training on these strategies is available on an as-needed basis.

How to better support caregivers and plan for generalization

As practitioners our responsibility has not been accomplished or completed unless the skills that have been taught have generalized to the natural environment under more natural contingencies.

We always need to consider the environment where the behavior should occur in the future and ensure that we are working with the treatment team in order to create a plan and interventions that will be feasible and as easy to do as possible for the child, family, and educational teams.

Methodologies that may be applicable to use or incorporate into the treatment package

- Behavioral Skills Training (BST)
- Acceptance and Commitment Therapy (ACT)

Resources

- OCALI: Autism Internet Modules
- Western Michigan University: Autism Training Videos
- Autism Speaks
- Autism Society
- Monarch Center for Autism
- Connecting For Kids
- Lifeworks Autism Services
- Milestones @ Lifeworks Resources
- Interagency Autism Coordinating Committee (IACC)

Questions



Thanks for attending!



Monica Fisher, M.Ed.,
BCBA, COBA



fisherm@bellefairejcb.org