

Before Behavior Happens: Anticipating Needs to Support Young Children

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- The views and opinions expressed in this presentation are those of my own and do not reflect the official views or policy of UT Health San Antonio.
- I have no financial conflicts of interest to disclose concerning this presentation.



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Review of ABA ABC-3-Step Contingency

Antecedent



Seeing cookie jar

Behavior



Getting a cookie

Consequence



Eating cookie
(delicious!)

Extraneous and Confounding Variables

These are things outside of the 3-step ABC model which occur before the 3-step observable process or cannot be observed.

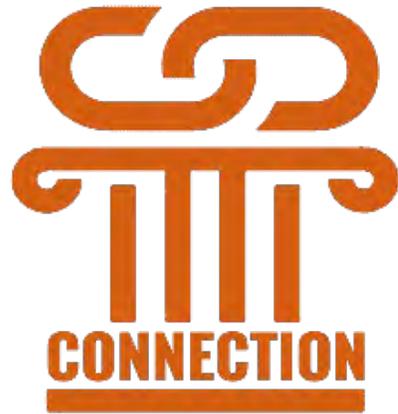
- Time of day
- Hunger
- How well someone slept
- A recent conflict with a peer
- The room is too hot



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Three Pillars of Trauma Wise Practice



Content derived from the Karyn Purvis Institute of Child Development, Trust Based Relational Intervention



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Empowering Principles and Strategies

Principles and strategies which focus on meeting a student's physical and environmental needs to-

- Enhance Connection
- Increase Felt Safety
- Support Self-Regulation

Understanding these strategies can help us gain better insight into our students' "can't, yet" vs "won't" behavior.



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Physiological Empowering Strategies

- Hydration
- Exercise
- Nutrition
- Sleep
- Healthy Touch
- Sensory Needs
- Novelty
- Cross Lateral Movements
- Joyful Interactions
- Teach Self-Regulation/Calming Strategies



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Environmental Empowering Strategies

- Predictability
- Visual Supports
- Routines and Rituals
- Transitions
 - Attention
 - Mention
 - Distract
 - Act



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Engagement Strategies

Eye Contact

Voice Quality

Playful Interaction

Behavior Matching

Character Praise

Healthy Touch



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Case Study

Age: 3-years old (Turned 3 in September and recently changed classrooms), not potty trained

Class: Pre-k 3-4

Concerns: Screaming, Noncompliance, Aggression (hit, kick, bite, scratch, etc), Flopping on the floor, Crying, Running away.

Timeline: Behavior started with the recent change of classroom

Have Tried: We have spoken with mom and have tried to do calm body moments and one on one activities that introduce correct responses. Redirection and choices have been given. Family is Spanish speaking.

The child does not have a current diagnosis, and parents are not ready for screening.

Questions: How can we accommodate classroom transitions? How can disruption be minimized in the classroom?



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