Pitfalls in School-Based Behavior Modification Plans

The author, who trained as a behaviorist, has used behavioral techniques for the past 30+ years across a variety of applications and settings. Over the years, I have noticed some common errors individuals make if they were not rigorously trained in behavioral psychology. In this section, I describe some of the common pitfalls as they apply to attempts by school personnel to modify symptoms or behavioral features of neurobehavioral conditions. These pitfalls also apply to home-based behavior modification plans, however, so parents may also find these considerations important.

Pitfall 1: Not considering whether the children can consistently suppress an undesired behavior even if they are highly motivated.

> If the child is not capable of consistently inhibiting the undesirable behavior, then introducing contingencies is only likely to distress the student and lead to further behavioral problems. Children with regulatory disorders (such as Tourette's, OCD, inattention, mood disorders) will have variable ability to regulate movements, sounds, thoughts, behaviors, and mood, even if they are highly motivated.

Pitfall 2: Teachers designating "reinforcers" or "rewards" without determining whether they are effective rewards for that student.

> While something may seem like it should be "reinforcing" or usable as a reward, don't assume. A good strategy is to ask the child what they think would work for them.

Pitfall 3: Trying to deal with too much at one time.

> Students with multiple diagnoses often have a number of problems, but you are unlikely to be successful if you try to tackle too many symptoms or behaviors at once. Prioritize.

Pitfall 4: Not having a discrete response.

> Some processes, like attention, are continuous. If you want to increase on-task time, make sure that you have a clearly defined "response" that can be measured and rewarded.

Pitfall 5: Inadequate analysis of the baseline behavior pattern, resulting in goals and contingencies set incorrectly.

> Too many parents and teachers rush to "behavior modification" without really studying the pattern of behavior first to see what drives it and what maintains it. One of the most common errors is to erroneously conclude that a behavior is "attention-seeking" because whenever the child exhibits the symptom or behavior, we respond to it!   Another error is setting a time span (like 20 minutes) to earn a reward without first seeing if a 20-minute span is even remotely within the student's current abilities.

Pitfall 6: Failure to use immediate reinforcers at the outset of the program.

The most effective way to shape or increase a desired behavior is to reinforce it every time it occurs and to reinforce it *immediately*. But if we look at what schools and parents often do, we find them saying things like, "If you're good today in school, you'll get a reward when you get home." or "If you earn [x] number of points every day this week, you'll get [this great reward] on Friday." At the beginning, you need to provide the reinforcers immediately or quickly after the behavior occurs. You can also use larger rewards for longer time periods (e.g., the week), but do not neglect to have immediate and effective positive reinforcers.

Pitfall 7: Tendency to keep the reinforcers the same over a long time instead of changing them.

What the child will work for one day might not interest them the next, and if you rely on only one or two reinforcers, you may find that the behavior starts to deteriorate again. Conference occasionally with the student to see what he or she finds motivating. You can set some limits on choices, but if you don't have anything that really motivates the child, you're unlikely to succeed with your program. Remember that reinforcers don't have to be *things*; they can be activities that the child enjoys (like extra time on the computer, special time with the adult reading together, etc.). Create a reward "menu" that has a number of choices and review it every two or three weeks to make sure it is still motivating to the student.

Pitfall 8: "The plan worked, so we can stop it!"

If the child exhibits the desired behavior (or inhibits the undesirable behavior) while the behavior plan is in place, don't assume that they will do it if you stop the plan. If your plan appears to be succeeding, you might try to systematically and gradually introduce longer delays before reinforcers are delivered, or occasionally 'probe' to see if the child can maintain the behavioral control without the reinforcer. Just stopping "cold turkey" may lead to a situation in which the child is "okay" for a few days or a week, but then starts to show deteriorating behavior again.

Pitfall 9: Trying to change the child instead of changing the environment.

Even if we agree that the child's behavior needs to change (for the child's benefit), that doesn't mean that we start by applying direct consequences to the child's behavior. Our first intervention should be to change the environment to reduce triggers to undesirable behavior, to provide more support and cueing, and to see if the child has the prerequisite skills to exhibit the desirable behavior. If not, our intervention should be to teach the skills while providing more support and cueing in the environment.

Pitfall 10: Not taking the child OUT of the plan when they can't possibly comply with it.

If a child is having a horrible day due to medication side effects, fatigue, or some other factor, continuing to apply the contingencies may frustrate them and/or demoralize them. While there is some admitted value in teaching the children that they have to learn to "play hurt" because people will still have expectations of them, we may instead be teaching the child that the world is an uncaring and uncompassionate place. Furthermore, if they can't comply with the plan that day and fail, they may lose their motivation to try again the next day. If you are working with a child whose symptom severity cycles, you may need a "Plan B" to use on particularly bad days.

Pitfall 11: Implementing any system (positive or negative) without asking the parent if the child tends to get over-aroused or agitated by that approach.

Parents often know whether their child does better if they earn rewards for desirable behavior or if they do better if they lose rewards for undesirable behavior. Parents also often know if their child is likely to get too obsessed with the reward system to the point where it is likely to be counterproductive. In my opinion, no plan should ever be implemented without involving both the student and the parent in the design of the plan.

Pitfall 12: Asking the parents to provide the rewards at home for school-based behavior.

Educators and parents often assume that since the parents can generally provide more powerful or desirable rewards, writing that into the behavior plan for school behavior should boost motivation and behavior. The problems with such approaches are threefold: (1) it introduces a delay in providing or delivering the reward, (2) it keeps the parents as the main "players" when we want the child to see the teacher as being reinforcing, and (3) even parents who mean well often fail to follow through, thereby decreasing the effectiveness of the plan.

If you are planning a behavior program for implementation in school, have the necessary reinforcers or consequences all be school-based. The parents can add to that if they wish, but be sure that there are enough reinforcers in school to make the plan work.