

Behavior Issues and Supports in Indiana

Indiana Resource Center for Autism

In 2021, the Indiana Resource Center for Autism (IRCA) at the Indiana Institute on Disability and Community (IIDC) conducted a legislatively mandated Needs Assessment survey to determine Indiana's current state of services and supports for individuals with Autism Spectrum Disorder (ASD) and their families. This brief will discuss issues surrounding behavior challenges in educational settings and provide recommendations for improving practice. While this brief focuses on school age individuals, adults on the autism spectrum are plagued by some of the same issues.

Behavior and Autism Spectrum Disorder

While Autism Spectrum Disorder (ASD) is defined by various characteristics, perhaps the greatest challenge for professionals and family members who support individuals with ASD is the presence of challenging behavior. These behaviors may include aggression, property destruction, self-injurious behaviors and refusal to follow directions. These problematic behaviors may result in restrictive or limited options for those on the autism spectrum. It is important to remember that behavior is often a reaction to unmet needs. When students are unable to communicate or get needs met, they may use problematic behaviors.

Results from the IRCA's 2021 Needs Assessment: School Based Behavior Supports

Family members reported that 26.6% of children received behavior services. It was ranked the fourth most prevalent service behind speech therapy, occupational therapy, and social skills. When asked what services they needed for their son or daughter, 26% ranked behavior management/support as the second most needed service. And when asked about the impact of school services on their child's behavior at home, families ranked the impact at 3.44 on a scale from 1 to 5.

When asked questions related to behavior, it was found that 11.5% of youth with ASD have been suspended or expelled from school in the last three years. Most reported being suspended or expelled due to behavioral challenges (e.g., aggression, disruption to school routines, etc.). Another 28.4% of youth with ASD have been restrained or placed in seclusion (e.g., timeout or quiet room) in the last three years. The reasons for being restrained or placed in seclusion range from engaging in self-injurious behavior to refusing to listen.

Respondents answered that 17.1% of youth with ASD have been placed on reduced day in their respective school programming. Of the 17.1% of youth with ASD who have been placed on a reduced day, over half (61.4%) were placed on a reduced day as a response to challenging or interfering behavior.

For those youth with ASD who were suspended/expelled, restrained/placed in seclusion, or placed on reduced day in the last three years, 44% did not receive a functional behavior assessment (FBA), and a



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subsequent behavior intervention plan (BIP) was neither developed nor implemented. Only 36% had an FBA conducted and a BIP developed. The remaining 20% respondents indicated they were not aware if an FBA was conducted or if a BIP was developed.

Recommendations

For family members and professionals, students who engage in problematic behaviors challenge the system and may be at risk of losing school placement and may have limited options in the future. While our questions only addressed school age students with behavior challenges, clearly this is an issue across the lifespan and across settings. Some of the issues and recommendations surrounding problematic behavior mirror those associated with mental health challenges and are included in the Issue Brief on Mental Health [3 4 IRCA ASD MH \(indiana.edu\)](#). However, there are other needs and recommendations as well.

1. Provide training for school district personnel on evidence-based behavior strategies that builds local capacity to minimize crisis situations and promote positive programming.

While suspension and expulsion data are collected for each school district, compliance monitoring alone will not make a difference if schools are not equipped and supported with the talent, staffing and expertise involved in addressing the intense behavior challenges exhibited by some. When school personnel do not have the knowledge, support or options for addressing behavior, the response may become more punitive (suspension, expulsion). These approaches are neither proactive nor do they lead to long-term behavior change.

2. Promotion of policies and procedures that require IEP goals be written that focus on teaching alternative or replacement skills.

Too often IEP goals focus on stopping behavior or are focused on desired outcomes (e.g., student will listen) that do not reflect skills in the person's repertoire. Clearly the only way to change behavior in the long term is to intentionally teach an alternative skill/behavior. IEP goals must focus on teaching an alternative skill and include a plan for teaching these skills. Assessing IEP goals by these standards may ultimately be more productive.

3. Ensure a collaborative functional behavioral assessment (FBA) process to determine underlying conditions surrounding the behavior is conducted.

A behavior assessment and behavior plan must be developed when the student is suspended, expelled or placed on a reduced day. The FBA process must be a multi-disciplinary team process, including family members and individuals themselves. Assessing the true and underlying conditions surrounding a



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behavior requires looking at the whole child 24-7. This will require that family members receive information and training on what to expect from the process, and tangible ideas on how they can participate. The behavior plan process should ideally discuss actions taken by all involved, including family members and community agencies. Schools cannot address some of these significant behaviors without involving people from all aspects of the person's life. While schools are not in the position to address behavior that occurs at home, recommendations should be developed that help family members understand what they can do positively and proactively.

4. Treatment options need to be readily available across the state.

For students who engage in challenging behaviors that place others in danger and put them at risk, there must be more available options and funding. Residential and treatment programs are scarce. In some situations, the Department of Corrections even becomes involved. In addition, Indiana lacks psychiatrists who can evaluate individuals and prescribe medications. With the creation of the three-digit 988 mental health hotline in July, crisis stabilization and proactive options will be discussed. People with disabilities and ASD should be part of this discussion. Overall, funding needs to be provided for schools to develop positive and proactive programming that provides the level of support many of these students need.

5. The overuse of suspension and expulsion, and other restrictive practices needs to be addressed.

Indiana Code 20-20-40 required the establishment of a commission to monitor and examine the seclusion and restraint process, and describe procedures involved including informing and educating families. This legislation needs to be revisited and families need to be informed about their rights. Too often students are placed on reduced day in response to behavior challenges. This should be considered a change in placement, triggering an FBA and (Positive Behavior Interventions and Supports) PBIS plan under the Individuals with Disabilities Education Act (IDEA). While there may be situations in which there is a need, there must be a documented plan that is discussed and explained to families to highlight the options available, the continued programming that will be provided, and the transition plan for returning to school.

6. Work force development and training must be available at multiple levels.

Training is required at multiple levels, including school resource officers, behavior consultants, family members, and all educational staff.

Most schools now employ school resource officers who are available to intervene in crises and to monitor activities in schools. In many places, school resource officers are learning and utilizing positive practices focused on relationship building. These strategies are having great success. However, school resource officer still need an understanding of ASD and a better understanding of behavior and why students act in



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a certain manner. Infusing information into existing training programs to support their understanding of behavior and ASD should be pursued.

Most school districts in Indiana have someone who serves as a behavior consultant. They are responsible for intervening in problematic situations. However, there are too few and their role needs to shift from punitive/reactive to proactive. This will require more support and training for behavior consultants.

Finally, family members need more education and support in addressing their children's behavior. Professionals are in a child's life for a finite period of their life. Family members are in this for the long haul. They need training, trained professionals to assist in the home, and respite options when a break is needed. They are the ultimate and lifelong educator for their son/daughter.

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