

Principles of Behavior Change

(2004)

- I. Introductions
 - A. Presenter and participants
 - B. Review time of breaks, lunch, and location of restrooms
 - C. Rules of conduct (confidentiality, asking questions, cell phones, etc)
- II. Objectives: Participants will learn (and demonstrate, as applicable)
 - A. Definition and recognition of behavior
 - B. Five motivating aspects of behavior
 - C. Five characteristics of reinforcement
 - D. Three primary behavior reduction techniques
 - E. Six characteristics of enhancing positive behavior by establishing behavioral momentum
- III. Expectations of Trainees
 - A. Participants will have completed all applicable prerequisite training.
 - B. Participants will complete all activities as requested during this training.
 - C. Participants will pass the written test with at least 80% correct.
- IV. Expectations of the Instructor
 - A. The instructor will answer any questions germane to the topic.
 - B. The instructor will not consult on specific cases during the training.
 - C. The instructor will present information using many modalities.
- V. Characteristics of Behavior
 - A. Definition: anything an organism (living being) does. (Catania, C. (1992). *Learning*. Englewood Cliffs, New Jersey: Prentice Hall)
 - 1. Scope: needs to be observable and measurable

2. Includes: actions, verbalizations, manifestation of emotions and thoughts

- B. Expression is individualized
 - C. May be adaptive, inappropriate, disruptive, and/or dangerous
 - D. May be socially acceptable or unacceptable
 - E. Can be operationally defined
- VI. Motivation of Behavior
- A. Involuntary- reflex, neurological, medication side effects
 - B. Biological, psychiatric, medical conditions
 - C. Learned/functional - Antecedents-Behavior-Consequences (ABC)
 - D. Environmental triggers
- VII. Reinforcement
- A. Definition: Anything that increases the probability that a behavior will occur again.
 - B. Factors to consider
 - 1. Relative power
 - 2. Person dependent
 - 3. Availability
 - 4. Situation dependent
 - 5. Time dependent
 - 6. Equal to the effort expected (i.e. efficiency and strength of reinforcer)
 - 7. Habituation and satiation
 - C. Positive reinforcement
 - 1. Definition: Shortly after the occurrence of the target behavior something is delivered (praise, attention, an item, etc) which increases the chance that the behavior will occur again.
 - 2. Most likely to result in long-term behavioral change
 - 3. Elements of effective praise
 - a. Be sincere
 - b. Label what was good
 - c. Deliver where others can hear it
 - d. Smile and use positive body language

D. Negative reinforcement

1. Definition 1: Engaging in a target behavior results in escape or avoidance of an unwanted event (stimulation, etc) that increases the chance that the target behavior will occur again.
2. Definition 2: Contingent removal of an unwanted stimulus immediately following a behavioral response that increases the chance that the target behavior will occur again.

E. Schedules of reinforcement

1. Continuous ratio: Reinforcement follows each acceptable response. Ratio is 1:1.
2. Intermittent ratio: Reinforcement follows some, but not all, acceptable responses.

F. Differential reinforcement procedures (Alberto, P. & Troutman, A. (2002). *Applied Behavior Analysis for Teachers*, Englewood Cliffs, New Jersey: Prentice Hall)

1. Differential Reinforcement of Other Behaviors (DRO): Delivering reinforcement when the target behavior is not displayed for a specified period of time. Reinforcement is contingent upon the absence of the target behavior. (This is difficult to implement correctly and is recommended to be monitored carefully by an appropriate professional).
2. Differential Reinforcement of Adaptive Behaviors (DRA): Delivering reinforcement when the target, adaptive behavior is displayed during a specified period of time. Reinforcement is contingent on the occurrence of the target behavior.
3. Differential Reinforcement of Incompatible Behavior (DRI): Delivering reinforcement for a response that is topographically incompatible with a behavior targeted for reduction.

VIII. Behavior Reduction Strategies

A. Extinction

1. Definition: Ignoring a specific behavior
2. Ignore behavior-not person
3. Extinction bursts
4. Dangers of inconsistency

B. Redirection

1. Definition: Engaging an individual in a preferred activity that requires the person's full attention physically and mentally
2. Always redirect a person to a preferred activity that is incompatible with challenging behaviors
3. Redirection may be done verbally as well as non-verbally

C. Feedback examples

1. Reminders of positive outcomes if the individual engages in desired activity

2. Reminders of natural outcomes/consequences of challenging behaviors
3. Reflection of feelings: "It makes me sad when you call me names."
4. Reminders of skills or coping mechanisms that the individual possesses

IX. Behavioral Momentum

- A. Set the stage for success
 1. Control antecedents (factors that are known to trigger the behavior)
 2. Restructure the environment
 - a. Avoid problem situations
 - b. Allow escape from triggers
 - c. Set a positive atmosphere
 3. Time for success
 4. Use appropriate approach/communication skills
- B. Shaping pro-social (adaptive) behavior
 1. Successive approximations: Start with reinforcing a high probability behavior, then move to lower probability behaviors.
 2. Re-frame behavior to make it positive

X. Documentation/Data Collection

XI. Policies, Behavior Plan Process, Regulations, Resources-Overview

- A. Agency policies
- B. Behavior plan process
- C. Regulations: COMAR 10.22.10, etc.
- D. Suggested resources

Alberto, P. & Troutman, A. (2002). *Applied Behavior Analysis for Teachers*. Englewood Cliffs, New Jersey, Prentice Hall.

Anderson, J.L., Albin, R.W., Mesaros, R.A., Dunlap, G., & Morelli-Robbins, M. (1993). Issues in Providing Training to Achieve Comprehensive Behavioral Support. In J. Riechle & D.P. Wacker, (eds.) *Communicative Approaches to the Management of Challenging Behavior*, pp. 363-406. Baltimore, MD: Paul H. Brookes Publishing Co.

Catania, C. (1992). *Learning*. Englewood Cliffs, New Jersey: Prentice Hall.

Carr, E.G., & Carlson, J.I. (1993). Reduction of Severe Behavior Problems in the Community Using a Multicomponent Treatment Approach: Extension into Community Settings. *Journal of Applied Behavior Analysis*, 26, 157-172.

- Carr, E.G., Levin, L., McConnachie, G., Carlson, J.I., Kemp, D.C., & Smith, C. (1993). Communication-Based Treatment of Severe Behavior Problems, In Van Houten, & S. Axelrod (eds.), *Behavior Analysis and Treatment*, pp. 231-267. New York, NY: Plenum Press.
- Durand, V.M. (1991). *Functional Communication Training*. New York, NY: Guilford Press.
- Faber, A. & Mazlish, E. (1999). *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. New York, New York: Avon Books, Inc.
- Feindler, E. and Ecton, R. (1988). *Adolescent Anger Control; Cognitive Behavioral Techniques*. Elmsford, New York: Pergamon Press, Inc.
- Greenspan, S. & Wieder, S. (1998). *The Child with Special Needs: Encouraging Intellectual and emotional Growth*. Reading, Massachusetts: Perseus Books.
- Hedaya, R. (1996). *Understanding Biological Psychiatry*. New York, NY: Haddon Craftsmen, Inc.
- Matson, J. (ed.), *Handbook of Behavior Modification with the Mentally Retarded*. New York, NY: Plenum Press.
- Milan, M. (1990). Applied Behavior Analysis, In Bellack, A., Hersen, M., & Kazdin, A. (eds.), *International Handbook of Behavior Modification and Therapy*, pp. 67-86, New York, NY: Plenum Press.
- Ryan, R. (1996). *Handbook of Mental Health Care for Persons with Developmental Disabilities*. Evergreen, CO: S & B Publishing.

Instructor Curriculum: Crisis Prevention (2004)

(To be presented as the introduction to Units II & III in the 2004 BPS Manual.)

- I. Introductions
 - A. Presenter and participants
 - B. Review time of breaks, lunch, and location of restrooms
 - C. Rules of conduct (confidentiality, asking questions, cell phones, etc)
- II. Objectives: Participants will learn (and demonstrate, as applicable)
 - A. Characteristics of a behavioral crisis
 - B. Five “awareness” principles
 - C. Effective verbal intervention strategies
 - D. Effective nonverbal intervention strategies
 - E. Seven steps to problem solving skills
- III. Expectations of Trainees
 - A. Participants will have completed all necessary, prerequisite training as identified in the Behavioral Principles and Strategies protocol.
 - B. Participants will complete all activities as requested during this training.
 - C. Participants will pass the written test with at least 80% correct.
- IV. Expectations of the Instructor
 - A. The instructor will answer any questions germane to the topic.
 - B. The instructor will not consult on specific cases during the training.
 - C. The instructor will present information using many modalities.
- V. Behavioral Crisis: Definitions and Reactions
 - A. Definitions

1. Unpredictable outbursts of aggression, self-injury, and/or destructive behavior
2. Inability to effectively deal with a situation which results in injury or destruction

B. Reactions to crisis

1. Physiological changes: fight or flight response
 - a. Tension
 - b. Energy
 - c. Digestion
2. Mental changes
 - a. Focus and attention
 - b. Judgment and decision-making
3. Emotional changes
 - a. Personal space
 - b. Feeling challenged, threatened
4. Behavioral changes
 - a. Level of activity and movement
 - b. Speed of movement
 - c. Level of verbal activity
 - d. Directedness (“flailing” or “targeting” others)

VI. Awareness During a Crisis

A. Self awareness

1. Triggers
2. Accelerates
3. Presence
4. Relationships
5. Communication style
6. Personal preparedness (confidence, competence and comfort)
7. Anger

B. Anger management

1. Know your triggers
2. Identify your physiological changes
3. Breathe deeply
4. Count backward from 10
5. Use positive/calming imagery
6. Relax muscles systematically
7. Make positive self-statements (“I can handle this”, “It’s cool”, “Keep calm, cool and relaxed”)
8. Use problem solving skills

C. Awareness of others: Apply strategies above to others as well as to self

- D. Environmental awareness
 - 1. Triggers
 - 2. Scene survey
 - 3. Resources
 - 4. Exits
 - E. Behavioral/Emergency Protocols and the IP – know the emergency procedures defined in the behavior plan
- VII. Choose the Most Effective Intervention Style
- A. Verbal
 - 1. Correlate the intervention with the situation
 - 2. Consider the verbal strengths and needs of the individual
 - 3. Refrain from using verbal interventions with individuals with language deficits
 - 4. Use of verbal interventions with people with communicative skills is an option
 - B. Nonverbal
 - 1. Effective with individuals with limited language skills
 - 2. Effective when verbal intervention may escalate the situation
- VIII. Intervention Strategies
- A. Verbal strategies – active listening
 - 1. Use the individual's name
 - 2. Reflect emotional content of the other person's communication
 - 3. Restate the content or message of their communication to you
 - 4. Avoid making judgements about the value of their communication
 - 5. Label positive behaviors and effort
 - 6. Listen more than talk
 - 7. Use a positive or neutral tone of voice
 - 8. Avoid authoritarian delivery
 - 9. Use body language that suggests willingness to listen and respect their communication
 - 10. Use derailment (change topic), broken record (repeating same response), or humor when reflection or other problem solving techniques are not effective
 - 11. Avoid “why” questions, which infer blame
 - 12. Avoid asking leading questions or questions to which you already know the answer
 - 13. Make requests for actions, not just to stop the behavior
 - 14. Be concise and clear in your message
 - 15. Avoid use of cliches, jargon, and complex options

16. Focus on what the person could do or has done correctly rather than what the person is doing wrong
17. Utilize redirection if possible
18. Translate feelings into a preferred activity

B. Nonverbal strategies

1. Disengage (win the war by not fighting the battle)
2. Be no closer than arm's length
3. Leave area if safe and monitor from a distance
4. Remove others from the area
5. Remain silent
6. Allow venting
7. Ignore verbal challenges
8. Admit when you were wrong/made a mistake

C. Problem solving strategies

1. Identify the problem
2. Brainstorm solutions
3. Review possible outcomes
4. Choose a solution
5. Implement the solution
6. Review the outcome
7. Praise success
8. Try again if needed

D. Behavioral momentum

1. Set the stage for success
 - a. Control antecedents (factors that are known to trigger the behavior)
 - b. Restructure the environment
 - c. Set a positive atmosphere
 - d. Time for success
 - e. Use appropriate approach/communication skills
2. Shape pro-social behavior
 - a. Successive approximations - always start with reinforcing a high probability behavior, then move to lower probability behaviors
 - b. Re-frame behavior to make it positive

E. Reminders of potential consequences

1. Provide real choices and realistic goals
2. Know person's strengths and weaknesses (cognitive, physical, behavioral)
3. Know financial and environmental limitations
4. Know behavior plan protocol vs. natural consequences
5. Know what is allowed vs. not allowed

IX. Respect for Individual's Space, Privacy, Choices, Autonomy

A. Touch

1. Upper arm is considered socially acceptable
2. Respect personal boundaries
3. Sex is never ok

B. Body language

1. Be aware of your space, posturing, and gesturing
2. Make sure your nonverbal behavior is consistent with your verbal messages
3. Be aware of your "presence"
4. Attend to the individual's body language
5. Maintain eye contact with the individual unless protocol indicates otherwise

C. Respect personal space

1. Stay out of the "personal space zone" of the individual (1 ½-3 feet)
2. Avoid getting too close, which may put the person on the defensive and result in aggressive action

D. Be non-threatening

1. Maintain a calm and relaxed expression throughout your interaction
2. Use a low or calm voice
3. Be aware of your status as a role model, as individuals may mimic your reaction/response

X. Documentation

XI. Resources

Faber, A. & Mazlish, E. (1999). *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. New York, New York: Avon Books, Inc.)

Feindler, E. and Ecton, R. (1988). *Adolescent Anger Control; Cognitive Behavioral Techniques*. Elmsford, New York: Pergamon Press, Inc.):

Instructor Curriculum: Crisis Intervention (2004)

(To be presented as the introduction to Unit IV in the 2004 BPS Manual.)

- I. Introduction
 - A. Presenter and participants
 - B. Review time of breaks, lunch, and location of restrooms.
 - C. Rules of conduct (confidentiality, asking questions, cell phones, etc)
- II. Objectives - Participants will learn (and demonstrate, as applicable)
 - A. Six steps in establishing priorities during a crisis
 - B. Five stages of the “Assault Cycle”
 - C. Four important considerations after dealing with the crisis
 - D. Four guiding principles when considering the use of physical intervention techniques
- III. Expectations of Trainees
 - A. Participants will have completed all necessary, prerequisite training as identified in the Behavioral Principles and Strategies protocol.
 - B. Participants will complete all activities as requested during this training.
 - C. Participants will pass the written test with at least 80% correct.
- IV. Instructor Expectations
 - A. The instructor will answer any questions germane to the topic.
 - B. The instructor will not consult on specific cases during the training.
 - C. The instructor will present information using many modalities.
- V. Behavioral Crisis: Definition and Reactions (review section V in the Crisis Prevention unit)

VI. Priorities During Crisis Intervention

- A. Safety
- B. Teamwork
- C. Requests/offers for help
- D. Self awareness/control
- E. Behavior plan/protocol
- F. Justification of actions

VII. General Fundamentals of Behavioral De-escalation

- A. Plan a strategy (i.e., follow the behavior plan which you should already know)
- B. Request external emergency assistance if needed
- C. Do NOT draw attention to the individual in crisis
- D. Remain calm and in control - project a calm/relaxed expression (physical and verbal)
- E. Keep movements slow and non-confrontational
- F. Assume a position to your advantage (do not corner the individual or yourself)
- G. Approach quietly and unnoticed
- H. Keep any interactions simple
- I. Do not try to explain, argue with, or become physical in any manner
- J. Be aware that if the situation escalates and staff intervention is necessary, the staff person's emotions and physical energy tend to escalate as well
 - 1. During this time the quality of judgment lessens
 - 2. Keep responses calm and professional, and all actions justifiable
- K. Review policies/procedures for behavioral emergencies
- L. Avoid direct confrontation and allow the individual a "cooling off" period

VIII. Physical Intervention – The Last Resort

- A. Use only approved techniques as found in the BPS Manual
- B. Use only when someone is in danger of being injured or in cases of extreme property destruction
- C. Use the least amount of force at all times
- D. Use the least restrictive intervention possible

IX. Assault Cycle

- A. Stages of assault: “The Assault Cycle” (adapted from the concepts taught by George Dorry, Ph.D., Denver, Colorado)
 1. Triggering Phase – The individual is not out of control, but a factor within the environment has caused a disruption (internal or external to the individual, including illness, sleep problems, allergies, stress, time change, manic phase, etc.).
 2. Escalation Phase – The individual is showing obvious signs of anxiousness, including muscle tension, rocking, redness in the face and/or eyes, clenching of hands and mouth, pacing, agitation, etc.
 3. Crisis Phase – The individual is out of control in a physical and/or verbal manner.
 4. Recovery Phase – Although tenseness is still there, the immediate crisis has passed. There are still signs of distress, but the situation is beginning to stabilize.
 5. Post-Crisis Depression Phase – A normal drop below baseline is evidenced in the physical and emotional aspects of the individual. The intensity of this phase is usually dependent upon the severity of the crisis phase.
- B. Effective/ineffective strategies (review sections VII-IX in the “BPS: Crisis Prevention” module as necessary)

X. After the Crisis

- A. Regain self-composure
- B. Re-establish “normal/typical” relationships by engaging in a diverting activity, which is not likely to involve a power struggle
- C. Debrief those involved to provide staff support and feedback
- D. Meet with the individual’s team
 1. Analyze the incident ABC information to determine the cause, identify patterns, and identify preventative measures

2. Assess whether other issues, including medical, may have impacted the incident, and provide follow-up as appropriate
3. Assess whether the interventions listed in the BP/protocol were adequate to safely manage the incident
4. Determine the need for any changes in the IP/BP in light of this incident, keeping responses to past interventions in mind
5. Revise the IP/BP to reflect recommended changes that can help prevent future crises
6. Determine any additional staff training needs related to implementation of the BP/IP

XI. Documentation