

ABC's & 123's of Behavior

Pingree Parent Conference

March 31, 2009

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Neurobehavior HOME Program

Agenda

- What is the Neurobehavior H.O.M.E. Program?
- What is Behavior?
- Functions of Behavior
- ABC
- Interventions

The Neurobehavior H.O.M.E. Program

Healthy Outcomes Medical Excellence

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Mission

Mission Statement

Our mission is to optimize the quality of life of people we serve by providing excellent, compassionate and integrated health services throughout the lifespan.

About H.O.M.E.

- **Outpatient Clinic** providing coordinated medical and mental health care in one place.
- **Staff**: Primary care doctor, pediatrician, psychiatrists, nurse practitioners, therapists, behavior specialists, dietician, medical assistants, case managers, and DSPD Support Coordinators.

Services

- Case Management
- Primary Care
- Physical Exams/Well Child Checks
- Counseling/Therapy
- Therapeutic Groups
- Parent Support Group
- Nutritional Counseling

Services (continued)

- Behavior Support Services
- Psychiatric Evaluations
- Medication Management
- Billing Support
- Psychological Testing (limited)
- Specialty Care/Service Referral (when covered)
- Crisis Management

How We Work

- Entire clinical team meets EVERY morning to discuss crises, patient issues, and clinician schedules for the day
- Providers have close access to all other team members
- Each enrollee has a case manager who is their point person for all concerns and has immediate access to the entire team.
- Enrollees are encouraged to come into the clinic at least every six months, so we can stay on top of all health concerns.

How to Refer

- Call Medicaid (Willow Greer) at 567-3835
- They will screen for eligibility
- If eligible, they will send you an intake packet
- Upon receipt of the intake packet, HOME will call you to schedule your “Get Acquainted” visit and Psychiatric Evaluation.
- Visit our website at: <http://uuhsc.utah.edu/unihome/>

Behavior Management 101

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What is Behavior?

Dead Man's Test: If a dead man can do it, it isn't behavior.

(Johnston & Pennypacker, 1993)

- Behavior is observable and measurable.
- People often use the word “behavior” when they are talking about “problem behavior.”
- Behavior may be either desired behavior or problem behavior.

What is Challenging Behavior?

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Behavior Defined

Slide by Stephanie O'Brien

Self-Injurious Behaviors

Includes any behavior which is intense enough to result in, or has the potential to result in, pain and/or tissue damage to self.

Aggression towards

Others

Includes any behavior in which it is intense enough to result in, or has the potential to result in, pain or tissue damage to another individual.

Destruction of

Property

Includes any behavior in which it is intense enough to result in, or has the potential to result in damage to any physical item or object, or other part of the environment.

Disruptive Behavior

Includes behaviors that are considered socially inappropriate for a setting or situation.

Self-Stimulatory

Includes stereotyped and repetitive motor mannerisms.

Behavioral challenges can be detrimental to:

- Family
- Friends
- School/Work
- Health
- Skills acquisition
- Making friends
- Personal Happiness

Factors contribute to creating and maintaining problematic behavior:

- Neurologic damage
- Cognitive deficits
- Physiological symptoms
- Psychological symptoms
- Environmental Issues

Differential Diagnosis of Agitation

- Physical discomfort (pain)
 - Medical condition (electrolyte, endocrine, seizure disorder, sleep disorder)
 - Medication side effect
 - Psychiatric disorder
 - **Functional Behaviors**
 - (behaviors which “work” for the child)
 - Social stressors
- (Slide created by Dr. Deborah Bilder)

What is Positive Behavior Supports?

- Understand variables associated with problem behaviors.
- Move towards more positive, reinforcing environments and interventions and away from punishment models.
- Hierarchy of interventions starting with least intrusive (positive) to most (restrictive).

Basic Behavior Assumptions

- Behavior is communication.
- Behavior has a function.
- Behavior is maintained by reinforcement.

Behavior is Communication

People behave or misbehave to gain something or avoid something.

It is our responsibility to determine what the individual is trying to say and provide a more functional way to get the same need met.

Functions of Behavior

- **GAIN**

- Gain

- Attention
 - Activity
 - Item/object
 - Stimulation
 - Person
 - Access

- **AVOID/ESCAPE**

- Avoid

- Attention
 - Person
 - Pain

- Escape

- Activity
 - Task
 - Stimulation
 - Environment

Understanding Behavior ABCs

- Antecedent
- Behavior
- Consequence

Antecedent

- What happened Before?
 - Setting Events
 - Immediate

Antecedent

- Setting Events
 - Something that decreases threshold but does not cause behavior
 - Sick
 - Fight earlier in day
 - Favorite shirt dirty

Antecedent

- Immediate Antecedent
 - What happened before problem behavior?
 - Environment (hot, bright, loud)
 - Activity (bored, stimulated)
 - People (Demanding, loud, crowded)
 - Interactions (tasks, requests, demands, transitions)

Behavior

- What did they do?
 - Aggression; hit, kick, pinch, scratch
 - Verbal Outburst; scream, swear, call names
 - Non-compliance; ignore, verbally refuse
 - Socially Inappropriate; burp, spit

Consequence

- What did you do?
 - Give them what they wanted
 - Attention
 - Item
 - Got out of task
 - Left alone

How Do You Change Behavior?

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Changing Behavior

A - Recognize what triggers behavior.

B – Teach another behavior to meet the same need.

C – Change the consequence to make the problematic behavior no longer effective.

Antecedent Changes

“If you change the rules be prepared for a fight.”

Preventative Strategies

- Be Consistent
- Make requests/task demands *functional* for the person.
- Give person time to process request
- People with developmental disabilities often fake understanding. When giving instructions ask the person to tell you what they heard.

Antecedent Changes (cont)

- Provide person with schedule. Make schedules visual. Pictures paired with words are best.
- During transitions, explain what is happening and/or give visual cues.
- Boredom leads to problematic behavior.
- Have Fun !! & Be Reinforcing to be around. 😊
- Remember not to threaten or engage in power struggles. If you take away all control people may resort to all they have left: spitting, peeing, and pooping.

Behavior Changes Replacement Behaviors

- Teach socially acceptable communication
- Teach socially acceptable behavior that meets the same need (use of tissue instead of picking nose)
- Replacement behavior must be ***functionally equivalent***

Behavior Changes

Problematic Behavior

Replacement Behavior

Picks nose

Tissue

Itches crotch

Excuse self to bathroom

Hits head

Fold arms

Interrupts

“Excuse me.”

Takes items

Ask permission

Screams for attention

“I need you.”

Consequence Changes

“If you dig a hole you’ve got to fill it or
you might fall in”

Taryn ☺

- Caution don’t take something away without a replacement.
- Use start instead of stop.

Consequence Changes

- Alter what happens immediately after the target behavior occurs. The goal is to take the power out of the problem behavior.

Consequence Change

Reinforcement is:

1. The presentation of a stimulus
2. Contingent upon a response
3. Which increases the future probability of the response to occur

(Raymond & Miltenberger, 1997)

Consequence Change

Punishment is:

1. The presentation of a stimulus
2. Contingent upon a response
3. Which decreases the future probability of the response to occur

(Raymond & Miltenberger, 1997)

Consequence Change

- Differential Reinforcement & Extinction
 - If safe, do not respond to problem behavior and over respond to replacement behavior. Know what you are reinforcing.

Coersion Model

Adult

Child

- | | | |
|--------------------------------|---|-----------------------------|
| 1. Would you like to? | → | Child Ignores you |
| 2. Come on Please | → | Child delays |
| 3. You had better
(yelling) | → | Child makes excuses, argues |
| 4. Now you have had it | → | Tantrums, aggression |
| 5. OK OK Withdrawl
Request | → | Stops Tantrum |

Both Parent & Child are negatively reinforced on an intermittent schedule which makes extinction very difficult.

Precision Commands

Based on The Tough Kid Parent Book by W. Jenson, G. Rhode, Melanie Neville

1.) Please _____ ” wait 10 seconds

state specific command

2.) You need to _____ ” wait 10 seconds

3.) Predetermined consequence given

*reductive consequence

(ie time out, drop a level, loose privilege)

Behavior Change Model

Antecedent → Wants attention	Problem Behavior → Hits parent	Consequence Gets <i>immediate</i> attention
Antecedent → Wants attention -Predictable schedule created -Reinforced every 15 mins with praise -Day is filled with stimulating interactive activities	Replacement Behavior → - “Help please.” - Raises hand - Taps parent on the shoulder	Consequence Gets <u><i>immediate</i></u> attention for replacement behavior

10 Tips to Compliance

1. **START** instead of **STOP!**
2. Praise 7:1
3. Clear directive demands
4. Eye contact and shorten distance
5. Soft, **BUT** firm voice

10 Tips to Compliance

(cont)

5. Model what you want
6. Demand the possible (developmental expectations)
7. TIME!!
8. Remain calm: 'Breathe Easy'
9. Have Fun!!