# Understanding and Navigating Psychosocial and Environmental Factors in Collaborative Behavioural Management

*James Hill, PhD., Registered Psychologist*

*Developmental Disability Mental Health Team, Island Health*

*Victoria, B.C.*

*James.Hill@viha.ca*

# Assumptions

- People want their needs met.
- From a systems perspective, this means that there can be converging and diverging "Wants & Needs".
  - The identified client.
  - The most vulnerable person.
  - The support system.
    - Conflict can cause agitation.
  - The Expert(s).
- The client, supports, and environment are a unit.
  - Behaviour arises from the whole unit, not just the client in isolation.

# Collaborative Behaviour Management

- This approach is consistent with Positive Behaviour Support (PBS).

*"PBS relies on strategies that are respectful of a person's dignity and overall well-being and that are drawn primarily from behavioral, educational, and social sciences, although other evidence-based procedures may be incorporated. PBS may be applied within a multi-tiered framework at the level of the individual and at the level of larger systems (e.g., families, classrooms, schools, social service programs, and facilities)."*

- Kincaid et al., 2016, p. 71

# Collaborative Behaviour Management

Well-being

Brain structure

Genetics

Hormones

**Biology**

Bodily Conditions

Meaning

**Spiritual**

Beliefs

Values

Practices

Well-being

Community

Needs

Attachment

Expectations

Well-being

Supports

Gender

Family

Values

**Social**

Status

Culture

Learning History

Trauma

Attachment

Coping

Life Transitions

**Psychology**

Personal Experiences

Well-Being

**PERSON**

The beginning of an assessment is understanding the "wants" of the people involved

Mother
Support for Son

Psychologist
Valid information

Father
Diagnosis & Medication

Frank
Money

"What do you hope comes out of this consultation?"

School
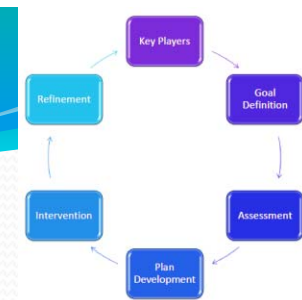Reduced Aggression

Vocational Program
Appropriate Placement

# Collaborative Behaviour Management

- How do we help Frank meet his goal of getting money?
- Define the goal specifically: Frank can get money by working in the downtown Safeway.
- Identify the supports and blockages:

| Supports | Blockages |
|---|---|
| Frank's People Skills | Difficulty multitasking |
| Vocational worker will job shadow/coach | Parents think using the bus is beyond his skills |
| Previous retail job experience | History of stealing |
| Safeway manager/staff have supported similar people in the past | Frank forgets to take medication |

# Collaborative Behaviour Management

# Collaborative Behaviour Management

- PHASE 1: Identify the Key Players and Supports for plan development and implementation
  - Capacity building.
    - Individual: The client should be involved in planning within the boundaries of his/her skills.
    - Team: Identify Role related to general goals.
      - Who are the main supports?/Define responsibilities.
      - Who helps the main supports or are involved minimally?
      - **Communication Plan** to ensure consistency and coordination.
      - Proactive not Reactive.
      - Adaptability: "*Playing ball on running water*"
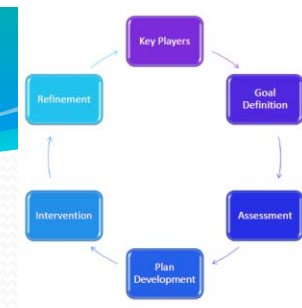
# Collaborative Behaviour Management

- Phase 2: Define a clear and agreed-upon goal
  - Is the goal realistic?
    - What is needed to make it realistic?
  - Get the entire Team to agree on a **consistent** approach.
    - Include the client as part of the Team
  - Keep the client's goal in focus.
    - Link system goals and the client's goal (motivational enhancement).
  - Active Listening/Negotiating skills
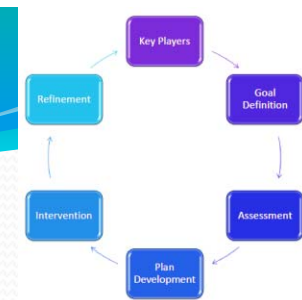
# Collaborative Behaviour Management

- Phase 3: Assess the Client, Supports and Environment
  - Psychological Assessment:
    - Diagnostic, adaptive functioning, executive functioning, cognitive skills, learning/reinforcement history, functional behavioural assessment, etc.
  - Other Assessments:
    - Medical/Psychiatric; Occupational/Recreational/Social Assessment; Client specific issues (e.g., Speech and Language); Belief systems.
  - Assess the capacity of the Supports/Setting to aid any plan:
    - Gaps/Recommendations (e.g., respite, additional staff, etc.).
    - Environmental/Setting Issues.
  - Focus the assessment, but explore options.

# Adaptive Functioning

- With DSM-5 there is even more emphasis on adaptive functioning.
- What does the person DO on a consistent basis?
  - NOT what the person did once or with lots of help (Positive bias).
  - NOT what the person did when at his or her worst (Negative bias).
- Consider the respondent's goals in the assessment.
- Attend to areas of *recent change* to help identify underlying causes of behavioural instability.

# Adaptive Functioning

- **Conceptual Domain:** Executive skills- planning, prioritizing, cognitive flexibility, organizational skills.

| AREA | COMMON ISSUES |
|------|---------------|
| Academic skills | Attention, retention, learning speed, generalization to other situations. |
| Abstract thinking | Understanding concepts, evaluating instructions, processing emotions (e.g., grief). |
| Memory | Encoding, retrieval, skills maintenance. |

# Adaptive Functioning

- **Social Domain:** Executive skills-emotional regulation, transition management.

| AREA | COMMON ISSUES |
|---|---|
| Social judgement and life decisions | Understanding social cues, conversational turn taking, relationship reciprocity, emotions management, life changes (e.g., graduation). |
| Risk assessment Gullibility | Community safety, relationships/sexuality, victimization/abuse, negative influence by others, cycle of victimization. |
| Conversation and language skills. | Turn taking, listening, the "No" bias, people pleasing. |

# Adaptive Functioning

- **Practical Domain:** Executive skills- problem solving, prioritizing, shifting strategies, planning/organizational skills

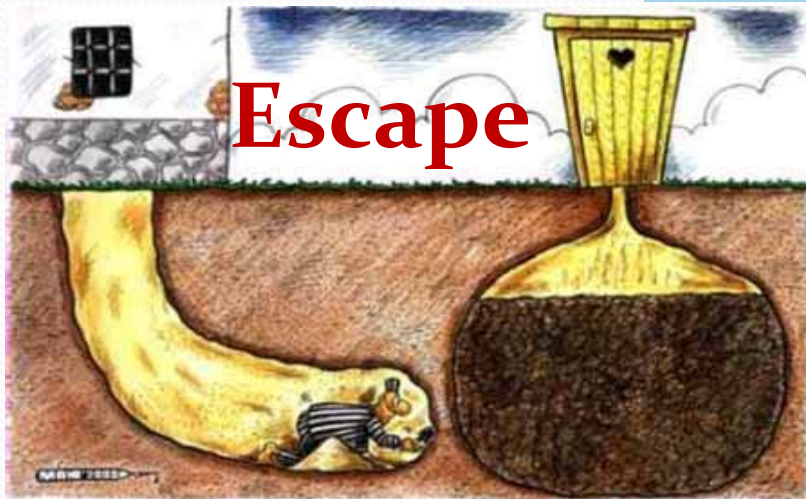| AREA | COMMON ISSUES |
|------|---------------|
| Activities of daily living | Shopping, cooking, cleaning, transportation, money-management. |
| Self-care | Hygiene, health decisions, puberty. |
| Vocational Recreational skills | Social domain, taking initiative, decision making, sportsmanship, rules, group skills. |

# Behaviour Functions

**Attention**

**Sensory**

**Non-social**

**Tangible**

**Escape**

# Goal-Blocking Behaviours

Frank's had previously worked in a local grocery store for 4 years. He worked part time (limited to 4 hour shifts). A co-worker called in sick during his Saturday morning shift, so Frank was asked to stay in the afternoon to complete a full day. At 4 pm, his supervisor told him to clean up in the stockroom, but one of his coworkers sent him to the Produce Section.

As he was cleaning the floor, a shopper bumped into him, he yelled: "Get out of my way!" and then ran into the stockroom, crying. The customer complained and Frank was fired because this was the fifth yelling incident (first time yelling at a customer).

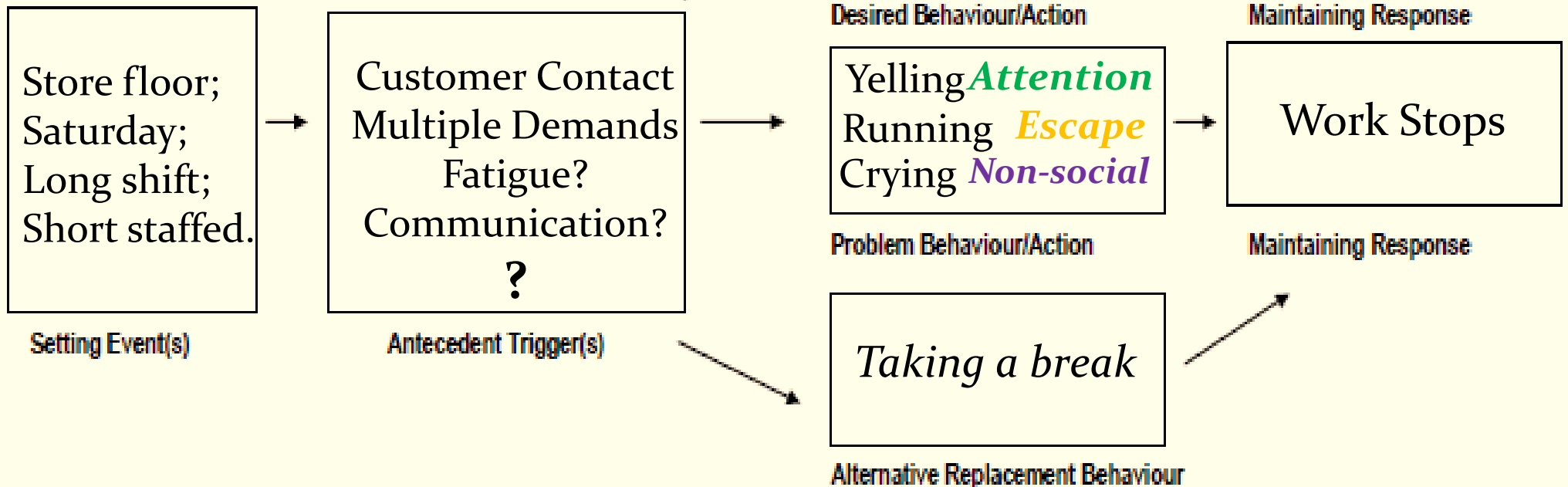Frank has not worked in 18 months.

# Goal-Blocking Behaviours

**Setting, Trigger, Actions Response**

S.T.A.R. PLANNING TOOL

Behaviour:

Yelling at a customer then running away crying

**Professional Behaviour**

→ **?**

Desired Behaviour/Action

Maintaining Response

Store floor;
Saturday;
Long shift;
Short staffed.

Setting Event(s)

→

Customer Contact
Multiple Demands
Fatigue?
Communication?
**?**

Antecedent Trigger(s)

→

Yelling *Attention*
Running *Escape*
Crying *Non-social*

Problem Behaviour/Action

→ Work Stops

Maintaining Response

*Taking a break*

Alternative Replacement Behaviour

# Goal-Blocking Behaviours

**Consequence Strategies-** underlying cause: learning history.

| What should happen when a goal-blocking behaviour occurs? | What should happen when a goal-supportive behaviour occurs? |
|---|---|
| ☐ Take breaks<br>☐ Follow plan<br>☐ Ignore<br>☐ Stop intervention<br>☐ Seek safety<br>☐ Leave setting<br>☐ Refer to supervisor<br>☐ Other | ☐ Reward<br>☐ Social praise<br>☐ Meet the goal of the behaviour<br>☐ Complete task<br>☐ Follow plan<br>☐ Other |
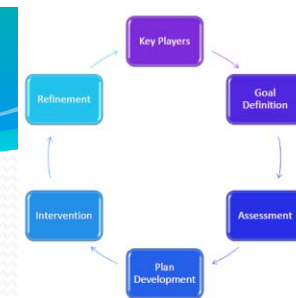
# Collaborative Behaviour Management

- Phase 4:  Plan Development

| Outline | Example: Parents question Frank's ability to take bus |
|---|---|
| **Goal** | Independently taking the bus, including one transfer. |
| **Relevant Assessment Results** | Vineland community skills: Low; age equiv.: 8 years, 11 months. Emotional control: 18th percentile. Planning:  23$^{rd}$ percentile. |
| **Hypothesis** | Frank has the ability to learn bus route and transfers. |
| **Plan** | ❑ Support worker will travel with Frank by bus to and from work before starting the job (2-5 trials).<br>❑ Frank completing trip without support worker intervening before official start date (2 times).<br>❑ Two shifts of the Support Worker going with Frank to work.<br>❑ Vocational Coach will travel with Frank home from work during his first 3 shifts. |
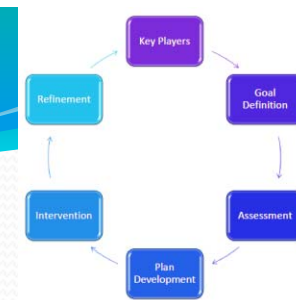
# Collaborative Behaviour Management

- Phase 5: Intervention Approaches Selection
  - Capacity Building.
    - Self-soothing
    - Environmental enhancements
    - Other supports
  - Skills Development.
    - Task related
    - Self-management
  - Behavioural Intervention.
    - Goal-blocking behaviours
    - Safety Plans
  - Coaching, Counselling , & Therapy.

> The focus of the intervention could be the client, the most vulnerable person, the support people, the setting.
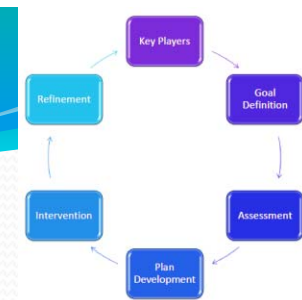
# Goal-Blocking Behaviours

- **Context Strategies-** underlying cause: Situational/Relationship
- What are ways to *change the context* to make the problem behaviour unnecessary?
  - ❑ Relationship building
  - ❑ Collaborative planning/negotiation
  - ❑ Clarify rules and expected behaviour
  - ❑ Written contract
  - ❑ Immediate counselling
  - ❑ Change site/schedule

# Goal-Blocking Behaviours

- **Preventive Strategies-** underlying cause: demands ⬆ skills ⬇
- How might we *prevent* the problem behaviour?
  - ❑ Provide extra assistance
  - ❑ Change requirements to match client skills
  - ❑ Proper assessment
  - ❑ Trauma Informed Practice
  - ❑ Reminders about desired behaviour when problem is likely

# Goal-Blocking Behaviours

- **Learning Strategies-** underlying cause: mismatched teaching
  - Teaching approach needs to match the learner
- What can be done to *increase desired behaviours* or to *teach* a replacement behaviour?
  - ❑ Model desired behaviour
  - ❑ Practice desired behaviour
  - ❑ Self-management program
  - ❑ Behavioural consultation/Contingency program
  - ❑ Ongoing counselling

# Collaborative Behaviour Management

- Phase 6: Implementation, Monitoring & Refinement
  - Implementation
    - Timelines
    - Signs of Progress

  - Ongoing Data-based Evaluation & Plan Refinement
    - Indications of improvement & problems
    - Ongoing adjustment: Remove barriers and enhance supports
    - Revision of plan: Share with Team as needed

# Collaborative Behaviour Management
## Questions and Discussion

# References

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Becker-Cottrill, B., McFarland, J., & Anderson, V. (2003). A model of positive behavioral support for individuals with autism and their families: The family focus process. *Focus On Autism And Other Developmental Disabilities, 18*(2), 113-123. doi:10.1177/10883576030180020S
- Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., Turnbull, A. P., Sailor, W., & ... Fox, L. (2002). Positive behavior support: Evolution of an applied science. *Journal Of Positive Behavior Interventions, 4*(1), 4-16. doi:10.1177/109830070200400102
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied behavior analysis* (2nd ed.). Upper Saddle River, NJ: Pearson.
- Dunlap, G., Hieneman, M., Knoster, T., Fox, L., Anderson, J., & Albin, R. W. (2000). Essential elements of inservice training in positive behavior support. *Journal Of Positive Behavior Interventions, 2*(1), 22-32. doi:10.1177/109830070000200104
- Dunlap, G., Kincaid, D., Horner, R. H., Knoster, T., & Bradshaw, C. P. (2014). A comment on the term 'positive behavior support'. *Journal Of Positive Behavior Interventions, 16*(3), 133-136. doi:10.1177/1098300713497099
- Dunlap, G., Newton, J. S., Fox, L., Benito, N., & Vaughn, B. (2001). Family involvement in functional assessment and positive behavior support. *Focus On Autism And Other Developmental Disabilities, 16*(4), 215-221. doi:10.1177/10883576010160040S
- Farmer, R. F., & Chapman, A. L. (2016). *Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action., 2nd ed*. Washington, DC, US: American Psychological Association.

# References

- Freeman, R. L., Smith, C. L., & Tieghi-Benet, M. (2003). Promoting implementation success through the use of continuous systems-level assessment strategies. *Journal Of Positive Behavior Interventions*, *5*(2), 66-70. doi:10.1177/10983007030050020101

- Fox, L., Vaughn, B. J., Wyatte, M. L., & Dunlap, G. (2002). 'We can't expect other people to understand': Family perspectives on problem behavior. *Exceptional Children*, *68*(4), 437-450. doi:10.1177/001440290206800402

- Hamlett, N. M., Carr, E. R., & Hillbrand, M. (2016). Positive behavioral support planning in the inpatient treatment of severe disruptive behaviors: A description of service features. *Psychological Services*, *13*(2), 178-182. doi:10.1037/ser0000070

- Heard, H. L., & Swales, M. A. (2016). *Changing behavior in DBT: Problem solving in action*. New York, NY, US: Guilford Press.

- Kincaid, D., Dunlap, G., Kern, L., Lane, K. L., Bambara, L. M., Brown, F., & ... Knoster, T. P. (2016). Positive behavior support: A proposal for updating and refining the definition. *Journal Of Positive Behavior Interventions*, *18*(2), 69-73. doi:10.1177/1098300715604826

- Singh, N. N., Lancioni, G. E., Manikam, R., Latham, L. L., & Jackman, M. M. (2016). Mindfulness-based positive behavior support in intellectual and developmental disabilities. In I. Ivtzan, T. Lomas, I. Ivtzan, T. Lomas (Eds.) , *Mindfulness in positive psychology: The science of meditation and wellbeing* (pp. 212-227). New York, NY, US: Routledge/Taylor & Francis Group.

- Vaughn, B. J., White, R., Johnston, S., & Dunlap, G. (2005). Positive Behavior Support as a Family-Centered Endeavor. *Journal Of Positive Behavior Interventions*, *7*(1), 55-58. doi:10.1177/10983007050070010601