

PRINCIPLES OF CAREGIVING DEVELOPMENTAL DISABILITIES MODULE

CHAPTER 8: POSITIVE BEHAVIOR SUPPORT

FACILITATOR GUIDE

CONTENT:

- A. Understanding Behavior
- B. The Role of the Direct Care Worker in Positively Supporting Behavior
- C. Techniques for Effective Support

Estimated time for this chapter: 2.5 hours

Needed Materials:

1. Facilitator Guide
2. Participant Guides

COMPETENCIES:

(TO KNOW OR BE ABLE TO:)

1. Identify reasons why behaviors may occur.
2. Identify ways for the Direct Care Worker to get to know the person he/she works with and what works for the person to support success.
3. Identify what things a Direct Care Worker can do to support positive behavior and avoid problems.
4. Identify what things a Direct Care Worker can do when a conflict arises.
5. Describe and/or role-play redirection to avoid a power struggle.

KEY TERMS:

Behavior

Positive Behavior Support

Observable

Redirection

A. UNDERSTANDING BEHAVIOR

Facilitator Note:

Introduce the topic of Positive Behavior Support by stating that it is simply a philosophy or an approach to helping people improve behavioral challenges they may be experiencing. It is a way to help a person overcome habits or patterns of behavior that are preventing them from achieving their goals, or that are dangerous to them or someone else. The first step in understanding Positive Behavior Support is understanding behavior.

What is behavior?

Behavior is action. It is what someone does.

Facilitator Note:

Activity:

Facilitator asks: What is behavior? and records or repeats answers (most will correctly respond that it is action or what someone does). Then facilitator asks, "Is anger a behavior?" Some will respond "yes," some will respond "no." Facilitator will then ask those who responded "no," "What is anger?" Responses should be "emotion" or "feelings." Validate, anger is an emotion. It may be a possible *reason* for behavior, but it is not an action or behavior. Actions can be seen or heard or in some other way measured. Emotions cannot as they can be hidden and unobserved.

Activity:

Ask the participants to brainstorm with the person next to them some characteristics of behavior. There is a place in their packet to write down answers. After giving the group 1-2 minutes, ask them to call out what they came up with. Write their responses on a whiteboard or newsprint pad. Summarize the key points listed below. These are also included in the participant guide.

Notes:

Characteristics of Behavior:

- Behavior is an **action**.
- Behavior can be measured or counted.
- Behavior has a beginning and an end.
- Behavior has a reason, a purpose and/or a meaning.
- Behavior communicates something.

Behavior means we are alive, engaged and participating in our lives!
Behavior helps us to survive!
Behavior helps us enjoy life!
Behavior helps us get our needs met!
Behavior helps us to communicate!

People are constantly exhibiting behaviors. The only time when people are not engaging in behavior is after they have died.

How does behavior work?

We use behavior (or actions) to achieve a result. Examples:

- You may want the dishes washed. Possible behaviors:
 - You ask for help.
 - You complain that you have a lot to do.
 - You wash the dishes yourself.

- You want to see the ball game on TV, not the movie another person is watching. Possible behaviors:
 - You simply change the channel without asking.
 - You scream.
 - You ask the other person if they mind if you change the channel.
 - You talk to the other person about the ball game to get them interested in watching it.
 - You stand in front of the other person who now cannot see the TV.

Some behaviors are effective, others are not. Some behaviors are more acceptable than others.

When a behavior gets results, the person will repeat the behavior. This is true for all people, including the people we support.

Facilitator Note:

State that sometimes behavior is very effective. For example, if I ask you to stand up, and you stand up, my behavior of asking was effective in getting me what I wanted (you to stand up). If I ask you to stand up and you refuse, my behavior was not effective, and I may try other strategies like:

- Yelling at you to stand up.
- Pushing you out of the chair.
- Offering you a reward if you stand up.
- Explaining to you why I want you to stand up.

This is true also of the people we support. If I am working with someone and they are trying to get my attention by talking to me, showing me personal items, or otherwise trying to engage me, and I am not paying attention to them, they will learn quickly that these are not effective strategies. They may try other things like, screaming, pulling hair, or hitting. They will probably discover that these strategies are very effective in getting a support provider's attention.

In this way, sometimes the individuals that we support, and indeed, many typical people, have developed a habit of using strategies that are not really socially acceptable or positive, but that they have found are effective in getting their needs and/or wants met.

People use behaviors because they work for them under the circumstances.

Facilitator Note:

Activity:

Facilitator asks, "Everyone raise your hand who has someone in your life who has a habit that you find annoying and would want them to change?" (pause) "How many of those people have changed their habit simply because you wanted them to?" (pause) Most people will tend to shake their heads or respond in the negative for this question.

Ask: "OK, how many of you have habits that others have wanted you to change?" (pause) "How many of you have not changed your habit simply because others wanted you to change?" Most participant groups will respond in a mixed way to this question; you can acknowledge that some responded yes and others not.

If it is true for you and others, is it also true for the people that we serve?

People change behavior in order to make things work better for them, more effective, easier not because others want us to change.

Why does behavior happen?

Facilitator Note:

All behavior has a reason. To truly understand behavior, and to best support the person, we need to understand the reasons for behavior. Most behavior has multiple reasons. Because behavior has reasons, it communicates something about the person, if we understand the reasons for behavior we then better understand the person.

General reasons for behavior can include:

- **Something is wanted or needed.** For example, the person may be bored and want your attention. They may try to engage you in conversation or try to get you to pay attention to them through positive actions (performing desired tasks, making jokes, etc.). They may have learned that a very quick and effective way to get someone's attention is to behave in less positive ways, yelling, throwing things, trying to hit, etc.
- **Trying to escape from or avoid something.** For example, if a person doesn't want to do an assigned task they may begin to whine, complain, or refuse to perform the task.
- **For entertainment and sensory input.** This is especially true for people with sensory processing disorder and some people with autism. The behaviors of picking at their skin, hitting their head, spinning, or flapping their hands can be soothing when they are stressed, and can also provide sensory stimulation when they are bored.
- **To express intense feelings** including joy, fear, anger, sadness; and to relieve stress. These expressions can range from smiling and laughing to crying, screaming, throwing things, or hitting.
- **Biological, bio-chemical, or developmental processes/issues.** For example, if people are hungry, they will eat. If their heads hurt, they may hold it in their hands or hit it on the wall. If their hormones are in transition they may behave unpredictably, or be easily agitated. Medical and biological issues can include medication side effects, hunger, nausea, constipation, tiredness, fatigue, illness, pain, allergies, or blood sugar level.
- **To communicate.** For example, if people are hungry and not able to get their own food, the person may grab, point, moan, and touch their face or stomach. They may act out in a way completely unrelated to food if they don't have the expressive skills to tell you what they need. A person may take other people's food or attempt to hide food if getting food when he or she is hungry has been an issue in the past.

We cannot know the specific reasons for behavior for anyone until we get to know the person over a period of time. According to the Institute for Human Development at Northern Arizona University there are three things we must keep in mind when thinking about why someone is displaying a behavior.

1. All behavior that persists serves some purpose.
2. Every person is unique.
3. The best way to help someone change their behavior is to first understand the reasons behind the behavior.

B. THE ROLE OF THE DIRECT CARE WORKER IN POSITIVELY SUPPORTING BEHAVIOR

The role of the Direct Care Worker is to support positive helpful behaviors and to help prevent difficult challenging behavior

Positive Behavior Support (PBS) is an approach to helping people change behavior in a positive way that is based on four things:

- A. An **understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process.
- B. A **belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services.
- C. The **application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior.
- D. A **conviction** to continually move away from the threat and/or use of unpleasant events to manage behavior.

(This definition is taken from Article 9 training curriculum and is derived from the Positive Behavior Support Project, a collaboration between the Institute for Human Development at Northern Arizona University, University Affiliated Program and the Division of Developmental Disabilities.)

For you as a direct care worker to practice positive behavior support, you must get to know the person and how best to support them. People are going to be more willing to share, problem-solve and work with you if they feel they are understood and if they believe their opinions/beliefs are respected and validated. This approach is true whether a person can talk or not.

As a direct care worker, you want to assure the person has a chance to maintain their dignity and self respect regardless of the behavior or circumstances. Assisting a person to learn from their challenges and experiences can help them find the most effective and acceptable ways to meet their needs.

C. TECHNIQUES FOR EFFECTIVE SUPPORT

How can Direct Care Workers support positive helpful behaviors and prevent unhelpful challenging behaviors?

Possible activity:

Facilitator may have participants brainstorm the various ways that providers can get to know a person and get to know about them. The facilitator would then follow up that activity with the list below and elaborate on the items brainstormed.

Get to know the person:

- Observe.
- “Listen” to the person (not just with ears, but also with eyes, attention).
- Listen to others who know the person well.
- Review the documentation (the paperwork).
 - The planning document (Individual Service Plan (ISP), Person Centered Plan (PCP), etc.
 - Evaluations from professionals (Psychological, Physical Therapy, Occupational Therapy, Speech Therapy, Physical Exams, Hearing Screenings, etc.).
 - Any behavioral guidelines, analyses, or programs.
- Plan for Success.
 - Listening. Truly focus on the person, watch, listen, try to see the world through their eyes and acknowledge that you are there to support them.
 - Routine. Know, respect and implement their routine; if there is no routine assist the person in establishing a routine and let the routine become the framework for structure and activity.
 - Assure that the person has as much choice and control as possible. Even if an activity may be necessary, a person can have choices around when it happens, where it happens, with what it happens, how it happens.

Facilitator Note:

Provide an example here, such as showering. The person can choose if it happens before or after another event, if it is a shower or bath, if they use the green or the yellow towel, if they use the bar soap or bath gel, etc.

- Avoid saying “no” to the person and tolerate the person saying “no” to you. “No” is often a trigger for problems, because it leaves no room for choice, negotiation or alternatives. Direct Care Workers should avoid the use of the word as much as possible. Direct Care Workers should also respect and tolerate “No” from the person being supported. They have a legitimate right to say “No” and in some cases it is the only way that individuals can protect themselves and assert their rights.

Facilitator Note:

Possible activity: Emphasize that “no” can be communicated in a variety of ways other than speech. Have participants each identify one non-verbal way that a person can “say no.” Answers can include using sign language, shaking of the head, moving away, looking away, stiffening of the muscles, pushing someone else away, yelling, etc.

- **Model the best.** Teach appropriate and effective skills and behavior. Respond to challenges in the day and circumstances yourself in the best way possible. Do not set a standard for the person that you yourself do not follow. Demonstrate calm, control, problem solving, respect and consideration. Show the person what to do through your own behavior, not just your words.
- **Anticipate possible problems and avoid them.** Know the triggers for challenges and difficulties, avoid them where possible and if not possible, plan for the challenge and do problem solving in advance. Know the signs that the person is feeling stressed, anxious, angry, or fearful. As soon as those signs are evident, address them in positive ways to resolve the issue or cope with the problem.
- **Praise and reward the person.** Praise and reward the person when they display effective and appropriate behavior.
- Use redirection
 - Sometimes a person will focus on the same issue repeatedly, or will have certain triggers that upset them. At these and other times, it may be best to simply “get their mind off of it” and redirect them to something else. For example, if a person is afraid of dogs, and during a walk the individual notices a dog on the other side of the street, the direct care worker may want to redirect to something else of interest (while still avoiding the dog) like a bird, an interesting view, or a discussion of a past or future event that is of interest to the person.
 - Often, it is appropriate to validate what the person is expressing or experiencing before attempting to redirect them. For example, if a person wanted to watch a particular show on TV, but it’s not on, the direct care worker might say something like, “I know you must be disappointed that your show is not on. Would you like to play a game instead?”

Facilitator Note:

Review the SKILL: Redirecting a person, and practice in the classroom as needed. The skill is described on the following pages.

- When conflict occurs
 - **Avoid power struggles.** Work for both people “winning,” both getting at least a part of what is wanted/needed. Take a “both/and” approach, not either/or. Do not take the conflict personally. Remember you are not there to dictate or enforce rules, but to support and assist. The person should never perceive that

they are being punished by you. The person should be allowed and encouraged to arrive at his/her own acceptable solution. This means that choices and control are given to the individual supported.

- **Do something unexpected** (Novel stimuli). Responding in a unique and unexpected way to the conflict. This can sidestep the conflict for the moment, give both parties an opportunity to pause, reconsider and rebuild the collaborative relationship and may include laughter.
- **Evaluate, prioritize, and stick to basics.** Ask yourself, What is the essential here? Can this be done another way? What is the routine? Will this help build the relationship? Does it have to be done now? Does it have to be done this way? Keep just to the essentials and do not worry about the rest.
- **Offer opportunities for reconnection, reconciliation, learning and dignity.** After a conflict has occurred, use the time after to teach and learn different skills that are more acceptable. Encourage and support reconnection to self, the routine, to others; allow for and support reconciliation, dignity and self esteem.



Procedure: Redirecting a person

Overview

People sometimes get anxious and obsessive about events or things they want. They may have a particular interest that they can become obsessive about, or certain things that they fear, or that bring up other negative emotions. The redirection technique can be used to divert people's attention away from the stressful event to something that is more pleasant.

Behavioral problems can be greatly influenced by the reaction of the DCW to the situation. This skill will give the DCW techniques to de-escalate the situation.

Description of Procedure:

1. Use a calm, soothing voice.
2. If the individual does not mind being touched, gentle touch may be a powerful tool in conveying a caring attitude.
3. Use short, simple sentences.
4. Do not argue about statements the person makes. Arguing can escalate the situation. The Direct Care Worker should simply listen and validate that they understand what is being communicated (use active listening).
5. Respect the person's feelings (don't tell them they are wrong, or they are being silly, etc.). Often, a person being supported relies on non-verbal cues and he/she can tell if the caregiver is being patronizing or treating them like a child.

6. Try providing an alternative activity. Rely on your knowledge of the individual's interests and preferences for what to redirect them to.

Practical Tips:

- The DCW should redirect to an alternative activity, something the individual would enjoy.
- The alternative activity should take the functional ability of the individual into consideration.

Don't forget!

- Do not show frustration – use a calm, soothing approach.
- The alternative activity should be of interest to the individual – even if it's not of interest to the Direct Care Worker.

Practice Scenarios:

1. Mr. Allen is afraid of storms. Every afternoon during monsoon season he stares out the window watching the clouds. This can cause him to become very agitated, even if there are no storm clouds.
2. Mrs. Smith wants to go to the store right now. Due to circumstances outside of your control, you cannot take her to the store for another hour.