

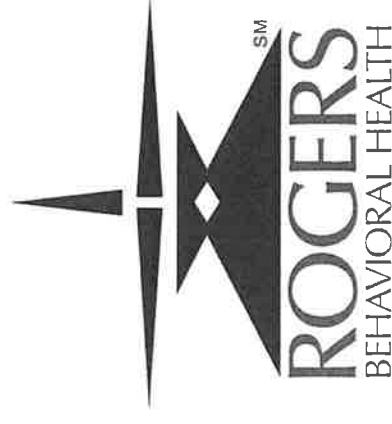


We've Tried Everything: Reaching out to the unreachable child Handouts

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Behavior Coaching

- ❖ How to stop constant defiance and power struggles without a barrage of punishments...
- ❖ The secret to ending constant arguments, bickering and yelling...
- ❖ What it takes to stop verbal or physical aggression, name-calling, threatening and anger issues...

The focus of behavior coaching is teaching and reinforcing skills in the moment of conflict or emotional distress with the expectations for the patient to acknowledge and use the skill being taught. "Conflict is inevitable, but combat is optional, and with prompt attention paid to emergent misbehavior through early intervention strategies, up to ninety percent of minor, pesky behavior problems can be eliminated in the [milieu]." (Dahlgren, n.d., p. 2)

Having high quality relationships between staff and patients is a key to milieu management and is associated with 31% fewer discipline problems as reported by R.J. Marzano (Marzano, Marzano, & Pickering, 2003)

Behavior coaching understands internal/external conflicts are inevitable and focuses on a preventative rather than reactive style of milieu management by teaching desirable behaviors and through the use of a safe environment, supportive environment, interaction, and engagement. (Emmer & Stough, 2001) (Gersh, McGovern, & Akiva, 2012) (Ramaswamy, Hillaker, & McGovern, 2013) (Dahlgren, n.d.)

Behavior coaching is not therapy; it is short-term advising, in brief 5 - 15-minute increments and has been shown to be effective in preventing and minimizing behavior challenges. (Marzano, 2007)

Behavior Coaches help individuals hang in and face adversity. More than mere information, our patient's need "muscle memory" in order to learn how and when to use the skill when experiencing a conflict or emotional distress. These six steps for responding to conflict helps staff reframe the incident and are designed to help staff model appropriate ways to respond.

1. Approach calmly – use validation, nonjudgmental attitude, and acceptance; monitor your own proxemics, kinesics, paraverbal communication, and haptics
2. Acknowledge feelings – enhance your validation by use of more than one level of validation, regulation cannot occur in an invalidating environment
3. Gather information – as regulation and balance returns we can use the COPING model to enhance the tension reduction process
4. Restate the problem – make sure you understand the facts, differentiate facts from thoughts and/or perceptions, identify the emotions; this allows for structured reflection

5. Ask for solutions/choose together – this continues the COPING model and empowers the individual to make decisions through critically thinking about the conflict and further regulates emotion by decreasing helplessness, powerlessness, worthlessness, and inadequacy.
6. Be prepared to give follow-up support – this is the last step of the COPING model and further sends the message to the individual they are not alone; our goal is continue support and help them carry out the action plan or use the skill (CPI, 2017) (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

Perception of Obstacles Makes a Difference

“Whenever you’re in conflict with someone, there is one factor that can make the difference between damaging your relationship and deepening it. That factor is attitude.” - William James (Gersh, McGovern, & Akiva, 2012, p. 19)

Some people see obstacles as a puzzle to solve. Some see obstacles as an opportunity to grow. Others see obstacles as threats. Still others see obstacles as meaning they cannot succeed. One’s view of barriers to achieving goals affects the reaction to the barrier. Conflict may turn into a valuable learning experience because it is through conflict we learn how to listen to others, share our own thoughts, feelings, perceptions, and/or values, get our needs met, and find ground; which lead to personal growth. (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

When individuals are faced with a conflict or with emotions they cannot name or don’t want to experience then this becomes an obstacle and defenses are raised, barriers are in place.

The role of Behavior Coach is to help individuals identify the emotion, be aware of and allow the experience of the emotion to be present, identify and verbalize the conflict and/or barriers, and then to figure out a solution and use the solution. The coach reframes the situation and offers an opportunity to investigate instead of just managing or controlling it. The coach can reframe conflict to accomplish the following:

- Stresses listening, negotiating, collaboration, and compromise
- Stresses meta-cognition – thinking about what you are thinking and why you think that way
- Stresses development of empathy – how this conflict affects others, investigates how my thoughts, behaviors, and feelings impact others
- Stresses each individual perspective is legitimate and valid and carries equal importance as the adult/staff member
- Stresses positive participation with the individual experiencing the conflict; removes the adult/staff as all-knowing and discourages teaching or reinforcing the concept of “obey”/”listen to what I say” attitude (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

Considerations for Our Patients

If a patient see obstacles as the world being against them or as meaning failure, then the patient is likely to be overwhelmed with painful thoughts and difficult emotions when faced with blocks to goals.

Perhaps a patient doesn't really experience thoughts when faced with an obstacle or is unaware of the thoughts.

Maybe the patient immediately experiences fear or shame. Fear tells us to escape the situation, that there is danger. Shame urges us to hide. If the situation isn't one in which a patient needs to be afraid or ashamed, these emotions get in the way of overcoming obstacles. Other emotions may be present as well and also urge a certain action that might or might not be helpful. (Dahlgren, n.d.)

Think about the National Geographic Channel show, "The Dog Whisperer;" in the show, the "whisperer" -- an animal expert named Cesar Millan, trots the globe teaching dog owners how to reign in bad pooch behavior. This is not suggesting that our patients are animals -- they are indeed individuals with uniquely human needs.

Some principles about change are universal, however. Whether we're talking about an aggressive Chihuahua or an out-of-control patient, both need a strong, attuned presence from their caregivers/staff. Instead of being offended at the analogy, consider that with dogs, as it is with our patients, it is crucial how the owner (adult caregiver) carries themselves and the staff (or caregiver) "presence" with the individual. Instead of expecting a patient to "snap out of it," "stop", or "just realize that what they're doing is wrong," the Behavior Coach can see that they need to shift themselves first -- that they are the real coach. They have to coach the individual in how to regulate emotions, separate thoughts and perceptions, in order to better manage behavior and self-regulate.

There is no "cure" for our patient's behavioral problems; there is no single pill or silver bullet strategy that hits the sweet spot and changes things permanently. While there is no cure, it's important to know there is a path toward greater connection and positive change. (Long, Wood, & Fecser, 2001) (Marzano, Marzano, & Pickering, Classroom Management That Works: Research Based Strategies for Every Teacher, 2003)

Resisting Consequences (punitive) (Dahlgren, n.d.) (Gersh, McGovern, & Akiva, 2012) (Ramaswamy, Hillaker, & McGovern, 2013)

Behavior is the language of needs and all behavior is reinforced. The goal of the consequence is to support the safety of all patients (physically and emotionally), communicate consistency, and support the individual in the moment and over the long-term. Consider the three basic categories of consequences:

1. Natural Consequence – these are what happen naturally, without any intervention
2. Logical Consequence – these are consequences that are imposed through intervention but seek to directly redress the action

3. **Punitive Consequence** – these are consequences that are imposed through intervention that seek to “punish” the person responsible (this is a prohibited practice in our treatment programs)

Only natural and logical consequences provide a meaningful opportunity for the individual to learn and practice a new skill, to develop empathy, communication, and how to repair relationships.

The goal of the behavior coach is to take time to discuss, think about, and then deal with the situation with the patient, not for the patient. This helps our patients learn to reflect, problem-solve, make decisions critically, and practice enhanced communication. (Ramaswamy, Hillaker, & McGovern, 2013)

Questions like these are common:

- ❖ What behavior should I ignore, and what should I deal with?
- ❖ How do I set limits without being too strict or not strict enough?

Research points to the benefits of behavior coaching as an evidenced practice in helping children and teens overcome behavior challenges. (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

- ❖ Behavior Coaching offer individual’s great lessons in life:
 - 1) it's OK to make a mistake and have conflict,
 - 2) mistakes and conflicts are inevitable, and
 - 3) both are stepping stones for learning. (Dahlgren, n.d.) (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

- ❖ When an individual makes a mistake or experiences a challenge, one of two things can occur:
 - 1) the person can learn from the mistake and try to improve the next time; or
 - 2) the person can become preoccupied with the fear of making another mistake.

If the Behavior Coach stays calm and instructs the individual, there's a chance that the individual will see the mistake as an opportunity to learn. Unfortunately, as human beings, we often tend to have more animation in our reactions to negatives than in our reactions to positives. So it takes an extra effort on our part as coaches to remind ourselves to do all in our power to try to stay calm when mistakes and challenges occur. (Dahlgren, n.d.) (Gersh, McGovern, & Akiva, 2012)

- ❖ Have reasonable and realistic expectations. The Behavior Coach understands we are teaching new skills and it will take practice to become effective. Therefore, the skill will be taught in the moment of emotional distress, so the individual can learn how to first retrieve the information from their brain, how to use the skill with the Behavior Coach, and then how to retrieve and use independently when emotionally distressed. (Gersh, McGovern, & Akiva, 2012) (Long, Wood, & Fecser, 2001)

- ❖ Remind individuals not to get down on themselves. Individuals can go from "cocky" to "unsure" in seconds. A steady reminder from the Behavior Coach can help them to keep from falling apart when things aren't going well. Encouraging individuals that it is okay to feel bad about the mistake/challenge but that they can also feel good about taking responsibility and being willing to use the skills at the same time. (Emmer & Stough, 2001) (Marzano, Marzano, & Pickering, Classroom Management That Works: Research Based Strategies for Every Teacher, 2003) (Ramaswamy, Phillips, McGovern, & Akiva, 2013)
- ❖ Emphasize teamwork, and help individual's think "we" instead of "me." One of the major cornerstones of self-esteem is developing a sense of belonging. We're social animals and we need to feel as though we belong to a group. The Behavior Coach plays a central role in making the "team" concept become a reality within our treatment program. The Behavior Coach makes sure all individuals get recognized, not just the "stars." The Behavior Coach does not allow peers to criticize each other. The coach encourages other adults/staff to notice and compliment everyone and not just the "stars." (Ramaswamy, Phillips, McGovern, & Akiva, 2013)
- ❖ The task of the Behavior Coach is to teach individuals how to be in control of their emotions throughout challenges, conflicts, problems, and emotional distress and then afterward in their repair or amends of a situation. (Dahlgren, n.d.) (Gersh, McGovern, & Akiva, 2012)

References

- CPI. (2017). *Instructor guide Nonviolent Crisis Intervention foundation course*. Milwaukee, WI: CPI.
- Dahlgren, R. (n.d.). *Remain Calm & Respond Right When a Student Challenges!* Coeur d'Alene, ID: Center for Teacher Effectiveness.
- Emmer, E. T., & Stough, L. M. (2001). Classroom management: A critical part of educational psychology, with implications for teacher education. *Educational Psychologist*, 103-112.
- Gersh, A., McGovern, G., & Akiva, T. (2012). *Reframing Conflict*. Ypsilanti, MI: Forum for Youth Investment.
- Long, N. J., Wood, M. M., & Fecser, F. A. (2001). *Life Space Crisis Intervention: Talking with Students in Conflict*. Austin, TX: Pro-Ed.
- Marzano, R. J. (2007). *The Art and Science of Teaching: A Comprehensive Framework for Effective Instruction*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Marzano, R. J., Marzano, J. S., & Pickering, D. J. (2003). *Classroom Management That Works: Research Based Strategies for Every Teacher*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Ramaswamy, R., Hillaker, B., & McGovern, G. (2013). *Structure and Clear Limits*. Ypsilanti, MI: Forum for Youth Investment.
- Ramaswamy, R., Phillips, S., McGovern, G., & Akiva, T. (2013). *Ask Listen Encourage*. Ypsilanti, MI: Forum for Youth Investment.