Welcome

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

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What we're covering in this session

- Define the Goals of Misbehavior
- Understand the basic needs of behavior
- Understand the impact of trauma on the child's experience
- Understand how family system issues can wreak havoc on a child's ability to listen and learn at school

"You think you know what I said. But what you don't know is, what I said is not what I meant."

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Page 38

Understanding Behavior

1. Behavior is Communication
2. Goals of Misbehavior
3. Reframing Misbehavior

Behavior is Communication

- Both desirable and undesirable behaviors have a purpose or function
- Behavior is a form of communication
- Behavior is adaptive – people have learned to act in certain ways to cope with their environment; behavior may become a habit and persists event when it is no longer helpful
- Behavior is functional, predictable, and changeable

CPI, 2008; CPI, 2012

Behavior is Communication continued

- Environments can set up, set off, or maintain challenging behavior
- Behavior is reciprocal
- Early intervention can reduce and/or prevent problematic, treatment interfering, or risk behaviors
- It is more efficient and effective to change behavior through positive strategies than negative consequences
- Changing patient behavior requires changing staff attitudes and behavior

CPI, 2006; CPI, 2008; CPI, 2012

Behavior is Communication continued

Form of Behavior

- Form of behavior is defined as the "what" behavior being used to communicate
- Challenging behavior and replacement or alternative behavior will compete with each other. – to stop one behavior it is expected to replace it with another

Function of Behavior

- Function of behavior is defined as the "why" this behavior is being used to communicate
- Three common functions
  1. To access or obtain
  2. To avoid or escape
  3. To fulfill a need, such as sensory need
- Behavioral Interventions are matched to the function of behavior in order to:
  1. Increase and support positive behavior.
  2. Reduce challenging behaviors.

CPI, 2006; Crone, Hawken, & Horner, 2015

Goals of Misbehavior

Negative Framework and Belief

1. Attention seeking – "I belong only when I'm being noticed or getting something special." "I'm only important when I'm keeping you busy with me."
2. Revenge – "I don't think I belong so I'll hurt others as I feel hurt. I can't be liked or loved." "I don't believe you will or can protect me."
3. Inadequacy – "I don't believe I can belong so I'll convince others not to expect anything of me. I am helpless and unable; its no use trying because I can't/won't do it right."
4. Power – "I belong only when I'm the boss or in control, or proving no one can boss me." "You can't make me."

Feelings Associated with Misbehavior

1. Abandonment, loneliness, neglected
2. Guilt/Shame, hurt, embarrassed
3. Helpless, hopeless, worthless
4. Powerless, defeated, vulnerable, sad

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Nelsen, J. (2006). Popkin, M. (2014)

Goals of Misbehavior continued

- Primary goal of people is to feel a sense of connection, belonging, and significance.
- Adopting one of the misbehaviors listed previously because they believe
  - Undue attention or misguided power will help them achieve belonging and significance
  - Revenge will give some satisfaction for the hurt experienced
  - Giving up is the only option because they really believe they are inadequate and insignificant

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Nelsen, J. (2006). Popkin, M. (2014)

Reframing Misbehavior

Typical Framework
1. Attention seeking
2. Revengeful, mean, bully
3. Isolative, Shut-down
4. Controlling, oppositional
5. Impulsive, out of control

Reframing
1. Connection and belonging
2. Protection
3. Withdrawal and centering
4. Independence
5. Challenge and Healthy Risks

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Nelsen, J. (2006). Popkin, M. (2014)

Reframing Misbehavior

Positive Framework
1. Connection and belonging
2. Protection
3. Withdrawal and centering
4. Independence
5. Challenge and Healthy Risks

Patient Response to Framework
1. Contributing, Cooperation
2. Forgiveness, Empathy, Trust
3. Self-Regulation, Self-Control
4. Leadership, assertiveness
5. Safe adventures

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Nelsen, J. (2006). Popkin, M. (2014)

From Behavior to Feelings

"Everybody is against me! No one understands what's going on with me and no one cares! I can't take it anymore!"

Long, Wood, and Fecser, 2001, p.98

From Behavior to Feelings

1. Arousal – Relaxation Cycle
2. Emotional Vulnerability
3. Validating and Invalidating Environments
4. Rational Detachment in Action
5. Goals of Early Interventions
6. Precipitating Factors
7. Developmental Anxieties

Arousal – Relaxation Cycle

Arousal – Relaxation Cycle (visual on next slide) – by Fahlberg
- Individual expresses a need
- Caregiver responds to the need
- Individual relaxes, trust and security are met
- Please click on the provided link (or copy and paste the link into your web browser) to watch the 5 minute video
  http://www.youtube.com/watch?v=6bul1meciGE

Arousal theory proposes that motivation is strongly linked to biological factors that control reward sensitivity and goal-driven behavior. The reward system in the human body spurs physiological arousal, which motivates individuals to engage in whatever behavior is necessary to relieve their arousal.
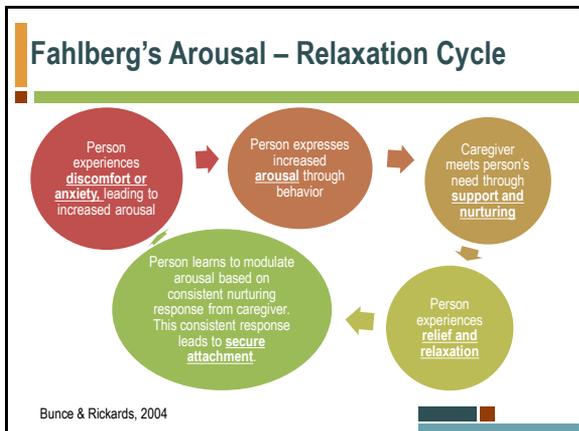
Bunce & Rickards, 2004

Fahlberg's Arousal – Relaxation Cycle

Person experiences **discomfort or anxiety,** leading to increased arousal

Person expresses increased **arousal** through behavior

Caregiver meets person's need through **support and nurturing**

Person learns to modulate arousal based on consistent nurturing response from caregiver. This consistent response leads to **secure attachment**.

Person experiences **relief and relaxation**

Bunce & Rickards, 2004

Arousal – Relaxation Cycle continued

- Repeated cycles of the arousal-relaxation cycle reinforce the person's strong sense of secure attachment and identity
- Variables which may interrupt the arousal-relaxation cycle and may lead to difficulties in signaling discomfort, isolation, low esteem:
  1. Caregiver failure to respond
  2. Caregiver beliefs they don't want to "spoil" or "let him get what they want all the time" thus choose not to respond
  3. Family functioning and dynamics
  4. Person is difficult to relieve
  5. Person is separated from caregiver at birth

Bunce & Rickards, 2004

Emotional Vulnerability

Emotional vulnerability is defined by these characteristics:
  a. Very high sensitivity to emotional stimuli
  b. Very intense response to emotional stimuli, and
  c. A slow return to emotional baseline once emotional arousal has occurred

Includes:
- Ability to modulate
- Ability to regulate

Linehan, M. M., 1993

Emotional Vulnerability
continued

Emotional modulation is the ability to

a. Inhibit inappropriate behavior related to strong negative or positive emotions,

b. Organize oneself for coordinated action in the service of an external goal,

c. Self-soothe any physiological arousal that the strong emotion induced, and

d. Refocus attention in the presence of strong emotion

Linehan, M. M., 1993

Emotional Vulnerability
continued

Emotion regulation is a multifaceted construct involving

a. the awareness, understanding, and acceptance of emotions;

b. ability to engage in goal-directed behaviors, and inhibit impulsive behaviors, when experiencing negative emotions;

c. the flexible use of situationally appropriate strategies to modulate the intensity and/or duration of emotional responses rather than to eliminate emotions entirely; and

d. willingness to experience negative emotions as part of pursuing meaningful activities in life

Linehan, M. M., 1993

Emotional Vulnerability
continued

Emotion dysregulation is the

a. combination of an emotional response system that is oversensitive and over-reactive

b. with an inability to modulate the resulting strong emotions and actions associated with them, and

c. is biologically based (not necessarily hereditarily based)

Linehan, M. M., 1993

Role of Invalidating Environment in Emotional Dysregulation

Characteristics of an Invalidating Environment:

1. Tendency to respond erratically and inappropriately to private experience
2. Insensitive to private experience that does not have public accompaniments
3. Response in an extreme fashion (to overreact or underreact) to private experience that does not have public accompaniments

Linehan, M. M., 1993

Environment Comparisons continued

Invalidating Environment

- Response to communications of preferences, thoughts, and emotions with either non-responsiveness or more extreme consequences than more sensitive validating environments
- Child is thirsty – adult response "you just had something to drink" or "no your not you just don't want to go to bed"

Validating Environment

- Successful communication of private experience results in changes in other family members behavior that increase the probability the individual's needs being met; decreases the probability of negative consequences
- Child is thirsty – adult response is to provide drink of water

Linehan, M. M., 1993

Invalidating Environment continued

Punishment and Negative Consequences

Potential negative effects

1. Incorrect belief that punishment and negative consequences effectively change behavior – this is only true in the short-term and eventually stops working; does not eliminate motivation to engage in the behavior and the behavior will get stronger
2. Set the individual up to use defensive and risk behaviors which are more harmful than the behavior attempting to be extinguished
3. Sets up escape/avoidance behaviors as well as feelings of helplessness, hopelessness, worthlessness, powerlessness, and inadequacy
4. Encourages individual to experience increased guilt, shame, and embarrassment
5. Loses its effectiveness with frequent and continued use, so it requires increasing frequency and severity

Long, Wood, & Fecser, 2001; McMahon & Forehand, 2003

Environment Comparisons continued

Invalidating Environment

- Emphasis on controlling emotional experience
- Attributes behavioral and emotional experiences to
  - Lack of motivation
  - Lack of discipline
  - Failure to adopt a positive attitude
  - Lack of judgment
  - Lack of reflection
  - Impulsivity
  - Usage of punishment and consequences that have already demonstrated ineffectiveness in changing behavior

Validating Environment

- Attributes behavioral and emotional experiences as true to the person's experience without judgment or blame
- Use assertive body language – proxemics, kinesics, supportive stance
- Use the person's name – resist generalities like "sweetie" or "honey"
- Listen for the underlying message
- Teach a new skill or reinforce the use of previously taught skill

CPI, 2008; Linehan, M. M., 1993

Invalidating Environment continued

Contributes to emotional dysregulation by failing to teach the individual how to

- label and modulate arousal
- tolerate distress
- trust their own emotional responses as valid interpretation (perception) of events

Linehan, M. M., 1993

Rational Detachment in Action

Staff who build and foster relationships through trust and respect can be effective skilled early interveners.

Trust Promoting Staff Attitudes and Behaviors – leading to a validating environment/relationship

1. **Empathy** – Understanding feelings and actions; weigh the significance of the "truth" (their thoughts, feelings, perceptions) as the person believes it to be, share insight with them when they are ready
2. **Genuineness** – Being consistent, dependable, and real; let your actions show that you are not selective in your dealings, treating all involved with fairness and kindness consistently
3. **Positive Regard** – Convey care and interest
4. **Concrete** – Use specific, clear language
5. **Unconditional Acceptance (Nonjudgmental Attitude)** – approve of the person; Convey compassion, acceptance, and respect for the person even while acknowledging the seriousness of the situation and disapproval for the behavior

CPI, 2008; Long, N. J., Wood, M. M., & Fecser, F. A., 2001

Goals of Early Interventions

Perceptions Being Validated

1. Personal capabilities – "I am capable."
2. Significance in primary relationships – "I contribute in meaningful ways and I am genuinely needed."
3. Personal power or influence over life – "I can influence what happens to me."

Goals of Interventions
continued

Skills Being Taught

1. Intrapersonal: the ability to understand personal emotions and to use that understanding to develop self-discipline and self-control.
2. Interpersonal: the ability to work with others and develop friendships through communicating, cooperating, negotiating, sharing, empathizing, and listening.
3. Systemic: the ability to respond to the limits and consequences of everyday life with responsibility, adaptability, flexibility, and integrity.
4. Judgment: the ability to use wisdom and to evaluate situations according to appropriate values.

CPI, 2006; Nelsen, J. , 2006

Goals for Early Intervention
continued

Goals for intervention
1. Safety
2. Learning opportunity
3. Autonomy

CPI, 2008; Long, Wood, & Fecser, 2001

Goals of Early Interventions continued

Autonomy – as internal control is developed the external structure is lessened and allows individuals more responsibility for their own behavior

Learning Opportunity – every intervention provides two-way learning. Person who acts out learns how caregivers respond to behavior; caregivers learn about what does and doesn't work with the individual. Great time to teach and reinforce skills

Safety – primary goal is to prevent the situation from escalating into Risk Behaviors. Provide emotional and physical safety before learning and autonomy can be achieved

CPI, 2008; Long, Wood, & Fecser, 2001

Structured Environment with Expectations continued

Four Strategies to Creating Positive Expectations
1. Staff focus on a goal for every intervention
2. Staff know how to use power positively – differences between rules, guidelines, expectations
3. Relationship building allows you to influence behavior through rapport rather than rules.
   - patient's are often judged or stigmatized as being "rude", "disrespectful", "oppositional", and/or "attention seeking"; when we have this perception of our patient's then we have low expectations and reinforce the behavior we are hoping to change or extinguish
   - When using positive, nonjudgmental language patient's have the opportunity to build their self-esteem, self-control, and confidence
4. Be Consistent

CPI, 2006; CPI, 2008; CPI, 2012; Ramaswamy, Hillaker, & McGovern, 2013; Nelsen, 2006

Precipitating Factors

- These are the internal and external thoughts and perceptions prompting an emotional experience display through anxious or defensive behavior
- Types of precipitating factors
  1. Naturally occurring – time of day, day of week, weather, noise
  2. Scheduling/Activity – type of activity, demands/expectations, transitions, change in routine
  3. Communication of expectations – what is the task or activity to be completed? How much work/how long will the task/activity last? How will I know when I'm finished? What will happen next?
  4. Communication of instructions – clear, consistent, direct, simple, in language the person understands
  5. Setting events – physical complaints/symptoms, sensory overload or misinterpretation, admissions/discharges/family sessions

CPI, 2006

Developmental Anxiety

- Anxiety results from experiencing life as a series of unpleasant events
- "At risk" individuals have developed debilitating developmental anxieties because they have been unable to successfully navigate through the normal crisis of each developmental stage and have been unable to navigate through normal stressors with self-regulation
- As these challenges are left unresolved, the individual has an increasing number of unmet emotional needs leading to social, emotional, and behavioral "failures"

- "At risk" individuals live with
  – Insecurity
  – Unpredictability
  – Alienation
  – Helplessness (powerlessness)
  – Hopelessness
  – worthlessness
  – Failure and inadequacy

  Long, Wood, & Fecser, 2001

Developmental Anxieties continued

5 Types of Developmental Anxieties	The Individual's Beliefs in the Developmental Anxiety
1. Abandonment	1. "No one cares"
2. Inadequacy	2. "I can't do anything right" or "You won't like it
3. Guilt	3. "I'm no good." "I'm a loser"
4. Independence – dependence conflict	4. "Try and make me." or "I want to but they won't let me."
5. Identity	5. "I can't do this anymore."

Long, Wood, & Fecser, 2001

"Stress arouses beliefs. Thinking triggers feelings. Feelings drive behavior. Behavior incites others. Others increase stress!!"

Long, Wood, & Fecser, 2001, p.22

Stress Response

1. Types of stress response
2. Resiliency
3. Types of Interventions
4. Anxiety is Conflict
5. Interventions
6. Roadblocks to Successful Interventions
7. Tension Reduction – Therapeutic Rapport

Types of Stress Response

There are three types of stress response
1. Positive Stress Response
2. Tolerable Stress Response
3. Toxic Stress Response

Stress Response
continued

1. **Positive Stress Response** - normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels
2. **Tolerable Stress Response** - activates the body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

http://developingchild.harvard.edu/

Stress Response continued

3. **Toxic Stress Response**
   – Occurs when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship (also known as Adverse Childhood Experiences [ACEs])—without adequate adult support.
   – This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

http://developingchild.harvard.edu/

Toxic Stress Response

- When a child feels threatened, **cortisol, dopamine and other hormones** are released and circulated throughout the body, triggering the "fight or flight or freeze" response.
- An excess of the chemicals generated by toxic stress can damage the hippocampus (responsible for learning and memory).
- This process can cause an individual to develop a low threshold for stress, potentially experiencing a "fight or flight or freeze" response to situations that others would not find threatening.

http://wichildrenstrustfund.org/

Toxic Stress Response Continued

What causes stress to become Toxic?
- The terms positive, tolerable, and toxic stress refer to the stress response systems' effects on the body, **NOT** to the stressful event itself.
- The extent to which stressful events have lasting adverse effects is determined in part by the individual's biological response (mediated by both genetic predispositions and the availability of supportive relationships that help moderate the stress response), and in part by the duration, intensity, timing, and context of the stressful experience.
- Please click on the link to watch the 2 minute video
http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/

http://developingchild.harvard.edu/

**Toxic Stress Response
Continued**

- Toxic stress weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health.
- Research on early childhood stress is showing how early trauma/toxic stress can alter the brain's stress response system and contribute to future risk of anxiety and mood disorders
- For girls, the part of the brain affected is associated with emotional regulation
- For boys the part of the brain affected is associated with impulse control

http://developingchild.harvard.edu/

**Toxic Stress Response
continued**

- A child's ability to trust and form secure attachments is compromised by exposure to toxic stress and trauma.
- Effect may be stronger when a child suffers trauma at the hands of an adult who is supposed to protecting and caring for the child.
- Toxic stress causes attachments and relationships to diminish, withdraw, and may prevent the development of healthy attachment or healthy relationships.

**Toxic Stress Response
continued**

Diminished attachment is expressed in a myriad of ways:
  – Uncertainty about the reliability and predictability of the world;
  – Emotional dysregulation;
  – Problems with boundaries;
  – Distrust and suspiciousness;
  – Social isolation;
  – Interpersonal difficulties; and
  – Difficulty with empathy

http://wichildrenstrustfund.org/

Toxic Stress Response continued

- Whenever a child or adult is faced with traumatic life events the ability to survive the emotional and physical pain associated with the event will be influenced by the individual's level of personal resilience.
- Resilience is a product of how people perceive, appraise, approach, and tackle stresses and challenges.
- Resilience is more than internal strength or robust temperament.

Resiliency

Factors associated with resilience

1. Secure attachments to significant others
2. Absence of early loss and trauma
3. High self-esteem and social empathy
4. Easy temperament

Types of Interventions

4 Criteria of Effective Intervention

1. Is it kind and firm at the same time? (Respectful and Encouraging)
2. Does it help children feel a sense of belonging and significance? (Connection)
3. Is it effective long-term? (Punishment works in the short term, but has negative long-term results)
4. Does it teach valuable social and life skills for good character? (Respect, concern for others, problem solving, accountability, contribution, cooperation)

9 Principles for Effective Intervention

1. Be calm
2. Be empathetic and nonjudgmental
3. Remove bystanders
4. Monitor proxemics (space) and kinesics (body language)
5. Keep it simple
6. Use validation and reflections, clarify messages
7. Use silence; ignore challenges
8. Monitor paraverbal communication
9. Permit release behaviors

CPI, n.d. retrieved 9/21/2018; Nelsen, J. (2006); Ramaswamy, Phillips, McGovern, & Akiva, 2013

Anxiety is a Conflict

- When emotion escalates and reaches a reaction stage, the individual's ability to think is affected
- The individual cannot
  - take in new information,
  - retrieve previously learned information,
  - Or use previously practiced skills until regulation occurs
- The person may act to justify or defend the emotion and their response to the emotion.

Emotional Response

CPI, 2006; Gersh, McGovern, & Akiva, 2012; Long, Wood, & Fecser, 2001

Anxiety Level Interventions

Types of Interventions

- Use of validation, non-judgmental attitude, and empathetic listening
- Use of proxemics, kinesics, supportive stance, and paraverbal communication
- Prevent escalation/teach new skill
- Behavior coaching; encourage, reinforce, and/or practice using skills
- Distraction
- Mindfulness

Considerations

- Age of patient
- Behavior vs Diagnosis symptom
- Family system issues/challenges
- Trauma history

Anxiety Level Interventions continued

Validation

- Defined as empathy plus the communication that the individuals perspective is true in some way
- Actively communicate the individual's perspective makes sense
- Belief how the individuals emotion, thought, or action is completely understandable because it is relevant, meaningful, justifiable, correct, or effective
- Active, disciplined, precise validation is required to motivate emotion regulation and thereby create conditions for other change
- Validation will decrease physiological arousal

What to validate

- Primary emotional responses and expressions
- Articulate nonverbalized emotions, thoughts, or behavioral patterns – name the feeling and name the source of the feeling
- Behaviors - observe and label
- Cognitions – reflect thoughts, assumptions, and values
- The problem's importance
- The task's difficulty
- The emotional pain, level of suffering

Koerner, 2012; Ramaswamy, Phillips, McGovern, & Akiva, 2013

Anxiety Level Interventions continued

Non-judgmental Attitude

- Consider the supportive stance – it allows us to physically move and be centered to allow for flexibility
- Non-judgmental attitude is similar to the dialectical stance and both are used to create psychological flexibility in the same manner
- Is acceptance and allows staff to reinforce a level of trust and rapport, which is key to reducing the likelihood of defensive and risk behavior

- Non-judgmental attitude allows individuals to see:
  1. Everything is interrelated
  2. Situations are complex and are in conflict
  3. Change is continual and transactional
- Shows you are listening by noting nonverbal cues including eye contact, posture, facial expression, rate and tone of speech
- Carries the basic belief about the need for individuals to seek: protection, gratification, relationship, and responsibility

CPI, 2017; Koerner, 2012; Long, Wood, & Fecser, 2001

Anxiety Level Interventions continued

Judgmental vs Non-judgmental

Consider the statements you make or thoughts you have and ask yourself the following questions
- Am I helping the individual evaluate themselves… or am I engaged in evaluating them
- Am I helping the individual feel a sense of power and control over their life, make their own decisions, and choose who to be… am I manipulating the individuals behavior by wondering if they have met my criteria or expectations
- Am I creating conditions for the individual to become more deeply involved in decision making and critical thinking… or trying to talk them into what I want or encouraging them to win my approval
- Are you providing honest, objective feedback based on facts to empower and encourage self-evaluation… or being brutally honest, adding to negative views, and inadvertently encouraging/reinforcing behavior you would like to extinguish

Ramaswamy, Phillips, McGovern, & Akiva, 2013;

Proxemics, Kinesics, Paraverbal Communication, and Haptics

- Individuals may be extremely sensitive to touch or close proximity.
- Assess each individuals tolerance to proxemics and make adjustments as needed.
- Personal possessions and environment are included in proxemics.
- When people are dysregulated they often decrease attention to others proxemics, so increasing distance helps with regulation.
- Resist any quick movements which can overstimulate, prompt a startle response, and increase anxiety.
- Dysregulation contributes to the misreading of proxemics, kinesics, haptics, and paraverbal communication which limits the individual's understanding of staff and peers

CPI, 2006

Proxemics, Kinesics, Paraverbal Communication, and Haptics continued

During anxiety, expressive communication is affected and the individual may:
1. Hesitate to speak (processing delay)
2. Increase rate or cadence of speech
3. Speak in third person, use a character voice, or use a regressed voice/speech pattern
4. Tone may not match words or meaning
5. Use an erratic volume or extremes in volume which also may not match words or situation

Interventions:
1. Be sensitive
2. Use silence to allow the person the opportunity to process, prepare, and finish their thoughts
3. Use a flat tone of voice, speak using a slow cadence, and speak in softer volume

CPI, 2006

Proxemics, Kinesics, Paraverbal Communication, and Haptics continued

During anxiety, receptive communication is affected and the individual may:
1. Have increased sensitivity to staff or peer speech volume
2. Misinterpret tone of voice
3. Seek out augmentative communication – alternatives to verbal speech
4. Use gestures or become completely nonresponsive due to a lack of understanding

Interventions:
1. Remain nonjudgmental and validate the person's experience
2. Seek out alternatives to language and accept the person's requests
3. Speak less, listen more
4. Seek to discover the function of the behavior

CPI, 2006

Anxiety Level Interventions continued

Skill Building and Behavior Coaching
- Skill building is a prevention and intervention technique which is used to replace challenging behaviors while reducing frequency, duration, and intensity of challenging behaviors.
- Teaching how to make a positive choice, make decisions, problem-solve
- Allows for experience, learning, development, and independence
- Understands reframing conflict changes the view from something that hurts to something that helps
- Conflict becomes a tool to challenge old ideas/behaviors, helps us develop as individuals, becomes an opportunity for growth

Controlling Staff Responses
- Integrated Experience
- Rational Detachment
- Proxemics
- Kinesics
- Paraverbal Communication
- Haptics

CPI, 2006; CPI, 2012; Gersh, McGovern, & Akiva, 2012

Skill Building and Behavior Coaching continued

- Understanding and accepting conflict is inevitable, every individual has their own set of goals, expectations, interests, and needs
- Skill building and behavior coaching seek to operationalize the conflict experience and helps to create an opportunity to build communication and regulation skills
- Approach all internal and external conflicts as an opportunity for learning, practicing, and developing skills
- Allow opportunity to learn from mistake by practicing an alternative
- Reframing leaves the individual involved and invested in the resolution
- Behavior Coaching Handout

Skill Building and Behavior Coaching continued

New skills are effective when:
1. They are efficient and effective in achieving the person's desired outcome or be "functionally equivalent".
2. They are socially appropriate and acceptable to the people with whom the person interacts.
3. They fit the person's skill level and are a part of a more complex skill for the future.
4. They are in competition with the problem behavior.
5. They are planned in advance and taught when the person is emotionally and physically regulate.

When an individual uses the new skill it needs to be followed by a positive staff response to reinforce the learning.

CPI, 2006; Crone, Hawken, & Horner, 2015; Long, Wood, & Fecser, 2001

Anxiety Level Interventions continued

Distraction vs. Avoidance

- Avoidance is a passive tool helping to temporarily block out feelings like anxiety and fear as a way to evade getting to the root of an issue, or potentially even discovering a solution; it is tendency to shut out feelings, thoughts, people, and situations that bring up an intense and unpleasant experience
- Distraction is active, time-limited and intentional.
- Deciding if the behavior is avoidance or distraction – ask – what is the stressful thought or situation; - ask – what is prompting me to move from the thought or situation – ask - am I planning on coming back to the "original activity" at some point, and when

Defensive Level Interventions
continued

Allow release/venting & Tolerate behavior/decode incident

- Attend to underlying feelings; resist focusing on
    - Swearing
    - Yelling
    - Playing with water, lights, call-lights etc.
- Decoding purposes:
    1. To teach individuals to recognize specific feelings driving behavior
    2. To build individuals confidence that they are not victims to their emotions and there are alternatives
    3. To convey verbal communication abut feelings, anxieties, and experiences lowers intensity, duration and frequency of the emotional experience
- Behavior Coaching applies here – this is part of decoding
- Consider the function of the behavior, resist attention to the form of the behavior

Long, Wood, & Fecser, 2001

Decoding
continued

- Use the developmental anxieties to help guide your intervention
- Use information you know about the individual, their history, their diagnosis, the behaviors/experience prompting admission
- When decoding misses the mark, the individual's behavior typically does not change or it worsens because their unconscious thought/belief is that you don't understand and will never understand, this adds to their feelings of helplessness, hopelessness, worthlessness, and inadequacy

Long, Wood, & Fecser, 2001

Decoding
continued

Three Levels of Decoding

1. Acknowledging
    - Validating there are emotions connected to the individuals words and behavior
    - Reflect back what is said or what is being done ("I see you…")
    - When acknowledging you are communicating your awareness that there are painful and vulnerable emotions present without asking them to identify what those emotions are, which leads to increased trust
2. Surface Interpretation
    - Explaining the emotional meaning expressed in the behavior
    - Know the antecedents, prompting events, precipitating factors, diagnosis, age, family and social history
    - Does not convey agreement with the behavior, it validates the behavior was used as an expression of emotion
3. Secondary Interpretation
    - Biggest challenge because it shifts focus from original behavior to the denial
    - Connects the denial with emotions
    - Requires you to understand the developmental anxiety being presented and the defense mechanism being utilized

Long, Wood, & Fecser, 2001

Decoding
continued

Escalations and Increased Denial/defense

Continued escalations are typically related to the individual having the following beliefs/perceptions:

1. Individual does not trust you (or other adults/caregivers in general) to let you in to their private experience and personal feelings.
2. Individual may be asking for increased psychological "space" (proxemics and distance) because the message about emotions MUST be avoided, they are too painful.
3. The staff might be decoding incorrectly, might be wrong.

Long, Wood, & Fecser, 2001

Setting Limits

Differences between setting limits, having guidelines, and enforcing rules

- **Setting limits** – active process of engagement with an individual to teach or reinforce a skill, meet the needs of the individual in the moment – teaches and encourages problem solving and decision making, can be generalized to different environments and different situations
- **Guidelines** – set parameters around differing activities, may change from activity to activity, meet the needs of the individual in the moment
- **Enforcing rules** – only used for emotional and physical safety, state the positive behavior/expectations; require consistency, leave little room for deviation

Ramaswamy, Hillaker, & McGovern, 2011

Setting Limits
continued

- Be clear about your intent when setting limits
- Determine
  1. Are you trying to stop a behavior,
  2. Are you trying to establish control,
  3. Are you trying to teach/encourage problem solving and decision making

Ramaswamy, Hillaker, & McGovern, 2011

Setting Limits continued

Types of Unclear Limits	Examples
• Chain	• "put your plate in the sink, rinse it off, put it in the dishwasher, and bring me napkins."
• Vague	• "be careful", "watch out", "no"
• Question	• "do you want to take your medication" "can you pick up your mess"
• Too much	• "get down it's unsafe if you want to climb on something then you need to be safe so I can take you to the gym"

McMahon & Forehand, 2003

Roadblocks to Successful Interventions

Roadblock	Common statement
• Ordering, redirection, commands	• "Stop climbing and get back to work"
• Warning, threatening	• "If you don't stop, then I will have to call… or you won't be able to…"
• Offering solutions, moving into problem-solving	• "how about using an icepack… do you want… its important to go to… what do you need from me…"
• Lecturing	• "don't forget you set this as your goal to go home"

Roadblocks continued

Roadblock	Common Statement
• Types of Judgments: Preaching, Criticizing, blaming, name-calling, stereotyping, labeling	• "you should have told me… you always… he's so oppositional… she is so attention-seeking…"
• Interpreting, trivializing	• "I see that you are avoiding… how does that make you feel… its not so bad… it could be worse…"
• Giving reassurance	• "I know…"
• Questioning, interrogating	• "why…" "did you think…"
• Sarcasm, diverting, injecting personal comments	• "you didn't really think that… when I was your age…"

Long, Wood, & Fecser, 2001; Ramaswamy, Phillips, McGovern, & Akiva, 2011

Tension Reduction – Therapeutic Rapport

How do I know when my student

1. Is ready for problem solving
2. Is in tension reduction, and
3. Is willing and able to complete debriefing?

Readiness for Participation in Therapeutic Rapport

1. Attention for listening and retaining information
2. At least some verbal skills to use with sequential thought
3. Ability to comprehend and understand
4. Reasoning to understand the incident and the problems it produced
5. Trust in the adult

Long, Wood & Fecser, 2001

Tension Reduction – Therapeutic Rapport

Control
Orient
Patterns
Investigate
Negotiate
Give Back

Control
• Back in physical and emotional control
• Willing to talk/engage in different behavior

Orient
• Review the facts
• Check the facts, pros and cons

Patterns
• When else does this happen
• Effective Rethinking

Investigate
• What alternatives are available for behavior
• Self-Soothe, Radical Acceptance, Distract

Negotiate
• Determine course of action
• Behavior Chain Analysis

Give Back
• Go and do the course of action
• Review and Feedback; Repair

Take-home message

• Validate, Validate, Validate
• Reframing Misbehavior
• Developmental Anxieties
• Building Skills through Behavior Coaching

"Crisis reveals character….ours!!!"

"Talking about my past is like trying to put Humpty Dumpty back together again."

Long, Wood, & Fecser, 2001, p.78 and p. 120

References

- Bunce, M., & Rickards, A. (2004). *Working with bereaved children: A guide.* Unpublished manuscript. Retrieved from http://www.essex.ac.uk/armedcon/unit/projects/wwbc_guide/index.html
- CPI. (2008). *Advancing Your Verbal Intervention Skills: Understanding Goals, Power, and Relationships*. Milwaukee, WI: CPI
- CPI. (2012) *Integrating Positive Behavioral Interventions and Supports (PBIS)*. Milwaukee, WI: CPI
- Dahlgren, R. (n.d.). *Remain Calm & Respond Right When a Student Challenges!* Coeur d'Alene, ID: Center for Teacher Effectiveness
- Gersh, A., McGovern, G., & Akiva, T. (2012). *Reframing Conflict*. Ypsilanti, MI: Forum for Youth Investment.
- Linehan, M. M. (1993). *Skills training manual for treating Borderline Personality Disorder*. New York, NY: The Guildford Publications.

References continued

- Long, N. J., Wood, M. M., & Fecser, F. A. (2001). *Life Space Crisis Intervention: Talking with Students in Conflict.* Austin, TX: Pro-Ed.
- Miller, A.L., Rathus, J. H., & Linehan, M. M. (2007). Dialectical Behavior Therapy with Suicidal Adolescents. New York, NY: Guilford Press.
- Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, Third Edition*. New York, NY: Guilford Press.
- 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.
- Therapist Development Center. (2013). *Quick Study: Defense Mechanisms*. Therapist Development Center.

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