Behavior Improvement, Safety & Behavior Management Plan

MACMH 2011

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How the client presented the problem & need

How the therapist understood it

How the case manager summarized it

How collateral sources viewed it

How the billing agency classified it

How treatment was documented

How treatment was applied

How insurance was billed

How it was supported

What the client really needed
Objectives

• understand key elements in a comprehensive behavior management and safety plan

• Identify trigger situations and behaviors that can escalate into safety situations

• Identify behaviors that can be used to reduce safety risk and problem behaviors at each stage of escalation

• Identify stages of behavior improvement and reinforcements that can be used to stabilize desired behaviors
Key Ideas:

- Client involvement
- Use multiple sources
- Focus on what works
- Community-based solutions
- Keep it concise
- Behavior monitoring
- Early intervention
- Customized
- Treatment planning is dynamic
Client involvement.

• client should be involved from the beginning.

• ask about behaviors to be improved or what life would be like without the problems or the consequences that have been experienced

• ask what problem behaviors have occurred and how they escalate into safety concerns

• client can see that a behavior does not “just happen,” but is a progression of behaviors, each of which becomes a decision point to redirect.
Multiple sources of information

• client behaviors do not develop in isolation

• many people have important perspectives on how behavior progresses and what works to defuse or reward it

• also involves the people who should be more engaged in the treatment process

• while the case manager or therapist may be tempted to do this alone, that tends to leave out important collaborators.
Focus on what works.

- when treating mental and behavior disorders it is easy to become preoccupied with pathology
- what gets attention tends to persist, including such dysfunctional behavior
- more helpful to emphasize what works to de-escalate behavior early before it becomes a safety issue
- identify positive choices that can be reinforced.
Community-based solutions

- *therapeutic interactions* can occur all the time and with many people
- planning should identify as many sources of support for behavior change as possible
- consider multiple options in the community (foster placement, extended family, family friends, respite care, etc.,) rather than moving too quickly to more restrictive treatment.
“Refrigerator Door” Plan

- plans should be relatively simple, direct and concise
- able to be described on one or two pages
- identify specific positive and negative behaviors
- list possible responses for each
- simple enough (or can be reduced) to be taped on a refrigerator door
Behavior monitoring

- use as a checklist to keep track of the frequency, duration, or intensity of behavior

- In general, for oppositional & conduct problems, more effort should be expended on positive than negative behaviors; a ratio of 4:1 is recommended.
Early intervention

• By identifying trigger situations and behaviors that can escalate into safety issues, it is possible to provide earlier redirection and prevention efforts.

• Staff and clients will know early warning signs and have many choices in dealing with the behavior.
Customized

• Every plan is designed and adjusted for each client, with awareness of capacity, reasonable goals, unique risks, and specific reinforcers to which he/she is likely to respond.
However complete an initial plan is, our understanding of a client almost always become more complete over time. The plan should be revised as needed to better reflect what works.

Treatment is dynamic
Principles of Reinforcement:  
How to potty train a puppy

DON’T
• Yell
• Shame
• Explain
• Punish

DO
• Make sure they are developmentally ready
• Build a positive relationship
• Give clear, simple, concrete directions
• If too complex, break into smaller chunks
• Reward approximations
• Reward the desired behavior
• Be very consistent
• Generalize rewards
### Desired Behavior vs. Problem Behaviors

<table>
<thead>
<tr>
<th>Desired Behavior</th>
<th>Staff Response/Reinforcers</th>
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</thead>
<tbody>
<tr>
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<td>+4</td>
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#### Graduated Behavior Improvement Plan
- Increase ProSocial Behaviors
- Reduce Problem Behaviors
- De-escalate Risky Behaviors

#### Behavior Management Plan

#### Safety Plan

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**Problem Behaviors**

**Responses**
<table>
<thead>
<tr>
<th>Undesired Behavior</th>
<th>Staff Response/Reinforcers</th>
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</table>
| **-1. Individual Discomfort**: annoying, passive, inattention, silliness, leaving seat, fidgeting, withdrawal, emotional with self, preoccupied | • Ignore  
• Nonverbal disapproval (eye contact, expression)  
• Humor  
• Incentives  
• Redirect (“what do you need to be doing?”  
• Helper role; small helpful task  
• “fidget ball”, physical activity  
• Staff move closer |
| **-2. Distraction**: blurring out, side talking, noises, out of seat, annoying others. Emotional spillover onto others that interferes with their work | • Redirect/distract behavior  
• Repeat behavior respectfully  
• Relocate seating  
• Clear directive  
• Individual attention  
• In room time-out  
• Ask what s/he needs  
• Supportive peer pressure |
| **-3. Disruption**: defiance, teasing, repeated redirection, rudeness, swearing, arguing, blaming, misuse of items, loss of emotional control, mild self injuring behavior (e.g., picking, skin burn) | • Clear, concrete choices  
• Separation from peers  
• Cool down/time out, escort  
• Processing sheet  
• Physical activity  
• Point out progress |
| **-4. Defiance**: deteriorating control, threatening, hit walls, escalation, fighting, leave w/o permission | • Move others from room  
• Physical hold  
• Parental removal  
• No negotiation  
• Contact police for control, arrest  
• Ambulance transport & hospitalize |
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| **4. Major change.** Stable and consistent performance of target behaviors,     | • Review of progress  
• “Graduation” award from program  
• Discharge from program, mainstream  
• Transition back to school                                                                 |
| discharge & mainstream criteria                                                  |                                                                                                                                                           |
| **3. Moderate change.** Effortful but with occasional lapses, admits behavior & | • Increased privileges  
• Lead special activity  
• Role model to peers  
• Student of the Week  
• Increase social approval  
• Leads portion of M-Team meeting                                                                 |
| corrects with minimal coaching                                                   |                                                                                                                                                           |
| **2. Minor change.** Improvement with inconsistent effort, easily derailed but   | • Public acknowledgement of + behavior  
• Identify & compliment decision points  
• Identify positive outcomes & avoidance of negative  
• Choose activity for the group                                                                 |
| accepts redirection                                                              |                                                                                                                                                           |
| **1. Neutral position.** Expressed change but marginal evidence of efforts, little | • Helper role  
• Call on for participation  
• Compliment contributions  
• Encouragement  
• Pair with cooperative peer                                                                 |
<p>| or no misbehavior, passive compliance                                            |                                                                                                                                                           |</p>
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**Check frequency, duration or intensity of behavior, and ratio of positive to negative responses**

**Behavior Management**
- How can they be reconditioned, modified, or avoided?

**Safety Plan**
- What are the situations and triggers that elicit these behaviors?

**Graduated Behavior Improvement Plan**

**Other Applications**
- Increase ProSocial Behaviors
- Reduce Problem Behaviors
- De-escalate Risky Behaviors

**Problem Behaviors**
- Graduated Behavior Improvement Plan
- Behavior Management
- Safety Plan

**Responses**
- Check frequency, duration or intensity of behavior, and ratio of positive to negative responses
Behavior Management Thresholds:
What are the threshold criteria that leads to transfer to the next level?
<table>
<thead>
<tr>
<th>Student Name</th>
<th>(1) Individual Discomfort: distractible, poor concentration, forgetful, emotional, preoccupied</th>
<th>(2) Distraction: blurtling out, side talking, noises, out of seat, annoying others. Emotional spillover</th>
<th>(3) Disruption: disregarding rules, challenge authority, talk back, swearing</th>
<th>(4) Defiance: threatening, throwing objects, physical contact, screaming, fighting</th>
<th>Outcome: Effectiveness of the resolution for each student across incidents</th>
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<tr>
<td><strong>Outcome:</strong></td>
<td>Effectiveness of the resolution for each level of behavior</td>
<td></td>
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</tbody>
</table>
## Respectful Referral Protocol

<table>
<thead>
<tr>
<th>Reminder: centering and detachment for the teacher</th>
<th>Acknowledgement: indicating awareness of the difficulty</th>
<th>Support statement: showing concern for well-being and performance</th>
<th>Behavior support: referral for calming and resolution</th>
<th>Followup: debriefing teacher reaction &amp; welcoming return of student</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It’s not about me</td>
<td>• “I know you don’t want to be here today...”</td>
<td>• “I want you to be able to do well on the test”</td>
<td>• “It would be helpful for you to take a time-out”</td>
<td>• Talk with colleague to cool off yourself</td>
</tr>
<tr>
<td>• s/he must be really frustrated [hurt, angry, afraid...]</td>
<td>• “You have something else going on...”</td>
<td>• “I’d like you to feel more relaxed and calm”</td>
<td>• “Please go to the Behavior Lab to cool down until you can come back”</td>
<td>• Get more information to understand what happened</td>
</tr>
<tr>
<td>• I wonder what’s happened to make her/him so touchy?</td>
<td>• “You’re really frustrated by this...”</td>
<td>• “I’d like you to be able to concentrate more”</td>
<td>• “I’d like you to come back when you can focus more. Please go to the Behavior Lab”</td>
<td>• Mediated return with Behavior Lab staff</td>
</tr>
<tr>
<td>• S/he doesn’t have the coping skills most kids have</td>
<td>• “I know it’s hard to pay attention...”</td>
<td>• “Let others stay involved without distraction”</td>
<td>• “Something is keeping you from focusing– See if you can your focus back in the Behavior Lab and then come back”</td>
<td>• Let it go with no comment</td>
</tr>
<tr>
<td>• Deep breath; relax first</td>
<td>• “It’s hard to concentrate when you feel this way...”</td>
<td></td>
<td></td>
<td>• “I’m glad you’re back, how’s it going today?”</td>
</tr>
<tr>
<td></td>
<td>• “Something is keeping you from focusing...”</td>
<td></td>
<td></td>
<td>• “Can I help you with that assignment from yesterday?”</td>
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</tbody>
</table>

- Even tone
- Neutral to concerned expression
- Clear, simple directions
- Open gesture & postures
- Positive framing
- Don’t engage in power struggle
- “Please” and “thank you”
- Use “and” rather than “but”
- Consistency
- 4:1 ratio of noting positive to negative behaviors
Respectful Return Protocol

<table>
<thead>
<tr>
<th>Welcoming:</th>
<th>Direction</th>
<th>Update</th>
<th>Assignment</th>
<th>Followup</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It’s not about me</td>
<td>• Simple, clear,</td>
<td>• Bring up to date on what the class</td>
<td>• Simple, clear, single directions</td>
<td>• Decide whether this is a good time for</td>
</tr>
<tr>
<td>• Might still be</td>
<td>single directions</td>
<td>has done while they were out</td>
<td>• “Please turn to page...and we are now discussing...”</td>
<td>debriefing</td>
</tr>
<tr>
<td>• “I’m glad you’re back”</td>
<td>• “Please take your</td>
<td>• “We have covered...and are now working</td>
<td>• Compliment appropriate behavior when possible</td>
<td>• Ask student if now or later would be</td>
</tr>
<tr>
<td></td>
<td>seat”</td>
<td>on...”</td>
<td></td>
<td>better</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’t’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be warm and receiving in the welcome</td>
<td>• Don’t require apologies (it shames in front of peers or requires insincere admission)</td>
</tr>
<tr>
<td>• Give short, simple, clear directives</td>
<td>• Don’t use a loud, or threatening demeanor or tone</td>
</tr>
<tr>
<td>• Check understanding if you sense not following</td>
<td>• Don’t lecture or warn them</td>
</tr>
<tr>
<td>• Reinforce positive behaviors</td>
<td></td>
</tr>
<tr>
<td>Student demeanor</td>
<td>Teacher style/demeanor</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Adversarial</td>
<td>Poor fit, risk of escalation; avoid confrontation</td>
</tr>
<tr>
<td>Responsive</td>
<td>Careful not to shame or undo the stability by confrontation</td>
</tr>
</tbody>
</table>
Q/A
Safety First