

QIDP TRAINING FACILITATOR GUIDE

MODULE 3

Behavioral Supports

This Guide is provided to assist with facilitation of discussion points, exercises, answers to quizzes, etc. Answers given in this guide are only meant to be used as examples and are not all inclusive of possible responses. Agencies are encouraged to supplement the information provided in each module with agency specific information to meet the needs of the agency. Also, the facilitator should be prepared to modify any materials needed to meet the agency needs.

Background reading materials are listed at the end of the module.

Icons

In this curriculum, the following icons are used:



means be prepared to discuss agency specific information.



means be prepared to facilitate discussion.

Preparing for QIDP Training:

- Read over the entire module;
- Gather additional agency-specific information and reference materials;
- Determine which videos and reference materials to incorporate into which module and when the best time is to introduce each;
- Make sure all information is current and up-to-date;
- Anticipate questions and prepare appropriate responses;
- Develop relevant examples to reinforce the points in the modules;
- Duplicate materials for each trainee

Sign-In Sheets

Sign-in sheets should be maintained and available for review by department staff; and should include the following components: module/class name, class date, class times, instructor signature and trainee signature.

Understanding Behavior

Trainee Notebook Pages 2 and 3

Facilitator Instructions: Discuss each group of situations/life experiences and their influence on behavior. Break the participants up into small groups. Have each group select a spokesperson and come up with responses. Then, discuss as a large group. Use the following additional information to facilitate discussion.

Behavior is related to many things. Usually it has a purpose and has a function. Examples of purpose and function are getting something, avoiding something undesirable or enjoying something. Sometimes behavior is related to a history of trauma. Some 'behaviors occur because a person has been reminded of something traumatic and respond in a manner that may have kept them safe in the past (fight, flight, freeze for example).

Some behaviors, like unexplained movements or sounds, are neurologically based and cannot be changed with behavioral interventions. These behaviors often “just seem to happen.” While the individual has no control over these behaviors, sometimes the individual or staff is able to figure out that certain stimuli in the environment are helping to trigger their occurrence.

Behavior is a result of or response to something the person is experiencing or has experienced. The stimulus for a particular behavior can come from any of these sources:

- **Physiological** (from within the physical part of us);
- **Social** (from any situation involving all people we have ever encountered);
- **Psychological** (from emotions, feelings or thought processes); or
- **Environmental** (from any part of our surroundings).

Some examples of internal and external sources just listed are:

1. **Physiological** - such as feeling full or satisfied, feeling pain, having skips in your heart [that can mean you have less oxygen to the brain], low blood sugar so you feel really hungry and can't think, needing to go to the bathroom, etc.;
2. **Social** - such as seeing a face that reminds you of someone you don't like, going to a party, seeing the same faces day after day, sitting in church, going to a movie, being at a dance, etc.
3. **Psychological** - such as an angry response to a particular word, hearing someone laugh when we don't understand why, being called a name, being given a compliment, feeling frustrated because things are not as you want them to be, thinking about something nice that happened, etc.; and
4. **Environmental** - such as a dark corner, a rainstorm, a beautiful garden, a hot sultry day, a car horn blowing, coffee brewing, etc.

Defining Behavior in Observable Terms

Trainee Notebook Page 5

Facilitator Instructions: Work in small groups. Be certain that responses are clearly defined and specific actions so that everyone who reads the statement clearly understands what the target behavior looks like. See example below. Discuss as large group.

Jenny is not a good worker

“Jenny does not come to work on time.”

“Jenny does not complete work assigned to her.”

Tom talks too much.

Jeremy is impulsive

Martha is unsafe.

Debi is a bully.

Antecedent-Behavior-Consequence

Trainee Notebook Page 8

Facilitator Instructions: Have trainees work individually. For the following, each element is coded as: antecedent (A); challenging behavior (B) and consequence (C).

1. Billy has loved music since he was a small child. Every year his sister buys him CDs for his birthday. He is twenty-two years old and likes to go to concerts. Often he can be found wearing his headphones to listen to his iPod. Mark, his roommate **pulled his earphones out of his ears (A)**. **Billy hit Mark (B)** in the face with his iPod. Mark yelled for staff and **Billy went to his favorite chair to listen to his iPod again (C)**.
2. *Samantha's sister Grace is teasing her. Samantha leaves the room. Grace follows her but Samantha leaves the room again.* **Grace sneaks up on her from behind and says "Booo" (A)**. **Samantha pushes Grace and screams for their mom (B)**. It is likely that **Mom arrives and rescues Samantha. (C)**
3. Fred is working on his homework and **begins to encounter problems that are difficult (A)** for him to complete. Fred **begins banging his head and yelling (B)**. **His dad tells him to take a break (C)** from his homework.
4. Steve is in his room. He calls for his roommate, Bart to come listen to music with him. **Bart** is watching TV and **ignores Steve (A)**. **Steve continues to yell (B)**. **Bart goes to Steve's room (C)**.

Developing a Hypothesis Statement

Trainee Notebook Page 9

Facilitator Instructions:

Work in small groups and answer the following. Then discuss as large group. See sample responses below.

Escape/Avoidance of Tasks or Requests



Discuss situations that might result in escape maintained behavior
Yelling/screaming to be able to go to room
Avoiding a particular person or situation because of past trauma

Obtain Attention/Tangibles



Discuss situations that might involve attention seeking behavior?
Scratching face so staff will come over

Communication



Discuss the relationship between poor communication and aggressive behaviors.
Frustration as the result of inability to get wants/needs met

Alleviation of Pain



What challenging behavior may be a result of an earache?
What challenging behavior might be a result of a stomach ache?
Slapping at ear (or part of body that hurts)
Aggressive behavior as response to pain

Self-Stimulation or Sensory Stimulation



Why might it be extra difficult to decrease behaviors that are reinforced by sensory stimulation?
It may be difficult to find a replacement behavior that is more reinforcing

Replacement Skills

Trainee Notebook Page 10

Facilitator Instructions: Work in small groups. Determine appropriate replacement skills for each hypothesis. See examples below, then discuss as large group. See additional talking point below.

Examples – Hypotheses	Replacement Skills
When a staff person’s attention is withdrawn or focused on others, Charles makes noises; his behavior results in the staff person talking to him and moving closer to him.	<i>Teach Charles to ask for attention in an appropriate manner. Encourage him to interact with peers or get involved with other activities while waiting.</i>
When unanticipated changes in the routine occur, Elisa throws her materials; having to pick them up delays the transition to the next activity.	<i>Teach Elisa to ask for clarification regarding schedule changes (e.g., by pointing to the picture schedule).</i>
When Ben finishes an activity early, he bites his fingernails and cuticles; this gives him another form of stimulation.	<i>Teach Ben to ask for something else to do or initiate another activity when he finishes early.</i>

Question to initiate discussion:

- *Aren’t some people incapable of learning due to severe communication or other deficits?*

People with the most severe cognitive and physical challenges are still able to develop capacities that will improve their ability to interact and function. Depending on an individual’s specific disabilities, it may be necessary to utilize augmentative devices and/or ongoing assistance from support providers.

Differential Reinforcement

Trainee Notebook Page 12

Facilitator Instructions: Elicit answers from large group. Obtain as many responses as possible for each behavior listed below. For example, possible answers for “pinching” may include object manipulation, carrying objects, putting on hand lotion, etc.; for “scratching”, the incompatible behavior may be “putting hands on hips”, etc. Use additional talking points below to facilitate discussion.



Identify incompatible behaviors for those below:

Pinching

Rocking

Scratching

Hand mouthing

Additional Information:

- **Incompatible behavior** is a behavior that cannot be performed simultaneously with the target response. For example, sitting in a chair is incompatible with standing up. The incompatible response interferes with the target response.
- **Functional Communication Training** - is a procedure in which the individual is taught to obtain a reinforcer by performing a desired behavior. For example, John stamps his feet on the floor to get his DSP’s attention. A more socially appropriate way would be to teach John to perform an alternative behavior, such as raising his hand or holding up a picture card to get his DSP’s attention.

Understanding Kevin's Data

Trainee Notebook Page 17

1. What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?

Kevin has to wake up early on weekdays and gets to sleep in on weekends. Perhaps Kevin doesn't like to be rushed to get up and get ready. Perhaps Kevin needs more sleep during the week.

2. Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?

On Tuesdays, they go on a community outing. Perhaps Kevin enjoys doing things outside of the home and does not enjoy the evenings at home.

3. What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?

The group goes out into the community on the weekends but remain home during the weekdays. Perhaps Kevin has difficulty getting along with one or more of the people in the home.

4. Why do you think Kevin has no problem behaviors during the weekend?

His schedule is more relaxed on the weekend and he gets to go out into the community and do things he likes.

5. What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?

Look for other community outing possibilities during the week. Look at Kevin's bedtime and discuss the possibility of an earlier bedtime to help with morning routine. Look at the times he has outbursts to see if there is a person or event that is triggering the behavior. Allow more choices for Kevin about his free time. Perhaps there are other things he would like to do at home than the board games/social time. Look at transition times to see if Kevin has trouble moving from one activity to another. Perhaps a written or picture schedule that Kevin helps develop might help him to anticipate what is coming next.

Ask trainees what other questions they would ask of staff to further analyze Kevin's behavior patterns.

Supplemental Activity

Trainee Notebook Page 22

Facilitator Instructions: Use a redacted behavior plan of someone supported at the agency and discuss the environmental set-ups, antecedents and consequences. If unavailable, use the following as an example of each of these areas.

ENVIRONMENTAL SET-UPS

What things should be in place in this person's environment? *Door open, minimum 15-minute checks, compression hose, daily exercise, mattress/ floor pad beside bed, a pillow for her to hug while you change her Depends. No hugging, even if she says, "I love you," instead, give a compliment. Trained staff. Consistency, structure, routine. Good boundaries. Access to an exit for you as staff.*

What things should not be present in this person's environment?

Sharp objects that can be used as weapons including pencils, long pull cord on nurse call bell, staples. Staff who are easy going, very sensitive or extremely bossy, or new untrained staff. Arguing with her. Displaying fear or weakness. Promises that can't be kept. Personal things about yourself. Invasion of her space; do not lean on her wheelchair or bed. Do not leave valuables out in the open. Don't be alone without a witness.

ANTECEDENTS

What is likely to happen right before a problem behavior?

She starts to talk about self-harming. She may say things like: "I want to hurt someone, I'll fall off the bed, Name don't poke yourself with a pen." When she says, "Name don't cut yourself," she means "come talk to me, I need help calming down, I'm upset." She may talk about fanciful things. Don't go along with it. Don't try to correct her. If she talks out loud within ear shot, start a conversation.

What should you do if an event happens that usually comes right before a problem behavior?

How can things be changed so the event does not occur?

Stop what you are doing to ask her if she wants to talk. If you get upset & feel yourself getting agitated or if she attempts to hurt you, ask someone else to take your place and leave the area until you are calm or the behavior has stopped.

BEHAVIOR

What are the problem behaviors to decrease? (*Self-abuse, physical aggression, verbal aggression, etc.*)

What are the appropriate behaviors to increase? *Name will express her emotions in an appropriate way.*

CONSEQUENCES

What should you do if the person does the problem behaviors that are to be decreased?

Interrupt immediately. Do not talk about her hurting herself, keep a straight face, stay calm.

Say: "When you are ready to talk, I will talk to you" or "Do you need to talk?" stay nearby & wait for her to calm down & ask again. Do not place demands on her, show faces or gestures to show displeasure or say, "Stop don't do that, what are you doing?" Don't leave the room, don't problem solve. Say, "You look upset, your voice is raised, do you want to talk?" When she keeps asking the same question, answer once. Remind her that you discussed it or answered it already and repeat the same answer. Then tell her you're done talking about it. Do not use an angry or annoyed tone. Just matter of fact- We are done. If she brings up a different topic, engage in conversation. Try to move on.

What should you do if the person does the appropriate behaviors that are to be increased?

Talk about her feelings & validate them, empathize, say: "I understand," agree with her.