10 TIPS WHILE WAITING FOR BEHAVIOUR SERVICES

1. Know what you are looking for

- People that we support often have complex behaviours.
- Need to develop good operational definitions that paint a clear picture. Describe it in observable and measure way. E.g. temper tantrum: whenever John hits, screams and/or yells for longer than 30 seconds.
- Avoid emotional terms: John is being a brat.
- Avoid psychiatric terms: John is obsessing over his favorite movie. Instead, state it this way: John repeatedly watches the same movie.

- Prioritize the problem behaviours
  – which ones impact the safety of the person, others, support staff,
  – which ones effect the quality of life of person.
- Data
  – Begin to take data on the problem behaviour often using ABC charts.
2. Rule out the medical!

- Infections
- Urinary tract infections
- Hunger
- Dental problems
- Pain
- Constipation/digestive concerns
- Sleep disturbances
- Adverse reactions to medications
- Psychiatric conditions: hallucinations, depression, anxiety, mania, psychosis, OCD, self-harm

3. Prevention

- If you rearranged items, events, or people, could you prevent the behaviour from occurring?
  - What was happening just prior? Just came in from bowling
  - Where does it usually occur? Bathroom, bedroom
  - What time of day?
  - Who was around?
  - What was the noise level?
  - How active was the person or those around him?
  - How well does the person sleep?
  - What is the person’s history
- Provide the individual with a regular routine and structure that is supported and maintained (including all aspects of need, Bio-Psycho and Social, i.e. exercise, meaningful activity and social outings).

- What are the steps you can take now?
  - Person who acts out when returning from bowling may need some additional support after the transition.
  - Mornings are always difficult, so tasks may need to be presented at a slower pace.
  - Jim always reacts when Mary is around, monitor them.
  - Perhaps the people you support do not appreciate your music.
  - A better night time routine may assist in better sleep hygiene. E.g. no coffee after supper, no scary movies in the evening. Having a glass a milk and dimming the lights.
  - Fall can be difficult with the change of clothing for the cool weather, so slowly introduce a preferred article of clothing.
• Have Sensory Integration Disorders identified early, to better determine the cause of behaviours (especially in individuals with FASD, Autism, etc.) and supported accordingly.

• Modify communication approaches to increase understanding (simple, clear, concrete, increased visual cues).

4. Rapport

• If you pay attention to a behaviour it generally it will be repeated.
• Instead of telling someone “stop that, don’t go there” rephrase it stating what you want them to do.
• Catch the person displaying a more desired behaviour, even if it is for a brief moment.
• Try 5:1 ratio, five positive comments for every corrective comment.
• Complete a reinforcement survey.
• Be a reinforcer refresher – refresh yourself at the start of your shift with a quick hello, also end your shift in the same manner.

5. Consistency

• All providing support have the same goal of providing a high level care.
• Consistency is not necessarily conformity.
• Examine your care giver style
  – We bring to the job our own unique personality and narratives.
• Styles
  – Permissive - allow a great level individual choice and freedom.
  – Authoritarian - provide a great deal of direction and instruction.
  – Relational - meet the person where they are at - a balance.
• While we will all want to be relational, we have a tendency on one edge of the spectrum or the other.
• Need to know what that tendency is and then make corrections to strive for the middle.

6. Boundaries
• Set boundaries through setting limits
• Set only a few important limits
  – To many will only confuse and are not enforced.
• Set reasonable limits
  – Reasonable for the person you are supporting.
• Be consistent.
• Limits should be stated positively.
• State limits clearly.
• Explain the reason for limits.

7. Environments
• Walk through the physical environment
  – Is it safe? What could be thrown?
  – Are there clear paths to make a quick exit?
• What is condition of the environment?
  – Are there small things that need repair, e.g. holes in the wall?
• Is the environment cluttered or is it too barren?
• Consider sounds/smells, use visual cues where possible.
8. Visuals

• The use of a visual schedule can assist organizing, communicating, and teaching.
• Often a lot of resistance to visual schedules is not “age appropriate”.

Visual Tool Mini Test

• Do you have a calendar that you write things on to organize your life?
• Do you have a list of “things to do” on your desk or refrigerator?
• Have you ever pointed to a picture in an advertisement or a menu to show someone what you want?
• Do you make a shopping list before going to the store?
• Do you ever read a sign to tell you what line to stand in or what door to exit from?
• Have you ever followed a recipe in a cookbook to create a delicious dinner entree?
• Do you ever write notes to your family members reminding them to do things?
• Do you ever scan the menu to evaluate your choices before ordering?

If you answered YES to any of the above you rely on visual cues.
Why Use Visuals?

• When language delays are a factor, individuals with developmental disabilities often do not respond well to vocal language alone.

• Individuals with developmental disabilities often have difficulty identifying the most relevant cues.

• To clarify communication and organize thinking.

• It draws on visual scanning and rote memory strengths.

• Supports expression of wants/needs/protests/refusals, i.e. “I want...”.

• Provides a concrete way to teach concepts such as time, sequence, cause/effect.

• Helps establish and maintain attention.

• Quick and easy!

• Gives structure to understand and accept change.

• Understand social rules, reduce perseveration, being “stuck”, decrease problem behaviours, and make transitions less stressful = prime for situations.

• Visuals can help facilitate social interactions, play, and language = inclusion.

Visual supports typically used by adults

• Day-timers, planners, calendars
• Clocks, watches, timers, cell phones
• To-do lists, grocery lists, post-it notes
• Photos/pictures
• Road signs
• Labels, colour codes
• Highlighted, underlined text
• Objects...(who hasn’t left out the vacuum and “hoped” another family member would notice!)
Interesting tidbit:

“Visual information is processed 25% faster than auditory information.”

*Quote by Dr. C. Cunningham, Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University*

But I want the individual I support to talk!

- The use of visuals do not prevent children or adults with developmental disabilities from talking!
- Visual tools improve overall communication.
- Visual tools reduce frustration.
- Visual tools reduce challenging behaviour situations.
- Visual tools increase adaptive skills.

When to use visual supports:

- Establishing a routine or schedule.
- Give directions or information.
- What’s happening, changes, choices, who is coming.
- Communicate about past, present, and future.
- Establish rules.
- Improve social skills, teach self-regulation, vocabulary, etc.
- To learn concept more quickly (vs. just giving verbal directions).
**What kind of visual supports are there?**

- Schedules (monthly, weekly, daily, hourly, etc.)
- Written/picture cues
- Picture Communication Boards
- Topic Lists
- Task Analysis Board
- Idea Folder
- Self-Monitoring Charts
- “Feelings” book
- Picture Diary
- Token Board
- Picture contract
- Scripts
- Visual display of rules
- Checklist of things to do
- Calendars
- Regulating voice volume cue
- Visual recipes
- Break card availability
- Social stories
- Use of the universal “No”/“Not Available” symbol
- Picture Exchange Communication Systems (PECS)

**Common examples:**

- Daily activity schedules
- “First….Then…” boards
- Universal symbols

**“To Do” checklists**

- “Yes/No” boards
- Emotion cards: “I’m feeling…”

**“I want….” strips**

- Visual aids/signs
• Break cards
• Social stories
• Comic strips
• Stress Thermometers
• Feeling Faces

How to use visual supports:

• Make it fun!
  Use symbols of preferred items, places, people.
• Functional: Make visuals at the symbol hierarchy that the individual you support understands.
  Use symbols they already know, take pictures of their environment.
• Un-Intrusive: Pair the visual with language.
  (i.e., Say “snack time” when picture of snack is shown.)
• Natural: Use it continuously and throughout the day to support language.
  Replicate visuals used at home to work and school.

Symbol Hierarchy

Concrete

Objects
- Colour Photos
- Black & White Photos
- Coloured Line Drawings
- Black & White Line Drawings
- Written Words

Most Difficult = use with advanced learners

Abstract

School bus

Easiest = use with early learners
Examples of visual schedules

Choice Boards
• Presents options from which an individual can currently choose.
• Can include activities, chores, reinforcers, behaviour.
• Offers opportunities for expressive communication and interaction (turn-taking).
• Gives staff or caregiver control while offering some freedom of choice = “forced choices”.
• Tip: only pre-load the board with the options that are readily available and possible at that time!
• Quick and interchangeable – change the Velcro pictures.
• Positive based support.

Examples of choice boards:
Summary:

• A major function of communication is to give information to others.
• Typically the school/home environment provides the majority of information vocally. But, we all take in information different ways!
• It is frequently assumed that the individual already knows or remembers the needed information.
• This assumption results in information not being given at all.
• Visual supports, such as schedules and calendars, are tools whose primary function is to provide information in a logical, structured, sequential way.
• Last thought – Think how you could incorporate visual supports into your environment.

9. Functional Activities

• What is in the life of the people we support that gives them meaning and purpose?
• What are those activities?
• Offer a menu of activities or choices.
• May need to provide skill development to build new competencies.

10. Debriefing

• How do you develop rapport the person your are supporting after a problem behaviour?
  – Do not take it personally but determine the communicative intent.
  – This may be a good time to have a teachable moment for a more suitable response next time.
• From the Individual’s perspective
  – What did you learn from this experience?
    • what went well
    • what you would do differently next time

• From the Support staff’s perspective
  – What did you learn from this experience?
    • what went well
    • what you would do differently next time

Summary
• There are many things that you can do before a Behaviour Therapist arrives to assist you.
• Prioritize the challenges and then systematically address the issues.
• Look for ways to develop the competencies of those providing support, maybe they need to learn sign language or understand mental illness.
• Hang in there, few of the problems were developed overnight and it will take time to address them.