Prevention of Problem Behavior

Responding in a Consistent Manner to Problems

DEPARTMENT OF HUMAN SERVICES

INSTITUTE on COMMUNITY INTEGRATION

UNIVERSITY OF MINNESOTA
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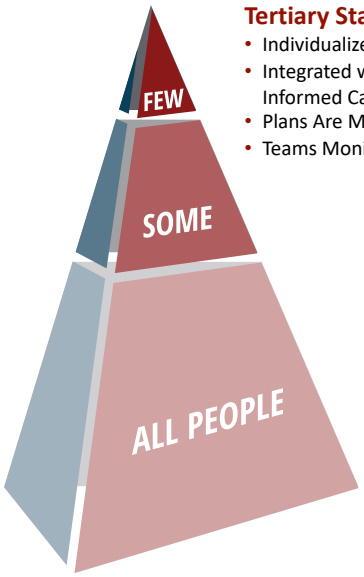
Implementing Multi-Tiered Systems of Support

Positive Behavior Support



Tertiary Stage
- Individualized PBS Plans
- Integrated with Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Monitored- Data-Based Decision Making
- Teams Monitor Progress of Each Person

Secondary Stage
- Early Intervention and Data Monitoring
- Additional Supports for Key Social Skills
- Function-Based Decisions
- Simple Interventions
- Mental Health and Wellness Interventions

Universal Stage
- Teach and Encourage Communication
- Predictable and Proactive Settings
- Encourage and Reinforce Social Skills
- Consensus-Based Team Focus
- Emphasis on Using Data For Decisions

Positive Behavior Support

Person-Centered Practices & Planning

Organizational Workforce

Moving Away From Traditional Behavior Management

- **Traditionally Problem Behavior Has Been Viewed As:**
  - a Function of a Person's Disability
  - Existing Solely Within the Person Who Engages in the Problem Behavior
  - Maladaptive (i.e., Non-Functional, Meaningless)
- **The Goal of Intervention has been to Eliminate the Behavior by Suppressing It**

Common Functions that Maintain Problem Behavior

- To **Escape** from Tasks, People, Situations, or Internal Sensations
- To Obtain **Attention** from Teachers, Peers, or Other Individuals
- To Obtain **Access** to Preferred Items or Events
- To Either Escape or Obtain **Internal Sensations Due to Physiological Events**

4

Common Themes That Set the Stage for Problems

- Choices Available
- Predictability of My World
- Control Over My Life

Can We Create the Context That Will Make This Task Okay?

Slide From: Freeman, R., Matthews, K., Enyart, M. & Griggs, P. (2013). *Building positive behavior support plans* [Online]. Lawrence, KS: University of Kansas. Available: http://kmhpbs.org

Two Common Problems That Occur in Most Social Settings

1. **A Person Makes a Request/Demand and the Other Person Refuses**
   (Escape From People, Activities, Events, Items)

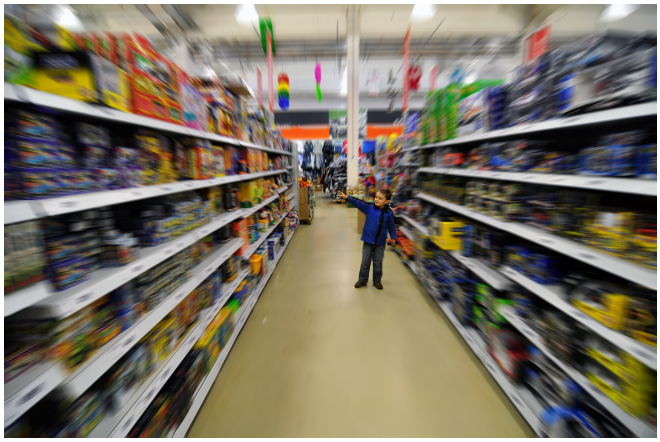
2. **Someone is Ignored or Left Alone With No Social Interaction for a Period of Time**
   (Strategies to Communicate With Others)

Understanding Coercive Interactions

- Coercive Interactions Develop Between Two People When One Person Engages in a Negative Behavior to Achieve a Social Outcome
- The Other Person Responds in an Equally Negative Way
- The Initiator of this Exchange Increases the Intensity of the Negative Response

The ongoing exchange continues until one person "gives up"--- One Person "wins" because he is willing to increase the intensity of his response

Coercive Interactions Are Found in All of Our Lives



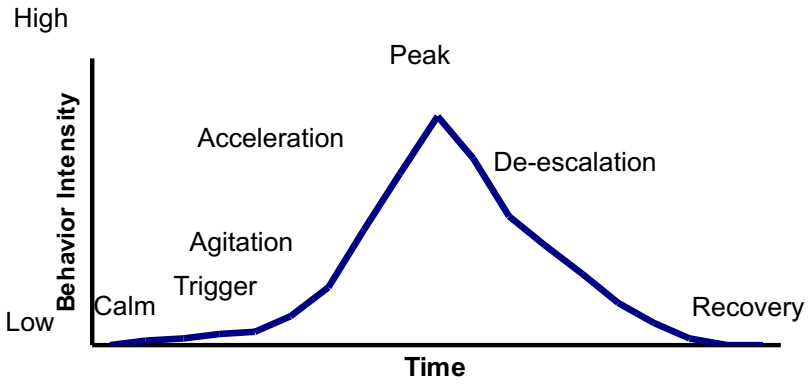
Example of Every Day Coercive Interactions:

- Young Children at the Store
- Husband and Wife Arguing About Finances
- Siblings Arguing About Television
- Many Coercive Interactions Occur at Home and Work!

Increase Awareness of How Negative Interactions Escalate

Universal Goal: Teach Strategies for Preventing and Interrupting Negative Social Interactions

The Escalation Cycle



Colvin & Sugai, 1989

Preventing Problem Behavior Means Intervening Early

- Be Familiar with the Escalating Pattern of Problem Behavior and How to Intervene Early
- Share Information With About This Topic
- Review Incident Reports & Discuss
  - What Was the Main Reason for the Problem
  - What Strategies We Could Use to Prevent Escalation
  - Three Steps to Try the Next Time Situation is Encountered

Function-Based Thinking at All Levels

	Informal Function-Based Thinking	Simple Function-Based Thinking	Complex Functional Assessment	High Level of Expertise
Universal Team & Staff	**X**			
Tier 2/3 Team	X	**X**		
PBS Facilitator	X	X	**X**	
PBS Facilitator Trainer	X	X	X	**X**

Data-Based Decision Making: Using **Incident Report Information**

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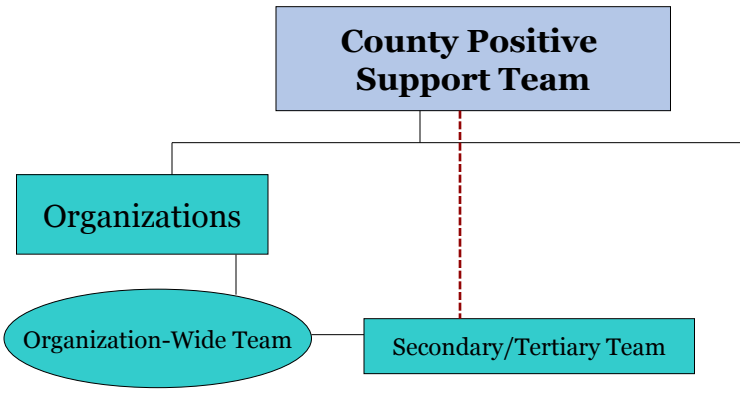
Assessing Incident Report Systems

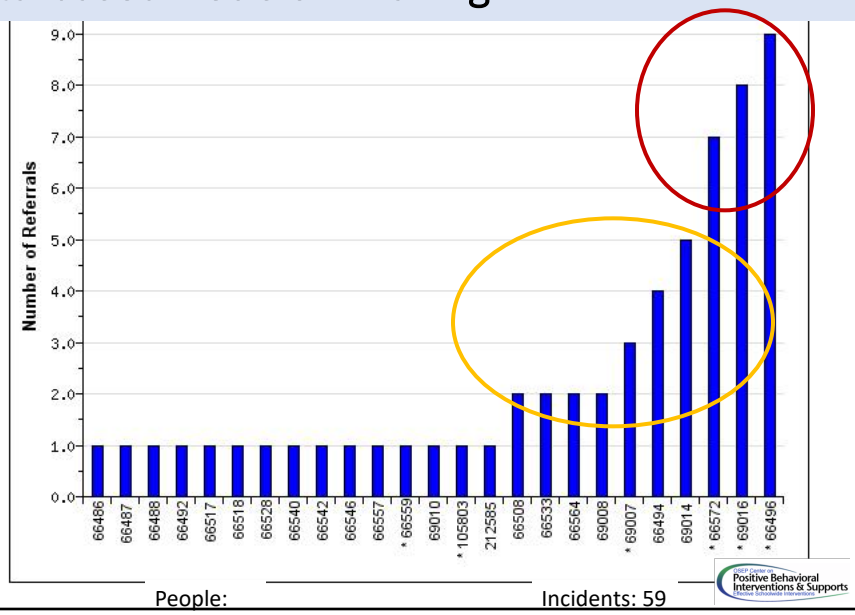
- Using Incident Report Data in Team Meetings
  - Guide Staff Development
  - Decide PBS Strategies to Use
  - Early Intervention and Monitoring
- Assessing Current Incident Report Form
- Definitions of Problem Behavior
- Steps for Moving Forward

Regional Organizing for Individual Supports and Incident Report Systems



16

Incident Reports & Data-based Decision Making



People: Incidents: 59

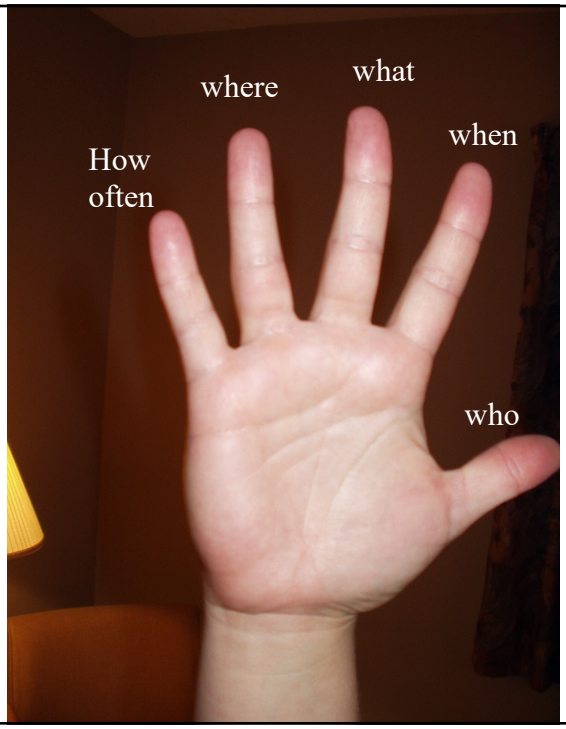
17

Ways to Use Incident Report Data

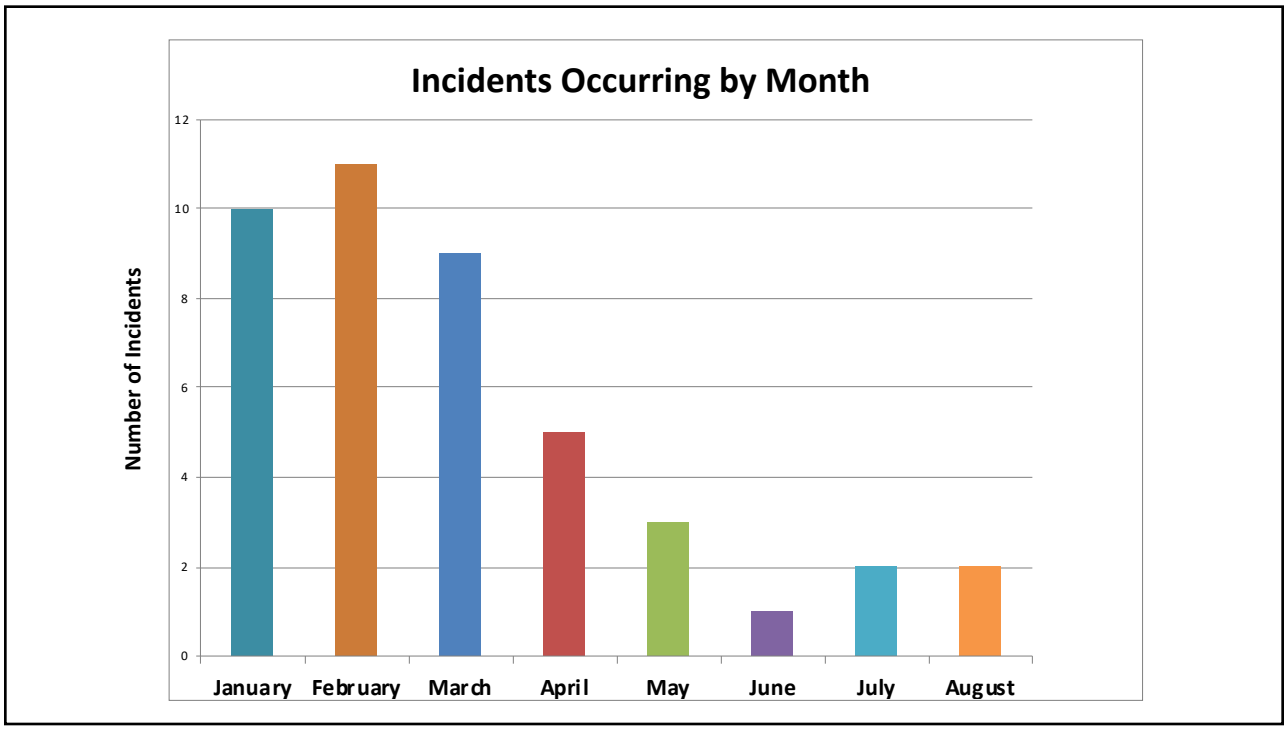
- **Review Individual Person's Incident Reports**
  - Most Common Approach
  - Individualized Problem Solving
- **Assess Patterns Across Organization**
  - Evaluate Universal PBS Strategies
  - Identify Staff Development Needs

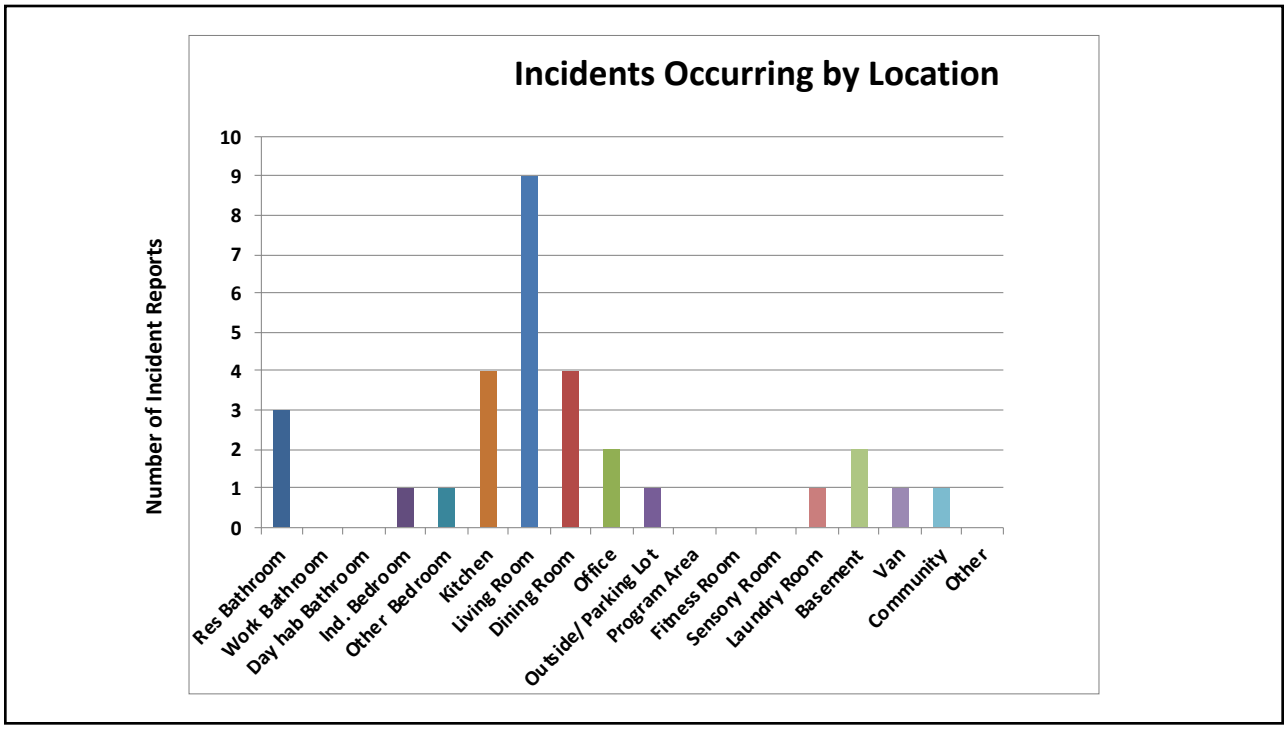
Year	Month	Number of Days	Number of Incidents	Average Incidents Per Day
2001	Aug	0	0	0.00
2001	Sep	19	5	0.26
2001	Oct	21	18	0.86
2001	Nov	18	17	0.94
2001	Dec	14	21	1.50
2002	Jan	22	18	0.82
2002	Feb	17	15	0.88
2002	Mar	19	26	1.37
2002	Apr	21	14	0.67
2002	May	18	13	0.72
2002	Jun	11	2	0.18
2002	Jul	0	0	0.00
Totals:		180	149	0.83

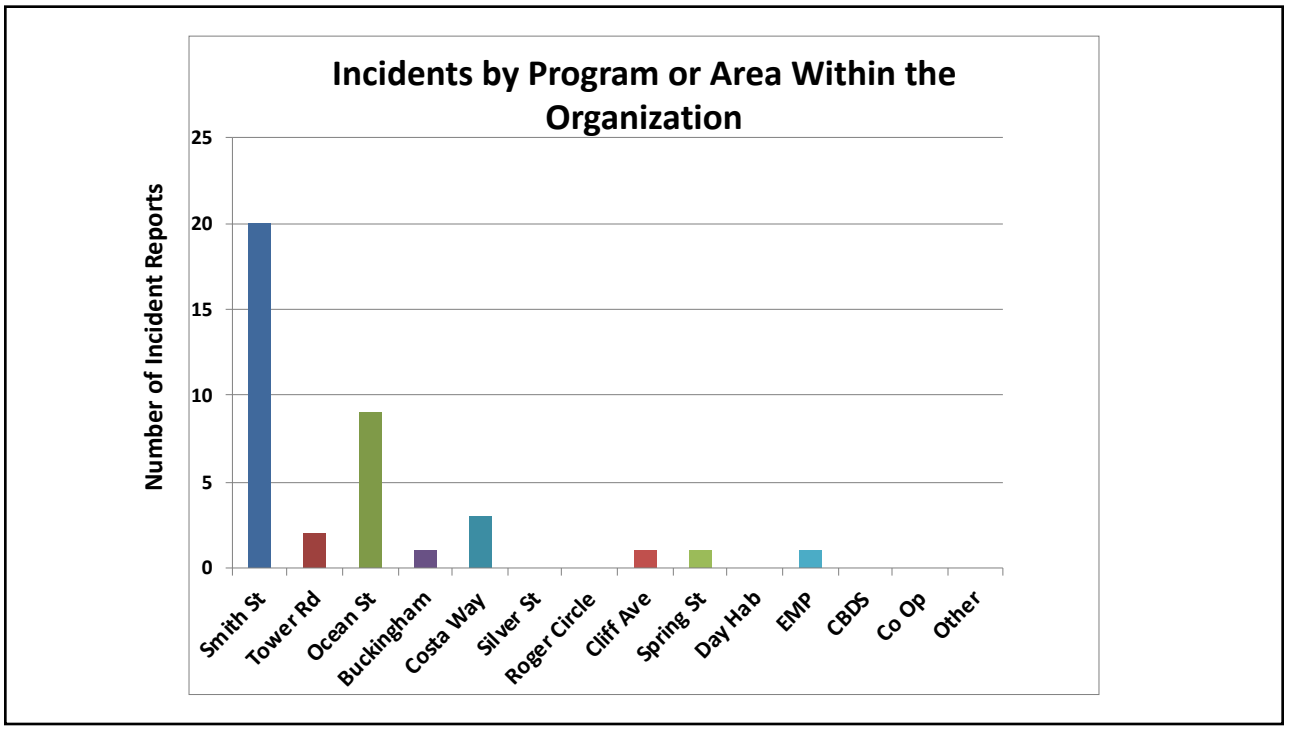
The BIG 5

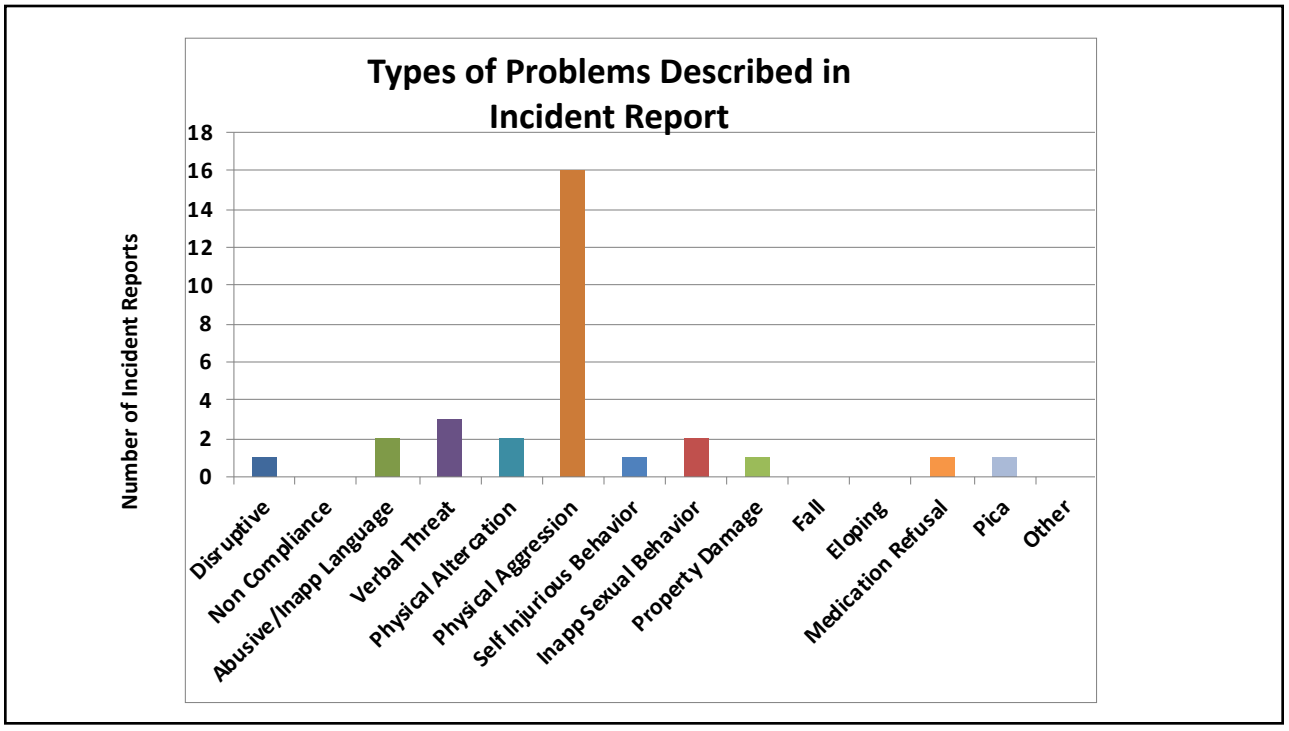


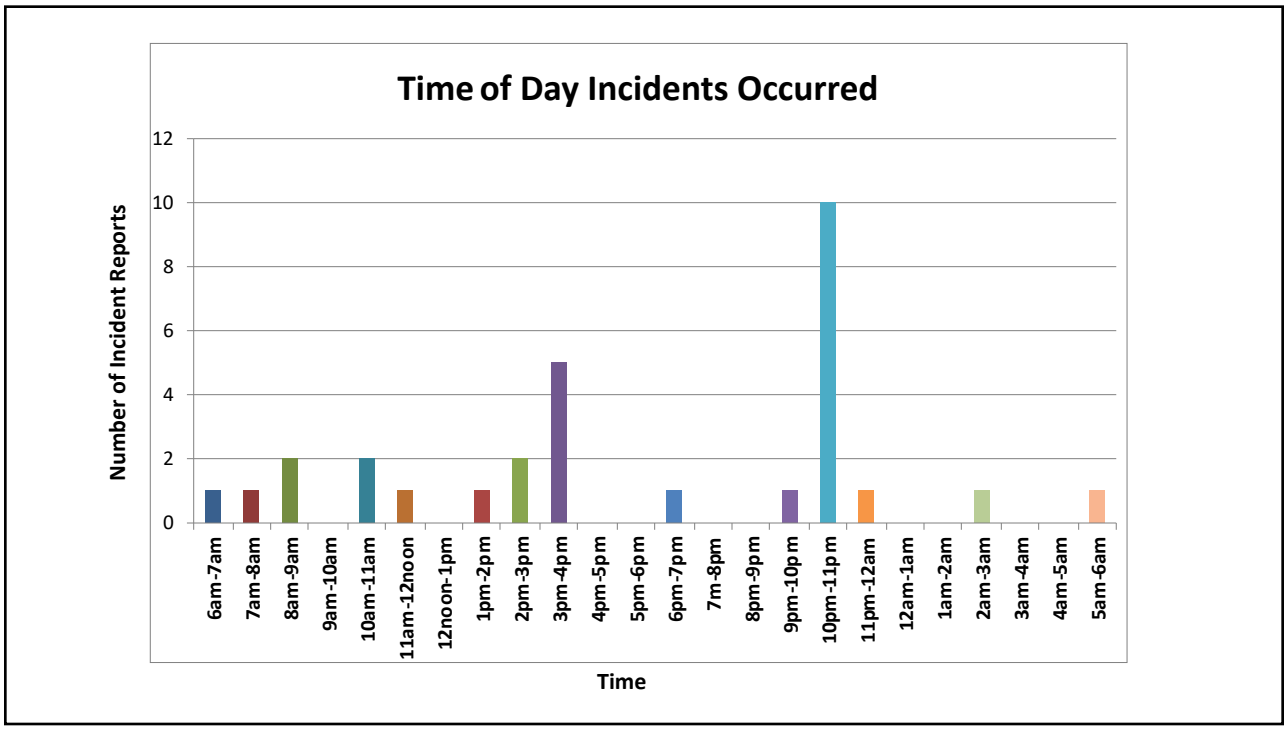
Positive Behavioral Interventions & Supports

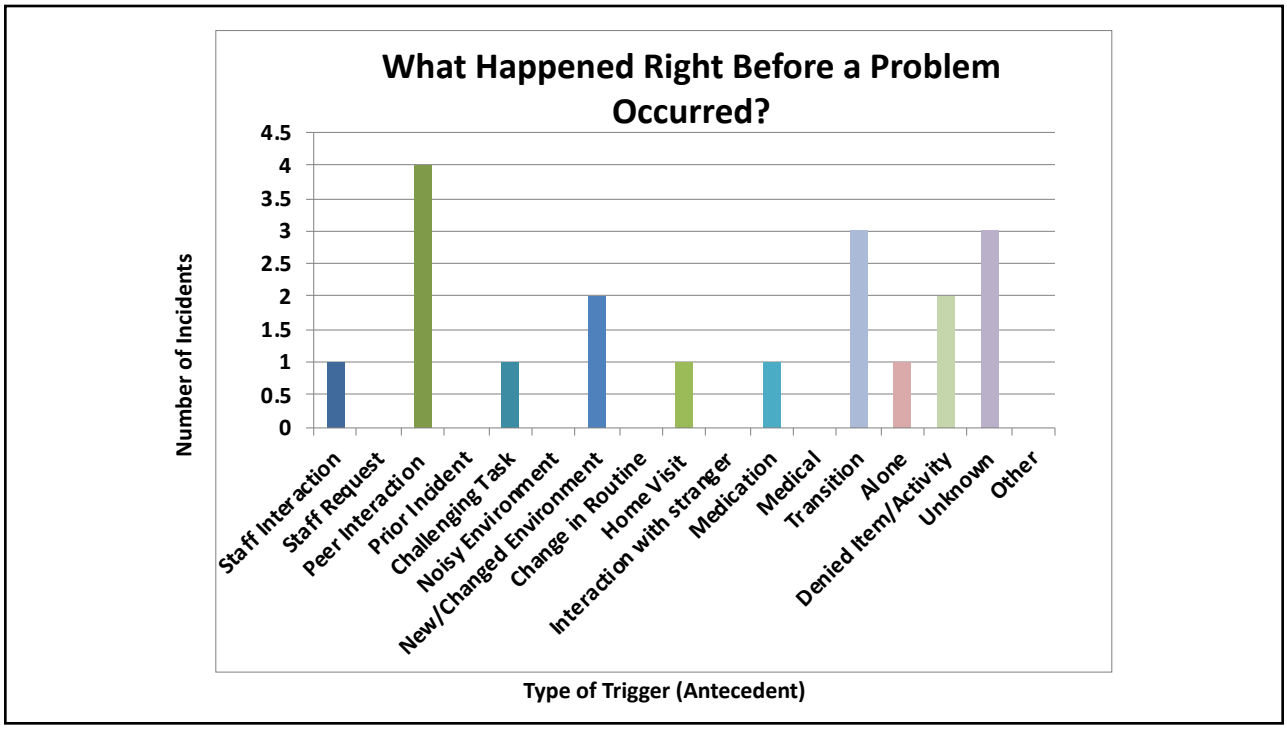

Incidents Occurring by Month
Number of Incidents
12
10
8
6
4
2
0
January
February
March
April
May
June
July
August

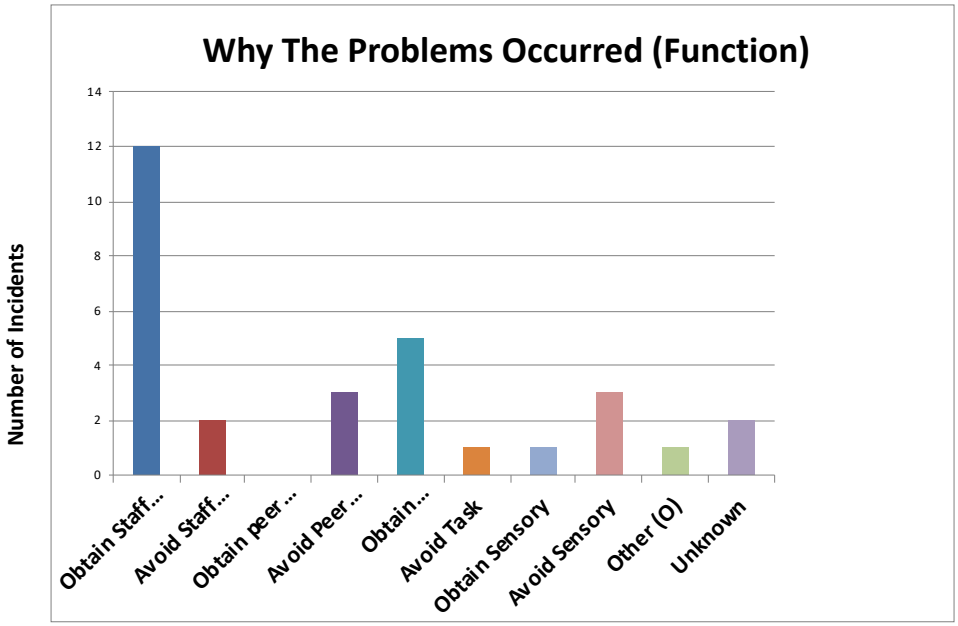

Incidents Occurring by Location
Number of Incident Reports
10
9
8
7
6
5
4
3
2
1
0
Res Bathroom
Work Bathroom
Day hab Bathroom
Ind. Bedroom
Other Bedroom
Kitchen
Living Room
Dining Room
Office
Outside/Parking Lot
Program Area
Fitness Room
Sensory Room
Laundry Room
Basement
Van
Community
Other


Incidents by Program or Area Within the Organization
Number of Incident Reports
25
20
15
10
5
0
Smith St
Tower Rd
Ocean St
Buckingham
Costa Way
Silver St
Roger Circle
Cliff Ave
Spring St
Day Hab
EMP
CBDS
Co Op
Other

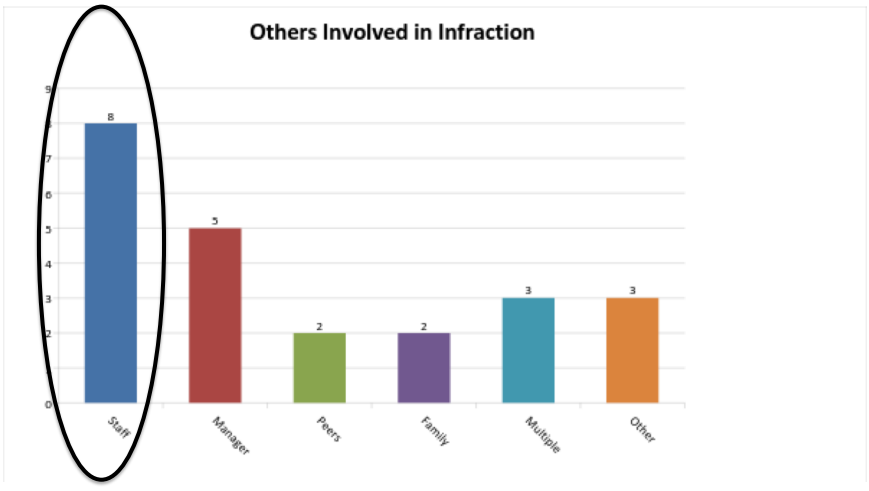

Types of Problems Described in Incident Report
Number of Incident Reports
18
16
14
12
10
8
6
4
2
0
Disruptive
Non Compliance
Abusive/Inapp Language
Verbal Threat
Physical Altercation
Physical Aggression
Self Injurious Behavior
Inapp Sexual Behavior
Property Damage
Fall
Eloping
Medication Refusal
Pica
Other


Time of Day Incidents Occurred
Number of Incident Reports
12
10
8
6
4
2
0
6am-7am
7am-8am
8am-9am
9am-10am
10am-11am
11am-12noon
12noon-1pm
1pm-2pm
2pm-3pm
3pm-4pm
4pm-5pm
5pm-6pm
6pm-7pm
7m-8pm
8pm-9pm
9pm-10pm
10pm-11pm
11pm-12am
12am-1am
1am-2am
2am-3am
3am-4am
4am-5am
5am-6am
Time


What Happened Right Before a Problem Occurred?
Number of Incidents
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Staff Interaction
Staff Request
Peer Interaction
Prior Incident
Challenging Task
Noisy Environment
New/Changed Environment
Change in Routine
Home Visit
Interaction with stranger
Medication
Medical
Transition
Alone
Denied Item/Activity
Unknown
Other
Type of Trigger (Antecedent)



Who is Involved?



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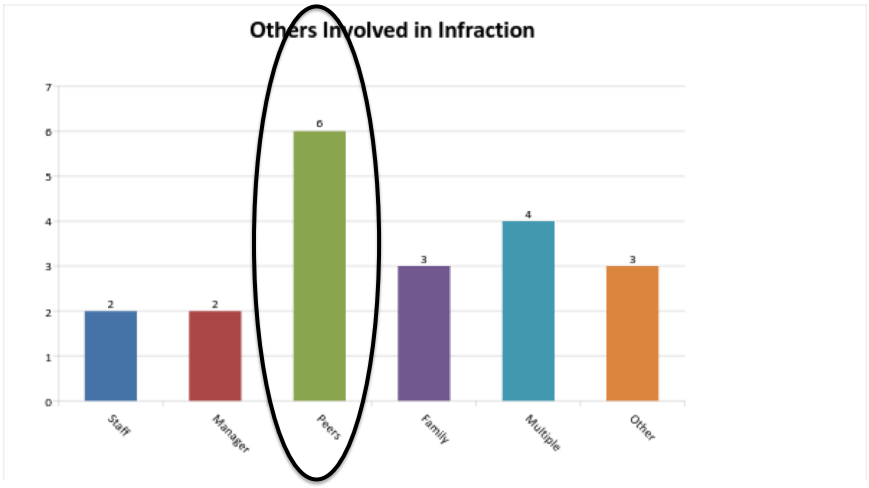

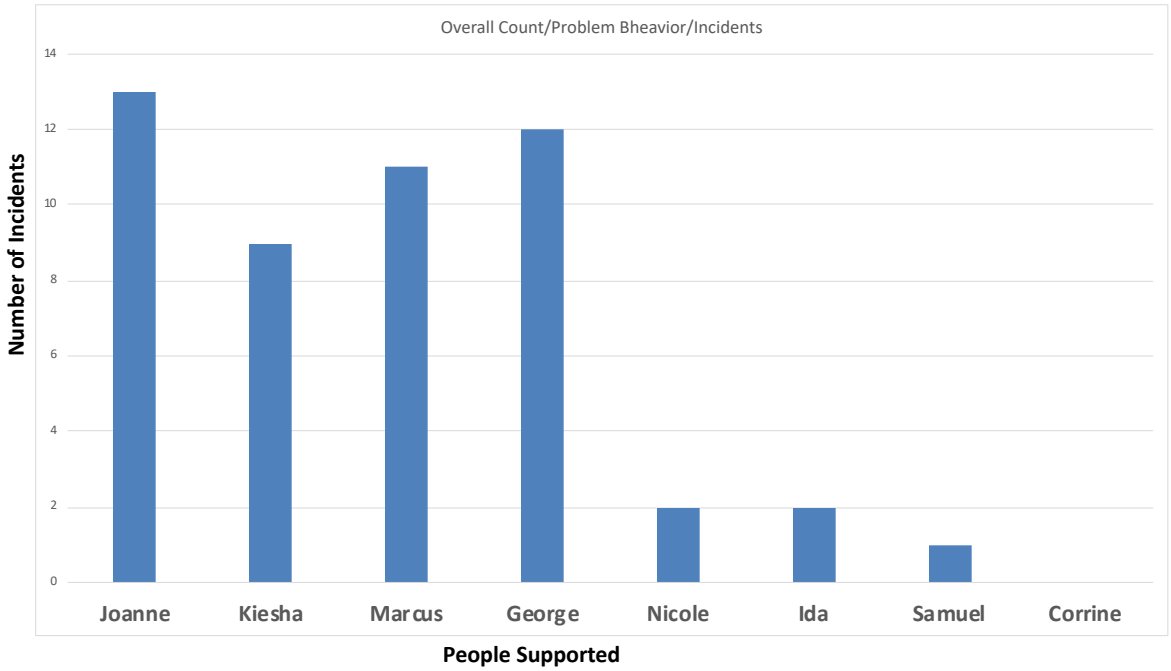

Data-Based Decision Making

- **Define** the problem behavior
  - **What**
- **Clarify** problem by identifying
  - **Who**
  - **When**
  - **Where**
- **Develop** a logical explanation
  - **Why**

Write a Precision Statement

From January to March, we had 15 incidents of aggression that occurred between two people supported in the same home. These incidents occurred between the times of 10:00PM-11:30PM in one home and from 3:00 – 4:30PM in another home with 3 people. Aggression occurred during staff transitions in both homes.

These incidents involved 5 people with all incidents occurring when staff were not directly interacting with the people supported. Motivation of the behaviors were marked as to obtain attention in the evening for the first home and to communicate need to access transportation in the second afternoon pattern.

Solution Development: For Incidents of Aggression

Prevention	**Create Plan for Each Transition in a Way That Ensures People Have Access to Communicate With an Identified Staff at all Times* ** Prompt & Encourage Communication During Transitions*
Teaching	
Reward	*Celebrate Days When No Problems Occur* *Use Behavior Specific Praise Throughout Transitions*
Extinction	*Decrease Likelihood That Problem Behavior is Directly Reinforced*
Consistent Consequence	*Ignore Problem Behavior or Decrease Intensity*
Data Collection	*Review All Incidents and Continue Monitoring*

Modifying the Incident Report System

Streamlining Data Collection

- Clear Definitions of Problem Behaviors
- Major Incidents Requiring Crisis Plan Response
- Meet With Staff To Clarify and Introduce New Referral Process
- Easy to Complete Referral Form
- Data Entered Promptly
- Summarized for Meetings

Incident Report Referral Form

Name: _____ **Date:** _____
Referring Person: _____**Time:** _____
Others involved: None Peers Staff Community Unknown Other

Problem Behavior		**Location**		**Possible Motivation**	
Major	**Minor**				
Inappropriate language	Inappropriate language	Bathroom	On the way to work	Attention from others	Avoid work
Fighting/ physical aggression	Disruption	Bedroom	Other_____	Attention from staff	Communicate need
Self-Injury	Property misuse	Kitchen		Avoid others	Don't know
Property Destruction	Non-compliance	Living Room		Avoid staff	Other_____
Other_____	Other_____	Yard			
		Community			
		_____			

What Preceded the Problem?

Additional Notes

Procedure for Documenting Incident Reports
Compatibility Checklist

Organization _____ **Date** _____

Compatibility Question	Date	Date
1. Does a form exist that is SWIS™ compatible for data entry using the Putnam Excel Program that includes the following categories?:	Yes No	Yes No
a. Person's name?	Yes No	Yes No
b. Program area?	Yes No	Yes No
c. Age?	Yes No	Yes No
d. Gender/Ethnicity/Race?	Yes No	Yes No
e. Referring staff member?	Yes No	Yes No
f. Date of incident?	Yes No	Yes No
e. Time of incident?	Yes No	Yes No
f. Location of incident?	Yes No	Yes No
g. Problem behavior?	Yes No	Yes No
h. Perceived motivation?	Yes No	Yes No
i. Others involved?	Yes No	Yes No
j. Action Taken?	Yes No	Yes No
k. Other comments?	Yes No	Yes No
l. No more than 3 extra info.	Yes No	Yes No
2. Does a set of definitions exist that clearly defines all categories on the incident report form?	Yes No	Yes No
3. Does a clear distinction between problem behaviors that are minor versus major exist? Is it documented and available for staff reference?	Yes No	Yes No
Next review date: _____	–	

Positive Behavioral Interventions & Supports

Increasing Staff Awareness & Consistency

- Tell a story about a problem behavior
- Ask staff members to walk to
  - One corner of the room if they would fill out an incident report
  - One corner if they would ignore the behavior or redirect the person
  - One corner if they would call 911
- Discuss how staff can begin to respond in more consistent manner
- Add skits to staff meetings or other events to continue progress

Support for Staff Members

- Create Staff Development Activities to Help Staff Identify Ways to Address Minor Problems
  - Prompt Communication
  - Offer Choices
  - Ignore Minor Problems
  - Effective Redirection

DEPARTMENT OF HUMAN SERVICES

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