



Behavior Management: Special Topics in TBI

An Overview of Applied Behavior Analysis

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Outline:

1. Principles of behavior analysis:
ABC's of behavior. Behavioral
"Function". Replacement behaviors.
2. Sexually inappropriate behavior.
3. Aggressive behavior.
4. Substance Abuse.
5. Coercion.

What is “Behavior”?

Behavior is...

...anything a person says or does...

The occurrence of behavior is determined by two things:

1) What comes before

and



2) What comes after

Behaviors are the result of what happens before them (we call these “Antecedents”) and what happens after them (we call these “Consequences”).

Those are the “A – B – C’s” of behavior.

“Antecedents” get behavior going,



and “Consequences” keep behavior going.



We can influence how a person behaves by managing both “Antecedents” and “Consequences”.

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- B) The attitude a person takes toward us.
- C) Anything a person says or does.
- D) The way a person feels from day to day.

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The “Antecedent” to behavior:

- A) Is what other staff members tell you about a participant’s bad behaviors.
- B) Is *anything* that happens *before* a behavior.
- C) Is what causes a participant’s behavior.
- D) Has nothing to do with a participant’s behavior.

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Think “FUNCTION”!

- People engage in behavior for one of two reasons:

- 1. To get something...



- 2. To get out of something...



Common Functions of Behavior

Everybody *EATS!*

- **Escape**
- **Attention**
- **Tangible**
- **Sensory (automatic)**



Teaching Replacement Behaviors

- Teach appropriate behaviors as **replacements** for inappropriate behaviors.
- The appropriate replacement behaviors must serve the **same function** as the problem behaviors that are being replaced.
- In other words, the replacement behaviors must be as successful at accessing reinforcement as the inappropriate behaviors were.



The “Matching Law”

Two different behaviors get me to where I want to go...
Which do I choose?



When there are behavioral choices available, the rate of responding will be proportional to the rate of reinforcement received from each choice alternative.

Behavior Allocation

- My behavior serves (is reinforced by) an attention function.
- Choice A = “Polite conversation”.
- If I select A, there is a 50% chance that I will access attention...
- Choice B = “Sexually suggestive remark”.
- If I select B, there is a 95% chance that I will access attention...
- Other things being equal, which am I more likely to choose – A or B?

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- a) Attention
- b) Tangible Acquisition
- c) Escape
- d) Feeling angry

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- d) **Feeling angry**

A participant named George walks into the living room of his group home when a staff member is sitting there talking to another participant. George begins to curse and call both individuals names. Staff reprimands George and tells him it is impolite to talk like that. The next day George does the same thing. What is likely to be the function of George's cursing?

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- b) Tangible Acquisition
- c) Escape
- d) Feeling angry

A participant yells when she is upset and staff typically ask the person what is wrong. Which of the following behaviors might be an appropriate replacement behavior for yelling?

- a. Interrupting others' conversations by clapping loudly...
- b. Slamming a door...
- c. Crying...
- d. Using a level voice tone and asking to talk about something that is upsetting you...

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The “Matching Law” says:

- a. People should get back what they give.
- b. There is somebody for everybody.
- c. For every situation we encounter there will be a specific written rule about what to do.
- d. People will make behavioral choices according to which behaviors most effectively get them what they want.

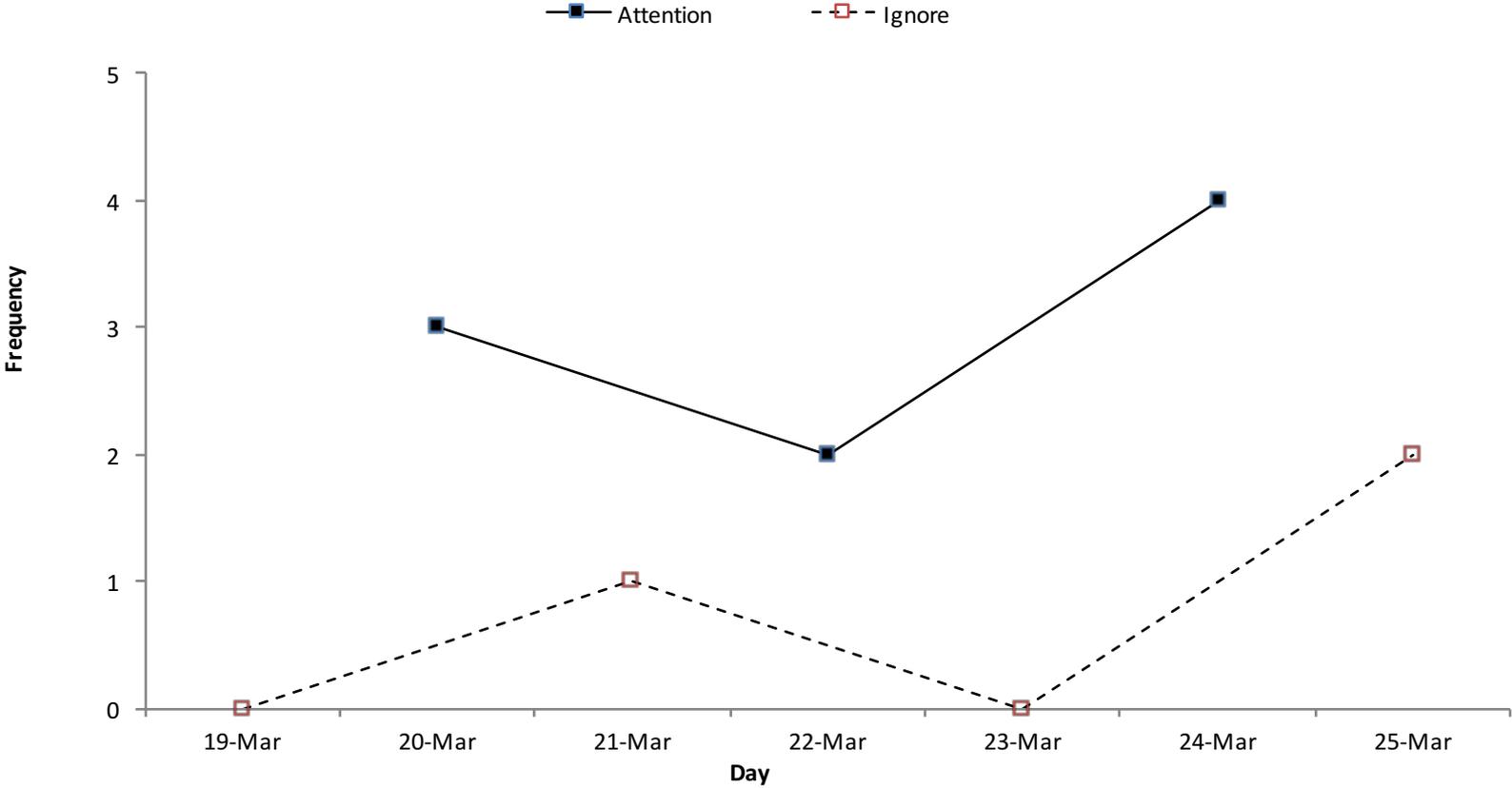
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Inappropriate Sexual Behavior

Defined as unsolicited references to sexual acts made
by client toward a female
(regardless of whether client is or alludes to joking or
being humorous).

Participant - Functional Analysis: Inappropriate Sexual Behavior



Procedures/Responses:

If Participant makes an Inappropriate Sexual Comment to you:

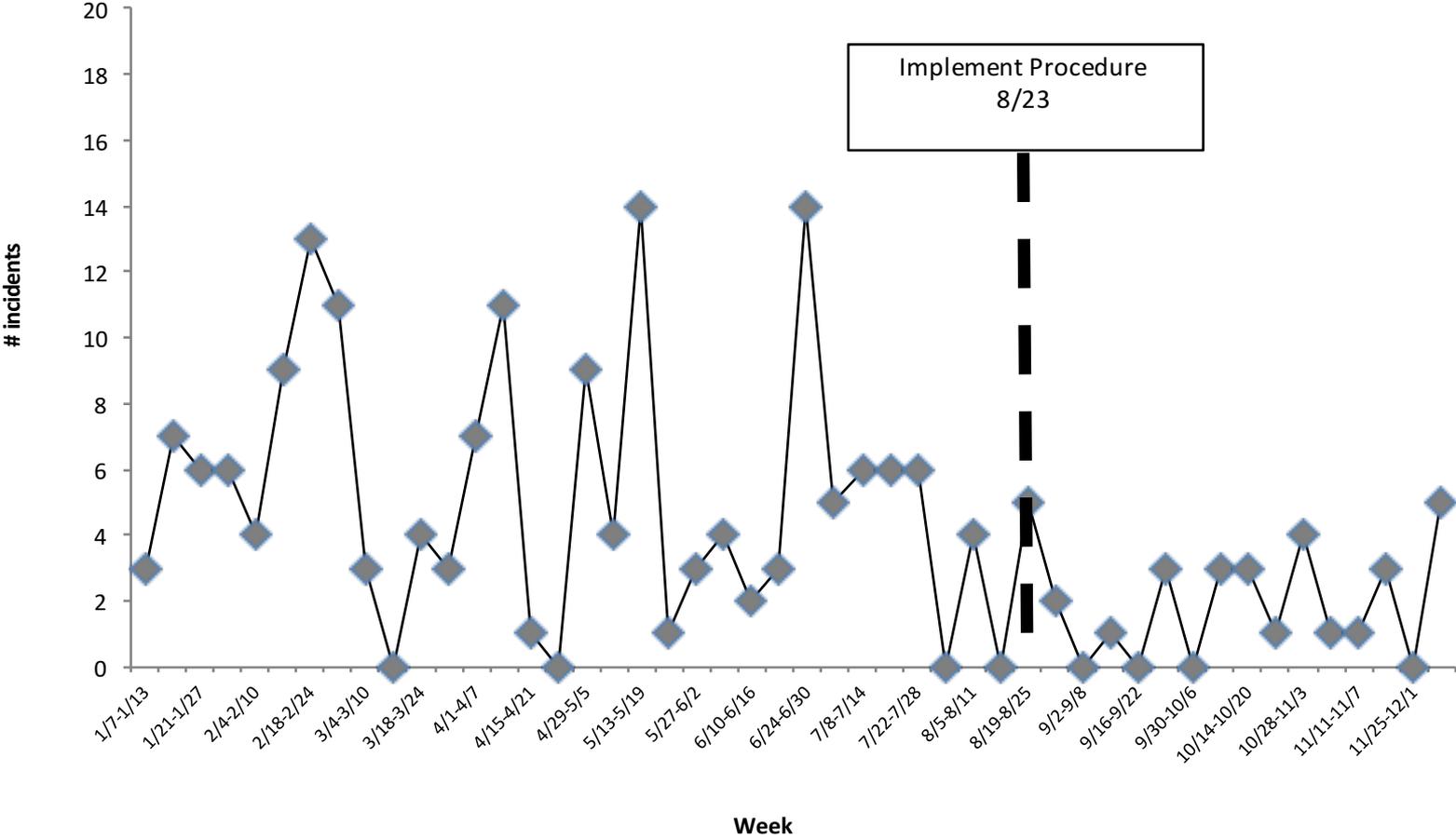
- IGNORE the comment. Avoid any response that indicates social disapproval from your perspective or treating the comment as a “joke”. Act as though you did not hear what Participant said.
- Speak to Participant in a calm manner using a level conversational tone of voice. Make one effort to redirect the verbal exchange toward an appropriate topic. For example, if you are assisting Participant with medication, say to him (without mentioning his inappropriate comment) “Go ahead and take your medication, Participant.”
- If Participant complies with the redirection, continue interacting with him on whatever appropriate topic you have identified.
- Do not make any reference to the initial inappropriate comment by Participant. If Participant apologizes for the comment, ignore that also and continue your conversation with him on some other topic.
- If Participant does not comply with this redirection and persists in making sexually inappropriate comments, terminate the interaction: “OK Participant, I’ll talk to you later.”
- Turn or walk away.

Anytime Participant is exhibiting appropriate social behavior:

- Take the initiative to greet Participant appropriately whenever you first see him or he first enters the area where you are: “Hi Participant, good to see you!”
- If Participant makes any kind of brief socially appropriate response, continue the interaction: Participant – “I’m OK.” Say – “Good, glad to hear it!”
- If Participant indicates that he desires to have a more extended conversation about some appropriate subject, spend 5 – 10 minutes with him talking about whatever interests him. If you can’t engage in conversation at that moment, ask Participant if he could delay the interaction until you can: “Participant, I’d like to talk to you about that but I have to finish this paperwork. Can you give me 10 minutes and then we can talk?”

Participant - Reduction Behaviors

◆ Inappropriate Sexual Comments



Inappropriate Sexual Behavior

- Note: for this procedure “sexual” behaviors were defined only as *verbal* topographies. We addressed behaviors that involved overt physical topographies such as touching, physical contact, or violating personal space as “Physical Aggression”.

Aggressive Behavior



“Past studies highlight the fact that although aggressive behavior is not the most common symptom, **occurring in approximately 30% of TBI cases**, it is severely destructive to both the individual and their social networks...”

(The Journal of Head Trauma Rehabilitation, March-April 2014)

“Signs of Damage”: Identified by B.F. Skinner as variables that maintain aggressive behaviors.

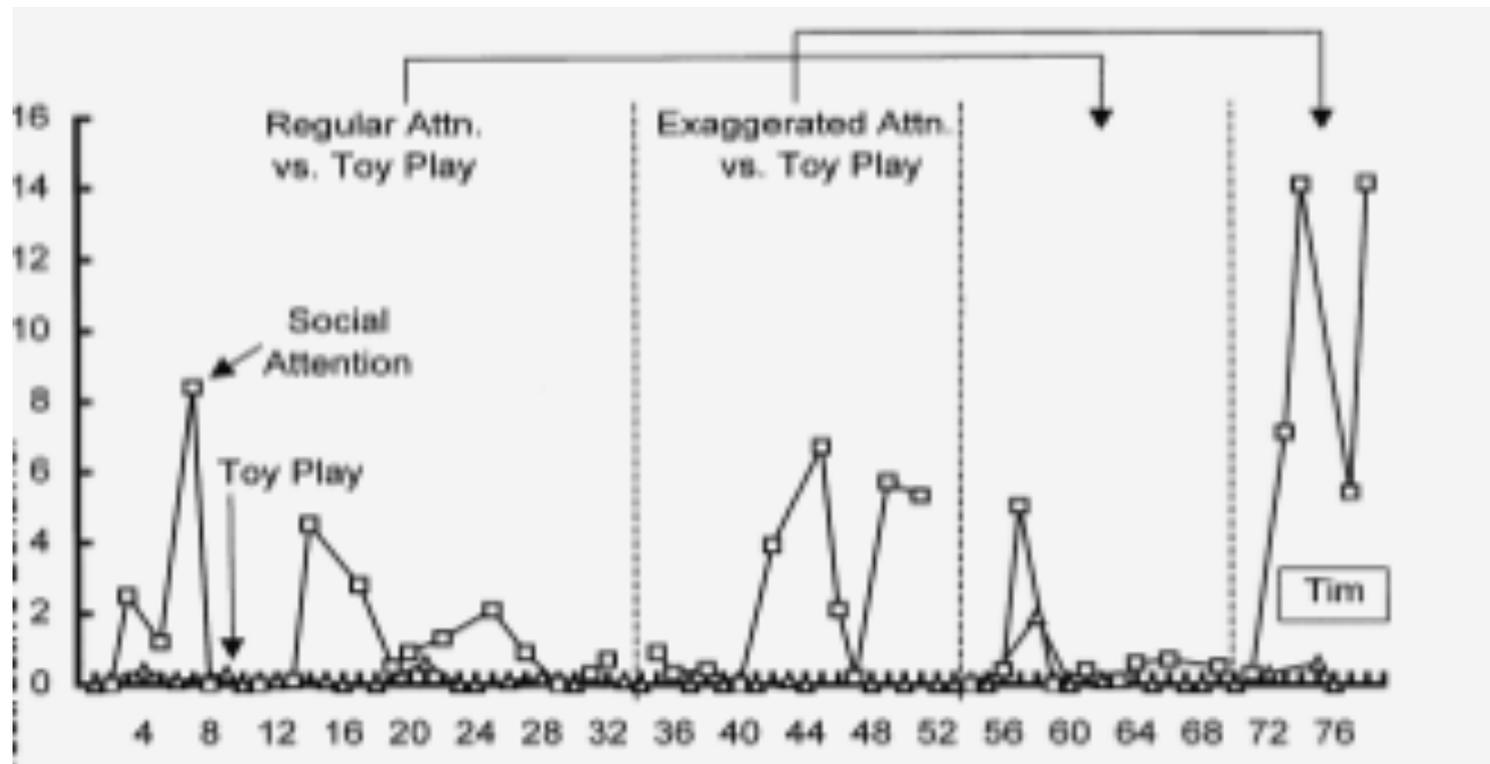
- Page 51: "The principle also holds for aggressive behavior. At a time when men were often plundered and killed, by animals and other men, it was important that any behavior which harmed or frightened predators should be quickly learned and long sustained. Those who were most strongly reinforced by evidences of damage to others should have been most likely to survive."
- Page 129: "A person who is at the moment aggressive is one who, among other characteristics, shows a heightened probability of behaving verbally or nonverbally in such a way that someone is damaged..."

From "Contingencies of Reinforcement"

These data show **“Exaggerated Attention”**

(“dramatic reaction to destructive behaviors that included a high level of voice intonation, verbal phrases such as ‘I can’t believe that you just did that,’ and physical signs of displeasure such as waving hands frantically“)

increasing the frequency of destructive behaviors:



Aggressive behavior is reinforced (strengthened) by:

- “Signs of Damage”
- When we show by our responses that the aggressive behavior has effected us in some way:
 - a. Facial expression
 - b. Hand gestures
 - c. Tone of voice
 - d. Stating that we are upset or hurt in some way



How can we be most helpful when someone is exhibiting aggressive behavior?

Whatever else you might do (depending on the *function* of the aggression):
Exhibit CALM behavior.



(No matter how you feel...)



A participant engages in aggressive type behavior directed at you. You can be most sure of which statement?:

- a. The participant is angry about being at NeuroRestorative.
- b. The participant doesn't like you.
- c. In the past, the participant's aggressive actions have been reinforced (served some function) for the participant.
- d. The participant is in physical pain of some kind.

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The single most important response you can make to the aggressive behavior is:

- a. Don't back down. Show the participant that, as a staff member, *you* are in charge.
- b. No matter how you *feel*, speak and act in a calm manner.
- c. Ask the participant what he wants and give it to him.
- d. Respectfully point out to the participant that his behavior is not appropriate.

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Substance (Drug/Alcohol) Abuse

- Sixty percent (60%) of brain injuries involve some form of substance abuse.
 - For individuals with TBIs who abuse substances, 83% prefer alcohol.
- Among people who abstained (or drank very little alcohol) prior to a TBI, 20% exhibit extensive use of alcohol after injury.



How much alcohol is safe?

For a person with a brain injury, the only amount of alcohol that we are sure is safe:



What is the FUNCTION of drinking alcohol?

- I like to go to...



- “Social Lubricant”



(Escape)

(Attention)

(Tangible)

How can we be most helpful?

- Avoid giving advice, moralizing, or expressing judgmental statements...
 - Share facts and information...
- Help people clarify their own values and learn from their own experiences...
 - Encourage people to explore functionally equivalent behaviors...

Coercion – What is it and why don't we want to use it?

- Coercion is a way of trying to make a participant behave the way we want them to.
- Coercion is usually a short term fix for a long term problem.
- Coercion teaches the participant behaviors we don't want them to use.
- Coercion creates a control/counter-control condition.



Control/Countercontrol

“Students of human behavior often avoid the issue of control... All this appears to be due to the fact that control is frequently aversive to the controllee... One effect upon the controllee is to induce him to engage in countercontrol.”

(B.F. Skinner, Science and Human Behavior)

- **Aversive (unpleasant)** conditions typically evoke... **escape** or **avoidant** behavior.

Some Forms of Coercion:



- Threats
- Sarcasm
- Criticism
- Arguing
- Logic
- Telling on them to others



Instead of coercion...

- **Talk to the person about the steps that will get them what they want.**
- **Give the person suggestions for other options if they choose.**
- **Offer assistance and alternatives.**
- **Give simple, short explanations and information.**
- **Have necessary conversations with other staff members in private.**

A participant has a behavioral pattern of abusing alcohol.
Which of the following staff responses would be *unhelpful*?

- a) Give the participant advice on how he should live his life and point out how using alcohol is bad behavior...
- b) Share facts and information about alcohol abuse...
- c) Help the participant clarify his own values and learn from his own experiences...
- d) Encourage the participant to explore behaviors that will serve the same function for him as alcohol use...

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Coercion is:

- a) A way to make someone behave when they are acting out.
- b) A short term fix for a long term problem.
- c) Something a participant may do to get us to give him something.
- d) Sets up a struggle between control and counter control.
- e) All of the above

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Questions?

Thanks for your attention!