



Therapeutic Behavior Management for Individuals with Developmental Disabilities

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"Therapeutic Behavior Management for Individuals with Developmental Disabilities" (TBM/DD) was written* and is owned by Steve Parese, Ed.D. It is intended to be delivered ONLY by certified trainers. TBM/DD consists of a trainer's manual, workbook, and PowerPoint CD, no portion of which may be copied for any purpose without the express written permission of the author. TBM/DD is based on the "Therapeutic Aggression Control Techniques v.2" program, in use since 1997 in group homes, alternative schools, and residential treatment centers around the nation.

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“What Would YOU do?” Survey

DIRECTIONS: Read each of the following scenarios and decide on the best initial intervention.

Situation 1: MARY & AMY



Mary is a 28-year-old woman with autism who lives in a small home with two other women. Mary dealt with a great deal of abandonment as a child, and she is very possessive of Amy, whom she thinks of as “her” staff. For days, Mary has been looking forward to her Saturday afternoon mall outing with Amy, when they plan to get their nails done together.

An hour before they were to leave however, Amy gets an urgent call from home. **“Mary, I have to go! I’m so sorry, but my daughter’s been in a traffic accident. I’ll make it up to you, but I have to go...”**

Amy rushes out the door, and Mary stomps off, huffing, puffing, and grunting. She shuts herself in her room, yelling at anyone who tries to engage her. When Amy calls in hours later, Mary is unforgiving: **“You don’t love me! All you care about is your stupid daughter! I hate you! I don’t care if you NEVER come back, and I hope your stupid daughter DIES!”**



What would you do first (as a supporting staff) to intervene?

- a. Physically escort Mary back to her room to prevent further escalation.
- b. Give Mary consequences for these unkind comments.
- c. Leave Mary alone and give her time to calm down on her own.
- d. Calm and reassure Mary, eventually helping her see Amy’s perspective.

Situation 2: WILL & TIM



Will is a manipulative 18-year-old man living in an extended foster care placement with Tim and his wife. Although he was born with fetal alcohol syndrome, some of Will’s issues stem from early head injuries at the hands of his abusive stepfather. He usually behaves well one-on-one, but often acts out in front of peers.

Recently, Will’s foster parents took in a second teen, a 14-year-old boy named Drew. Today, the two are outside playing in the snow. **“Watch this, Drew!”** Will says as he throws several snowballs at a neighbor’s kitchen window.

Inside his foster home, a phone begins ringing. A few moments later, Tim angrily storms out. **“What are you doing, Will! Stop that right now, or—.”**

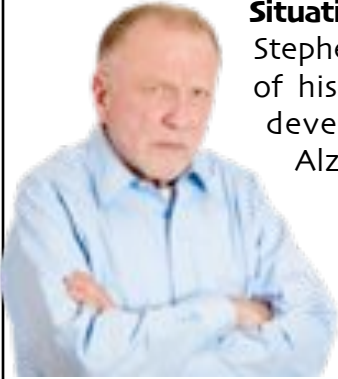
“Or what, chicken-butt?” Will taunts, then throws a snowball directly into Tim’s face. The two youth collapse in the snow laughing.

What would you do first (if you were Tim) to intervene in this situation?

- a. Physically restrain Will for assault on staff.
- b. Laugh it off and redirect the behavior by joining the snowball fight.
- c. Give Will consequences to teach both boys limits.
- d. De-escalate Will, using active listening to explore his anti-authority and physical abuse issues.



“What Would YOU do?” Survey



Situation 3: STEPHEN & THOMAS

Stephen is a withdrawn 58-year-old man in a supported living environment. For much of his life, he was able to live on his own, but in the past few years, Stephen has developed respiratory and incontinence problems, and begun experiencing Alzheimer’s-like symptoms.

Today, Stephen is sitting at a table in the vocational program he attends for several hours each day. Thomas (an inexperienced staff member) notices an odor. He leans over Stephen’s shoulder and playfully asks, “Hey, Stevie Wonder? Have you had a little accident? Be honest now.” Stephen yells, “No! Leave me alone!” Although his supervisor tries to discourage him, Thomas leans in further. “Are you sure, Stephen? Seems like I smell something kinda ripe down there! Here, let me help you get up, and we can --- ooooooofffff!”

Thomas grunts as Stephen’s elbow connects with his mouth. He wheels backward and trips over a chair, landing heavily and biting his tongue. Blood pours from his mouth as he gets on his feet. “You gotta be @\$%-ing kiddin’ me, right?” Thomas blurts out. He aggressively approaches the older man, who grabs his cane.



What would you do first (as a supporting staff) to intervene in this situation?

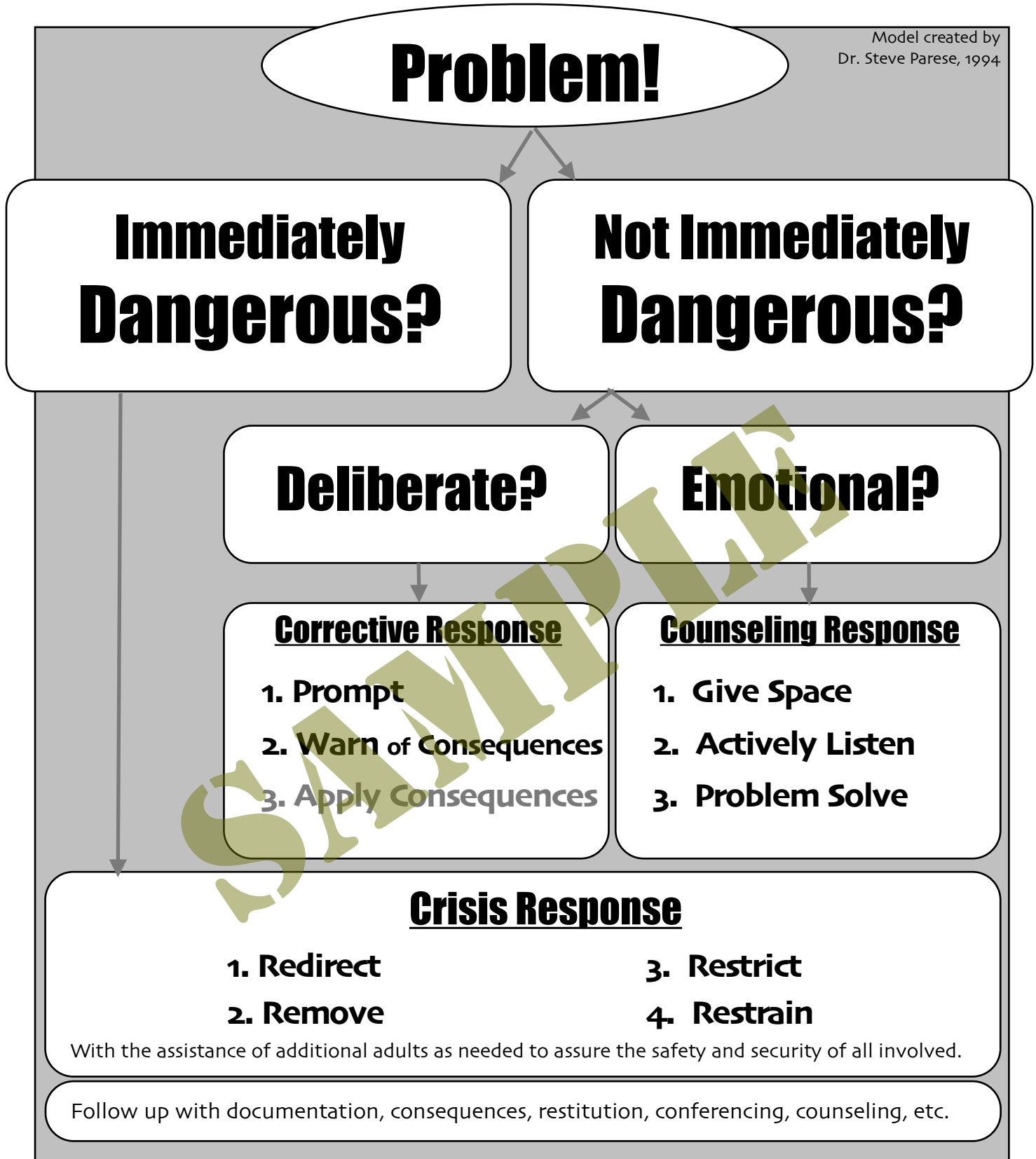
- Physically step between staff and Stephen to prevent dangerous escalation.
- Give Stephen consequences for striking a staff member.
- Leave the situation alone and let it work itself out.
- Use problem solving skills to discuss better ways to handle situations like this.

Challenging Behaviors

| “The people we support sometimes _____” (describe a challenging behavior) | “When _____” (describe a trigger situation) |
|--|--|
| | |
| | |
| | |
| | |

TBM Model

The TBM Model suggests that decisions in crisis should be made by first assessing the level of imminent danger, then determining the psychological source of the issue. Deliberate or intentional problems can often be handled with rules (corrective behavior management), but overwhelming emotional crises require relationships (counseling and de-escalation).



Deliberate vs Emotional

IMMEDIATELY DANGEROUS:

Definition: _____

Crisis Response

1. Redirect
2. Remove
3. Restrict
4. Restrain

DELIBERATE MISBEHAVIOR:

Definition: _____

Corrective Response

1. Prompt
2. Warn of consequences
3. Apply Consequences

EMOTIONAL CRISIS:

Definition: _____

Counseling Response

1. Give Space
2. Actively Listen
3. Problem Solve

| Diagnostic Cue | Deliberate | Emotional |
|--|------------|-----------|
| BEHAVIOR How typical is this behavior under normal conditions? | | |
| EXPRESSIONS How much stress is visible in face, voice, body language, etc? | | |
| THINKING How clear and rational is the individual's thinking? | | |
| ISSUES Are there other stressful issues occurring at the same time? | | |



Key Point 1. Supporting challenging individuals with disabilities requires a great deal of skill, insight, and professionalism.

The TBM Model provides a framework for interventions, based first on assessing the danger level, then the psychological source of the problem. Dangerous situations require us to put SAFETY first. Deliberate problems can often be managed with reasonable RULES, but interventions in emotional crises rely more heavily on strong RELATIONSHIPS.

Part 2

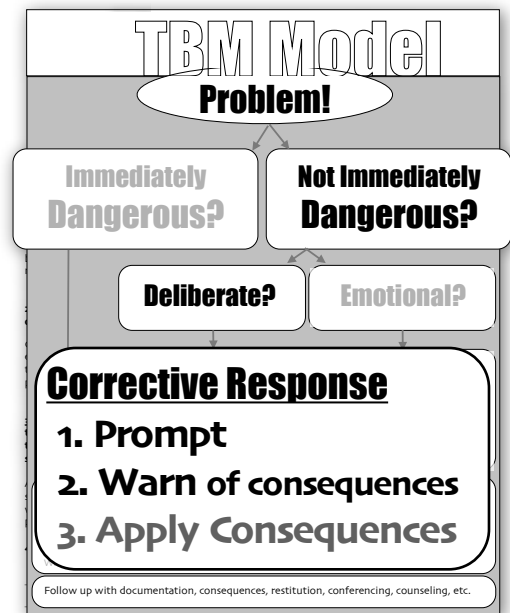
Part 2: Dealing with Deliberate Misbehavior

Deliberate Problems

Some behavior problems are DELIBERATE. These require interventions based more on RULES than relationships.

Diagnostic Cues of Deliberate Misbehavior:

1. BEHAVIOR is _____
2. EXPRESSIONS are _____
3. THINKING is often _____
4. Outside ISSUES are _____



Social Needs Model

Dr. William Glasser's work explains deliberate misbehavior. He states all behavior is learned and needs-fulfilling. Challenging misbehaviors may either meet a person's physical or social needs or allow them to avoid unpleasant situations. We must teach positive alternatives if we expect such behaviors to change.

| Love • Belonging | Power • Importance | | | | | | | | |
|--|-------------------------|------------------------|--|--|--|------------------------|------------------------|--|--|
| <table border="1"><tr><th>Challenging Behaviors:</th><th>Positive Alternatives:</th></tr><tr><td></td><td></td></tr></table> | Challenging Behaviors: | Positive Alternatives: | | | <table border="1"><tr><th>Challenging Behaviors:</th><th>Positive Alternatives:</th></tr><tr><td></td><td></td></tr></table> | Challenging Behaviors: | Positive Alternatives: | | |
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| | | | | | | | | | |
| Challenging Behaviors: | Positive Alternatives: | | | | | | | | |
| | | | | | | | | | |
| Fun • Pleasure | Freedom • Individuality | | | | | | | | |
| <table border="1"><tr><th>Challenging Behaviors:</th><th>Positive Alternatives:</th></tr><tr><td></td><td></td></tr></table> | Challenging Behaviors: | Positive Alternatives: | | | <table border="1"><tr><th>Challenging Behaviors:</th><th>Positive Alternatives:</th></tr><tr><td></td><td></td></tr></table> | Challenging Behaviors: | Positive Alternatives: | | |
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| | | | | | | | | | |

Clear Behavioral Expectations

Clear, simple, and consistent expectations can prevent many deliberate problems. When our expectations are grounded in core values, they make more sense and create fewer power struggles.

1. First, identify the core values of your house/environment.



VALUE: Privacy

VALUE: Responsibility

2. Then, frame clear behavioral expectations in terms of core values.

EXPECTATION: v

EXPECTATION: "We expect that everyone will be responsible and pick up after themselves."

Your behavioral expectation: _____



Corrective Skill 1: Prompts

Use low-key **PROMPTS** to **correct** a minor deliberate misbehavior without causing embarrassment or triggering a power struggle.



1. Nonverbal signal

Using a gesture, look, sound, or other signal to get a person's attention and cue them to improve.

2. Verbal reminder

Making a simple request for behavioral improvement, or subtly recalling an expectation.

3. Positive redirection

Giving a person something positive to do to interrupt negative misbehavior

4. Proximity control

Moving closer to the misbehaving person without actually addressing a problem, encouraging them to get on track.

5. Interest boosting

Giving a bored person something fun or interesting to do to prevent them from misbehaving out of boredom.

6. Antiseptic bouncing

Giving an emotional person a chance to escape a tense situation by running an errand or completing a small task elsewhere.

7. Staff Switching

Using other staff to help when a person is resistant to your suggestions or directions.

Which Prompt is It?

Label each intervention according to the type of Prompt it represents.

1. "Nikki, I've accidentally spilled something. Would you mind running to the kitchen and getting me some wet paper towels?"
2. Muting the music when voices in the van get too loud.
3. & 4. "Sure, Ms. Johnson, I'd be glad to help. Alex, if you're bored, how about working outside with me for a little while?"
5. "Here Heather, pound on this scrap board (instead of the brick wall) ok?"
6. Sitting between Will and Drew on the couch to prevent further arguments.
7. "Steve, that's Jamie's room, not yours. Please respect his privacy."



Three Types of Consequences

Discussing consequences with the people we support can help them make better choices. But when these conversations seem like threats, they often lead to embarrassment, resistance, and power struggles. An understanding of three different types of consequences can help us avoid serious problems with our individuals.

DEFINITION

It is 2:00 AM and despite several prompts from staff, Jamie (26) is still awake playing video games in his room:

NATURAL consequences occur on their own, without any staff intervention. (Feelings are always natural.) Natural consequences never restrict individual rights.

[N] [L] [P] 1. May be tired at work tomorrow.

[N] [L] [P] 2. Must buy everyone ice cream.

[N] [L] [P] 3. May be hard to get up at 7:00 AM.

LOGICAL consequences are applied by staff, but are fair and reasonable, and are directly tied to behavior. Logical consequences sometimes restrict individual rights of adults.

[N] [L] [P] 4. Go to bed early tonight.

[N] [L] [P] 5. Staff get frustrated with him.

[N] [L] [P] 6. Noise may disturb other residents.

PUNITIVE consequences are applied by others, but either do not fit the behavior or go to extremes. Punitive consequences often restrict individual rights of adults.

[N] [L] [P] 7. Can't play video games for a week.

[N] [L] [P] 8. Has to do extra dishes tonight.

[N] [L] [P] 9. May make more mistakes playing game.

Corrective Skill 2: Warnings of Consequences

Give a calm WARNING of consequences to encourage an individual to rethink a choice.

A calm warning is an "If _____, then _____" statement used to encourage better choices. Use a helpful tone of voice, and be careful not to threaten or shame the individual.



For example:

"If you want to have enough money to buy those new shoes next week, Mary, then you have to be careful with your money now. Are you SURE you want to buy that t-shirt today?"

"Jamie, if you don't want to be tired at work tomorrow, then you really need to get some sleep. What do you say?"

Skill Practice: Consequences and Warnings

PART 1: First, come up with a realistic situation involving a DELIBERATE MISBEHAVIOR. Then, discuss two different prompts that might correct the situation without embarrassment.

Situation: _____

PART 2: List one Natural, one Logical, and one Punitive Consequence for the behavior.

- [N] [L] [P] 1. _____
[N] [L] [P] 2. _____
[N] [L] [P] 3. _____

PART 3: Write out a statement calmly warning your individual about a Natural or Logical Consequence of his/her choice.



Key Point 2. Deliberate misbehavior is a learned way of meeting physical/social needs and avoiding unpleasant situations, often at the expense of others. Deliberate problems can sometimes be prevented by offering our individuals prosocial ways to fill their needs.

Many minor problems can be quickly managed using an assortment of prompts. Warnings of natural or logical consequences can encourage individuals to make better choices, though this must be done without creating embarrassment or shame.

Part 3

Emotional Conflict Cycle

Dr. Nicholas Long's "Conflict Cycle" explains why emotional problems occur. It shows how high stress and low self-esteem can turn a minor incident into a major problem, especially when staff or peers react negatively to the behavior.

Conflict Cycle



Based on work by
Dr. Nicholas Long

The "perfect storm" crisis unfolds this way:

1. A person is experiencing HIGH STRESS from a combination of mental, emotional, or physical issues.
2. A TRIGGERING INCIDENT occurs, often something minor but disappointing or embarrassing.
3. An avalanche of powerful, uncomfortable and often confusing FEELINGS begins.
4. Without coping skills to reduce the stress, communication skills to express the feelings, or full awareness of consequences (self or others), the person acts out an IMPULSE BEHAVIOR.
5. Instead of attempting to distract or de-escalate the individual, staff and/or peers REACT NEGATIVELY, antagonizing the problem.
6. STRESS INCREASES and the issue quickly escalates into a full-blown crisis.

"I'm Having a Really, Really Bad Day!"

List several
**MENTAL OR EMOTIONAL
STRESSES:**

Ex: Feeling humiliated by staff.



List several
**PHYSICAL OR SITUATIONAL
STRESSES:**

Ex: Incontinence.

Mary's Conflict Cycle

Mary is a 28-year-old woman with autism who lives in a small home with two other women, supported by several rotating staff, including her favorite staff member, Amy. For days, Mary has been looking forward to their Saturday afternoon outing, when she and Amy plan to get their nails done together.

An hour before they were to leave however, Amy got an urgent call from home. **"Mary, I have to go! I'm so sorry, but my daughter's been in a traffic accident. I'll make it up to you, but I have to go..."**

Mary's hurt feelings turned quickly into blazing anger. **"Fine! Go away! I don't want to go with you anyway!"** She stomped off, huffing and puffing, then locked herself in her bedroom.

Jennifer, the second staff on duty, knocked on her door and said, **"Mary, put yourself in Amy's shoes for a minute, would you? Her teenage daughter has just been in an accident, for goodness sake!"**

Mary screamed back through the door, feeling completely overwhelmed: **"That's not MY fault! We were supposed to get our nails done! She promised!"** She began crying and screaming incoherently, rocking back and forth.

The other two women in the house began calling out, **"Cry-baby! Cry-baby!"** Jennifer did her best to try to calm Mary down. **"I'm sure she'll take you tomorrow, Mary!"**

A few hours later, Amy called to check on Mary, who had finally begun to calm down. Mary refused to come to the phone, so Jennifer put her on speaker. Amy said:

"Mary, we're in the hospital. My daughter broke her arm, but she'll be okay. I should be in tomorrow or the day after, and we can go to the mall then."


But Mary, focused solely on her own disappointment, was unforgiving: **"You don't love me! All you care about is your stupid daughter! I hate you! I don't care if you NEVER come back, and I hope your stupid daughter DIES!"**

Jennifer exploded in frustration: **"How can you BE so selfish, Mary! No wonder no one wants to be your friend!"**

Watching Mary escalate again, Jennifer knew it was going to be a long night -- and that she had just made it much worse.



DIRECTIONS: Track each element of the Conflict Cycle in Mary's story.

1. First, put stars beside two triggering **INCIDENTS**. 
2. Then, circle Mary's **FEELINGS**.
3. Underline her impulse **BEHAVIORS**.
4. Box others' negative **REACTIONS**.

Part 3: Understanding Emotional Problems

Disabilities and Trauma

Disabilities & Trauma Fact Sheet

Adults with intellectual and developmental disabilities are up to _____ times more likely to be victims of physical and sexual abuse than non-disabled adults.

Individuals with disabilities are _____ times as likely to be victims of crime as non-disabled people.

As many as _____% of females and _____% of males with intellectual and developmental disabilities are victims of sexual assault during their lifetimes. _____% of these have been assaulted more than 10 times.

Only one in _____ sexual abuse cases involving people with developmental disabilities are ever reported.

Sexual abuse incidents are almost _____ times as common in institutional settings as in the community.

_____ % of those who commit child abuse are well known to both the child and his/her providers.

Choose from: 4 • 4 • 10 • 30 • 30 • 49 • 83 • 98

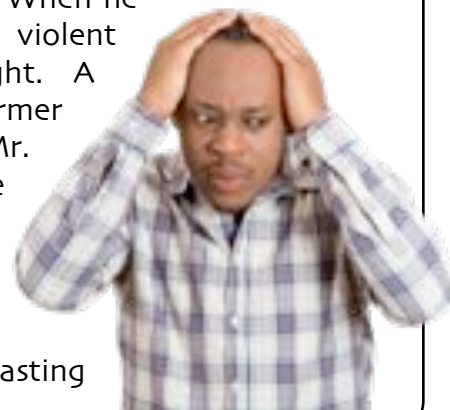
Source: Thornberry, C. & Olson, K. (2005) *The abuse of individuals with developmental disabilities. Developmental Disabilities Bulletin* (33). <http://files.eric.ed.gov/fulltext/EJ844468.pdf>

Consider these cases. How might each person's PAST TRAUMA affect his/her DAILY BEHAVIOR?



Case Study #1: When Mary (28) was 11 years old, she was removed from her home in the middle of the night. Police officers restrained her hysterical meth-addicted mother, who died of an overdose later that year. Mary spent the next 6 years bouncing from one family member or foster home to the next, each time moving on when her behavioral issues became overwhelming for her caretakers. By age 14, she had developed a pattern of cutting on her arms or thighs, biting her lips or wrists bloody, or pulling out her own hair when she felt hurt or rejected. Records indicate that she was physically abused by at least one caretaker during this period. At age 18, while in a residential treatment center, she witnessed the repeated molestation and rape of her roommate by a male staff member who was arrested 8 months later.

Case Study #2: Will (18) was born with fetal alcohol syndrome. When he was 4 years old, he and his alcoholic mother escaped from a violent domestic relationship by running away in the middle of the night. A year later, unable to survive on her own, his mother married a former Marine sergeant, an angry man Will was required to call "Mr. Johnson." When he misbehaved, Will was often grabbed by the back of the neck and slammed head first into walls or counters. As he got older, he became less afraid of these incidents and often deliberately aggravated his stepfather. When Will was 9 years old, he and his 4-year-old sister were removed from the home. Since then, he has been in more than 10 placements, few lasting more than 3-4 months.



Trauma-Informed Care

Psychological trauma occurs when the emotional stress of a painful event (or series of events) significantly overwhelms an individual's ability to cope. Because people with developmental disabilities often have less developed reasoning and communication skills, they frequently have even more difficulty comprehending, talking about, and recovering from abusive incidents. When neglect and abuse occurs in early childhood, it can impact lifelong perceptions and behaviors.

Results of childhood trauma may include:

Physical Injuries Bruises, broken bones, scarring, malnutrition, head injuries

Physical Changes Physical and developmental disabilities, traumatic brain injury, hormone changes

PTSD Symptoms Dissociation (unresponsiveness), hyper-arousal, re-experiencing (flashbacks)

Emotional & Behavioral Issues Hopelessness, powerlessness, and shame in almost all victims. Depending upon their personalities, circumstances, and gender, abused people may **internalize** their feelings as withdrawn depression, or **externalize** them as aggressive anger.

Internalizing behaviors:

Externalizing behaviors:

In addition, victims of sexual abuse:

Often exhibit either complete _____ or _____

Drawn in part from research by Dr. Gordon Hodas (2006) "Responding to childhood trauma: The promise and practice of trauma informed care."

Trauma Informed Self-Assessment

Honestly rate yourself on a 4-point rating scale.

1= Very limited. I could use a lot of work.

2= A little weak. I could use some work.

3= Reasonably strong. I need very little work.

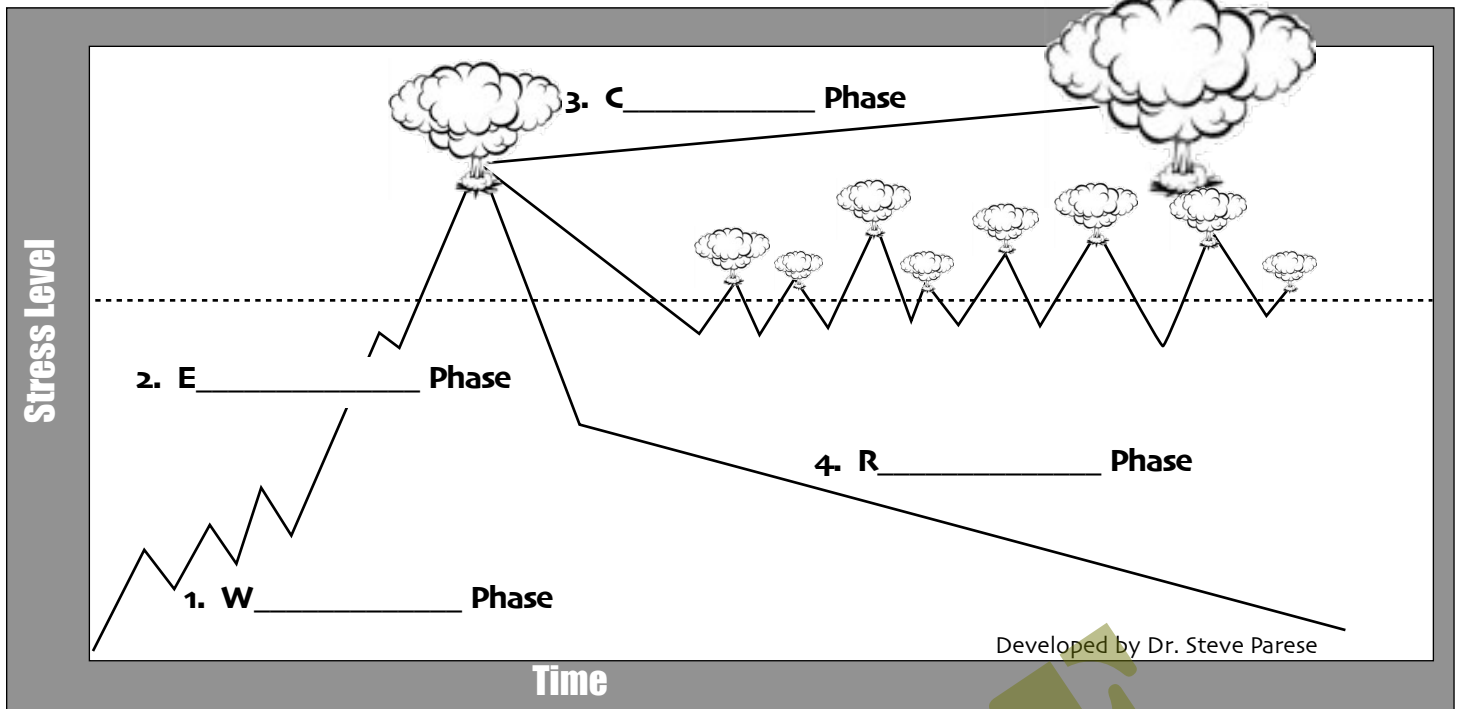
4= Very strong. I can help others improve.

I am able to:

- _____ a. Keep living/learning environments calm and safe (both physically and emotionally).
- _____ b. Depersonalize issues and manage my own emotions, even when I am triggered.
- _____ c. Protect individuals from re-traumatization by stopping bullying and intimidation.
- _____ d. Redirect minor misbehavior and enforce expectations without angry power struggles.
- _____ e. De-escalate emotional crises by helping people calm down and talk about their feelings.
- _____ f. Remain hands-off unless absolutely necessary to protect a person's safety.
- _____ g. Calmly process crises after stressful situations/restraints.
- _____ h. Use other staff to help me with problems beyond my own level of expertise.

TBM Escalation Model

Most crises go through four predictable phases as they escalate. Understanding the signs and symptoms of each phase helps staff intervene earlier and prevent full-blown crises from occurring.



| Signs & Symptoms of Each Phase Indicators of this phase: | Goal Staff should focus on: |
|--|---------------------------------------|
| 1. Warning Phase: Stress manageable. Rational discussion still possible. Physically uptight but coping. <u>Externalizers:</u> <u>Internalizers:</u> | |
| 2. Escalation Phase: Stress growing quickly. Thinking & discussion far less rational. Coping skills at limit. <u>Externalizers:</u> <u>Internalizers:</u> | |
| 3. Crisis Phase: Stress completely unmanageable. Perceptions distorted. Coping skills overwhelmed. <u>Externalizers:</u> <u>Internalizers:</u> | |
| 4. Recovery Phase: Stress gradually reducing. Rational discussion in 10-15 min. Coping skills returning. <u>Externalizers:</u> <u>Internalizers:</u> | |

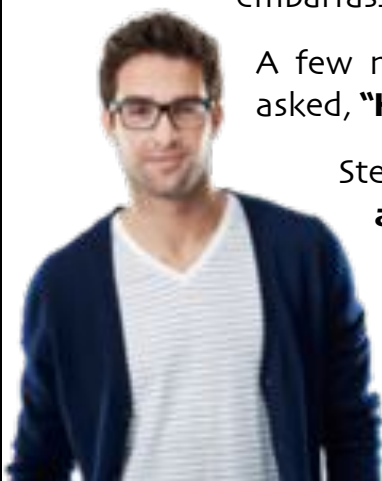
Stephen's Phases of Escalation

Stephen is a withdrawn 58-year-old man in a supported living environment. For much of his life, he was able to live on his own, but in the past few years, his physical and mental health has deteriorated. He struggles daily with coordination and respiratory problems, and (to his endless embarrassment) occasional incontinence.



Today, Stephen was having a bad day. Earlier this morning, he'd stumbled and bruised his arm on his dresser. He was out of his favorite breakfast cereal, so he'd had to settle for oatmeal instead, which was now bothering his stomach. And now it looked like Thomas (his least favorite staff member) was on duty today.

Stephen was sitting at his table at his half-day vocational program when he suddenly felt a rumbling in his belly. Panicked and anxious, he looked around for a staff member, but before he could even ask for help, his bowels loosened. Steven heaved a large sigh and groaned in embarrassment, his shoulders slumping as he turned away.



A few minutes later, Thomas leaned over Stephen's shoulder. He playfully asked, **"Hey, Stevie Wonder? Have you had a little accident? Be honest now."**

Stephen's shoulders tightened up. He growled angrily, **"No! Leave me alone! Punk kid..."** He didn't like Thomas very much even on good days, and today was NOT a good day. His fists clenched and opened and clenched again.

Thomas leaned in further. Stephen shrugged his shoulders in aggravation, trying to make the young man go away. **"Are you sure, Stephen? Seems like I smell something kinda ripe down there!"**

Thomas put his hands in the older man's armpits, attempting to lift him. Stephen's muscles tightened and trembled at the unwanted touch. Thomas continued: **"Here, let me help you up, old fella, and we can — ooooooofffff!"**

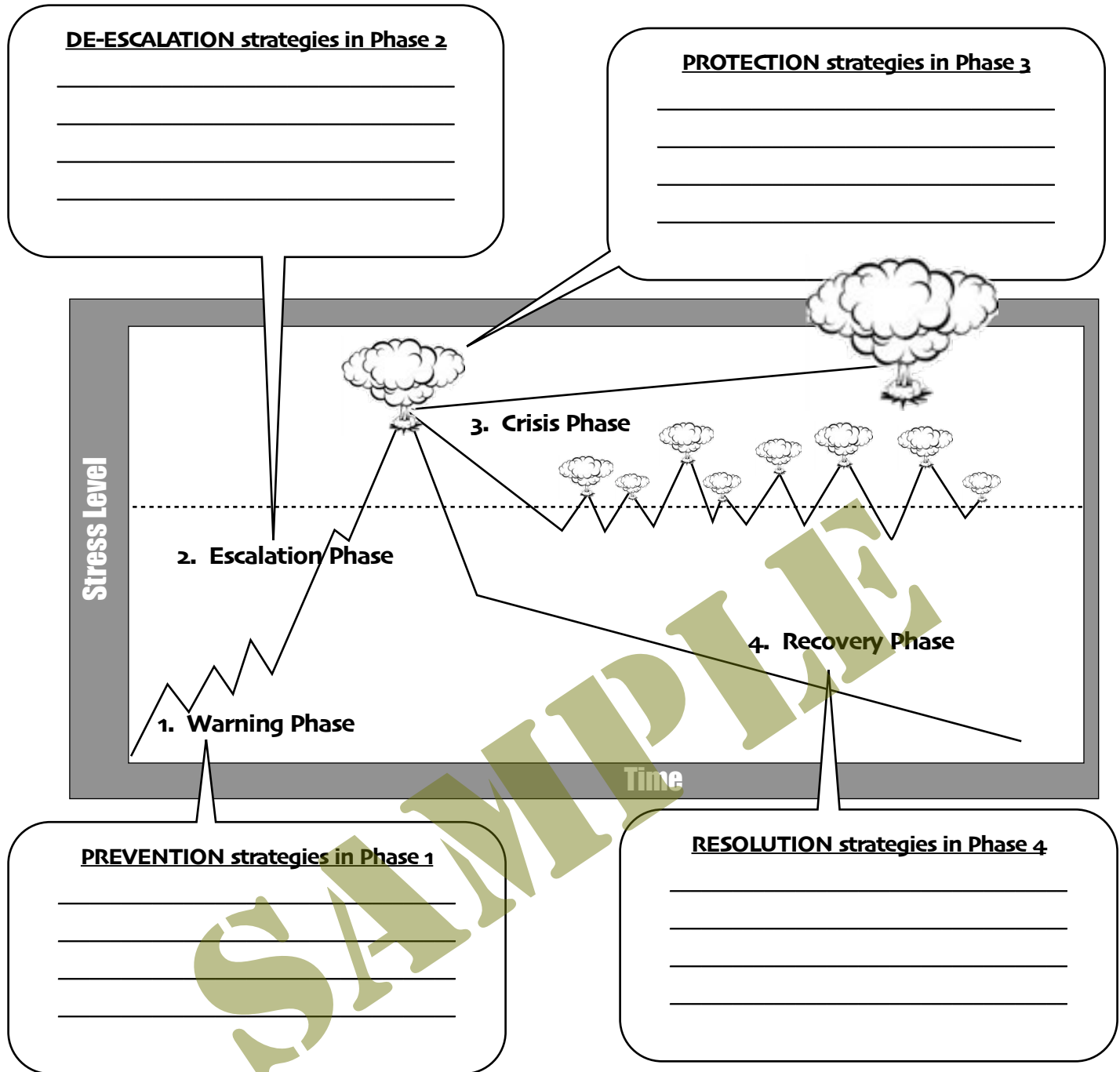
Thomas grunted as Stephen's elbow suddenly connected with his mouth. He wheeled backward and tripped over a chair, landing heavily and biting his tongue. Blood poured from his mouth as he got back on his feet. **"Serves you right!"** Stephen said fearfully, grabbing his cane to defend himself as Thomas climbed angrily back to his feet.


1. Underline three specific events that contributed to Stephen's crisis with Thomas.
2. Underline three physical signs that Thomas missed in Stephen's Warning Phase.
3. Circle five (strong emotions) Stephen experiences.
4. Put a large "E" where Stephen crosses into the Escalation Phase.
5. Put a large "C" where Stephen crosses into the Crisis Phase.
6. What should support staff do to help Stephen get into the Resolution Phase?

Strategies for Each Phase

When we know which phase a person is in, we will have a better idea of which strategies we should use.

Each phase of the Escalation Model has a unique goal and specific strategies that may be helpful.



 **Key Point 3.** Emotional behavior is an impulsive reaction to high stress. The people we support are sometimes triggered by a minor problem, then become emotionally overwhelmed and overreact impulsively to staff. Those who have suffered trauma earlier in life are especially likely to overreact to shame and embarrassment.

An understanding of the predictable phases of an escalating crisis can help staff choose the best strategies to calm or manage a stressful situation. It is helpful to understand the differences between individuals who typically externalize their feelings and those who internalize instead.

Part 4

Adult Anger Traps

A conflict can become a highly escalated power struggle if staff react personally (rather than respond professionally) to challenging behaviors. A deeper understanding of our own anger traps can help us defend against emotional overreactions in difficult situations.

1. Outside Stress

Leftover stress from other problems makes it easy to overreact to a minor situation, turning exhaustion into anger at an individual.

2. Embarrassment

We feel helpless or inadequate trying to handle a challenging situation, then turn our embarrassment into anger.

3. Shock or Fear

We feel a natural sense of shock or fear in response to a threatening situation, then turn anxiety into anger at the people involved.

4. Values Violation

We become offended when a person's behavior violates our core values or beliefs, triggering feelings of intense righteous anger.

5. Authority Challenge

We engage in an angry power struggle with a defiant individual, determined to establish control at almost any cost.

Based on work by Dr. Nicholas Long



Things That Make You Go "Grrrr!"

Write about an upsetting work-related situation. Focus only on the triggering incident.

For thought/discussion: Which Anger Traps were involved in your incident?

Avoiding Power Struggles

Thomas' Side of the Story

Thomas is a 22-year-old young man, a recent college graduate who just began work at an agency serving individuals with developmental disabilities. His primary responsibility for the past month has been Stephen, a withdrawn 58-year-old gentleman with some incontinence problems and symptoms of dementia.

Thomas confided to his girlfriend: **"To be honest, it's kinda disgusting when he messes himself. I try to keep a sense of humor, but Stevie-boy's not exactly a 'people person,' if you know what I mean!"**

Earlier today, Stephen was sitting at a table in the vocational program. Thomas noticed a telltale odor and tried to get the older man to follow him to the men's room, but Stephen refused. When Thomas tried to help him up, Stephen swung his elbow back and caught him in the mouth.

An hour later, Thomas was describing the incident to the program manager.

"He totally shocked me with that one -- I didn't see it coming at all! And then, as if that wasn't embarrassing enough, I tripped over a chair and fell on my @\$\$, biting the crap out of my tongue. I lost it for a second, I guess. I mean it's one thing that he messes himself and drools on his shirt. That I can take. But I wasn't raised to let someone pop me one and then NOT do something about it. I jumped up and cursed a little, but I pulled it together pretty quick. My supervisor Megan stepped up and calmed me down, but I wasn't gonna do anything to the old guy. He just caught me off guard, that's all."



Which of the five Anger Traps do you see? What advice would you give Thomas?

Five Tactics For Staying Out Of Power Struggles

- ✓ **Lower your own tone.** A softer, lower-pitched tone of voice is less likely to provoke a reaction.
- ✓ **Check your body language.** Stay alert, but relax your body to appear less defensive. Avoid angry facial expressions or gestures, such as finger pointing.
- ✓ **Refocus on the issue.** Don't get distracted by defending your decision against stubborn opposition or illogical accusations. Refuse to argue, and restate your request.
- ✓ **Let other staff help.** Ask for/allow other staff to step in and persuade the person you're supporting to comply.
- ✓ **Allow the other person a face saving gesture** or comment without trying to get the last word.

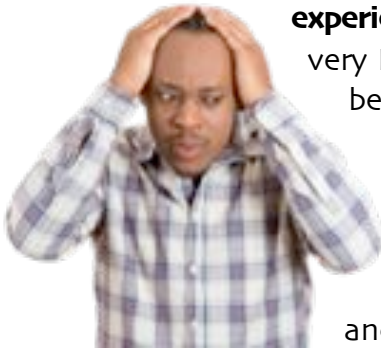
Things to Remember During Problems

When tempted to engage in a power struggle with a challenging person, remember these things.

1. About the PEOPLE WE SUPPORT:

a. Remember that stress acts like a magnifying glass, making small problems seem larger than they are. Be aware of the stressors in the lives of the people you support. Avoid putting extra stress on people whose coping skills are already maxed out.

b. Remember that the individuals you support may have had past experiences that give them very different ways of perceiving events than you have, especially those who have experienced trauma. However unreasonable this perception seems to you, it is very REAL to them. Try to see things through their eyes before reacting to their behavior.



c. Remember that during conflict, emotionally overwhelmed people may become their own worst enemies. They may defend, deny, blame, rationalize, and regress to avoid dealing with their behavior. Don't try to reason with them when you can see they are highly agitated. Back off, and give them time to cool off first if it is safe.

2. About OURSELVES during crisis:

a. Remember that outside stress (a bad cold or problems at home) can make it harder to tolerate the situational stress of a conflict. Be aware of the stressors acting on you, and be able to tell what you are reacting to in a crisis. Reduce your stress when you can before entering tense situations.

b. Remember that everyone has sensitive issues that set them off. Know your emotional hot spots and anger traps before problems occur. Admit to yourself when you are getting angry or overwhelmed in a crisis. Take a deep breath and slow down, or ask for help if you need it.

c. Remember to catch yourself using sarcasm, belittling comments, or accusations when you are angry. Treating adults with disabilities as if they were children dehumanizes them, and may reinforce negative perceptions of staff. If you make a mistake, apologize if necessary (without expecting one in return). Make a habit of letting go of grudges. Every day is a new day, another chance to start fresh!



Key Point 4. Working effectively to support individuals with challenging behaviors requires a great deal of self-control and self-awareness.

Our goal in emotional situations must be to help the people we support de-escalate and resolve their problems. We can only do this if we are able to stay calm and focused ourselves, avoiding unnecessary power struggles and destructive anger traps.

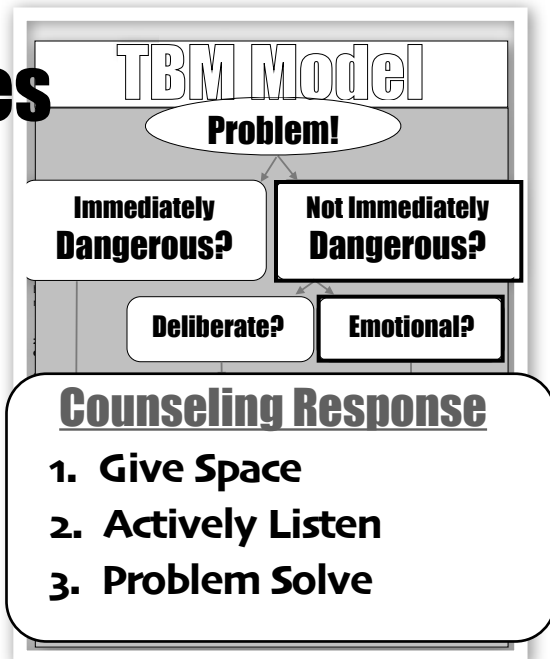
Part 5

Counseling Responses

Some behavior problems are EMOTIONAL. Interventions should be based more upon RELATIONSHIPS than rules.

Diagnostic Cues of Emotional Behavior:

1. BEHAVIOR is _____
2. EXPRESSIONS are _____
3. THINKING is often _____
4. Outside ISSUES are _____



Counseling Skill 1: Giving Space

Give space when an emotionally overwhelmed person is **PHYSICALLY SAFE** but unable to talk rationally.

Mary is a 28-year-old resident who got very upset when Amy suddenly cancelled a trip that Mary had been looking forward to all week. Hours later, Amy called in to check on Mary, who shouted: **"You don't love me! All you care about is your stupid daughter! I hate you! I don't care if you NEVER come back, and I hope your stupid daughter DIES!"**

To GIVE SPACE:

Jennifer (as support staff) might say:

Step 1: ACKNOWLEDGE FEELINGS

"I can see how _____ you are right now."

Step 2: SUGGEST TIME ALONE

"Why don't you take a _____."

Step 3: SET LIMITS

"You can _____
and I'll _____."

SKILL PRACTICE: First, think of a SPECIFIC situation in which a highly agitated individual might need to be given space. Then, write a brief word-for-word statement giving him/her space to calm down. Prepare to role play the scene.

1. ACKNOWLEDGE FEELINGS: _____

2 SUGGEST TIME ALONE: _____

3. SET LIMITS: _____

Counseling Skill 2: Active Listening

Use Active Listening when an emotional person is **CALM ENOUGH** to begin talking things out, but is not yet ready to problem solve.

One of the most powerful crisis intervention tools is good LISTENING. Open-hearted listening allows a highly emotional child to vent to someone who cares, while offering us an opportunity to gather information and (later) offer helpful advice. There are three levels of Active Listening:

- 1. Attending 2. Decoding 3. Reflecting**

Active Listening 1: ATTENDING

Good listening is more than just waiting your turn to talk. **Good listeners communicate their concern and willingness to help as much by what they DO as by what they SAY.**

Mark "G" for good and "B" for bad habits. How would each impact the speaker?

THINGS WE DO:

- | | |
|---|--|
| <input type="checkbox"/> Interrupting constantly | <input type="checkbox"/> Rolling your eyes |
| <input type="checkbox"/> Making some eye contact | <input type="checkbox"/> Tapping a pencil |
| <input type="checkbox"/> Nodding at the right times | <input type="checkbox"/> Leaning in |
| <input type="checkbox"/> Quickly checking a text | <input type="checkbox"/> Answering emails |

THINGS WE SAY:

- | | |
|--|--|
| <input type="checkbox"/> "Tell me more about what happened..." | <input type="checkbox"/> "You need to get over it..." |
| <input type="checkbox"/> "That's nothing! You think that's bad?" | <input type="checkbox"/> "What about HER point of view?" |
| <input type="checkbox"/> "That must have been upsetting..." | <input type="checkbox"/> "You've had a hard day..." |
| <input type="checkbox"/> "Here's what you SHOULD have done..." | <input type="checkbox"/> "I see what you mean..." |



Active Listening 2: DECODING

Much of our real meaning is communicated non-verbally or para-verbally. **Good listeners learn to read between lines and interpret what is NOT said.**

| % of Actual Meaning | Communicated through |
|---------------------|------------------------------------|
| % | Facial expressions & body language |
| % | Tone of voice & inflection |
| % | Actual words chosen |

Tip: Pay attention to and decode discrepancies between verbal messages ("I'm fine.") and non-verbal messages (upset expression, tense body language, trembling voice).

Part 5: De-Escalating Emotional Issues

Level 3 Listening: REFLECTING

Decoding notices body language and facial expressions, then asks for meaning. Reflective listening goes a step further by paraphrasing what we hear the other person saying and feeling, but without attempting to insert our own opinions or give unsolicited advice. Instead, we offer our full attention, decode both verbal and non-verbal messages, then briefly repeat what we've heard in our own words.

REFLECTING: "It sounds like you feel _____ because/about _____."

emotion reason

DECODING: "You say that you're fine, but you look really upset.... what's going on?"

REFLECTING: "It sounds like you're really upset about what's happening at home."



DECODING: "I see you all slumped over, looking pretty miserable. What's that look all about?"

REFLECTING: "So your housemate went into your room without asking. I can see how mad you are about it."

a. STAFF: "Will, I see you walking around with a big frown on your face. You look like you're pretty unhappy about something. What's going on?"

Will (frowning): **"Nothing. Just stuff."**

STAFF: "Stuff? What stuff?"

Will (looking down): **"My little sister sent me a birthday card. She's in a group home and I miss her so much. She said she needs me, but I can't help her. I'm stuck here. I hate this stupid place."**

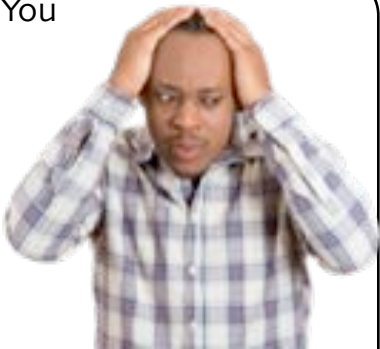
List Will's FEELINGS:

REASONS for feeling that way:

Create an understanding, reflective response. Do NOT give advice or try to solve the problem.

"It sounds like you're _____ about/because/with _____." or

"It sounds like _____."



Part 5: De-Escalating Emotional Issues

Practice with Reflective Listening



b. STAFF: "Hi Mary. You look much calmer. I can see that you're frowning, so I think that you're still a little upset. Do you want to talk about what happened this afternoon?"

Mary (pouting): "I'm mad! I'm mad at Amy! She **PROMISED** we'd get our nails done today, and then she left me. Just because her stupid daughter got run over or something. It's not fair! People are always breaking promises."

List some of Mary's FEELINGS:

Create an understanding, reflective response:

"It sounds/looks like you're really _____ because/about _____
_____. Let's talk some more, okay?"

c. Write an emotional statement that one of the people YOU support might make:

"



Reflective response: (Try the formula "Sounds like you feel ____ about ____.")

Counseling Skill 3: Problem Solving

Use Problem Solving as a follow-up to Active Listening, when an emotional person has calmed down enough to discuss and resolve the problem.

1. PROBLEM: What happened?

Often, emotional people need help organizing their thoughts and feelings after a problem. **Use active listening skills to explore what happened, then briefly summarize the chain of events. Try to identify the core problem, but leave deeper therapy issues for clinical staff.**

For example, you might say:

"So, I heard that you and your friend Jamie had some problems today. How did it all get started?"

"All I know is that you had an argument with your parents on the phone. Tell me more about what happened."

"Let me see if I have the whole story: Earlier today, you got upset because Thomas...."

2. GOAL: What do you want?

Individuals in emotional crisis sometimes act out in ways that contradict their original intentions. **Use non-judgmental, open-ended questions to help them describe their intended goals and to discuss better outcomes.**

For example, you might say:

"I can see that you're unhappy about the way things are between you and Jamie. How do you want them to be instead?"

"What kind of relationship would you LIKE to have with your parents?"

"So how would you like to see things turn out?"

3. SOLUTIONS: What can you do?

Many times, emotional people feel "stuck," unable to find a path from their problem to their goal. **Use brainstorming to consider numerous possible options (even bad ones), then analyze the likely consequences of each choice before picking a solution.**

For example, you might say:

"What could you do RIGHT NOW to make this better with Jamie?"

"What are all the options (good or bad) for handling this situation with your parents?"

"What can you do differently next time to avoid this kind of problem?"



Key Point 5. When the people we support act out because of stressful emotional issues, basic listening skills can be very effective. Our goal is to de-escalate them while helping them improve their stress management and conflict resolution skills.

Giving space is useful when they need to calm down physically and emotionally. Active listening encourages them to de-escalate further by venting to a caring staff member. Problem solving should be used only when they are ready to discuss better ways to handle future problems.

Part 5: De-Escalating Emotional Issues

Problem Solving with Mary

STEP 1: MARY'S PROBLEM

JENNIFER: "Hi Mary. You look much calmer. I can see that you're frowning, so I think that you're still a little upset. Do you want to talk about what happened this afternoon?"

MARY (growling): "I'm mad! I'm mad at Amy! She **PROMISED** we'd get our nails done today, and then she left me. Just because her stupid daughter got run over or something. It's not fair! People are always breaking promises."

JENNIFER: "It looks like you are really upset with Amy over leaving this afternoon. You were looking forward to going on an outing with her, and then at the last minute, it got canceled. That's really _____, isn't it?"

MARY (sarcastic): "Yeah! You think?"

JENNIFER: "I heard that she called in to talk with you a few hours later. How did that go?"

MARY (looking down): "I didn't want to talk with her. I was too mad. But I said some things..."

JENNIFER: "Some things? I see you looking down right now Mary, and your face is all sad looking. Did you say something you feel _____ about?"

MARY (sad and anxious): "I said that I hope her daughter is dead! But I didn't really mean it. I was just mad. Now she's going to hate me forever, I just know it!"

JENNIFER: "So you started out feeling _____ and _____ about Amy canceling the trip you'd planned. And now you're feeling bad about what you said... and a little nervous too, because you don't know how upset Amy might be with you. It's all kind of overwhelming, isn't it?"

MARY (looking up): "Exactly! But what do I do NOW?"

STEP 2: MARY'S GOAL

JENNIFER: "That's a great question. I feel absolutely sure that we can solve this if we put our heads together, Mary. Let me ask: If you could do this afternoon all over again, what would you do differently?"

MARY (confused): "I don't know...."

JENNIFER: "Let me ask it a different way. In our anger management classes, we've been talking about calming down and 'hitting the brakes' when we get worked up. If you could pick one spot today when you WISH you'd hit the brakes, where would it be?"

MARY (thoughtfully): "Maybe when Amy called me? I was too mad to calm down when Amy told me she had to go, but maybe I could have talked to her instead of saying that thing about her daughter."

JENNIFER (smiling): "I'm so glad to hear you say that, Mary! And I just know that Amy will appreciate hearing that too. She cares about you, and I know you care about her too. How do you want to see this turn out?"

STEP 3: MARY'S SOLUTIONS

MARY (nervous): "I wish we could act like this never happened..."

JENNIFER (nodding): "I don't blame you for wanting to avoid this. It's a little scary to talk to someone after an incident. But I also know how much courage you have. What other options do we have? Let's think:

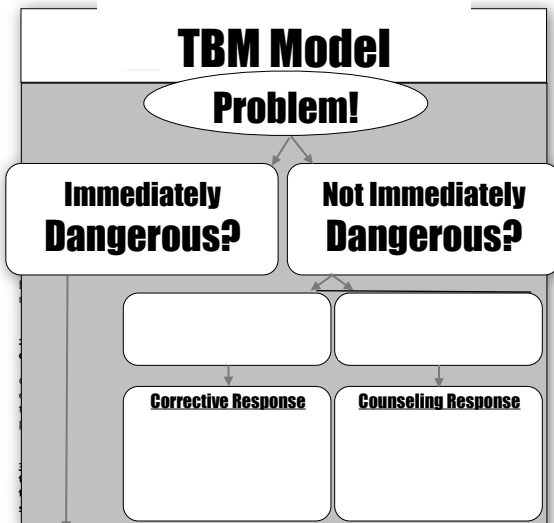
1. Ignore the problem
2. _____
3. _____
4. _____



Review for TBM Written Test

Part 1: DECISION MAKING IN CRISIS

1. Fill in the blanks on the charts below to recall the TBM Model and diagnostic cues (WB p 4-5).



| | Deliberate | Emotional |
|----------------|------------|-----------|
| Behavior | | |
| Expressions | | |
| Thinking | | |
| Outside Issues | | |

Part 2: DEALING WITH DELIBERATE MISBEHAVIOR

2. The individual associated with the Social Needs model is: _____ (WB p 6).

3. Describe four social needs, and list one negative or challenging behavior that meets each (WB p 6).

- _____ (Misbehavior: _____)
- _____ (Misbehavior: _____)
- _____ (Misbehavior: _____)
- _____ (Misbehavior: _____)

4. Match each type of Prompt with its description. (WB p 7)

- | | |
|-------------------------|---|
| ___ Verbal reminder | a. Giving a bored person something fun to do to prevent problems. |
| ___ Antiseptic bouncing | b. Making a simple request for improved behavior. |
| ___ Proximity control | c. Using another staff to help out with resistant individuals. |
| ___ Interest boosting | d. Making an excuse to offer a way out of a tense situation. |
| ___ Staff switching | e. Moving closer to a person to discourage misbehavior. |

5. List three kinds of consequences, and describe an example of each. (WB p 8)

- _____:
- _____:
- _____:

Part 3: UNDERSTANDING EMOTIONAL PROBLEMS

6. The individual associated with the Conflict Cycle is: _____ (WB p 10).

The Conflict Cycle suggests that emotional behavior is often driven by (list 2 or 3 factors):

7. How does trauma affect the behavior of people we support? (WB p 13)

Describe 3 ways that internalizers may act out.

1. _____

2. _____

3. _____

Describe 3 ways externalizers may act out.

1. _____

2. _____

3. _____

8. List four phases of an escalating crisis, and the goal for each phase. (WB p 14)

1. _____: _____

2. _____: _____

3. _____: _____

4. _____: _____

Part 4: STAYING PROFESSIONAL

9. Match each of the Anger Traps with its description. (WB p 17)

- | | |
|---------------------------------|--|
| ____ Outside Stress | a. Getting angry when a defiant person won't do what we tell them. |
| ____ Embarrassment | b. Getting angry when an individual disrespects our core beliefs. |
| ____ Shock / Fear | c. Getting angry when we feel helpless or frustrated. |
| ____ Values Violation | d. Getting angry when we feel overloaded with other problems. |
| ____ Authority Challenge | e. Getting angry when we feel scared or frightened. |

Part 5: DE-ESCALATING EMOTIONAL ISSUES

10. List the three types/levels of active listening, and match each with its description. (WB p 21-22)

Type 1: _____

a. Repeating back what you hear, in your own words

Type 2: _____

b. Using nods, posture, etc. to show you are listening

Type 3: _____

c. Reading body language and facial expressions

11. Reflective listening often follows a formula like the one below. What goes in each blank? (WB 22)

"Sounds like you are _____ about _____."