Understanding Challenging Behaviors in Adolescents and Young Adults
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Overview of Presentation

- Recognize behaviors within the context of transitions and changes in an individual’s personal life
- Manage challenging conversations regarding sexuality and appropriate social relationships
- Discuss how to build positive relationships and foster better understandings of behaviors with first responders/ law enforcement
- Develop communication strategies with families to better understand an individual’s behaviors and develop a crisis plan
- Identify practical tactics to prevent and de-escalate challenging behaviors which keep the caregiver and care receiver safe
Common Challenging Behaviors with Adolescents/Adults with IDD/DD

- Elopement
- Physical Escalation (hitting, biting, property destruction)
- Self-injurious behavior
- Risky behaviors
- Sexual misconduct
- Theft
- Substance use
- Health concerns
- Others?
Changes and Transitions to Consider During Adolescence & Early Adulthood

- Changes in service providers (e.g., therapists, physicians, dentists)
- Transition from school to other settings (e.g., workplace, day program, residential facilities, college)
- Physical changes
- Changes in services available
- Recreational and leisure expectations
- Changes in relationships
- Aging parents and siblings emancipating
How Should We Think about Challenging Behaviors?

All behavior serves a function and has meaning to the individual.
Review of the ABC’s of Behavior

<table>
<thead>
<tr>
<th><strong>Antecedents</strong></th>
<th><strong>Behavior</strong></th>
<th><strong>Consequences</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Preceding Events)</td>
<td>(Tasks, Activities, Observable Actions)</td>
<td></td>
</tr>
<tr>
<td>Events that stimulate desirable behavior</td>
<td>Desirable behavior</td>
<td>What supports and reinforces the desirable behavior?</td>
</tr>
<tr>
<td>Events that stimulate undesirable behavior</td>
<td>Undesirable behavior</td>
<td>What supports and reinforces the undesirable behavior?</td>
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</tbody>
</table>
Conceptualizing Escalated Behavior

• **Form of communication:**
  - If the individual has differences in verbal communication, challenging or physical behavior could be the only way the individual knows how to communicate wants and needs.

• **Result of previous Experience:**
  - E.g., if a individual exhibited challenging behavior in the past and received attention, this could have been reinforced and therefore the individual may use similar behavior to get attention now.
Example

- Sharon requests to go out for coffee but her staff inform her that she does not have enough money to do so today. Sharon responds by scratching herself, yelling at the staff, and throwing objects at them. The staff leaves the room and closes the door.
The “ABC”s of Behavior

When you see a behavior, ask yourself

1) “What is the purpose”
2) “What is the consequence?”

- Denied access to a fun event
- Scratches self, yells, throws items at staff
- Staff member leaves
First things first…Know the Plan!

- Discuss safety plans with family and participant
  - What are their strengths and what do they enjoy doing?
  - How can I tell that they are beginning to escalate and best support them further?
  - What challenging behaviors commonly occur? What are triggers? What helps them cope?
  - Who can help maintain their safety? How should I maintain my safety?
  - Are trainings available or recommended to me for handling challenging behaviors (e.g., CPI, MANDT)?
  - Are medical interventions used? If so, how do they be properly assisted with and documented?
  - What needs does the participant have if there were an emergency, such as a fire, tornado, etc? Have they participated in drills at their home? Their work?
Proactive (Antecedent) Strategies

- Help build healthy relationships between participants and law enforcement, emergency responders, neighbors, etc.
Proactive Strategies

- Identification supports
- Project LifeSaver/ Colorado LifeTrak
Proactive Strategies

- Meaningful participation in the community and work
Antecedent (Proactive) Based Interventions

- Arranging the environment
- Schedules/routines
- Using highly preferred items to increase interest and motivation
Antecedent (Proactive) Based Interventions

- Issuing warnings about upcoming transitions and expectations
- Prompting communication (help, no)
- Teaching coping/calming strategies
Crisis Kit

- Coping Tools
- Items needed for trips outside of the home (e.g., snacks, extra clothes, etc)
- Include Important Documents:
  - IDs
  - Copy of insurance card
  - Copy of Crisis Plan
  - List of Medications
  - Copy of Consent to Treat that is signed by the legal guardian (if you are not the legal guardian)
Crisis Plans

- Make sure all caretakers and support persons are aware of the most current version of the plan and review it frequently

- Helpful to include the following:
  - Individual needs and preferences
  - Risky situations and cues of escalating behaviors
  - Strategies that can be helpful to support
  - Hierarchy of strategies to utilize
  - Who to contact and current contact information
### Examples

<table>
<thead>
<tr>
<th>Communication</th>
<th>Natural (unpaid) supports, Waiver services</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to assist:</td>
<td>I have a hard time communicating my thoughts into words; I need my providers to be able to recognize certain repetitive tendencies and/or my body language so they can promptly assist me in finding the right words to articulate my thoughts and feelings to those I am speaking to. I also use certain topics of conversation to agitate and work myself up into an escalated behavior; my providers can help divert such behaviors by ignoring/not feeding into these specific topics and by covertly changing the conversation into what is going on in the “here and now.”</td>
</tr>
</tbody>
</table>

| Protocol(s): | None |
| Protocol(s) Comment: | Natural (unpaid) supports, Waiver services |
| Physical Conditions | Natural (unpaid) supports, Waiver services |
| How to assist: | I have gout and require my care givers to regularly monitor the condition of my feet, being sure to give immediate attention to any cuts or sores that develop. To help prevent my gout it is helpful for my team to encourage me to drink water every day. I also have eczema, which is treated simply by moisturizing my dry/irritated skin with lotion. I have a mole on my arm pit that was recently looked at by my doctors; this mole needs to be watched closely/monitored for any changes and reported to my doctors for follow-up if necessary. As for Physical Conditions in my home, weapons should be secured in a locked safe inside the garage or in a secured place within the house. (I have been known to seek out certain items as I am running away, my motivation when grabbing these items is not to harm others but I believe that they will help me survive when I am out in the woods. I may however use these items to posture towards the person I am upset with or to get attention from others, communicating with them that I am upset.) It is good to know that I typically will put the “weapon” down if told clearly to do so. |

| Protocol(s): | None |
Sample Templates

**Individual Behavioral Service and Support Plan/Crisis Plan**

- Individual:
- Data Writer/Revised:
- EC/EM:
- Emergency Contact Name/Relationship:

**Definitions**

| Target Behaviors for Reduction | List and define behaviors that individual should avoid (challenging behavior) |
| Target Behaviors to Increase  | List and define behaviors that should be encouraged |
| Precursor                      | Is there anything that needs to be in place for the individual to be comfortable in their surroundings? |

**CRISIS PLAN**

| If individual does this: | Do this: |

**Pre-Action/Preparatory Procedures**

| Activity (e.g., making requests, building rapport) | Explanation of activity, with tips and tactics for increasing compliance and management behaviors, and decreasing the likelihood of challenging behaviors |

** Reactive Procedures**

| Activity (e.g., verbal disruption, inappropriate social behaviors) | Explanation of activity, what tends to happen, potential for further escalation, and tactics for de-escalation and correct/preferring response |

Provided by: Erica Jamieson- Colorado Easterseals
CRISIS INTERVENTION PLAN

PREVENTATIVE STEPS:

1. Jonathon’s parents will offer numerous types of positive exposure to their local police department (ideas for positive exposure include but are not limited to bringing treats to the main office, taking walks with officers, welcoming them into his home for a positive/fun visit, etc.)
2. Jonathon’s parents will have their phones flagged with dispatch, notifying all Emergency Response teams as soon as they are called that Jonathon has a disability.
3. Follow the Positive Behavior Support Plan and watch for any “signs” of frustration and/or “repetitive negative thoughts” that lead to an outburst or running away.
4. Administer PRN Meds at the first noticeable onset of an outburst. Documenting the exact dosage and time Jonathon took it. (Note: Jonathon is good about taking his meds when asked, even if he is running away he will stop to take them.)

LAW ENFORCEMENT INVOLVEMENT:

➢ Call Glenrock Police Department for back-up assistance when Jonathon runs away or has an outburst.
➢ The local PD will be a presence, assuring Jonathon and the community’s safety. The Sheriff’s office will use his GPS locator to help find Jonathon in the event that he has run off and parents/providers have lost their visual of him.
➢ The Local PD will assess the situation and either attempt to help Jonathon calm down by taking him for a walk or they will be a presence, keeping an eye on the situation until EMS has arrived.
➢ If Jonathon assaults anyone, the local PD will not hesitate to call for EMS backup and will assist, as trained, to ensure everyone’s safety.

EMS INVOLVEMENT:

➢ Parents or providers will inform EMS of the exact PRN, dosage, and time it was administered.
➢ EMS will transport Jonathon to the Douglas Emergency room for further evaluations.
➢ Jonathon will be released back to his parents care once he is stable and safe.
1. Sensory Stimuli
   ○ Assess any environmental triggers for escalation, such as sensory stimuli (lights, smells, tone of voice), certain times of day, or transitions
     ■ Individuals with IDD/DD are often sensitive to sounds, lights, smells, and tactile sensations
     ■ If the environment cannot be modified, help individual be prepared (e.g., introducing different sounds that might occur)
     ■ Sometimes these are unobservable or the individual has difficulty communicating what is bothersome
   ■ Medical Issues
     ○ Consider hidden medical issues that may be causing the emotional or behavioral problems
       ■ sleep disturbances, seizures, constipation, dental problems, ear infections and overlooked injuries
       ■ Remember- it is often up to providers and caregivers to closely monitor physical health, especially if accurate communication is challenging for the individual
Antecedents

- **Learn Triggers**
  
  Treat individuals, their parents and other caretakers as experts. Ask about their loved ones’ preferences and triggers, such as:
  
  - Communication difficulties or transitions
  - Also ask the individual!
  - Use Plan of Care and other documents to guide you
  - Gather information from other providers, therapists, psychiatrists, and other staff
  - Document, document, document!
Antecedents

- **Consistency is key!**
  - Reduce surprises through Visual Schedules:
    - Sequence of pictures, words, or objects to provide structure to an individual’s day
    - Can be physical exchange of pictures or objects
    - Can be very simple (does not always require additional preparation/resources)
    - Individual must interact in some way with the schedule for it to be effective
Other Visual Supports for Adolescents & Adults
Social Stories

- Social stories are brief narratives about what is going to happen in a specific occasion
- Key considerations in Writing Social Stories:
  - Identify a relevant difficulty for understanding or displaying appropriate social behavior
  - Use language and visuals that are appropriate for the individual
  - Most social stories use descriptive (e.g., “When I am in school, I am there to learn”) & directive sentences (e.g., “If I need a break, I can tell the teacher”)
Example Social Story

Today we are going to a wedding. It is an event in which two individuals who love each other, agree to spend the rest of their lives together, in front of their friends and family.

If I am having a difficult time at the wedding I will quietly get up out of my seat and go to the back of where the ceremony is taking place so I can compose myself.

We can say things to the Bride and Groom like: “Congratulations” or “Thank you for sharing your special day with us” or something else that is a compliment.

http://weraspies.weebly.com/social-stories.html
Example Social Story

When I go to the movies

When I go to the movies, I wait in line to get my ticket.

Sometimes we buy snacks. Sometimes we buy drinks.

It can be a good idea to use the bathroom before we sit down.

In the theater, we pick a seat and sit down.

The theater might be dark. The theater might be loud.

I can take breaks if I need to. I can ask to take a walk.

When I am in the theater, I am sitting in my seat with a quiet voice.

Going to the movies is fun!
Revisiting our Example

- What skills does Sharon need to learn given the recent incident?
- What proactive/antecedent strategies could have been helpful in the example of Sharon?
Start with De-escalation Techniques at Home

De-escalation Techniques Are NOT Working

Child is NOT at risk of a medical crisis or physical harm
- Call Crisis Hotline 1-844-493-TALK (8255)
  - Help you with de-escalation techniques
  - May direct you to Walk-in Center if available
  - Mobile Crisis Unit may be dispatched to your location

Child IS at risk of a medical crisis or is inflicting harm upon self or others
- Call 911
  - *Ask for a CIT Officer
  - May direct you to Emergency Room
  - May help you contact 911
Communication with Individuals when escalated

• Safety should be a top priority at this point
• Receptive communication may be difficult (even in highly verbal people)
• Manage your own affect—tone, mood
• **Preview**, especially before transitions or changes (“in 5 minutes..”)
• Do not assume comprehension
  • Allow process time
  • Avoid repeating the same instruction over and over
  • Use gestures and visual cues/supports when possible
• Keep instructions short and simple with short noun/ verb phrases when escalating
  • Examples: first shower, then iPad
  • Supplement with visual schedule when possible—some individuals prefer reading to listening
Managing Behaviors

- Beforehand, try to have a good idea of safe places and supports given your location, potential challenges, and the individual’s challenging behaviors
  - What can I do if behavior difficulties arise at the grocery store? At the individual’s home? In a moving vehicle?

- Property is replaceable but people are not
Managing Behaviors

- In addition to ignoring small incidences of undesirable behavior, it is important to provide and reinforce positive alternatives, such as ways to signal for a break or make requests
  - Individuals may not feel comfortable taking a break or asking for help across contexts
  - Don’t assume that individuals always know how to appropriately take a break, use a coping strategy, or make a request

- Use positive reinforcement, considering individual preferences and interests
  - Set small, attainable goals for positive reinforcement (e.g., rewarding one hour without undesirable behavior vs. one day without undesirable behavior)
Managing Behaviors

- Use planful ignoring when possible, and for “small” acts (single hit with no physical harm done)
- Avoid ending the task if possible...this may reinforce the behavior and teaches them that undesirable behavior is an effective way of gaining escape from a non-preferred task or may escalate the individual even further
- Within one minute of aggressive behavior, IF the individual is demonstrating ANY positive behavior (i.e. safe hands, quiet voice), say, “I really like how you are _______”
- Make notes about the ABC’s: what happened before, what was the behavior, what happened immediately after. Hypothesize the “why” and use this to inform your next interaction
Revisiting our Example

- What behavioral strategies or interventions could have been helpful in the example of Sharon?

- How should challenging behaviors such as this be addressed after the fact?
Summary

- Anticipate and plan
- Learn/document individual’s preferences and triggers
- Use individuals/caretakers/ other staff as experts when they are available
- Be aware of your language and use visual aids
- Use internal and external resources
Considering Sexual Behaviors
Why Should We Talk about Sex?

- Developmental Disabilities 7x more likely to have contact with Criminal Justice Systems
- 33% of youth in state juvenile justice systems have disabilities
- Detainment of individuals with autism spectrum disorder is 11.26 years longer than peers in secure psychiatric settings
- Individuals with DD are more likely to become a victim of a sexual assault (U.S. Department of Justice estimates between 68-83% of women with DD will be sexually assaulted in their lifetime)

(Debbaudt and Rothman, 2001; Quinn, 2005; Hare, 1999)
Facts about Sex Education

- Lack of access to reproductive health care
  - Women with a DD are 7-9x less likely to ever have a pap smear
- Lack of sexual education
  - 3x more likely to contract an STD
  - 5x more likely to forgo contraception
- Students in special education are often “opted out” of sex ed
- Classes lack accommodations to facilitate learning
- Greater emphasis on abstinence
- Little emphasis on social basis

BUT More education = less likely to engage in or be the victim of inappropriate / dangerous behavior.
Why Don’t We Talk about Sex?

- Infantilization of individuals with disabilities
- Assumption of sexuality
- Uncertainty *who* should teach
  - Parents do not believe they have enough specialized knowledge
  - Insufficient resources on teaching sexual education to adolescents/adults with developmental disabilities
- Uncertainty *what* to teach
- Desire to protect from information not well understand
- Cultural beliefs
- Fear of increasing inappropriate sexual behaviors
- It’s uncomfortable!
Factors to Consider in thinking about Sexuality & Sex Education

- Family preferences in handling challenging behaviors related to sexuality and sex education
- How much information is appropriate to share and what do they need to know?
- Intersecting identities
  - Religious and cultural beliefs
  - Sexual orientation
- Medical needs
- Are there discussions that should take place with medical providers?
- What topics would you find easy to discuss? What may be more difficult?
What to Teach

- Facts
  - The Body and Personal Hygiene
  - Boundaries/Touch
  - Expressing Affection
  - Exploitation Prevention
  - Dating

- Terms (proper and slang)

- Social Aspects
  - What to do
  - What not to do
  - And...WHY? (Big ideas!)
Public Vs. Private

- **Private place**: where no one can see you or just walk in
- **Public place**: anyone can go
- Use the private/public vocabulary
  - “You are in the bathroom so shut the door for privacy”
  - Use examples from naturally occurring events to discuss the topic (e.g., trying on new clothes)
- Set up privacy boundaries within the home
  - Discuss as a family how privacy will be defined within the family
  - Teach the child how to respect others’ privacy (e.g., knocking on the door)
<table>
<thead>
<tr>
<th>Rating</th>
<th>I can touch what parts of my body?</th>
<th>Where can I do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Genitals (privates)</td>
<td>Bedroom—door closed, Bathroom—at home</td>
</tr>
<tr>
<td>4</td>
<td>Thighs, Bottom, Inside Nose</td>
<td>Bedroom or Bathroom</td>
</tr>
<tr>
<td>3</td>
<td>Bare Feet, Belly</td>
<td>At Home</td>
</tr>
<tr>
<td>2</td>
<td>Arms, Legs, Hair</td>
<td>Anywhere</td>
</tr>
<tr>
<td>1</td>
<td>No touching</td>
<td>Anywhere</td>
</tr>
</tbody>
</table>
How to Teach: Strategies

- Use of images and video are powerful interventions for individuals with ID/DD.
- People with ID/DD may emulate TV and films.
- Vignettes
- Role Play
- Examples from real life
- Use visual supports
- Return to topics repeatedly
- Check for comprehension
Who Is In Your Circle?

Loftin, 2016
The Tough Topic….Masturbation

- Masturbation considered problematic if:
  - It occurs in public
  - It is interfering with the child’s daily functioning
  - The child finds it upsetting

- If the child is engaging in problematic masturbation, an FBA should be conducted to gather more information on the function of behavior

- Responses to masturbation should never be punitive
Recommendations for Addressing Masturbation

- Importance of differentiating between public vs. private spaces
  - Consider use of visuals (e.g., special pillow that uses or signs that indicate where to masturbate)
- Make sure individual has a private place to masturbate (e.g., the ability to close the door)
- Positive attitudes about appropriate masturbation should be maintained
- Use specific terminology (e.g., private touching)
Masturbation: How much is too much?

- Masturbation is considered excessive if:
  - The individual is hurting himself or herself
  - It is interfering with other daily living tasks

- What can parents/providers do to intervene?
  - Rule out a medical cause
  - Teach other techniques to self-sooth
  - Make sure that the individual is not using inappropriate techniques to masturbate
  - Increase other non-sexual activities: massages, bubble baths, etc.
Internet Safety & Media Portrayal of Sex

• Consider what is seen through the media and educate
• Teach about internet scams, identity theft, credible websites
• Review what information should be kept private from a stranger
• Teach rules for meeting up with online friends in real life
• Teach appropriate online behavior (e.g., how many messages should be sent at once) and inappropriate online behavior
• Set up firewalls to block inappropriate sites
• Remove access to the Wi-Fi if necessary
Consent/Avoiding Danger

- Defining who should be discussing certain topics
- Through positive relationships, model and encourage skills such as assertiveness, boundaries, and safety
- Create a plan, “No, Go, Tell”
- Legal Issues (e.g., Stalking, pornography)
Curricula

- Intimate Relationships and Sexual Health (higher functioning ASD)
- Planned Parenthood site

Social skills
- Young Adult PEERS curriculum has group sessions on dating and social skills (no sex education component)
- Resources
  - http://www.sexualityanddisability.org/
Summary

- Sex education is important to overall health, wellness, and safety
- Consider what knowledge is important for the individual to possess and how to effectively teach it
- Family and individual preferences and beliefs should be considered
- Teaching is often an ongoing conversation and visual supports may be helpful
Thank you!

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