

Ψ Grey Matters Ψ

Notes from the Support Approach Team

The Language of Behaviour Support - Part 2

In the Fall 2016 issue of Grey Matters we introduced some practical descriptions of terms used in Client Profiles relating to behaviour support. In the last issue we learned that “One of the challenges the agency faces is to efficiently and effectively communicate about behaviour support.”

The agency provides employees training in the "language of behaviour support" to ensure common phrases are understood. The "Support Approach Guidelines" outline the agency's philosophy and procedures of behaviour support. In that document you will find a glossary or dictionary of behaviour terms. This issue of Grey Matters continues to expand on the description of specific behaviour terms.



As noted in Part 1 some phrases describe "positive approaches" or "positive procedures" intended to help individuals learn skills or actions that may assist them to meet their

needs more effectively. Other phrases refer to "restrictive procedures" that in some way limit an individual's choices.

Only occasionally will you see the term “**antecedent modification**” written in a Client Profile. Nevertheless, this is a positive strategy that is used in designing most of our support plans.

Using this technique effectively starts with an understanding of the conditions that typically happen before the behaviour of concern. Antecedents can include characteristics of the location the individual is in, who is present in that location, and what others are saying or doing around the client just before the behaviour of concern happens. If we know that some of the things that are present before the behaviour happens seem to predict the behaviour, then changing (modifying) those things may prevent or reduce the chances of the behaviour happening.

Lets look at an example. Tom lives in a home with two other young adults. He needs help from his staff to complete many of the routines of his day. Tom’s housemates can become quite noisy in the half hour before supper. Tom seems to become agitated by the noise and often starts to hit his head before supper. While there are many supports the team could have put in place to help Tom, an “antecedent modification” was started to see if we could help Tom remain calm before supper. With authorization and consent, the Profile was changed to include a proactive plan to offer Tom the choice of listening to his favourite music before supper, or going out to the back yard to kick a ball. Whether listening to music or being in the yard the key was to have Tom spend time away from the noise he seemed to struggle with.

Another term or group of related terms you may come across fall under the label “**Prompt**”. A prompt is something the staff does to guide the client to start or complete an action they need to do. Often prompts are used when an individual is learning to complete a new skill (e.g., hand washing). Prompts can come in different forms (e.g., a gesture, a verbal cue or instruction, physical touch or movement). A **gestural prompt** is an action

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that (e.g., a movement of hand and arm, moving lips without speaking) that directs the client to start to do a task, or the next step in a task. For example, with hand washing, after the individual completes all the steps in toileting, staff might point to the sink (a gesture) to prompt the client to complete hand washing. A **physical prompt** is a cue that includes touch to encourage the individual to initiate or continue movement in a desired direction. For example, with hand washing staff might encourage reaching for the soap by touching the individual's hand and gently moving it toward the soap. There are two broad categories of physical prompt; "Full Physical Assistance" (aka—Hand-Over-Hand) and "Partial Physical Assistance" (using light touch).

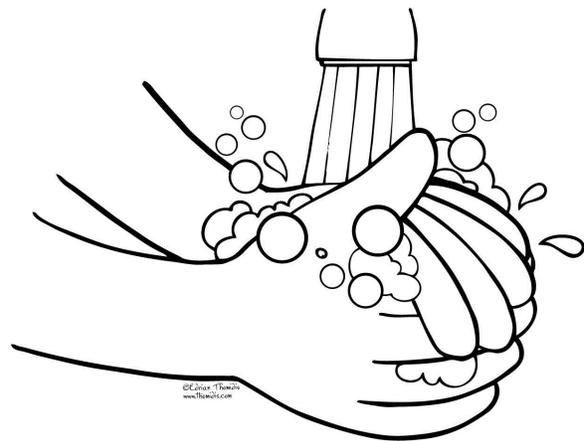
An important consideration with the use of physical prompting is that it must not be overly forceful contact. If staff encounter more than "light" resistance from the individual the prompt should stop. Without this limitation the prompt could shift from being a positive procedure to a restrictive procedure as defined in CET Standards.

A third form of prompt is a **verbal prompt**. This is a word or phrase intended to draw the individual's attention to the next step in a task and encourage completion of that step. For example, continuing with the hand washing task, staff would say "pick up soap" to encourage continuation of the task. This is an example of a "direct" verbal prompt. A second type of verbal prompt is an "indirect" prompt (e.g., saying "What next?").

In "*The Language of Behaviour Support—Part 1*" a distinction was made between "Verbal Redirection" and "Verbal Direction" and it may provoke the question "where does Verbal Prompt fit in?" A Verbal Prompt is a positive procedure used to encourage learning and completing a skill, while Verbal Redirection and Verbal Direction are procedures connected with interrupting a "behaviour of concern" as defined in CET Standards. In all

three procedures staff use a word or phrase to cue the individual; however, the prompt is designed to foster skill development, while the redirection or direction are intended to interrupt behaviour.

Another type of prompt comes from the work of Albert Bandura (1977) on social learning and imitation. Social beings learn from each other by paying attention to the behaviour of others and imitating that behaviour. This leads to a teaching procedure called **modeling**. With modeling staff



demonstrate how a task or step in a task is done. For example, staff teaching hand washing would ensure they have the attention of the individual before picking up the soap, wetting it and rubbing the wet bar of soap between their hands. An important consideration in the potential for success using modeling is whether the individual has adequate imitation skills. Without imitation skills modeling is unlikely to be successful.

All of the "prompts" described may be used in a formal plan to teach a skill and may be characterized as forming a "Prompt Hierarchy" which can be arranged from "most to least" or "least to most" based on the level of support provided to the learner. A "most to least" prompt hierarchy to teach a motor skill would look like:

- ◆ Full Physical Assistance
- ◆ Partial Physical Assistance
- ◆ Modeling
- ◆ Gesture
- ◆ Verbal

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◆ Independent

An important part of planning when using prompts is to consider when and how to move to the least support possible or to independent performance of the skill.

While it is preferable that our support plans use positive approaches or procedures to influence learning there are times when the risk presented by the behaviour choices of an individual require that we consider options described as “restrictive”. Refer to Policy 1020 and/or the Support Approach Guidelines for a definition of “restrictive procedures”.

In the last issue of “Grey Matters” we described a few restrictive procedures that have been used in behaviour support plans in the Client Profile. In this issue we will briefly describe some restrictive interventions that are intended to limit the risk of physical harm to the individual and others, or damage to property. The procedures described may need to be used as “unplanned” strategies to address risk from “unanticipated behaviour of concern” or as procedures in an authorized profile to address “anticipated behaviour of concern”.

In the Glossary of the “*Support Approach Guidelines*” you will find the term “**Body Boundary**”. With this procedure the staff use their physical presence; positioning themselves between the individual and a potential hazard or others who might be harmed. In other words, staff place themselves in the way of the individual WITHOUT TOUCHING, to limit movement in a particular direction. As a stand alone intervention this procedure is only likely to be effective for an individual who is not likely to engage in physical contact with the staff. For example, staff are at the stove and a pot of boiling water is on the stove. The individual has no safety skills and is moving toward the stove. The staff use a Body Boundary to keep themselves between the individual and the

stove.

In most situations a Body Boundary would be used in combination with other procedures (e.g., Verbal Redirection (a choice of alternative activities), Verbal Direction (an instruction to do something specific), Physical Hold (to prevent further harm)). For example, in addition to standing between the individual and the stove staff might say “You can sit at the table or watch TV” (Verbal Redirection).

A “last resort” option for safety is a procedure called “**Physical Hold**”. Generally, a hold, which means a prolonged grasp and control of another person, in response to a specific “behaviour of concern” is only authorized when a risk of significant harm is present and other less intrusive interventions are ineffective.

To be clear, not all “holding” is a restrictive procedure”. A hold is only restrictive when it is done **in response to** a “behaviour of concern”. For example, taking hold of someone’s wrist to prevent them from striking themselves in the head (Self-Injury—as a behaviour of concern) is a restrictive intervention. Taking hold of someone’s arm to steady them or guide them is not a restrictive (in most situations).

It is important to be quite specific when describing a physical hold in the client profile. It should be clear how many staff are involved, what circumstances result in the “hold”, what body part (s) are held, and under what circumstances and how is the hold to end. Any time a physical hold is used the safety of the individual and the staff must be a high priority. Staff training in the use of a hold is also important. Our Nonviolent Crisis Intervention (CPI) training provides coaching in the use of the CPI “Team Control Position”.

A specialized variation of a physical hold has the name “**Physical Escort**”. An escort involves controlled movement of an individual to a specific destination. For example, staff are trained in the use of the CPI “Transport Position” to assist an individual to a safe location. All of the considera-