

**Training Module**

**Disruptive Behaviors  
In a Residential Setting**

*Presented by*

**Kaleidoscope Family Solutions, Inc**

# Common Characteristics

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## Challenges to working in residential programs:

- Providers have different values concerning client behavior.
- Client's mental health/emotional needs are very high, more so than in years past. A variety of Providers are working on different shifts at different times, and use of variety of approaches in managing behaviors.
- Providers have the responsibility of working with more than one person at the same time and are not always able to devote all their energies to one individual.
- When one individual is disruptive, it effects several individuals. Limited resources for Providers.
- Individuals who create behavior programs often are not dealing with the behavior on a daily basis.
- Providers response is dictated by regulations and policies, constantly beings observed
- by licensing agencies, administration, family members, even the public.

## How can we help our clients?

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1. To help enable clients to find effective, satisfying alternatives to these behaviors
2. To help clients minimize the inappropriate and/or disruptive behaviors that get in the way of community participation
3. To help enable clients to demonstrate appropriate during their community participation
4. To help enable clients to participate in the normal life of the community.

## Behavior Management

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### *What is behavior management?*

**Behavior management is a system that should:**

**Reinforce and affirm positive, constructive behavior  
and**

**Discourage negative, disruptive, dangerous behavior**

- It is NOT a science; rather it is an application of a number of principles.
- However, one very important component to any behavior management system is that it be implemented in a consistent, thorough and organized manner, every time!

## First thing is first...

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### *Examining the behavior.*

### *Behavior always occurs in three parts:*

**A** = Antecedent: The event occurring before the behavior. The event that prompts the behavior.

**B** = Behavior: Response to the event that can be seen or heard.

**C** = Consequence: The event(s) that follow(s) the behavior. This effects whether the behavior will occur again.

- First, define the **Behavior (B)**. What is the current behavior? What is happening? What did the client do? Describe the action. Also notice when, where, and how often the behavior occurs.
- Next, look for prior events that may have triggered the behavior (the **Antecedent (A)**). Did anyone or anything trigger the behavior? What was happening before the behavior started? Were there any changes in the environment beforehand?
- Lastly what is the **Consequence (C)** of the behavior? What happens as a result of the behavior? What changes occurred in the environment or in the behavior of other people because of the client's behavior?

## Second thing to mention...

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### Behavior is not:

- Your reaction to the situation
- Your interpretation of the situation
- Your expansion of the situation

### What can we control?

How can we minimize disruptive behaviors and outbursts through our words and actions and then develop a systematic approach to replacing the disruptive behavior with more appropriate behavior.

**PAY ATTENTION** - We are able to anticipate potential problems.

## What are some cues that our clients may give us that a problem is brewing?

- Language
- Avoidance of talking about the problem
- Threats
- Pacing
- Tears
- Shortness of breath, rapid breathing
- Picking up objects
- Refusal to participate
- Body Language
- Tone of voice
- Blaming others
- Reddened face
- Slamming doors
- Tossing objects
- Picking on others

## For example...

*Brad comes into the building after school one day. He slams open the door as it bangs into the wall behind it putting a hole into the wall; He throws his bag onto the floor, while books, papers and pencils fly all over the place; He storms to his room while he curses back at the Provider person who did not say a word to him to "Leave me the heck alone."*

1. Without thinking about it, how would you respond?
2. What are the facts here? Remember what are the facts, not your interpretation...
3. How could we respond to Brad to avoid an initial power struggle?

## How should we respond?

### **Most importantly:**

- Avoid a power struggle between ourselves and our clients.
- When a client is upset or angry, it is NOT PERSONAL. Do not make it about you!

A power struggle jeopardizes the image we have of ourselves as competent professionals.

# Struggle with the power struggle?

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## *Some truths about the power struggle...*

- Power struggles create distance and hostility instead of closeness and trust. Distance and hostility create resentment, resistance, rebellion (or compliance with lowered self-esteem).
- Trust creates a safe environment where change is safe to occur. You have a positive influence only in an atmosphere of this safety and trust where there is no fear of blame, shame or pain.
- No doubt, that our clients have faced years of this in their own families or in previous placements.
- It is crucial to our clients' success that we avoid re-traumatizing them! When we try to win a power struggle, we are essentially trying to dominate them.

## Problems With Domination

- It can foster resentment
- It can foster dependence
- May be unethical
- Does not teach new behaviors

By recognizing the early warning signs, and reacting to avoid or minimize the power struggle, we can assist in helping clients learn appropriate behaviors. In addition to the obvious benefits for the client, we will also have a safer, less stressful environment for everyone!

## Steps to Avoid That Power Struggle

- Side Step It
- Give Choices, not Orders
- Find useful ways to empower your client
- Do the Unexpected
- Getting to Win-Win
- Handling No
- Powerlessness creates revenge

# How can we do this?

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## *The First Step is to Side-Step*

- The first step to effectively and positively deal with power struggles is to side-step the power struggle - in other words, refuse to pick up the other end of the rope. A Provider person asked the ten-year-old client if he was getting ready for bed. "NO" replied the client. Feeling challenged, the Provider replied, "are you going to get ready for bed on your own, or am I going to have to be teasing your little self out of that bed tomorrow when you don't want to wake up!"
- The Provider realized that the "no" was an invitation to join a power struggle and by side-

stepping it (neither fighting nor giving in) the Provider created an ending that used a little humor to respond in a nurturing and loving way, rather than painful, as night time can often be for children in placement. By side-stepping the power struggle, you send the message "I am not going to fight with you. I am not going to hurt you. I am not going to overpower you and I'm not going to give in, either."

## *Then what?*

### **Choices, Not Orders**

- After side-stepping the power struggle, the next step is to give choices, not orders. A Provider person trying to get a youngster to calm down, offers the client the choice of leaving the kitchen (where another client is provoking him) and going to his bedroom to help himself calm. The client agrees to leave, but does not go to the bedroom, but rather goes into the dayroom (which is vacant). The Provider continued with his plan to empower the client, saying I am glad you made a good choice to leave the kitchen.
- When giving children choices, Providers must be sure that all choices are acceptable.
  - I.E. Don't give the client the choice of either sitting down quietly or leaving the community outing (eating out, going to a movie, etc.) if you have no intention of leaving.
- Choices should not represent a punishment as one alternative. For example, telling a client "You may either pick up the day room or take a time-out" creates fear and intimidation instead of empowerment.

## *Managing that power struggle...*

### **Find Useful Ways for Your Client to be Powerful**

- Whenever you find yourself in the middle of a power struggle with a client, ask yourself, "How can I give this client more power in this situation?"

#### **Example:**

One Provider asked herself this question concerning an endless battle she was having with a client about buckling his seat belt to and from school. Her solution was that she made him boss of the seat belts - it became his job to see that everyone was safely secured. The power struggle ended.

#### **Do the Unexpected**

- One Provider side-steps power struggles by announcing "let's go out for a walk, let's get out of this place for a bit" when she feels the situation is headed for a showdown.
- Her purpose here is not to "reward" bad behavior, but to reestablish her relationship with the client, and keep a cooperative atmosphere in mind.

#### **Let's think about this here...**

How do you think a client may respond to this scenario?

## ***Getting to Win-Win***

- Power struggles often feel like someone has to win and someone has to lose. A win-win solution is where each party comes away feeling like they got what they wanted.
- Getting to win-win takes negotiation. Providers can assist their clients by responding to a client's demands, "That sounds like a good way for you to win. And I want you to win. But there are important rules to follow to. Can you think of a solution that works for both of us?"

## **We are close to the end of the power struggle...**

### **Handling "NO"**

Providers often have the attitude that clients should not say NO to or question authority. Teach clients to say NO, or disagree, respectfully and appropriately. Keep in mind that you want them to say NO when faced with peer pressure and inappropriate situations. No doubt our clients have been and will continue to be in situations where they must say no!

### **Powerlessness Creates Revenge**

Children who are overpowered, or who feel powerless, will often seek to gain power through aggression or revenge. They will seek to hurt others as they feel hurt and will often engage in behavior that ultimately hurts themselves. Revenge at age nine or ten looks like talking back and temper tantrums. Revenge at age 16 or 17 looks like drug and alcohol abuse, aggression, pregnancy, failure, running away and suicide.

### **Be Helpful, Not Hurtful**

- It is our job to always remember that the client's needs come before ours.
- If we struggle with this, check yourself, and if need be, ask a co-worker or supervisor to relieve so you can gather your emotions.
- Don't be afraid to check with each other. Ask your co-worker "How are you doing?" Ask if they would have handled a situation differently. We are all on the same team!
- We are human, so we can sometimes get caught up in this. Don't be so hard on yourself!

## **Time to be therapeutic**

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### ***The model of crisis development:***

**Anxiety (Antecedent)**

**Disruptive Behavior**

**Tension Reduction**

- At each of these levels, we are given the opportunity to escalate or de-escalate the crisis.
- An important component to the management of disruptive behavior is the way we interact with clients, both verbally, non-verbally, and para-verbally (we will talk about this later.)

# ***Non-Verbal Communication***

## **Let's start with Personal Space:**

- We all have our comfort zones (1½ to 3 feet)
- Invasion of our personal space may create an increase in anxiety (for us and the client)
- Invasion of space may be interpreted as challenging or threatening
- Invasion of space could also trigger unrelated anxieties

## **What should we do?**

**Here is some information...**

### **Kinesics:**

This is the concept of movement and body posture. How we stand in the midst of a brewing crisis can also help escalate or de-escalate a situation. This can indicate if we are challenging or supporting the individual

### **How are you standing?**

- Are you leaning in?
- Are you crossing your arms?
- Are you crossing your legs?

We should appear relaxed, body at a 90 degree angle, at a distance that clearly honors the personal space of the client.

## **What happens if we don't?**

### **Challenging Stance:**

May involve standing face to face, violates personal space, arms are more likely folded, and held in a confrontational position.

### **This will:**

- Accentuate the client's perception of you as a threat
- Does not allow for an easy escape route for you or your client.
- Infringes upon the other person's comfort zone
- Increases anxiety and is likely to escalate the crisis development.

## **What we should do?**

### **The Supportive Stance:**

- A supportive stance is a non-verbal way of telling someone that we are there to assist and help rather than challenge.
- This will minimize the client's perception of you as a potential threat
- Offers an escape route for either you and the clients
- Does not violate the other person's comfort zone
- Provides adequate distance to avoid personal injury
- Helps decrease anxiety and helps de-escalate the crisis development.



## ***Para-verbal communication***

It is not only what you say, but how you say it.

As the professional, we need to become skilled at controlling:

- Tone of voice
- The volume of our voice
- The speed and rhythm of our voice

***This may be hard, but we should always appear patient, reassuring, and caring!***

## ***Verbal Communication***

- During the second phase of crisis development (the resolution/escalation phase), we have the opportunity to shape the outcome of the crisis process through our VERBAL COMMUNICATION with the client.
- While we may not be able to control the source of the anxiety that started the process, we can control how we respond to the client.

### **Start with:**

Asking reasonable, rational questions, requesting rather than forcing or demanding information or action. (If we ask unreasonable, irrational or unanswerable questions, we are choosing to escalate the situation.)

### **What are some things we can say?**

- Ask if the client if they would like to talk about what is bothering them
- Offer options (i.e. Would you like to talk about what is bothering you? Or would it help if you had some time alone?)
- Offer assistance (i.e. I would really like to help you right now)
- Be caring (i.e. I really care about and want you to be happy)
- Answer your own questions if appropriate (i.e. if you asked if something may have happened at school to upset your client, rephrase and suggest, it sounds like something may have happened at school today to upset you.)
- Redirect
- Refocus

### **What should we avoid?**

- Over-reaction
- False promises
- Threats
- Questions or comments that could start a power struggle

***Can you, think of a few statements that might create a power struggle?***

### **When the client refuses**

- The client is likely to exhibit behavior that may be non-complaint
- They also may start to be unreasonable
- If necessary, it will be important for Providers to calmly and clearly set limits and expectations at this point. You can restate the options, and again redirect the client.

**When the client demonstrates an outburst**

- The client may demonstrate an emotional outburst
- The client may become unreasonable and unrational

## *What does this look like?*

**Yelling** | **Screaming** | **Name-calling** | **Swearing**

This is often where the client will attempt to engage the Provider in a verbal power struggle. It is vital that Provider realize what is happening and respond according.

**Providers should...**

1. Take a deep breathe, relax, and make sure you have control over your emotions
2. Use non-verbal and para-verbal communication to avoid escalating the situation further
  - Remove the audience (this could be both clients and Providers)
  - When the client starts to calm down, make non-threatening statement and requests
  - Be sure you follow through on any limits you set

*Do you have an example of when you may have experienced a situation in which you did the above?*

## *What if this doesn't work?*

If the client is unable to calm him/herself, they may move into the intimidation of others.

**This may look like:**

- Client changing body positions to a "challenging stance."
- Verbal threats
- Client invading the personal space of others, either Providers or peers

If the Provider's attempts to make physical contact at this point, it is likely the behavior will escalate into physically acting out.

***Our response at this point should include assistance.***

## **What does it all mean?**

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Let's go back for a bit... When a client begins to demonstrate disruptive behavior, there is an underlying reason. We should ask:

- Could this be medically related (chemical, dental, neurological)
- Is this client trying to express thoughts or feelings, and is struggling with how to do that?
- Is this client simply trying to say that he/she would just rather be doing something else?

- Is this client trying to say he/she would rather be somewhere else?
- Is this client reacting to past relationships/experiences?

## Behavioral Psychology

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*Behaviors serve two functions:*

To obtain something pleasurable  
Or  
Avoid or escape something unpleasant

### The functions of the behavior

The four common goals of misbehavior:

- Gaining attention from another person or group.
- Displaying power, thus generating an inner feeling of control and worth.
- Seeking a feeling of revenge, to compensate for perceived wrongs done by others
- Displaying of inadequacies, seeking a response of lowered expectations and/or seeking comfort by reinforcing a low self-image

### What is next?

- Each client must receive a complete medical, neurological, and dental work up. It is essential to rule out these issues as contributing factors to the disruptive behavior.
- We must examine whether or not the client is even able to express his/her feelings, either because they do not have the verbal skills or the knowledge to identify their own feelings.
- We must recognize if and where another client would rather be, or be doing. We must recognize this, and acknowledge that this cannot be changed.
- We must be sensitive to the idea that the client may be reacting to old feelings that have never been resolved. This is most often totally on the sub-conscious level. The client has no idea where this is coming from. Please be sure to talk with the client's therapist about your thoughts and ideas about it.

### The ABC approach

Remember:

- The "A" or the antecedent which consistently occurs before the behavior, can become a subtle signal to the Providers if we are paying attention
- The "B" or the behavior, will either continue to decrease, based on the consequence.
- The "C" or the consequence, will either reinforce or discourage the behavior by your reaction.
- Ultimately, the consequence is the only part of the equation that we have control over.



# Kaleidoscope Family Solutions Inc.

## Disruptive Behaviors in a Residential Setting

### Training Module Post-Test

Name: \_\_\_\_\_ Date \_\_\_\_\_

1.) What is disruptive behavior?

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2.) What is behavior management?

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3.) What are the A-B-Cs of behavior?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4.) True or False (please circle) When we engage in a power struggle with a client, we are essentially retraumatizing them?

5.) When we enter into a power struggle with a client, and we try to dominate” them, wha are four problems we need to worry about?

1.) \_\_\_\_\_ 3.) \_\_\_\_\_

2.) \_\_\_\_\_ 4.) \_\_\_\_\_

6.) What does it mean to get to a “win-win” situation in the power struggle?

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7.) True or False (please circle) It is important to teach children how to say “no” or disagree, respectfully and appropriately.

8.) What is Kinesics and shy is it important?

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9.) Please circle True or False to the following statements when engaging with a client who is upset:

True or False: Ask the client if they would like to talk about what is bothering them.

True or False: Offer options (i.e. would you like to talk about what is bothering you or would it help if you had some time alone.)

True or False: Offer Assistance (i.e. I would really like to help you right now)

True or False: Be caring (i.e. I really care about and want you to be happy)