

Service, Support and Success

# The Direct Support Workers Newsletter

## The Top Ten Strategies of All Time for Promoting Positive Behaviour



By: Angie Nethercott and Dave Hingsburger

### What To Do To Welcome Positive Behaviour

Behaviour communicates!

Behaviour serves a purpose!

Behaviour never happens in a vacuum!

We've all heard these things. We all know, intuitively, that when someone is engaging in problem behaviour it's because of the following equation: there is a problem, therefore, there is a behaviour! We know that. Part of the reason why this is easily understood is because we all, occasionally, become problems with our behaviour to get what we want – we pout, we give the silent treatment, we tantrum – and we do these things because they work.

This article came about because of a conversation we had about behaviour, problem behaviour and the volumes of behavioural programmes that we had written, read or approved. We both noticed that though each programme was individualized and each person and each behaviour was entirely unique – there was a certain sameness in some of the recommendations. The more we talked about it, the more we realized that it seemed that there were some really basic things that need to be done in order to either encourage appropriate behaviour or ... more surprisingly, *make inappropriate behaviour less necessary*. As we've already stated, people, all people, engage in behaviour for a reason and, most often, that reason was reasonable! So, without hesitation we each picked up a pen and began calling out those recommendations that we'd seen, or made, most often. The result is this Top Ten List.

Our hope in writing this is simple: maybe by making these recommendations generally, we will reduce the need for intervention for people with disabilities living in service. We note, as well, that often these recommendations are about how we provide service, how we interact with people, and how we deal with the power imbalance inherent in our work. All of these things can be changed, often simply by awareness, without spending a cent. Some reading this will think that what we are presenting in our top ten list is simply common sense, but, as they say, the difficulty with common sense is that it isn't very common.

The list here is presented as they came to mind, this is simply a list, not a hierarchical presentation – the first one is not more important than the second and the tenth is neither the least nor the most important. Human beings tend to rank things by importance ... so try to avoid doing that while reading.

## 1. Develop A Yes Orientation

We all know that there are too many “no’s” in care providing. There is a tremendous amount of power in the ability to say ‘no’ to someone’s request. That’s a power that’s tempting to use and abuse. In fact, adults working with adults need to “no” very rarely. Most often when we say “no” we mean, “Yes, but later.” There is a huge difference between those two statements. Even, when you clarify “no” and say, “No, not right now” – the word that is heard is “NO!!” “Yes, we can do that when we are done here,” feels much more like the desire has been heard, acknowledged and accepted. Let’s face it; many people with disabilities have learned that they can turn a “no” into a “yes” by engaging in any number of behaviours. But why make them do that? Giving a “yes” immediately solves so many problems. Becoming “yes oriented” is much more difficult than you might imagine. It involves rethinking how you respond and evaluating the effect of your words. It involves breaking the “no” habit, which is a hard habit to break. Staff often forget the frustrations of having to always rely on someone else’s time and effort in order to get needs met or wants fulfilled – it’s frustrating and can seem demeaning. By having “no” mean only “no” and not “Yes, later” or “Yes, but in sequence” or “Yes, that’s a good idea, I need to think about it for a moment,” then “no” takes back its power. “No,” should be reserved only for those things which are intolerable or not acceptable – self harm, harming others – being the most obvious. Many people become immune to “no” when it is used as forcefully about a cookie before dinner as it is for stepping in front of a bus. So make it such that “no” means “no” only when “no” means “no.”

## 2. Choices!!

Consider the following conversation and its outcome:

*Jackson:* Hey, Miranda, do you want to do the dishes tonight?

*Miranda:* Um, no.

*Jackson:* But it’s your turn, you’ll be letting everyone else down. I’ll have to write this up in your programme. Are you sure you don’t want to do the dishes?

*Miranda:* Um, yes.

*Jackson:* You need to get into the kitchen and do the dishes right now! It’s your night.

*Miranda* goes into the kitchen and begins breaking the dishes.

The basic advice here is don’t offer a choice unless you are willing to have a choice made. The moment Jackson indicated through his question that Miranda had a choice, he needed to respect the choice that was made. Instead of doing that, HE ESCALATES (something we rarely notice) and begins to coerce her into making the choice he wants her to make. His escalation leads to hers and a problem that could have been avoided ends with broken plates. It might be argued that Miranda isn’t smashing the dishes because she doesn’t want to do them, but instead because she wasn’t listened to. So, be careful with choices. People with disabilities need to have both choices and expectations – be clear which are which in interactions.

### 3. Give Some Space

One of the most commonly used strategies that people have for dealing with negative feelings or situations is to dive into privacy. In fact, in preparing to write this section we did a Google search and found that creating space (using privacy, getting out of a situation) in dealing with anger was a recommendation on all of the ten websites we reviewed. Anger needs space. Anger is contagious. It's important to give people time to calm themselves down. There's a reason that anger is almost always accompanied by a slammed door! The loud bang of the door closing is a way of saying 'Leave me alone' or 'I need to be alone right now.' People with disabilities often don't feel that they have permission to escape or to leave, or, alternately, when upset, don't remember they have this option. Just say, "I'm going to give you a bit of space right now," in a supportive tone ... and get the hell out of there. This only works of course for behaviours that aren't extremely dangerous – but even if the person needs constant supervision, you can break gaze, redirect your attention or use other strategies to create a moment of privacy.

### 4. Tone, Tone, Tone

Have you ever been called 'stupid' by someone's tone of voice? Have you ever said, 'Don't you speak to me in that tone?' Have you ever been infuriated when someone speaks to you like you are a child? All of us have been at the brunt end of a disrespectful tone of voice. All of us know what it is to rage not about what was said, but how it was said. Care providers can slip into a horrible habit of acting like an upset parent and speaking as if to an errant child. Um, we aren't in a parental role. Um, they aren't children. A fifty-year-old man expressed his frustration at being spoken to like a child by a staff in her early twenties – this is a legitimate frustration. We work with adults, we should speak as if speaking to adults – because, and this needs to be said again, we are speaking to adults. Caution: It is in moments of frustration or upset that staff are most likely to slip into the 'superior adult' tone with people with disabilities. It may be best to say less and listen more when there are moments of conflict – two ears, one mouth – message there.

### 5. Boundaries! Boundaries! Boundaries!

So far, in the previous issues of this very newsletter, the issue of boundaries has been raised several times. Being mindful of boundaries the moment you step into work is of the utmost importance. We're not going to talk here about boundaries regarding space and privacy. Nor are we going to talk about establishing boundaries regarding your relationship with the individual; you know that you aren't friend and you know you aren't family, and if it's a healthy relationship – they know that too. We want to talk about a different boundary – the one between their life and your opinion. There's a hard boundary to establish! One of the greatest difficulties that we have in service to people with disabilities is an idea that we all have (admit it), that we know better how they should live their lives. We need to get over that quickly. People with disabilities get weary of having their lives scrutinized, evaluated and commented on. If you've ever had a guest stay with you and inform you of all the things you could do differently and better – you know the kind of anger that can develop from this 'helpful feedback.' So remembering 'It's not about you' and 'It's not your life to live' and, perhaps most importantly, remembering to just 'hush up' every now and then, will result in reducing the need that some people with disabilities might feel to throw a pot at you.

## 6. Pay Attention

The odd thing is, and really odd it is too, that behaviour consultants often hear, “He’s just doing it for attention!” or “She is a real attention seeker.” Yet when the recommendation is made to, um, give attention, people are often surprised. All people need attention, validation and time. All people – that’s everyone. A number of years ago, a survey was done of agencies serving people with disabilities who received twenty-four-hour care. The only question asked was: How many of the individuals that you serve have someone they can talk to, distraction free, for fifteen minutes a day? The answer was: none. It seems we established a system to support people with disabilities and now staff are spending more time supporting the system than they are supporting people with disabilities. People with disabilities who want and need attention will get it if it’s not given. So, simply stated, ensure that attention is not in short supply. Make sure that interactions occur regularly and that there are predictable times when people know that they will be able to have time to talk, work things through or just have fun.

## 7. Communication

We began by saying the ‘truism’ that we’ve all heard – behaviour communicates. Yes, we get that. So, clearly, if people are using behaviour to talk, we need to give them another way to communicate. Obviously we need to ensure that those who use alternate communication strategies have access to them and to staff who understand AND USE THEM. Having someone who uses sign supported by someone who doesn’t know sign is, almost, cruel. Having someone who uses a communication board with staff who find it cumbersome and slow and, therefore, prefer not to use it is equally cruel. But, let’s go beyond that. Think about times that you are upset. Have you ever sat down with your children and said, “I’m afraid that I’m very angry right now and I think I need to make a frosty martini and have a moment’s quiet?” We bet not. We bet that what you did was yell, “**Stop that right now before I stab my eyes with forks!!!**” Or something. We don’t as humans express our feelings through words. We communicate them through other ways that signal to others that we are upset. Those signals are hugely adaptive and hugely important. That’s what we need to teach people, rather than require them to do what we don’t. We can’t expect: “Oh, dear staff, I’m feeling frustrated right now and need some time to process our recent, and oh so helpful, interactions.” Develop signals, develop an agreed upon strategy to communicate when there is anger or frustration or a need for time alone.

## 8. Avoid Chaos

What’s the single greatest stressor that people face? You might be thinking of an event, like moving, or death of a spouse, or a call from Revenue Canada. Well, those events have a commonality that results in stress – the inability to predict what happens next. Yep, that’s it, that’s the single greatest stressor we mortals face ... the inability to predict what happens next. We’ve said that twice because it needs to be remembered. We hear over and over and over again that “He likes routine” or “She gets upset when her routine is changed.” Oddly people say this like it’s unique or abnormal. The same staff who note, with exasperation, that the person they serve needs routine would become extremely upset if, on the way to work, construction stopped them from being able to get a Tim Hortons coffee – like they do every morning. Creating a structure that is predictable gives a sense of security. If you’ve ever lost your day timer, you know the panic that ensues. Where do you need to be? What do you need to do? You rely on your day timer to help you remember your schedule. Creating a visual reminder for people

with disabilities can provide them with the same kind of security that your's does for you. Remember people with disabilities have to live with the unpredictability of staffing – who's coming in? Who's off sick? Who's on vacation and who's replacing them? Those things we can't control – but routine and giving a predictable structure we can, and should.

## 9. If You Know... Don't, or If You Know... Avoid

Let's start with two examples. Staff know that, if they come into the house with a cup of Tim Hortons coffee, Shannon will get upset because she likes Tim Hortons too and thinks it's unfair that you get to have it in the morning and she doesn't. Um. OK. Don't come in with a Tim Hortons coffee. Simple enough. Onwards! Staff know that, when Sherri's mother comes for her monthly visit, Jason gets really upset because his family doesn't visit. Um. OK. Arrange to take him out for lunch on those days so he has something special to do too. Simple enough too. Yet doing these things is often perceived as 'giving in' to someone. Really? How is that? Understanding and compassion aren't 'giving in,' they should be stock tools of the trade.

Now the last of our top ten list. Here we are going to break from this format. The above are nine things that we see regularly in behavioural approaches. The next, we've decided while writing this, is the thing that we'd like to say most often, so we're going to go ahead and do that now. So here it is. It's so

## 10. Be Nice

### Conclusion

Well, there you have it. The top ten things that we have either written or read in behaviour management strategies. The goal with this article is that maybe, by writing this, these ideas can become just part of practice – thereby creating environments that are welcoming – of both those we serve and of appropriate behaviour. This whole article came to be as a conversation over a pizza. It reminded us that we all need to take time, as care providers, to talk with each other, to share ideas, to get perspective. We can be so rushed that we start communicating in tweets rather than in wholly formed thoughts and ideas ... take some time ... talk to each other – see what ideas you come up with.

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