

WHEN THINGS GET OUT OF CONGROL: MANAGING ESCALATING BEHAVIOR

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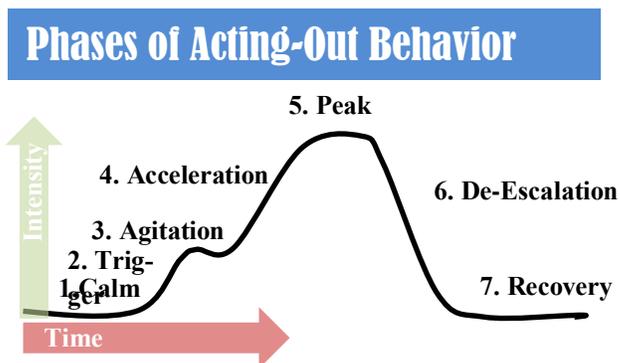


Liam's grandfather needed a few things at the home improvement store and decided to take his twelve year-old grandson, Liam, along. As they were walking through the store, Liam became anxious, highly-distracted, and noisy (i.e., making high-pitched sounds). His grandfather decided to forgo the shopping and hurried Liam out of the store, but by this time Liam was really upset. Liam dropped to the

ground in front of the electronic doors and refused to move, slapping his grandfather's hands away as he tried to guide Liam away. His grandfather was frustrated and embarrassed. He said, "I used to just be able to pick Liam up and move him—maybe I should just leave Liam home from now on."

The incident described here is way-too-familiar for some families. When children are young and small, parents are typically able to manage incidents of escalating behavior pretty readily, especially when the problems occur within the privacy of their own homes. As children get older and larger, these incidents can reach crisis proportions. The purpose of this article is to describe strategies for anticipating, preventing, and managing escalating behavior.

Dr. Geoff Colvin has provided an extremely helpful model for understanding phases of acting out behavior (see the figure below). In this model, he encourages us to define behavior associated with each level of escalation. This includes how a child appears and interacts when he is calm, becoming upset or agitated, and highly escalated—and even aggressive. For example, when Liam is calm, he is attentive, follows instructions readily, and keeps his voice soft and even. When he becomes agitated, Liam begins looking around and increases his activity level, is slow to comply, and makes loud noises. When highly-escalated, Liam becomes limp and physically resistant and may strike other people if approached. When Liam de-escalates, his behavior gradually returns back to calm. Recognizing these levels of behavior helps parents determine how to respond.



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A second aspect of this model is identifying “triggers” for behavior. Triggers are environmental, social and physiological events that upset children and may lead to problem behavior. For Liam, those might include having to remain in crowded, noisy environments (e.g. home improvement stores on Saturday mornings) for prolonged periods, his grandfather’s attention being diverted, or being hungry because he had a small breakfast. If we are aware of these triggers, we may be able to prevent problems in the first place. Liam’s grandfather could purchase a breakfast sandwich for Liam before entering the store, tell Liam exactly what he needs and how long he will need to be shopping (e.g. by cutting out pictures of the items), avoid crowded Aisles when possible, and provide more attention by conversing with Liam when in public. He might also promise Liam an enjoyable activity or reward following his visit to the store if he is cooperative and quiet.



Unfortunately, it is not always possible to avoid problems. In this case, we need strategies for averting or managing escalation. Dr. Colvin helps us determine how to respond based on the level of escalation. When a child is calm, we try to maintain that state through positive interaction and encouragement, but are also able to expect and demand more from him. When a child becomes agitated, but as not escalated to disruptive or aggressive behavior (e.g. when Liam starts getting noisy), our response should be supportive. That would be the time to offer him choices, encourage him to communicate his needs, and change the circumstances to reduce the triggers. For example, Liam’s grandfather might take a brief break from shopping to play a game with Liam.

“How we respond depends on the child. Some children respond well to time limits, others to contingencies”

When a child accelerates, which is characterized by threats or resistance, we must establish clear limits—and make a plan if the circumstances become dangerous. How we respond here depends on the child. For example, some children respond well to time limits: “I’m going to count to 10 and then guide you to the car.” Others respond to contingencies: “if you walk with me now, you will still be able to have your electronics in the car. If not, I will be keeping them.”

Contingencies should be determined in advance whenever possible. At this phase, it is also important to plan ahead. For Liam, this might mean calling someone to come to the store to help or communicating with the store’s management to block off the area until Liam is safe. Having a solid plan reduces stress for everyone.

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When a child's behavior becomes dangerous to himself or others, options for managing the behavior become increasingly limited. The primary goal in crises is to ensure safety, while regaining control of the situation as quickly as possible. For some families, getting specialized training in crisis management is absolutely necessary. In Liam's situation, another patron (who happened to have extensive training in ABA and crisis management) was willing to sit by the doors and watch Liam to ensure that nobody else approached him while his grandfather brought the car around. She and the grandfather when lifted Liam together and guided him into the car parked 10 feet away. As soon as Liam saw the car, he had calmed down (i.e. de-escalated) enough to cooperate.

Once the crisis had passed, and the child has regained his composure (what Dr. Colvin refers to as recovery", it is important to process through the events and make plans for the future. It would be unfortunate if Liam's grandfather stopped taking him into the community. If he were able to identify the triggers and make a better plan to manage outings, this may not be necessary.

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