

Dealing with Behavioral Escalation, Aggressive Behavior, and Behavioral Crises

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Behavioral Escalation

- A sequence of responses within a behavioral "incident" in which subsequent responses increase in intensity or in problematic nature (e.g., topography) across a relatively brief (but possibly extended) period of time.
- Behavioral escalation may
 - Result in serious harm to the person or others
 - Be extremely stressful for the person and for families, direct support providers, teachers, & others
 - Greatly increase the risks of exclusion & segregation
 - Severely limit activities & opportunities

Features of behavioral escalation

- Different responses (topographies) are members of the same functional response class
 - That is, they have the same function or purpose
 - This has important implications for intervention/support
- Escalation may become more reactive than purposeful as it continues over time
 - Physiology and emotions may "take over"
 - This is not a "teachable moment"

General rule: Intervene early when behaviors are less intense and problematic

Patterns of behavioral escalation

- An escalating "chain of behavior"
 - Cue for next behavior stems from previous behavior
 - Must be able to recognize early warning signs
 - Interventions: Intervene early to "break the chain"
 - Present cues for competing behaviors or de-escalation routines
 - Redirect & prompt alternative responses
 - Use stimulus change procedures - surprise, distract

Patterns of behavioral escalation

- Escalating response sequences
 - Engaging in one response increases probability of other "escalated" responses
 - Cues or triggers for "escalation" are in external environment
 - Often in the responses/behavior of others
 - Escalation is not "automatic"
 - Two common patterns
 - Interactive "dance" - coercive interaction patterns
 - Continued presentation of triggers for problem behavior

Interactive "Dance"

- Two people escalate together - each presenting cues that serve as triggers for escalation by the other
 - Often a coercive interaction involving delivery of (or threats to deliver) aversive stimuli/punishers
 - Negative reinforcement based sequence of behaviors
 - Staff escalates along with the focus person

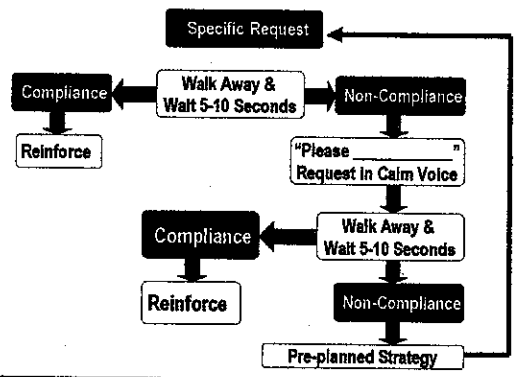
Intervening in the "Dance"

- Basic goal: "Don't dance"
 - Knowing your own triggers and pattern of escalation is essential - stay calm
 - Do not continue to present triggers for escalation
 - Do not escalate yourself; decline "invitations"
 - Present clear options (choices)
 - Give time and space; do not touch
 - If necessary, withdraw from situation - walk away or "create space"
 - You do not have to respond to every provocation or invitation
 - Do present cues and prompts for de-escalation or neutralizing routines
 - Establish/teach more functional communication and interaction patterns, self-control, and coping skills
 - As part of comprehensive PBS plan, not in the context of the escalating situation

Continued presentation of triggers

- Most frequent situation is continuing to present request/demand in situations where problem behaviors are escape motivated
 - When low level behaviors are "ignored," escalation may occur, especially when low level behavior communicates a request to stop or do something else
- Intervention: Acknowledge/honor the message
 - Recognize "low level" behavior and use it as a cue to prompt appropriate alternative behavior (e.g., appropriate communication, self-control, coping skill) before escalation occurs
 - Change/modify your "aversive" task/activity
 - Acknowledge "message" and provide a clear communication or signal for when the person's desired outcome will occur
 - Add contingency statements/reminders - e.g., "we'll take a break when you ..."; "when we're done with this task, we'll ..."
 - Shape tolerance for increased duration of non-preferred activities and for delayed reinforcement

Specific Request Sequence



Implications for PBS practice

- During FBA, identify all members of problem behavior response classes, including low intensity "precursor" or "indicator" behaviors
- Use pre-correction and other antecedent strategies (e.g., prompting alternative behaviors; offering choices) to avoid and minimize escalation
- Teach appropriate skills and replacement behaviors - communication, anger management, coping skills

Implications (continued)

- Intervene early when you suspect escalation is possible
 - Anticipate potential conflict and "trigger" situations
 - Recognize the pattern & avoid the interactive dance
 - Acknowledge the "message" and prompt an appropriate alternative
 - Be cautious of ignoring (extinction) by itself
 - Attend to and address relevant setting events

Implications (continued)

- When escalation and highly intense/severe behaviors are possible, have a formal emergency or crisis response plan as part of the comprehensive PBS plan
 - Everyone should know and be trained to implement specified emergency/crisis procedures
 - Recognize emergency/crisis situations early and get help ASAP
 - Do not wait for a full blown crisis

Crisis Procedures

- **Do no harm**
- Crisis intervention always begins with prevention
- The primary goals of crisis procedures are to protect individuals from harm and to de-escalate the crisis.
- Your crisis procedure is a component of a comprehensive PBS plan; by itself, it is not "the plan"
 - Most crisis procedures include reactive strategies implemented to safely prevent people engaging in severe self-injurious, aggressive, or destructive behavior from doing substantial damage to themselves, other people, or their environment.
 - Often include physical intervention, but not always
- High frequency need for crisis intervention suggests that the comprehensive behavioral support plan is in need of revision
 - Injuries are an indicator that the crisis procedure is in need of revision

Crisis Escalation Cycle

Phases of Escalating Behavior

Intervening within the cycle

- Crisis prevention focuses on what is happening during the calm phase
- General assumption is that escalation may be avoided or "defused" by intervention/support during (or related to) the presentation of triggers, and during the agitation phase
- As acceleration occurs, intervention becomes more problematic and individualized
 - Some defusing or de-escalation may be possible in early stage of acceleration for some people

Intervening within the cycle

- Rate of agitation and acceleration varies across individuals
 - Persons who are most challenging and have long histories may escalate very rapidly
- During acceleration to peak and as de-escalation phase continues crisis procedures may be needed to protect the focus person and others from harm
- Allow sufficient time for recovery before returning to "business as usual"
 - Some models show a post-crisis depletion period before recovery to stabilization at a pre-crisis baseline level of calm

Physical Intervention

- Use as last resort to insure safety & protect from injury
- Implement by trained personnel who practice regularly the specific physical intervention procedures identified in the crisis plan section of the support plan
 - Practice only those procedures that your plan calls on you to use – practice is specific to the focus person, not generic
 - Role play as needed to insure opportunities for practicing actual intervention procedures
- Log description of episode
- Debrief after each episode (review & plan)

Physical intervention systems

- More than restraints and holds
- Need a system that focuses on prevention as well as intervention
- Many systems now promote use of the least restrictive and dangerous physical intervention techniques necessary to provide sufficient control and prevent injury or harm
- Oregon uses its own system – Oregon Intervention System (OIS)
 - Involves a training curriculum that combines PBS and physical intervention procedures adapted from Professional Assault Response Training (PART – Paul Smith)
 - Other well known systems are NCPI and Mandt

Formal systems

- Provide a standard curriculum and training methods
 - May include manuals and other materials
- May provide levels of "certification"
- Promote consistency and fidelity
 - Common set of procedures and guidelines for implementation/use

Necessary Prerequisites

- Comprehensive, positive behavior support plan in place
 - Preventative, proactive, and teaching strategies are being implemented regularly
- A crisis response plan is written and staff are trained on its implementation
 - Adequate staffing to implement the crisis plan is in place at all times
 - New staff are trained immediately, or are not left in situations on their own
 - A back-up system is designed, accessible, and used when needed
- Communication linkages among relevant stakeholders (family, case managers, agency administrators) are in place and used
- Clearly written policy and procedures are in place, and staff know them
- Staff receive adequate supervision and feedback

Addressing low frequency, high intensity behavior

- Low frequency, high intensity behavior creates issues for assessment and intervention
 - FBA is complicated due to low frequency of occurrence
 - Intervention is complicated by low frequency – support providers may not be prepared to intervene – and by high intensity – the behavior and intervention are dangerous
- Best strategy is to look for other behaviors in a functional response class that are higher frequency and less intense
 - Do FBA and intervene on these "precursor" behaviors
- Attend carefully to setting events that are associated with the high intensity behavior
 - In FBA look for setting events or combinations of setting events that make high intensity behavior more likely when triggering cues are presented

Supporting people with dangerous behaviors (e.g., aggression)

- Know the person – what works, what doesn't
 - FBA info; PCP personal info – characteristics, history, demeanor, preferences, etc
- Build rapport or a positive relationship
- Be predictable
- Know yourself – your triggers and emotions
- Know the support plan and intervention strategies, including plan-specified crisis procedures
 - Follow the plan and program guidelines
 - Do not be a hero or a "Lone Ranger"
- Be open to feedback and flexible – willing to do things differently
- Provide support for support providers
 - Systems of support for during an incident and after an incident

Assessing behavioral risk

- Risk Tracking Tool is part of Oregon's new ISP process
 - Designed to identify people at risk prior to doing ISP
- Risk Matrix (Baker & Albin) was developed to identify potential support and training needs of agencies in Oregon
 - Morphed into the Risk Tracking Tool
- Basic idea is to be proactive in identifying individuals at risk for behavioral crisis intervention

12 Strategies to Prevent Behavioral Escalation in Classrooms

- Taken from Shukla-Mehta & Albin (2003), *Preventing School Failure*, 47(4), 156-162.
 - ☑ Reinforce calm and on-task behaviors
 - ☑ Know the "triggers" for problem behaviors and escalation
 - ☑ Pay attention to anything unusual about a student's behavior
 - Be alert to the presence of setting events
 - ☑ Do not escalate along with a student
 - ☑ Offer students opportunities to display responsible behavior

12 Strategies to Prevent Behavioral Escalation in Classrooms

- 1. Intervene early in the sequence when escalation is possible (likely)
- 2. Understand how such behavioral incidents have ended in the past
- 3. Know the function of problem behaviors
- 4. Use good judgment about which behaviors to punish
 - Also about what punishment procedures to use
- 5. Use extinction procedures wisely
- 6. Teach students socially appropriate behavior to replace problem behavior
- 7. Teach academic survival skills and set students up for academic success