

Working with Behaviors

Together we can make it work!



Teamwork

Define

- Webster: the work done by people who work together as a team to do something.
- Business: The process of working collaboratively with a group of people in order to achieve a goal.



Who's Our Team?

- Everyone at Beacon is a Team!
- We are on a team with the individuals we serve!
- We are on a team with the individuals we work with in the home
- We are on a team with the Clinical and Medical staff!
- We are on a team with the case managers from CMHs!
- Only by all working together, using open and honest communication, with the residents needs at the center can we make it work!



Teamwork

The team needs to work together and make sure our responses to behaviors are consistent.





What is Behavior?

- Yelling
- Sleeping
- Kicking
- Screaming
- Checking email
- Talking on the Phone
- Asking a Question
- Jumping
- Laughing
- Painting
- Dialing 911
- Cooking
- Running
- Crying

WTF?

WHAT'S THE FUNCTION?

All Behavior Communicates or Meets a Need or Want

There is always a reason for someone's behavior. This includes our own behavior.

For example:

Crying: sadness, happiness at a wedding, hurt, anger, frustration, seeking attention, something in your eye, laughing so hard your eyes water, severe allergies



BEACON
Specialized Living

What Makes a Behavior Challenging?

- It becomes challenging when it effects an individual's life:
 - Negatively
 - Affects how they relate to others
- Behavior is considered challenging if it:
 - Causes harm to the individual or other
 - Causes property damage
 - Causes the person to be labeled as having a behavior problem



What is NOT Challenging Behavior?

- Behavior that annoys you because you are having a bad day!
- Behavior that annoys you because it reminds you of someone (i.e. my brother called me that, my mom used to do that, neighborhood kids called me that and I didn't put up with it from them either.....)
 - Remember there are two people in an interaction.
 - You are bringing your mood, memories and experiences to the interaction too.
 - You need to set those aside and maintain a positive supportive approach at all times!



Don't Focus on the Negative Only

If a challenging behavior has a function (communication or getting a need or want met) we need to help our residents find an alternative behavior that serves the same function.

Reinforce a different behavior which gets them what they want!

REPLACEMENT BEHAVIOR . . . How?

Through REINFORCEMENT



REINFORCEMENT

What is it?

When you reinforce a bridge do you make it stronger or weaker

Merriam-Webster definition: **to encourage a response; to strengthen or increase...**

What do we want to reinforce? Behaviors we want a client to engage in, continue doing, or increase how often it occurs.

- Speaking in a nice tone of voice
- Leaving their seatbelt on
- Helping make dinner
- Taking a shower
- Pointing to a desired item
- Taking their medications
- Cleaning their bedroom



REINFORCEMENT

The definition of reinforcement: to encourage a response; to strengthen or increase

Are you reinforcing a person – are you making them stronger or increasing them?

No – you are reinforcing the BEHAVIOR

When you reinforce a bridge do you make it stronger or weaker

So what about those behaviors that we do NOT want to reinforce?



BEACON
Specialized Living

OPPOSITE OF INCREASE

Increase is to Decrease as
Reinforcement is to **PUNISHMENT**

PUNISHMENT: Just as you do not reinforce a client, you also do not punish a person, you reinforce (increase) or punish (decrease) the BEHAVIOR.

We do not utilize punishment at Beacon except as a last resort and if it is in the client's behavior plan, but we do work towards extinguishing negative or challenging behaviors.

We do that in part by reinforcing the replacement behaviors. AND NOT reinforcing the challenging behavior.



BEACON
Specialized Living

EXTINCTION

Reinforcement of a previously reinforced behavior is discontinued and as a result, occurrences of that behavior decrease in the future

By **IGNORING** the behavior typically

When is it **NOT** appropriate: When the behaviors are likely to be copied by other clients or the behaviors are harmful to themselves or others



EXTINCTION – What to Expect

Extinction Burst – increase in behavior when you initially start the procedure

The behavior may be stronger than it typically is but this should be brief.

Think about it – in the past if I yelled, you offered to take me for a walk. It's not working, I'm going to yell louder, and louder, and longer. Oh it's not working

But you MUST respond to an alternative behavior that serves the same function!



BEACON
Specialized Living

EXTINCTION – What to Expect

Spontaneous Recovery – Oh my, I thought we had stopped this behavior and the resident just started in on the same old behavior.

This may occur – especially if we stop reinforcing the alternative behavior.

This should be short lived IF the extinction procedure remains in place.



EXTINCTION – What to Expect

Resistance to Extinction – This is what it sounds like. It's hard to extinguish the behavior. One of the leading causes is an "intermittent schedule" of reinforcement.

Staff A keeps the behavior on extinction, Staff B does when A is present but . . . When A is not on shift, B reinforces the behavior . . . And every once in a while A reinforces it also.

CONSISTENCY is the KEY



EXTINCTION – What to Expect

Resistance to Extinction – This is what it sounds like. It's hard to extinguish the behavior. One of the leading causes is an "intermittent schedule" of reinforcement.

Staff A keeps the behavior on extinction, Staff B does when A is present but . . . When A is not on shift, B reinforces the behavior . . . And every once in a while A reinforces it also.

CONSISTENCY is the KEY



Reinforce the Alternative Behavior

Remember – the only way extinction works is if there is an alternative behavior that is reinforced...

You must know the FUNCTION of the behavior and allow the client to get the need / want met by communicating that need in a different way.



WTF?

Request for certain things such as:	Communicating negative messages such as:	Communicating general comments about things such as:
Attention	Protests/objection	Events/actions
Social Interactions	Refusal	Objects/persons
Play	Pain/discomfort	Errors/mistakes
Affection	Loneliness	Agreement/willing to do something
Permission	Feeling Rejected	Greeting
Actions by others	Past Traumas	
Help		

Accidental Extinction & Reinforcement

BEHAVIOR	REINFORCE - INCREASES	EXTINCTION OR PUNISH
Speaking in a nice tone of voice	Respond to their request promptly and politely...Be friendly	Tell them to wait
Swearing at people	Give immediate attention or whatever item they desired	Walk away - no attention
Pointing to a desired item	If possible give them the item; if not redirect them to something they may have that is similar	Ignore their request
Grabbing someone else's property	Giving them the item, even if slightly delayed	Don't let them have the item
Leaving their seatbelt on	Tell them you appreciate how they traveled, or play music they enjoy, engage with them during the drive	Ignore them
Taking their seatbelt off	Immediate attention in the form of talking to them, engaging...	Pull over and turn music off, etc. Return to the home.
Taking their medications	They feel better, stipend, positive attention and engagement, a sticker, a high five	A neutral or non-existent response from staff

Be careful what behavior you put on extinction and what behavior you reinforce!



Reasons a Resident May Display Challenging Behaviors

- His/her emotions
- Medical concerns
- Environmental issues
- Symptoms of their diagnosis
- Engaging in challenging behavior works
 - Staff
 - Find out why they are behaving a certain way
 - Help find alternatives ways to communicate needs



Reasons a Resident May Display Challenging Behaviors

- Staff
- It's important to develop a good base of information in order to help the individual.
- You can "catch them being good" Offer praise, compliments, comments. If the function of challenging behavior is to get attention, offer them attention at times when they are not engaged in challenging behavior.
- People take re-direction for negative better if you have offered positives. You need 10 positive for every negative.
 - Engaging in the following actions:
 - Observing the person regularly (good and bad times) and watch and learn how they behave/think/speak
 - Listening carefully to the resident's words, sounds, noises
 - Asking questions to try to find out what is going on with person or what they may want or needed



The Resident Doesn't Like Me!

Pairing: building and maintaining rapport with a client

Talk about things that are of interest to the client: their favorite movie, music, video games, food, etc.

Engage in activities with the client that they enjoy: play a card game, a board game, a video game, take a walk with them, draw a picture, color

Listen to the client: When they talk to you take the time to actively listen.



Active Listening

- Restating: paraphrase, Let me see if I heard you right...
- Summarizing: "It sounds like..."
- Minimal Encouragers: Oh, And, Then
- Reflecting: "It sounds like you had a good/bad time"
- Emotional Labeling: "I'm sensing you're angry/happy about..."
- Probing
- Validation: "Thank you for telling me about this..."

These statements do not mean you are agreeing with what the client did or said



Rapport with Client

- Once you have built rapport with the client they are more likely to listen to you and talk to you
- Make sure the majority of your interactions are positive
- **If they only see you and interact with you when they are engaged in challenging behaviors, they pair you with those challenging behaviors and emotions**
 - **Staff may become the trigger for challenging behavior**



What's the Function?

Physical Causes Underlying Challenging Behaviors:
A physical condition; Rule out medical causes

Behavior	Possible Medical Condition
<ul style="list-style-type: none">• Injury to own face or head• Constant pacing• Inability to sleep• Increase in delusions	<ul style="list-style-type: none">• Toothache, ear infection,• Back problem or sprain• Adverse reaction to medication• Urinary tract infection, if new medication taken possible allergic reaction to meds.

Emotional Reasons for Challenging Behaviors

- One person might laugh, one person might not find it funny
- One person's anger at someone else can enrage another consumer as well
- As a staff you have to keep in mind:

WE REACT IN PART BASED ON HOW WE FEEL AND HOW WE PERCEIVE THE SITUATION



Emotional Reasons for Challenging Behaviors

Staff must be careful of how they perceive a resident's emotions.

- If a resident is crying and appears sad, that doesn't mean that they are sad.
- We cannot perceive their emotions, we must seek to find out how they really feel
- Ask, how are you, how can I help, what can I do for you? Do you want to be alone or do you want me to sit with you/take a walk with you, etc.



Enivoronmental Reasons for Challenging Behaviors

- Understanding their emotions
- Monitor behavior to prevent challenging behavior
- If you learn a resident's typical behaviors in good and bad times, you can often predict things. You can stop them from happening by showing empathy, doing something nice, getting them out of tense situations.
- Eyes and ears of the home
 - Watching for unusual behavior
 - Environment may serve as being a trigger for residents
 - *Antecedent*
 - *Defined as what happens before a challenging behavior*



Antecedents

What happens before the challenging behavior – Note if a pattern is identified, such as behavior occurs:

- When asked to take medication
- Around the same time of day
- When the television is turned off
- When a particular resident walks in the room
- After the client returns from an outing

Change the environment that typically exists leading up to the behavior



Control over Individual's Choices

Residents are unable to simply walk to the store or come and go as they like.

- Individual choice represents freedom and a sense of normalcy.
- The more choices they have, the less negative behaviors they have.
- Remember, they are in control, not you. It's their home and their lives. We are here to help them, not control them.



BEACON
Specialized Living

Staff's Role in Providing Choices

- Can't provide all the freedom but give them freedom of choice
- Seek opportunities to provide choices to residents
 - A resident would like to go on walks but may not leave the home. They can go for walks in the fenced area.
 - Assist in meal planning
 - Choices throughout the day
 - Incentive Program
 - Completing certain tasks to earn cash



Staff's Role in Providing Choices

- Staff can encourage residents to complete daily living skills in order to receive incentives
- Staff can also encourage residents to make choices about the social activities:
 - Attending community activities
 - Groups
 - Therapy sessions
 - Contribute to menu planning
 - Help make meals
- Gives residents a sense of control over the environment they live in and make them feel involved in their community



Signs That May Come Before Challenging Behavior

- Staff will work to detect signs indicating probability of behavior and try to prevent challenging behaviors from occurring.
- Document when you think a challenging behavior is about to occur.
 - Precursors / Antecedents: signs that happens before a challenging behavior occurs to indicate the onset behavior



Signs That May Come Before Challenging Behavior

Possible indication of a challenging behavior coming:

- Pacing
- Repeating things over and over
- Irritable
- Self Injury
- Talking excessively
- Yelling
- Making faces
- Crying
- Any noticeable change in behavior



Events or Circumstances Which May Follow Challenging Behaviors

- Staff member
 - When you start to understand the challenging behavior you can prevent the behavior from being reinforced
 - REMEMBER ALL BEHAVIOR IS COMMUNICATION AND HAS A CAUSE
 - The cause may be the antecedent (motivating operation) but the reinforcement of the behavior occurs afterwards; this is what makes it more likely the behavior will occur again – the CONSEQUENCE

Resident sees a soda and wants one (motivating operation). Starts verbally abusing staff. Staff agree to an unscheduled outing to the store in order to calm the resident. Resident purchases the desired soda (consequence).



Events or Circumstances Which May Follow Challenging Behaviors

- **Change of Scene:** After the behavior happens, other people may enter or leave the room. The resident may also leave the room or staff will engage in taking a walk with them (hope is the behavior won't happen again).
- **Attention:** A behavior can be used to get staff to pay attention, even if it is not positive. Staff needs to observe this closely and see whether the attention to the individual increases each time a behavior occurs.
- **Avoidance:** Behavior can be used to avoid doing something. Staff should note if the challenging behaviors occur and the resident gets out of doing the task therefore accidentally reinforcing the negative behavior



Events or Circumstances Which May Follow Challenging Behaviors

- Reward – function of the behavior
 - May receive the reward after the behavior, which could trigger the behavior to happen again.
- If the challenging behavior results in the reward easier, faster, more often than a positive behavior (asking, requesting) the challenging behavior **WILL** reoccur more often
- Staff should watch resident's patterns of behavior and provide positive interactions to minimize the likelihood of some of these from occurring.
- Be sure to reinforce the **APPROPRIATE** behavior when it occurs



What if Challenging Behavior Occurs?

- Remain Calm
 - Staff must communicate before, during, and after difficult behaviors. This is very important to your own safety and other residents in the home. If you become upset everyone around you is likely to become upset.
- Do not take it personally



What's the Problem?

- The problem is not the behavior you are seeing (though it probably feels like it)
- The problem happened earlier (antecedent) and we missed a chance to intervene
- What we are seeing now is the communication about the problem
- We are looking at the RESULT of the problem, not the problem itself



What if Challenging Behavior Occurs?

- Re-direct
 - Re-direct the focus of the resident to another activity. Ignore the inappropriate behavior and work on focusing on a more positive option.
- DO NOT IGNORE THE RESIDENT, SIMPLY THE BEHAVIOR
- This in part means do not talk about the behavior



What if Challenging Behavior Occurs?

- Reward
 - Reward them for redirecting to another activity and to diffuse the situation. Let them know you value them, regardless of their behavior.
 - Given immediately. Do not reward the behavior which means they must engage in something other than the challenging behavior prior to you giving the reward.
 - Immediate means within seconds NOT a delayed reward



What if Challenging Behavior Occurs?

- Re-Group
 - Staff should analyze the situation and figure out alternatives to intervening the next time a challenge occurs.
- Discuss what could work next time or explore further ways to prevent the behavior from happening at all.



What if Challenging Behavior Occurs?

- Additional Tips
 - Again, remember all behavior is communication
 - Keep your interactions and interventions simple
 - Do not play supervisor or parent!
 - You are not their boss and they are not children.
 - Interaction works best when you show mutual respect.
 - Make directions and events clear to residents.



Proactive Options to Assist With Challenging Behaviors

- Change your energy level
 - Public speakers use this to change their energy level when wanting to get the audiences attention.
 - Increase your pace or slowing the pace down may help the situation and help in redirecting the resident
- Body Language
 - Turn towards the resident while you are engaging with them
 - Think about what your facial expression is saying



Proactive Options to Assist With Challenging Behaviors

- TONE TONE TONE
- Modify the tone of your voice
- Tone of voice is one of the most important tools we have.
- Always speak to individuals in a tone that conveys you respect and like them; the same way you would speak to them if a high level manager was in the room watching you.
- Staff may raise or lower their tone
- Staff should know the higher tone may be harsh and set them off
- Too low can show a lack of enthusiasm towards what you're doing with a resident



Proactive Options to Assist With Challenging Behaviors

- Validate the learner's feeling
 - The more familiar you are with a resident the more likely you will be successful in recognizing why he/she engaged in the challenging behavior.
 - Telling them that their feelings or concerns are legitimate will help them feel validated
- Active Listening



Proactive Options to Assist With Challenging Behaviors

- Change your expectations
 - Monitor what we expect from residents
 - Staff have to realize that residents are here because they aren't able to live in an unsupervised setting.
 - We might have to lower or raise our expectations for certain residents.
 - Sometimes they are doing the best they can.



Proactive Options to Assist With Challenging Behaviors

- Give Choices
 - Giving choices will keep them engaged and help increase his/her level of investment and provide a sense of control.
- Improve or change prompts
 - Be specific on what you require from residents.
 - Vague expectations and assumptions may lead to a greater likelihood behavioral challenges



Proactive Options to Assist With Challenging Behaviors

- Take a mini-break
 - If he/she is starting to have a difficult time accomplishing the task take a mini break
- Bail out
 - Stop the task you are working on with resident.
- Increase the rewards
 - Increase the number of rewards given to a resident
- Use a token system to build up to a larger reward
 - Points resident can track
 - Chart with marks as they move closer to the reward



Proactive Options to Assist With Challenging Behaviors

- Evaluate the task you are working on with the resident
 - Simplify the task, change it or remove possible distractions from the resident
 - With certain disabilities or limitations a resident may have, you might have to break the task up for them to accomplish it



Proactive Options to Assist With Challenging Behaviors

Other Key Points

- What individuals are doing, where, and with who affects behavior
- Behaviors are strategies individuals use to get their needs met
- Part of your job is to figure out which social/communicative behaviors currently work best for an individual.
- How you make a request or respond to an individual can decrease the chances of challenging behavior occurring
 - If asked a question by a resident rather than saying, “No” ask them a question back to see if they realize why the answer is going to be negative
 - Ex: “May I have another hamburger?” and there aren’t enough for everyone to have seconds ask: “How many have you had? Have the all the other residents eaten yet? Do you know if (other resident who hasn’t eaten) has eaten his yet?”



Assessing High Risk Times, Activities or Conditions

- Look for patterns in resident's challenging behaviors
 - What For instance some may have difficulties at certain times of the day.
 - Others may have difficulties during transitions throughout the day
- Teach residents ways to relax during times of high anxiety or stress.
- Offer a desired activity in the times leading up to the typical occurrence of challenging behavior



Confrontation Avoidance Techniques (C.A.T.)



C.A.T.

- Techniques used to help calm down an agitated person
- It is important to avoid confrontation with residents
- You will be required to try to help calm a person down when they become upset or agitated about something
- The better relationship you have with resident, the easier it is to calm them down



C.A.T.

- Guidelines
 - Always reward good behavior as much as possible
 - Show care and concern daily, not just during difficult times
 - Actively listen
 - Be fair, firm and consistent
 - Get to know the residents you're working with. Learn their earliest signs of agitation
 - Look out for and avoid events or situations that may upset the person
 - Stay in control of yourself. Be aware of your voice, tone, and body language



C.A.T.

Exploring different situations when resident is acting out of fear, frustration and anger

- Fear
 - A resident may experience fear brought about by the expectation of possible anger
 - Also might be afraid of unfamiliar situation
- Signs of fear
 - Withdrawal
 - Becoming quiet or backing away from the situation
 - Exaggerated responses
 - Loud displays
 - Verbal threats
 - Shaking fist



BEACON
Specialized Living

C.A.T.

- Staff Role
 - Give them physical and psychological space
 - If the person is backed into a corner, they will want to fight their way out of the corner
 - Your role as staff is provide support and reassure them.
 - Be a listening ear, this can help you understand their fear
 - If verbal threats and posturing occur back off and give them space



C.A.T.

- Frustration
 - The result being able to accomplish a goal or objective, not having a specific need met.
 - Frustration can turn into anger
- Signs of Frustration
 - Impatience
 - Verbal signs of agitation
 - Swearing
 - Making demands
 - Self-degrading statements such as “I can’t do anything right!”



BEACON
Specialized Living

C.A.T.

- Staff Role
 - Be cautious
 - Help them meet the need if possible/reasonable
 - Staff should LISTEN
 - Be supportive and help the resident express their feelings of frustration



C.A.T.

- Anger
 - Feeling of extreme hostility or exasperation targeted at something or someone
 - Caused by pain either psychological or physical in nature and a person's response is to lash out at the pain experienced.
- Signs of Anger
 - Flushed or red face and neck area
 - Enlarged veins in the neck and forearm
 - Loud verbal threats and swearing
 - Moving towards or striking out at persons or things nearby



BEACON
Specialized Living

C.A.T.

- Staffing Role
 - Let them know feeling angry is okay
 - Helping him/her understand expressing their anger is okay
 - Setting limits on hostile behavior to prevent harm
 - Outcomes should be stated and residents should know what is expected of them
 - When setting limits try not to make them angrier



C.A.T.

- Issues To Preventing Confrontation
 - Watch Resident Carefully
 - Note what upsets them
 - Pay attention to early warning signs of agitation
 - Each resident is different
- Recognize potential problems – read the person's record
 - **Know the person's plan and what his/her goals are and ways to intervene**
 - **Make sure to look at actions in the past that worked and didn't work.**



BEACON
Specialized Living

C.A.T.

Note issues such as

- Do they get along well with others?
- Does the person have a daily routine they like?
- Do they prefer quiet or noisy?
- Do they like to be home or go out on activities?
- Are there certain places, events, times of day or year that are especially difficult for them?



C.A.T.

- Be More
 - Supportive
 - Accepting
 - Tolerant, Empathetic
 - Co-Participatory
 - Guiding/Directing
 - Flexible
 - Empowering
 - A friend showing mutual respect
- And Less
 - Controlling
 - Contingent
 - Judgmental
 - Verbally Directive
 - Questioning "Do you want?"
 - Rigid
 - Dominating
 - "Staff" in position of authority



BEACON
Specialized Living

C.A.T.

- If you are new staff ask other staff questions in the home
- Follow the guidelines as well
 - Watch for signs of agitation
 - Watch for signs of passiveness or withdrawal
 - Rely on your own intuition



C.A.T.

What to do When Agitation is Just Beginning

1. Talk to the individual

- Be calm in your approach and speak calmly by lowering the pitch and tone of your voice.
- If you can solve their problem, then do so
- If you can't, continue to talk with individual till they calm down.



C.A.T.

2. Be sure you are at eye level with the individual
 - Invite them to sit down
 - Do not tell them to sit down or force them to
 - Inform them that we are working together



C.A.T.

3. Ask them what the problem is

- If they have good communication skills let them tell you what is making them upset

4. DO NOT

- Demand, command, argue, or make threats

5. DO NOT

- Bribe or promise things you can not deliver



BEACON
Specialized Living

C.A.T.

6. BE PATIENT

- Time is on your side
- Be available



C.A.T.

What to do when Agitation is Increasing

1. Speak in a calm, relaxed voice using a low volume
2. Show no emotions
3. Continue to talk to the person, listen to them, and wait for them to respond and start calming down
4. Acknowledge how the person feels
5. Never turn your back or walk away
6. Do not disagree, argue, command, demand or make threats



C.A.T.

7. Continue to be patient
8. Keep Your body posture relaxed
9. Stand slightly to the side of the person, at an angle face to face, maintaining eye contact
10. Staff members should stand at arm's length, plus a few inches away from the resident
11. Never corner the person and do not allow yourself to be cornered



BEACON
Specialized Living

C.A.T.

When Agitation is Starting to Decrease

- Continue to observe the person or remain with the person until they are completely calmed down
- Involve the person in an activity of their choice before you leave the scene
- Do not blame, punish, or scold the person for the challenging behavior they just engaged in.



C.A.T.

- What to do when the Agitation is Over
 - When the behavior is over it is important to try to understand what happened, in order to prevent it from happening again in the future.
 - Staff can assess the ABC's of the behavior



C.A.T.

A - Antecedent	B - Behavior	C - Consequence
<p>As staff, write down what happened before you saw the behavior. What was the person doing? Who were they with?</p>	<p>You describe the behavior they engaged in</p>	<p>You describe what happens just after or as a result of the behavior</p>



BEACON
Specialized Living

C.A.T.

A - Antecedent	B - Behavior	C - Consequence
<p>Try to include:</p> <p>What all staff present were doing</p> <p>Other clients present and what they were doing, saying, etc.</p> <p>What activity was being completed (or just offered)</p>	<p>Describe the behavior they engaged in.</p> <p>Observable data such as client yelled, "@#*(&\$?" picked up chair from the left and threw it overhand in staff's direction</p>	<p>What did staff do or say? Did staff move?</p> <p>If peers were present what did they do or say?</p> <p>Did client return to activity? Did they get anything?</p>

C.A.T.

1. Get to know the person and his/her Plan
2. Remember all behavior is a form of communication
3. Help the person with severe challenging behavior to develop positive supports and a plan that helps him/her
4. Don't assume the worst about residents
5. Healthy and functional relationships make all the difference
6. Help the person develop a positive identity
7. Give choices instead of requiring or demanding the person to do something
8. Help the resident to have more fun and interests
9. Establish good, healthy working relationships with your coworkers as well
10. Develop support for yourself and coworkers



Questions?



BEACON
Specialized Living

Manual Taken From The Following Resources

“Working With People; Positive Techniques To Address Challenging Behavior”, Michigan Department of Mental Health. Group Home Curriculum. DMH, Lansing, MI.

Anderson, J.L., Mesaros, R. and Neary, T. (1989) National In-Service Training Program On Community Referenced Non-Aversive Behavior Management. Eugene, OR; Research and Training Center

Anderson J.L., et al. (1993). Issues in Providing Training to Achieve Comprehensive Behavioral Support. In Reichle, J. and Wacker, D.P. (Eds.) Communicative Alternatives to Challenging Behavior: Integrating Functional Assessment and Intervention Strategies. Baltimore: Paul H. Brookes

Ditman, William (1978). Student Confrontation Avoidance Techniques (SCAT). Waukegan Development Center: Waukegan, IL.

Hitzing, Wade (1990). Positive Learning: An Alternative to Behavior Management. Minneapolis, MN.

Macomb-Oakland Regional Center (1990) Group Home Training in Teaching Technology, Mt. Clemens, MI: Joseph M. Snyder, Macomb Oakland Regional Center.

McGee. John J., et al (1987). Gentle Teaching: A Non –Aversive Approach to Helping Persons with Mental Retardation. New York: Human Sciences Press.

Meyer, L.H. and Evans, I.M. (1989). Non-Aversive Intervention for Behavior Problems: A Manual for Home and Community. Baltimore: Paul H. Brookes

Michigan Department of Mental Health (1984). Group Home Curriculum: Participants’ Manual. Lansing, MI: DMH.



Manual Taken From The Following Resources

“Working With People- Introduction to Human Needs, Values, Guiding Principles, And Effective Teaching Strategies”, Michigan Department of Mental Health. DMH Group Home Curriculum, Office of Resource Development. Lansing, MI.

Allen, William T., *Read My Lips; It's My Choice*. Governor's Planning Council On Developmental Disabilities

Canadian Association for the Mentally Retarded (1987) *Orientation Manual on Mental Retardation*. Toronto: National Institute on Mental Retardation

Gardner, James F., and Chapman, Michael S., (1993). *Developing Staff Competencies for Supporting People with Developmental Disabilities*. Baltimore, Paul H. Brookes Publishing Company.

McGee John J. and Menolascino, F.J. (1991) *Beyond Gentle Teaching*. New York, Plenum Press

McGee John J. and Menolascino, F.J. Hobbs, D.C., Menousek, P.E., (1987) *Gentle Teaching: A Non-Aversive Approach to Helping Persons With Mental Retardation*. New York: Human Sciences Press Inc.

Michigan Department of Mental Health (1984). *Group Home Curriculum*. Lansing: Department of Mental Health.

Mount, Beth and Zwernik, Kay (1988) *It's Never Too Early, It's Never Too Late: A Booklet About Personal Futures Planning*. Minnesota Metropolitan Council.

Perske, Robert and Martha (1980) *New Life in the Neighborhood (The Enlightening Principle of Normalization)*. Nashville: Abingdon Press.

Perske, Robert and Martha (1988) *Circles of Friends*. Nashville, Abingdon Press.

Potts L, Eshelman J. W, Cooper J. O. Ogden R. Lindsley and the historical development of precision teaching. *The Behavior Analyst*. 1993;16(2):177-189.

