

Quick Tips: Hand Out

Managing Challenging Behaviors - Basic Skills

ABC's of Behavior Intervention and Change

Experienced care providers have developed a system for responding to challenging behavior that is widely used in caregiving. When we use the term “challenging behavior”, we mean behavior like striking out, throwing something, yelling, or other potentially harmful behaviors. Controlling these behaviors is vital to the well-being of the client, as well as those who care for him or her, and others who live in the same environment. Many families are unable to continue care solely due to these behaviors, while more individuals get moved from one care facility to another because of this type of behavior than for any other reason.

This behavior can often be addressed without use of medications or restraints, if we simply know some basic skills to use. The following tool is called behavior ABC's, because that helps us remember the three aspects of the situation that we need to understand before we can change the behavior.

All three parts happen in every behavior. Changing one of the three parts will result in a change in the outcome, just like changing $1+1+1$ (the answer is 3) to $1+2+1$ (now the answer is 4) will change the result. Changing any one of the three parts may allow the person to change his or her behavior, without resorting to physical or chemical means.

Notice we said “allow the person to change” rather than us making the person change. We believe that people will change if we give them the tools – outbursts and violent behavior is no picnic for the individual experiencing the intense emotions, any more than it is for those around him.

A = Antecedent. This means “what happened before”, and is, we believe, the most useful of the ABC's. We want to examine anything and everything that may have stimulated the behavior to occur. Especially look for:

- **Environment:** Was it noisy, too many visitors, too much talking? Was the radio on? The TV? Consider anything in the environment that may have resulted in over stimulation, or stimulation of a negative sort.
- **Human Contact:** Did a family member just come to visit? What interaction did the care provider just have with the individual? Was touch, laughing, talking, reminiscing, etc. appropriate to the individual's ability to understand and tolerate? Was someone visiting or providing care who is under stress about something which the individual may have sensed? Was caregiving contact appropriate, or was it forceful or not respectful of the individual's dignity?
- **Signs/signals:** Did the individual give us any subtle signs or indications that something is distressing him? Some individuals exhibit a small, restless movement, such as slight rocking, or moving hands restlessly just prior to an outburst. Knowing individual signs can give you a warning that a behavior is about to occur, and allow you time to intervene before something negative happens.

Get everyone together who may have observed the individual before the outburst, and discuss everything you saw before the behavior. You will often be able to identify something that, if changed, can reduce or eliminate the behavior.

This is the element of the ABC approach that, in our experience, can be most effective in changing behavior. Spend plenty of time trying to identify factors that may have led to the behavior, and effect change at this point.

B=Behavior. What exactly happened? Clearly understanding the behavior can help you identify elements that you can address to change that behavior. For example, people will sometimes say that a person “freaked out,” or “went nuts.” This description of the behavior tells you nothing. Ask questions – “What happened first,” “Then what did he do,” “What did you do next,” etc. Ask yourself these questions, and then write down the answers. These exploring questions will help you understand the behavior, and know what steps to take next. Sometimes “He went nuts,” means that he became agitated, raised his voice, shook his fist, than walked away. Sometimes, it might mean he put his fist through the window and cut a 3-inch gash in his arm. You need to know—and write down—exact details of the behavior to develop an intervention strategy.

C=Consequences. What happened after the behavior? How did others surrounding the person react; what did they say and do? Clearly understanding this may allow you to change something here that will eliminate or change the behavior. Think, for example, of the child whose behavior yields the same result—a positive one—for example crying and getting what he wants. Changing the consequences will, automatically, change the behavior. The child will learn that crying does not get him whatever he wants any longer, and will try something else. Rewarding the behavior you want to see, instead of the behavior you cannot tolerate will result in more consistent positive behavior. We all know this as parents, but how many of us can say we consistently do this?

Sometimes we, or other members of the caregiving team, respond to behavior in ways that actually encourages that behavior. One example of a very challenging behavior is crying or calling out, “Help me, help me.” This can increase others’ agitation, it can cause the person calling out to be verbally or even physically abused by other people, or even, in worst case scenarios, by caregivers.

Sometimes, crying out can be stopped by finding someone to spend time with the individual before he or she calls out, rather than after. Often, even those calling out can understand that if they are quiet for a short time, someone will come and sit with them. Visiting before calling out begins can offset the need for companionship before the calling out even starts. Certainly, responding by rushing to the individual’s side every time he or she calls out may well reinforce the behavior, rather than stop it.

In aggressive or hostile behaviors, often a response that is firm and authoritarian will slow down or stop the behavior, while a frightened, “whatever you want” style response will strengthen the behavior. It can be perfectly appropriate to say, clearly and firmly, “Stop that now – it’s not O.K. to hit someone.” Don’t respond out of anger, or you may take firmness over the edge toward abuse. It can be a fine line, and you want to be careful to stay far away from that line. If you find an individual’s behavior is evoking an emotional response in you, find out why, or ask others to intervene. Don’t lose your career, and maybe even your freedom by responding emotionally to behaviors.

The ABC's work well for any challenging behavior. Try them when you encounter challenging behaviors, and gradually incorporate them into your own personal "toolbox" of skills for working with memory impaired people.

ABC's Worksheet

Describe the behavior that is causing you concern:

Think back on the last time the behavior occurred, or, even better, observe closely the following things and record immediately after a behavior.

A=Antecedent: What was happening immediately before the behavior?

What was happening in the **environment?** (TV, Radio, visitors):

What other **human contact** was made prior to the behavior?

What **signs or symptoms** did you observe before the behavior? (May include things like changes in usual body movements, body language, i.e. clenched fists, looking away from you, humming, speaking faster, less coherently, mutters):

B=Behavior: Describe the behavior as exactly as possible:

C=Consequences: What happened immediately after the behavior?

What did you or others do:

What did the individual do?

Did anything change in the environment?

Plan for your response next time:

What will you look for, what will you change?