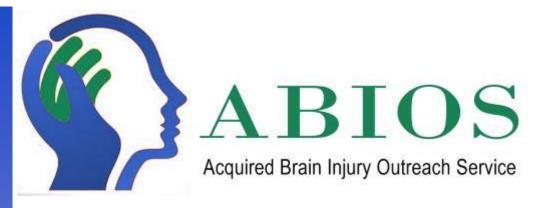
FACT SHEET:



Behaviour Intervention Strategies

Introduction



There are a number of specific behavioural techniques or strategies that can be used in management of behaviours of concern after ABI.

It is important to have a good understanding of the purpose of each technique. They should be used to assist with learning, changing and maintaining appropriate behaviour. Inappropriate use of behavioural techniques and strategies can worsen behavioural problems.

Techniques explained:

Cues and Prompts

Cues are an indication to the person that they either need to do something or not to do something.

Cues can help the person learn a task, skill or behaviour.

Cues can be verbal, visual or gestural. Cues must be clear and direct, and should be the same each time for each behaviour.

Prompts are similar to cues. They may tell the person when to start or stop doing a task or activity. Prompts can remind the person of the next step in a task or a sequence of steps.

Prompts may help the person particularly if they have difficulties with initiation of activities, or with memory. Prompts can be faded or decreased as the person learns the task more independently.

Modelling the Behaviour You Want

Modelling is demonstrating or showing the person an activity, task or behaviour so that they can observe and learn how it is done. Modelling can be used at the beginning of learning a new task or behaviour or in a situation which is unfamiliar. Modelling should show the person what is expected of them in a situation or task.

Category: Behaviour

Audience: Families and Support Workers

For more information contact the Acquired Brain Injury Outreach Service (ABIOS)

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Shaping

This means attempting to shape an initial response or behaviour to be closer to the correct or desired behaviour. It begins with responses or behaviours that the person already can perform or than are easier, and gradually increasing expectations over time. For example, a person might be encouraged to do one step in a sequence of steps needed to finish a task, and then over time are asked to more steps in the sequence.

Giving Feedback

Feedback is essential for a person to be able to learn new skills and behaviours. Feedback should provide information about how they are doing with a task or behaviour. This is especially important in ABI if the person has reduced ability to self-monitor and self-evaluate their performance and behaviour.

A person with ABI may benefit from feedback to let them know:

- when they are behaving appropriately
- when behaviour is not appropriate, and
- what they might do differently

Feedback should provide clear, unambiguous direction for the person specific to each behaviour and situation.

Feedback should be direct, immediate, and should describe the behaviour as clearly as possible.

Redirection

Redirection is gradually changing behaviour by redirecting the person to a more suitable behaviour. Redirection needs to occur each time the unwanted behaviour occurs, preferably at the start of the behaviour, and needs to be consistent.

Redirection is often used with a person who is perseverating or repeating a behaviour over and over. For example, a person may talk about a particular topic repetitively, so you may want to redirect them to another topic or task. Redirection can be combined with reinforcement for the new behaviour to increase its success.

Repetition

Repetition is necessary with all behaviour change, whether you want to increase or decrease the behaviour.

Repetition is really necessary when the person you are working with has impaired memory or difficulties learning and retaining new information or skills.

Positive Reinforcement

Postive reinforcement increases the possibility of a behaviour occurring again in the future. It is important not to use reinforcement for behaviours that you want to decrease or are unwanted. Reinforcers are generally broken into five main categories:

- Tangible (food, money etc),
- Activity (movies, shopping, TV)
- **Social** (praise, attention, time with someone)
- Intrinsic (part of the behaviour or task – natural reward e.g. I do the house cleaning, and the house is clean and tidy)
- **Token** (something that can be exchanged for something else e.g. an activity or something tangible)

It is more likely that a person will do that task again if they have received positive reinforcement and encouragement or rewards for that behaviour or activity.

Each person will find different things reinforcing for them. Some people respond best to verbal praise, being able to spend time with someone we like, or participating in an enjoyable activity.

Reinforcement of Other Behaviours

This involves weakening or reducing the likelihood of an unwanted behaviour occurring by *identifying and reinforcing* a behaviour that is incompatible with it.

For example:

- Asking politely for an item is *incompatible* with swearing or yelling.
- Relaxation and calm is *incompatible* with stress and tension.

Reinforcement should be positive (e.g. attention, praise, access to desired activities).

Ignoring/Extinction

Ignoring or extinction can be used to weaken or decrease an unwanted behaviour, by providing *no* reinforcement. Ignoring a behaviour, and providing reinforcement for *appropriate* behaviour are often two interventions used together to shape behavioural change.

Sometimes when you ignore a behaviour, it will get worse **before** it gets better. You need to **persist** and eventually the behaviour will decrease in frequency.

It is important to keep records so that you can see whether behaviour is changing or not. It's also important that in providing care to someone you are ignoring a target behavior only, not the person or their other needs for food, medication, support, engagement.

Contracting

Contracting can be effectively used with people who have some awareness and insight about their own behaviour and who are motivated to make improvements.

Contracting is an important tool in collaboration with and involvement of the person with brain injury.

Contracting is simply a process of:

- Respectfully talking about the behaviour
- Talking about expectations
- Discussing priorities and goals for change
- Deciding about behaviours your want to see more of
- Deciding about behaviours you want to see less of
- Considering consequences and rewards
- Working out the support that might be needed to stay on track – who should do what, when should it be done
- Writing things down that you agree on together
- Setting a time frame for reviewing the contract or agreement

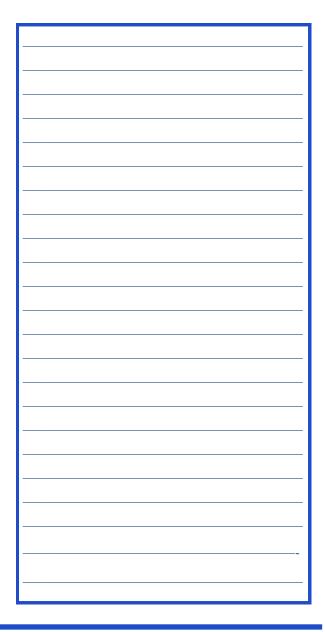
Wherever possible, some aspect of contracting should be integrated into every behaviour intervention plan

Resources

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at <u>http://www.health.qld.gov.au/abios/</u>



Notes:



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