



# Understanding Behavior & Supporting People on Tough Days

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ILLINOIS CRISIS PREVENTION NETWORK SUPPORT SERVICES TEAM



# An Overview of Skills, Concepts, and Strategies

## Concepts & Considerations:

- Validation
- Avoiding Power Struggles
- Therapeutic Relationship with client, staff, agency, outside entities

## In the Moment Skills:

- Support: Behavior is Communication
- Encourage: Alternative/incompatible behavior to change the therapeutic relationship
- Pause: De-escalation, creative hopelessness, and how it supports a therapeutic relationship

## Preparing for Long-Term Plan:

- Psychoeducation & Training
- Safety-Plans: proactive, at-home, in the community, at appointments, law enforcement
- Increasing Communication: client, staff, IDT, family, local, social media, advocacy

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# Why Are We Here:

The Support Service Team (SST) is a specialized treatment team that provides assistance and training to people diagnosed with a developmental disability that are currently in a behavioral or medical situation that challenges their ability to thrive successfully in the community.

## Our Mission:

To bridge the gap between crisis management and crisis prevention by providing support and stability for children and adults experiencing behavioral, mental health, and/or medical challenges, so they may live and flourish in their community

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Trinity Services and The Hope Institute for Children collaborated on an RFP and received a grant to provide services for 2/3rds of the state.

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The SST received their first referral in August 2010.

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In 2012, we assumed services for the entire state.

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In 2015 ICPN received BIP funding to increase the weekly referral capacity and expand the training program.

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Since its inception there have been over 8,000 referrals.

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Each team is comprised of staff from a variety of professional disciplines: psychologists, board certified behavior analysts, behavior specialists, licensed clinical therapists, qualified intellectual disability professionals, registered nurses and social workers.

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Consulting pharmacist and medical doctor with extensive experience in the field of developmental disabilities.

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Team size varies as well as the composition of the professionals working in each team.

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Not every professional discipline is needed for each referral.

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Teams are diverse, comprised of staff with various backgrounds and skills.

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## How We Can Help:

Behavior Supports

Short Term Individual Therapy

Training

Medical Consultation

Pharmacy Consultation

Advocacy and Support

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## Therapeutic Models We Use:

- Applied Behavior Analysis
- Acceptance and Commitment Therapy
- Functional Analytic Psychotherapy
- DBT – The Skills System



## Medical Physician

Will review medical information, medications, and behavioral description


Provide thorough medical recommendations to guide further treatment



## Pharmacist

Will review current medication, medication history, behavior description, and labs

Will describe medication interactions and make recommendations for continued treatment



The SST regularly creates trainings specific to the people that they are supporting.

**Common trainings include:**

- Basic Behavioral Principles
- Validation Techniques
- Therapeutic Relationships
- Understanding Dual Diagnosis
- Verbal De-escalation
- Safety Care for Families

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## What the SST's are not

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The SST's do not take the place of service coordination agencies.

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The SST do not assist people in acquiring additional funding for 1:1 staff, fences, in-home day programs, etc.

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The SST's are not an emergency response team.

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The SST's do not determine discharge from day programs or residential agencies.

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The SST's do not replace the Department of Human Services Division of Developmental Disabilities

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# ICPN Community Trainings

14,897 community members participated in 23 virtual workshops

## Trending Topics

- Staff Resilience
- Self-Care and Mindfulness
- Anxiety
- Effective Leadership
- Understanding and Addressing Sexual Assault
- Avoiding Burnout

Check out [www.ICPN.org](http://www.ICPN.org) for information about upcoming workshops

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# Why Are WE Here Together?

- There is a piece of you that decided to help others.
- Find that side of you, remember the moment that caused you to want to enter into this field, we need that moment moving forward.
- Remember that saying, “It takes a village”, **TOGETHER** we are the village.



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# Shifting Gears – Learning Concepts & Considerations





# Consideration 1: Validation

# Feeling Validated Matters...

- **How do you want your significant other, parent, best friend, or loved one to respond to you when you are upset?**
- **Validation is making a person feel as if they are understood and accepted.**
- **Letting the person know that the way they are feeling is okay and valid.**
- **You DO NOT need to agree with the action or thought to validate it**

# Feeling Validated Matters...

- ▶ Simple to understand but difficult to put into practice
- ▶ You can *always* provide validation.
- ▶ Knowing the person's history, especially in similar situations, can help explain why he/she had a particular reaction
- ▶ Because we all have different personal histories, the way we react to a given situation can be very different

# Feeling Validated Matters

- Encourages discussion.
  - additional chain initiates.
- Avoids minimizing their experience.
  - To decrease future probability of avoidance/escape talk.
- Shows social acceptance of their perspective.
  - To shape appropriate ways of expression.
- Avoids negating their experience.
  - To encourage their tact of their private events.
- Avoids power struggle.
  - To help a client to de-escalate.

# Types of Validation

- Using language that is validating
  - ▶ “I can understand how you feel that way.”
  - ▶ “That makes sense.”
  - ▶ “How could it be otherwise?”
- Validation by ones actions
  - ▶ Active listening
  - ▶ Responding to the person’s request

# Goals of Validation

- Learning how to listen to another person and understanding their experience.
  - ▶ “I can understand how you feel\_\_\_\_\_.”
  - ▶
  - ▶ “It makes sense that you’d think\_\_\_\_\_.”
  - ▶ “That situation sounds like it was really\_\_\_\_\_.”
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- **The goal is not to give the person advice or to solve their problems.**

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## Consideration 2: Avoiding Power Struggles

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# Avoidance of Power Struggles

- Caregivers/Staff who become frustrated or impatient may sometimes engage in power struggles by trying to coerce the person to comply with their directives. These kinds of negative interactions are to be avoided.
  - Physical intimidation (posture, distance, movement, eye contact, gestures, facial expression).
  - Loud voice; angry or threatening tone.
  - Setting unreasonable, unattainable, or escalating criteria for success.
  - Humiliation, retaliation, making fun of the person, etc.
  - Applying or threatening inappropriate or excessive negative consequences.
  - Nagging (repeating the same prompt many times in a short period).
  - Inappropriate use of physical force, or threatening to do so. This includes threatening to call certain individuals or emergency services
  - Other kinds of coercive interactions.

# The Importance of Avoiding Power Struggles

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- There are many reasons to avoid power struggles. It is best to support, not control. Also, attempting to coerce people to comply can trigger dangerous behavior. Alternatives to power struggles include:
  - Manage your own emotional reactions: (Body language, verbal behavior, the content of what you say)
  - Provide 2–3 acceptable alternatives.
  - Choose which behaviors to prompt (“pick your battles”).
  - Change the request you are making: If the person doesn’t understand what you are asking of them, re-word the request.
  - Give the person more time.
  - Offer help: (Even if all you are offering is to be ready to listen when he is ready to talk).
  - Change caregiver/staff: (Sometimes a new person can decrease the intensity of the situation and facilitate de-escalation/communication).



# Power Struggles

- Power struggles = both people trying to “win”
- You will almost always lose in the long run (even if you “win” the moment)

## What it looks like:

- Repeating demands louder or more firmly
- “You need to...” / “I already told you...”
- Going back-and-forth arguing

## What to do instead:

- Lower your voice, not raise it
- Give space when possible
- Offer choices:
  - “Do you want to do this now or in 2 minutes?”
  - Be willing to **pause**, not push

## Your body language and tone can either:

- Calm things down
- Or make things worse

## During escalation:

- Keep voice calm and neutral
- Use fewer words
- Give physical space (when safe)
- Avoid sudden movements

## Avoid:

- Lecturing
- Rapid-fire talking
- Showing frustration (eye rolling, sighing)

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## Consideration 3: Making Connections

# Therapeutic Relationships

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- Traditionally:
  - Many caregivers emphasize **discipline, control, and consequences**.
  - Raising a child often involved **spanking, scolding, or strict structure** as signs of care.
  - Emotional closeness or empathy may not always have been expressed through words or touch.
- **What this means in group home settings:**
  - Staff might feel like they are “too soft” or “spoiling” the client if they don’t correct bad behavior harshly.
  - Staff may fear the client will “walk all over them” if they don’t assert control.
- **Reframe:**
  - In trauma-informed care, **connection comes before correction**.
  - Compassion doesn’t mean letting go of expectations — it means leading with understanding and calm, not fear or punishment.
- **Practice Statement:**
  - “I thought discipline meant caring. Now I know that building trust and showing empathy is also a form of discipline — it helps the client learn how to live with others.”



# Therapeutic Relationships

- Building a Therapeutic Relationship with:
  - Clients
  - Staff
  - Families
  - IDT Members
  - Doctors, Psychiatrists
  - "Outside" OT, PT, SLP's
  - Community Members
  - Emergency Responders

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# Shifting Gears – Learning In-The- Moment Skills



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# Skill 1: Support

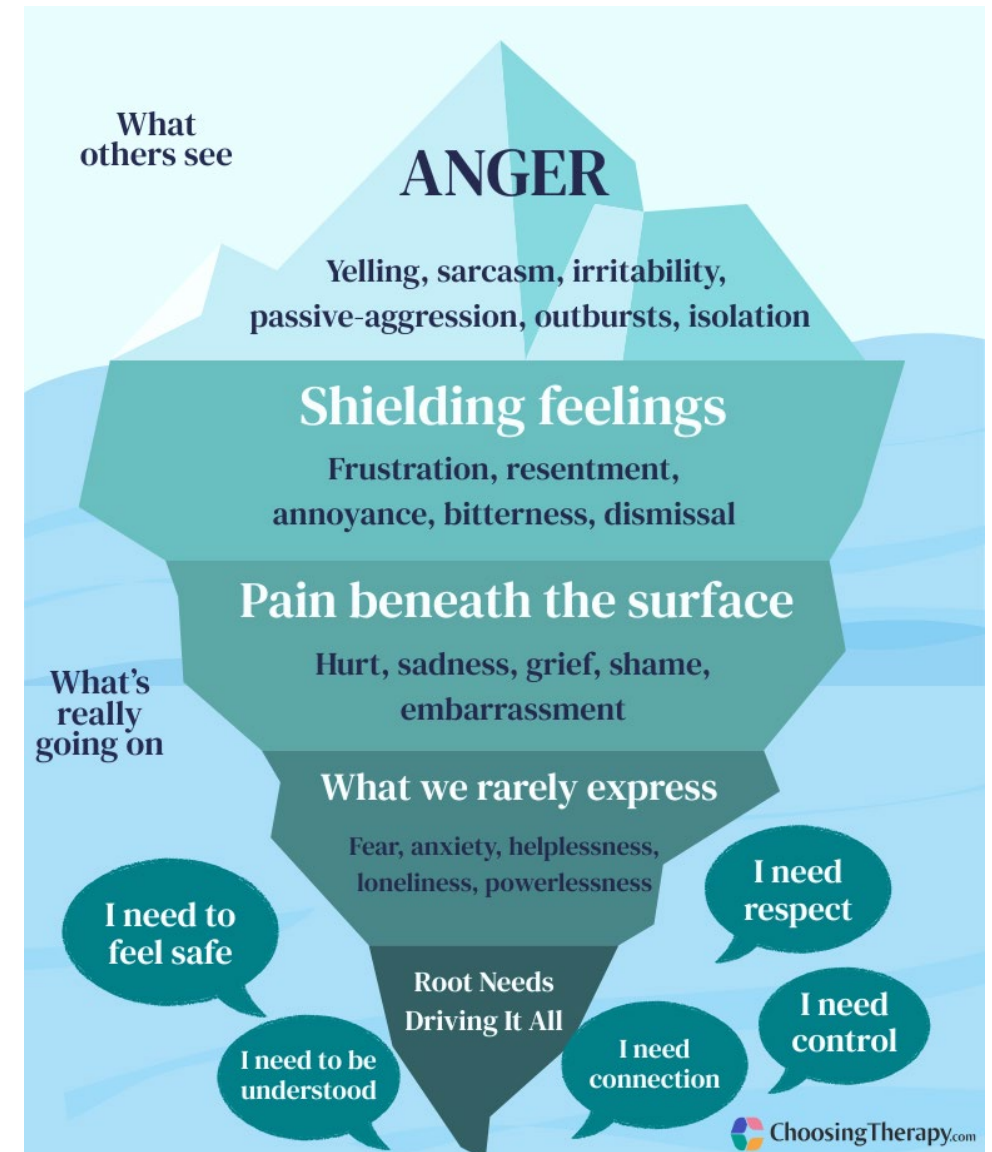
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# Skill 1: Support

- In this phase our aim is to prevent behaviors of concern or the desire to engage in the behavior of concern, through proactive attention and help.

## How?:

- Ask clarifying questions
- Offer accessible choices
- Give enough processing time
- Adapt your communication to meet them where they are
- Praise positive and/or adaptive behavior



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Think in Categories:

Disruptive

Dangerous

Very  
Dangerous

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# Why Behavior Occurs:

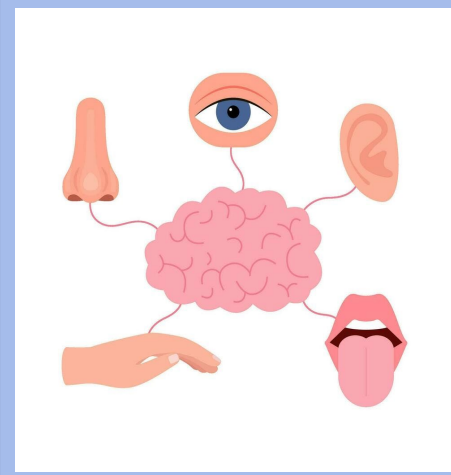
Social Attention



Escape/Avoidance



Internal/Sensory

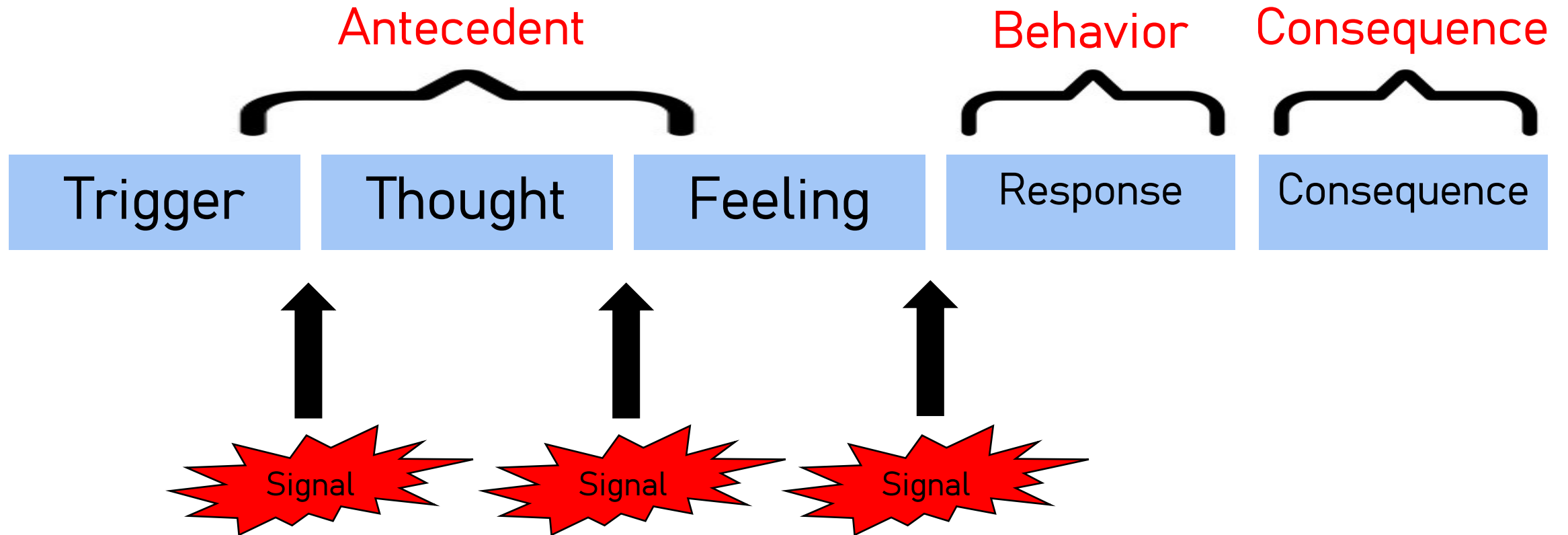


Access to Tangible



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# Contexts for Changes in Behavior:



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# Bringing It All Together...

Trigger  
(Environmental  
Change)

Changes in staff

Thoughts

"Why are they leaving me?"

"Did I do something wrong?"

Feelings

Anxious

Confused

Worried

You might  
start to see

Attempts at self-soothing

Increased behavioral concerns (i.e., Physical Aggression, Property Destruction)

You might  
want to react  
with

Your own frustration

Confusion

Fear in what's coming next or the "what if"



## Skill 2: Encourage

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## Skill 2: Encourage Alternative/Incompatible Behavior to Foster a Therapeutic Relationship

- In this phase our aim is to redirect the person to make safe choices. It is likely that the prior stage did not work and that the person needs more direct support.

### How?:

- Provide simple instructions to skills you know the person can be successful with
- Suggest incompatible behaviors – walking away, holding an item, autonomic regulation
- Adjust prompts as needed, start with the least restrictive
- Use affirmative language, not passive



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## Skill 3: Pause

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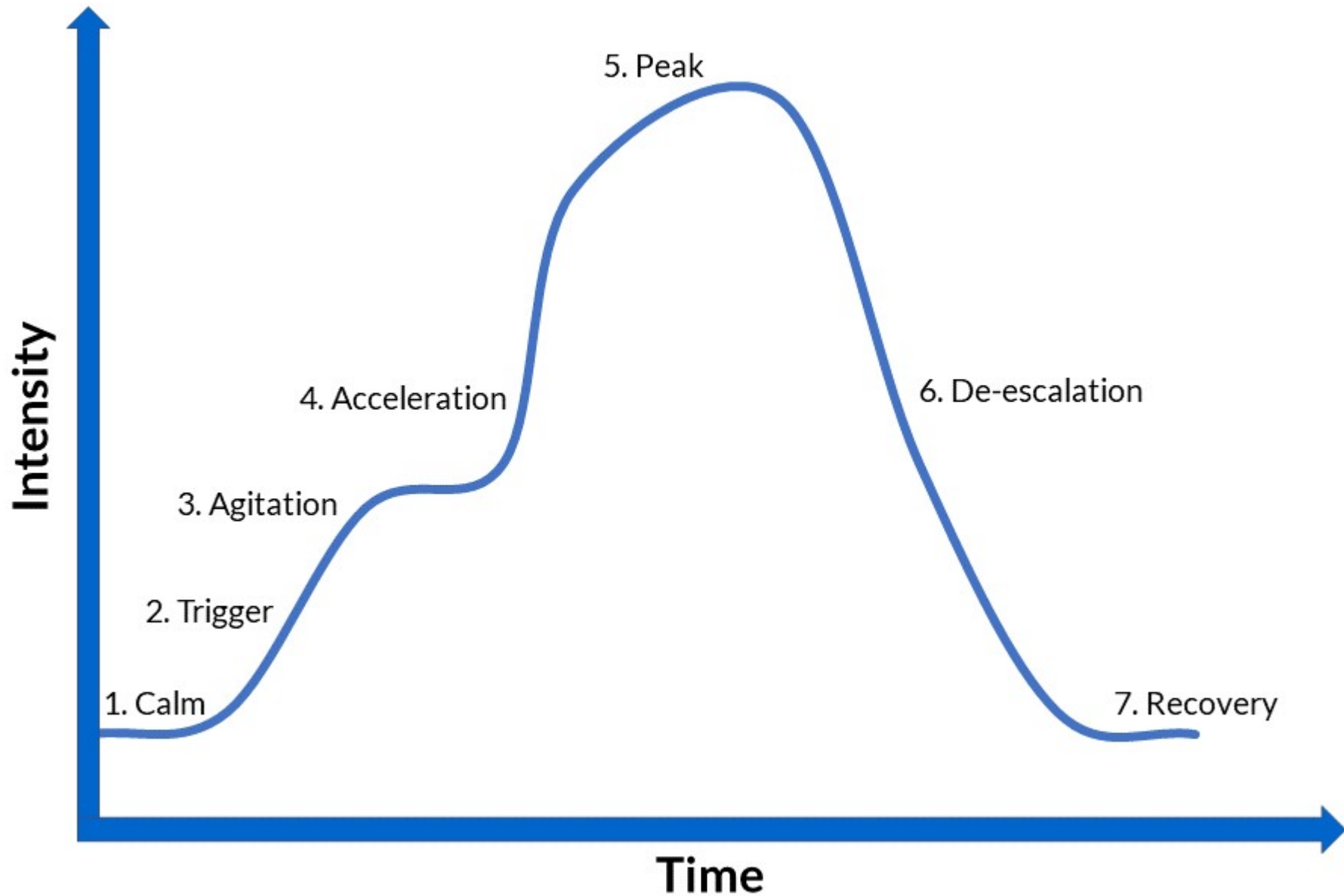
## Skill 3: Pause

- In this phase our aim is to give the individual time to process and respond appropriately. They are likely unable to listen to instructions so it is best to monitor for safety from a safe distance (unless unsafe to do so).

### How?:

- Stop talking or interacting
- Remove dangerous items and vulnerable people
- Remain calm and neutral in your demeanor





Adapted from *Appropriate Responses to the Seven Phases of the Escalation Cycle* (Colvin 2004)

# Creative Hopelessness

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- Creative hopelessness is a term used in acceptance and commitment therapy (ACT) that refers to the process of recognising and accepting the limitations of traditional strategies to control or avoid emotional pain. It involves embracing the understanding that trying to eliminate or suppress difficult thoughts and emotions often leads to more suffering. It encourages individuals to explore new ways of relating to their internal experiences and improving psychological flexibility.

In traditional problem-solving approaches, the emphasis is often on finding solutions to problems or eliminating difficulties. However, in creative hopelessness, the focus shifts towards accepting the presence of suffering or challenging experiences as an inherent part of life. It involves acknowledging that certain problems may not have immediate solutions or may be beyond our control. Rather than struggling against or avoiding difficult emotions, thoughts, or circumstances, creative hopelessness encourages individuals to develop a different relationship with them. It involves embracing the reality of the situation and adopting a more flexible and open mindset.

# Creative Hopelessness

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- The situation you are in is like being in a tug-of-war with a monster. It is big, ugly, and very strong. In between you and the monster is a pit, and so far as you can tell it is bottomless. If you lose this tug-of-war, you will fall into this pit and will be destroyed. So you pull and pull, but the harder you pull, the harder the monster pulls, and you edge closer and closer to the pit. The hardest thing to see is that our job here is not to win the tug-of-war..... Our job is to drop the rope.

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# Shifting Gears - Long-Term Planning



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# Plan 1: Importance of Psychoeducation & Training



# Plan 1: Importance of Psychoeducation & Training

- Co-occurring mental health conditions and ID/DD
- Trauma
- Exploring all avenues – medical, psychiatric, biological, behavioral, etc.

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# Trauma

- Trauma is an emotional response to a terrible event such as, but not limited to: an accident, rape, abuse, neglect, or natural disaster.
- Trauma affects every individual in different ways.
- These are three main types of trauma:
  - Acute** – Usually from a single incident (i.e. a car accident)
  - Chronic**- Repeated occurrences of an event (i.e. domestic violence or abuse)
  - Complex**- Exposure to varied & multiple events of a primarily invasive & interpersonal nature

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# Global Trauma Responding Might Look Like....

- Makes lots of demands for attention (or is connection?) Extreme response to corrective feedback (yelling/shuts down)
- Needs a lot of reassurance (looking to feel safe)
- Shame – “I’ve failed before, I will fail again”
- Might appear “manipulative” or “attention seeking”
- Person may be blamed for being “difficult”
- Physiological effects – stomachs, headaches,
- difficulty sleeping, loss of developmental skills,
- bed-wetting, soiling
- Inability to sleep in room at night
- “Extreme reaction to silence/discomfort being alone
- Extreme responses to corrective feedback (yelling/shutting down)
- Difficulty with unstructured time (lots of time to think)
- Adverse reaction to moving to a new home or program
- Might appear “manipulative” or “attention seeking”
- Repetitive questions
- Testing of boundaries
- Volatile responding that seemingly “comes out of nowhere”
- Exerting control over people around them (threats and posturing)
- Seeking a fight also means “Creating chaos”



# Responding to People Experiencing Trauma

- If trauma is feeling unsafe and out of control,
- The antidote to trauma is to help a person feel safe, connected, and in control.
- Relationship trauma can only be healed through healthy relationships.

## Keep.Showing.Up.

- Empathy = connection
- Validation
- Create a sense of safety = reassurance
- Not the time to rationalize or provide corrective feedback. Rather, it is the time to help the person calm their body and mind. Consistent calm.

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## Plan 2: Safety Planning



## Plan 2: Safety Planning

- Proactive
- In-Home
- In the Community
- Back-up Plans

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Plan 3: Let Everyone Know!

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# Plan 3: Let Everyone Know:

- Increasing Communication with:
  - Clients
  - Staff
  - IDT
  - Emergency Responders
  - Community Members
  - Social Media