

Positive Approaches & Behavior De-escalation

Positive Approaches is a paradigm designed to support individuals by focusing on **understanding** and **meeting their needs** rather than trying to "fix" behaviors. It emphasizes dignity, respect, and the pursuit of an "Everyday Life" that includes choice, control, relationships, and community participation.

Positive Approaches Paradigm

The framework includes four interconnected areas:

- **Environment:** Altering surroundings to reduce distress and support well-being.
 - **Communication:** Recognizing behavior as a form of communication and ensuring individuals are heard.
 - **Clinical Assessment:** Ruling out medical or psychiatric causes of behavior.
 - **Hanging in There:** Committing to long-term support, even through challenges.
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Essence of Positive Approaches

- Focuses on understanding rather than controlling.
 - Encourages empathy and listening to the "good reasons" behind behaviors.
 - Measures success by the satisfaction of the person being supported.
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Clinical Considerations

- Many individuals with ID/A have underlying medical or psychiatric conditions (e.g., pain, trauma, neurological issues).
 - Comprehensive assessments are essential for effective support.
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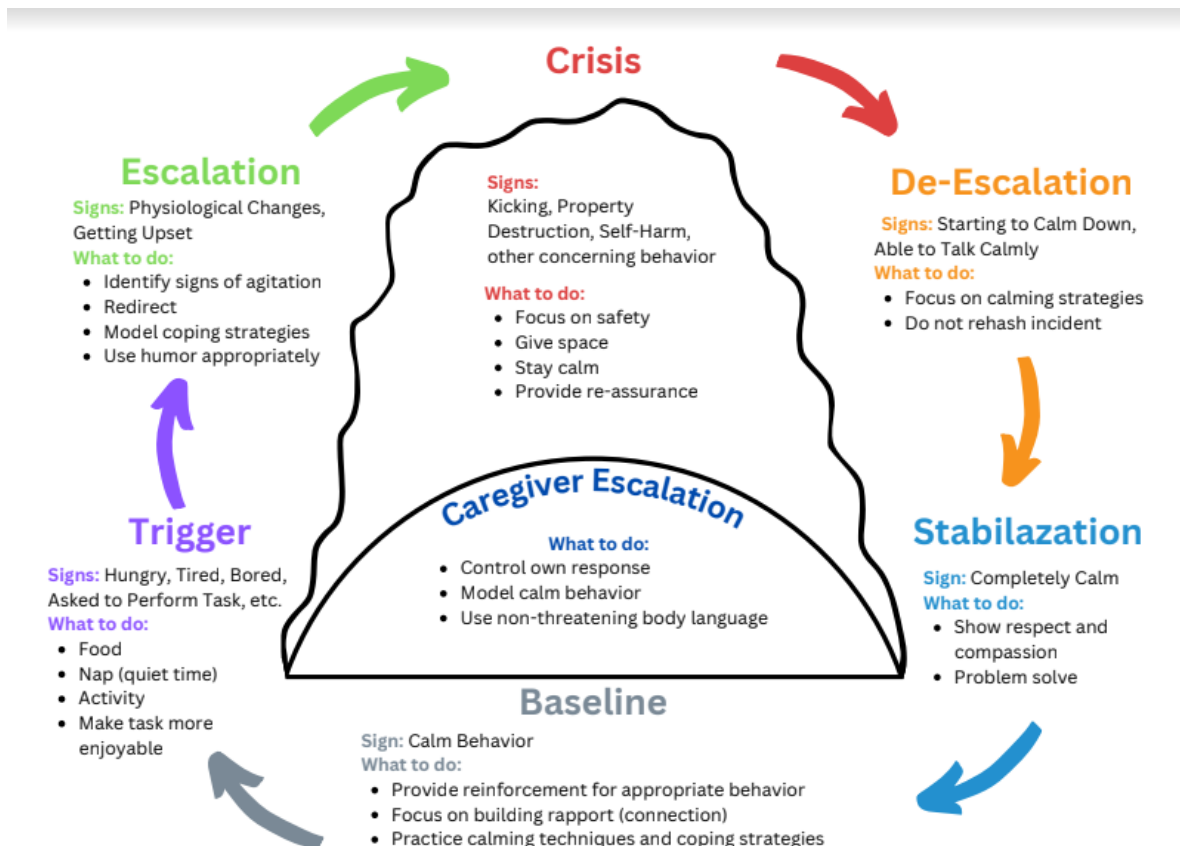
Understanding Behaviors That Challenge

- Behaviors often reflect **unmet needs or wants**.
- People act based on what they know and the context they're in.
- Challenging behaviors may be the only way some individuals can exert **power and control** over their lives.

What Is a Crisis?

A crisis is a breakdown in normal functioning that overwhelms a person's ability to cope. It varies by individual and often requires external support. A crisis revolves around the cycle below:

- baseline → trigger → escalation → crisis “out of control” → de-escalation → stabilization → return to baseline
- A crisis situation does not always follow this order and may cycle a few times or continue to escalate if de-escalation attempts are not mindful or successful the first trial.



✿ Positive Approaches Framework

1. **Clinical Assessment** – Rule out medical/psychiatric causes.
2. **Environment** – Modify surroundings to reduce distress.
3. **Communication** – Support expressive needs.
4. **Hanging in There** – Build trust through consistent support.

De-escalation Techniques

When to Use

- Before a crisis (preemptively).
- During a crisis (to reduce intensity).
- After a crisis (debriefing and planning).

Signs of Escalation

- Shallow breathing
- Loud vocalizations
- Rigid or quick movements
- Red face
- Lack of eye contact

Base on a Person's Known Experiences

- Emotional distress (fear, anger, shame)
 - Physical symptoms (sweating, rapid heartbeat)
 - Flashbacks or tunnel vision
 - Feelings of powerlessness
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Tools and Strategies

- **Adapt Environmental Factors** – Reduce background noise (tv), Find quiet place
- **Caregiver Self-Control** – Stay calm and aware.
- **Supportive Presence** – Maintain safe distance, model calm body language.
- **De-escalating Conversation** – Speak calmly, empathize, set gentle limits.
- **Proximity** – Keep safe distance.
- **Pace** – Move and speak slowly.
- **Purpose** – Clarify actions and set achievable goals.
- **Process** – Monitor effectiveness and adjust.

- **Presentation** – Use non-threatening posture.
 - **Pivot** – Angle body for safety.
 - **Persuasion & Preemption** – Validate feelings and anticipate triggers.
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Debriefing

After a crisis:

- Review triggers and responses.
 - Identify what worked and what didn't.
 - Plan and practice future interventions.
 - Involve the individual when possible.
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Things to Avoid

- “You need to calm down.”
 - Yelling, loud tone of voice
 - Trying to educate or give advice during the “out of control” phase
 - Blocking exits, cornering, or getting too close
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Final Thoughts

Positive Approaches is not a quick fix—it's a **commitment to understanding, empathy, and individualized support**. It requires caregivers and support teams to “hang in there,” continually reassess, collaborate, and advocate for meaningful lives for those they support.

De-escalation is an art of **trial and error**. Strategies that worked last time, may be ineffective or triggering the next time. Be patient, be creative, keep trying.

Functions of Behavior - S.E.A.T. Acronym

S is for Sensory

Why? - To get sensory experience - it feels good

When? - Anytime, even when alone

How to Help? - Find an activity that provides the same sensory experience.

Example: - An individual is humming loudly to hear his own voice, offer him headphones that play music.

Non-example: - An individual is humming loudly to hear his own voice and you give him a light up stick.

What to do Proactively? - Have available access to sensory items through the day.

E is for Escape

Why? - To get out of unwanted activities or interactions.

When? - Something is hard, boring, not fun.

How to Help? - Break the task down into a smaller step. Teach to ask for a break. Provide tons of praise for working hard.

Example: - An individual is asked to clean up and they start to tantrum, ask them to pick up 1 item and put it away, then praise, help them with the rest.

Non-example: - An individual has been asked to clean up and they start to tantrum, you tell them they don't have to clean up anymore.

What to do Proactively? Keep tasks small with frequent breaks and build in fun activities with boring activities.

A is for Attention

Why? - To get access to people or interactions.

When? - Not getting enough attention or reaction.

How to Help? - Provide tons of praise for appropriate requests for your attention/ Teach to ask for attention appropriately.

Example: - If the individual is screaming while two adults are speaking to each other, let the individual know when they are quiet they can talk too and praise for a moment of quiet and provide attention.

Non-example: - If the individual is screaming while two other adults are speaking to each other, stop your conversation and give your undivided attention to the individual.

What to do Proactively? - Let the person know you have to speak with another person but if they need you tap your shoulder and provide tons of attention for appropriate behavior other times of the day.

T is for Tangible

Why? To get access to items/activities.

When? Something wanted is not available.

How to Help? Offer an alternative, you can't have this but you can do A or B. Or First-then, first we do this then you can have that!

Example: If the individual is crying because they went to the Ice Cream store and arrived and it was closed, let the individual know that you can either go to the grocery store to get ice cream or another ice cream store.

Non-example: If the individual is crying because they went to the Ice Cream store and arrived and it was closed, so you give them tablet to play with instead.

What to do Proactively? Use First/Then Statements and let them know when an activity is going to end by setting a timer.

BEST PRACTICE STANDARDS IN BEHAVIORAL SUPPORT

The Office of Developmental Programs (ODP) recognizes that effective behavioral support must be grounded in and informed by basic, broadly accepted knowledge and processes.

Behavioral Support, as a concept, is defined by ODP as: *providing specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant's inclusion in home and family life or community life. Behavioral support promotes consistent implementation of the Behavioral Support Plan (BSP) including Crisis Intervention Plans (CIP) and restrictive plans, as warranted, across environments and across people with regular contact with the participant, such as family, friends, neighbors, and other providers. Consistency is essential to skill development and reduction of problematic behavior.*

In an effort to promote quality behavioral support across the Commonwealth, ODP is distributing the following to individuals that are providing behavioral support or who otherwise oversee the implementation of a behavioral support plan. Those providing or overseeing this service should:

- Understand the elements of a variety of approaches and techniques including: Everyday Lives, Charting the LifeCourse, Applied Behavior Analysis methods, Person-centered Planning, principles of Trauma-Informed Approaches and Positive Behavioral Support.
- Have received training in and be able to use evidence-based procedures and techniques (e.g., modeling, prompting and fading, shaping, chaining, Premack principle, conditioned reinforcement, differential reinforcement) needed to develop and adjust behavior support plans addressed to meet the needs of the individuals served.
- Understand the role of the individual, families, natural supports, and other supporters as important members of the behavioral support team.
- Establish a multidisciplinary approach to assessment.
- Have knowledge and skills in completing comprehensive assessments that will inform the selection of targeted behaviors or skill deficits to establish goals, including:
 - Selecting behaviors or skill deficits to target that are developmentally and age-appropriate, socially significant, and strengths-based.
 - Describing behavior in precise terms so that it can be observed and measured.
 - Collecting indirect and direct data on the targeted behaviors. This may include completing standardized supplementary assessments as necessary that match the skill deficit or behavioral need, such as social deficits, communication deficits or deficits in self-regulation, adaptive or self-help areas of development.
 - Taking into account bio-psycho-social factors with input from the interdisciplinary team. (including, but not limited to: medical doctor, trauma specialist, mental health professionals).

- Have knowledge and skills in the following:
 - Describing and prioritizing, with team input, the current and future value (or social importance) of behavior(s) or deficits targeted for support.
 - Collecting, quantifying, and analyzing direct observational data on behavioral or deficit targets to maximize and maintain progress toward goals.
 - Developing a support plan that considers the following:
 - Support strategies for problem behaviors that link the function of (or the reason for) the behavior with the intervention strategies and develop appropriate replacement and/or desired behaviors while understanding the role of communication.
 - Individualized, evidence-based plans that utilize elements of behavior change.
 - Individual to participate in plan development and implementation, using an understanding of their likes and dislikes, as well as natural motivators and reinforcements available in natural settings.
 - Teaching and shaping behaviors that increase the individual's ability to communicate their needs.
 - Trauma-Informed strategies that include an explanation of how trauma may affect the behavior of the individual.
 - Identify settings or situations in which targeted behaviors are likely to occur and include antecedent strategies to modify those settings or situations as a core component of the BSP.
 - Designing a CIP that is a proactive plan designed to protect the individual, other individuals, or valuable property. It is designed only for protection during a crisis and not to limit future crises. It must address the individual's needs in and out of the provider's service area.
 - Designing methods that can be implemented repeatedly, frequently, and consistently across environments, including natural settings.
 - Conducting ongoing assessment (including data collection and visual display) to quantify changes in behavior.
 - Adjusting and changing interventions based on the results of the ongoing assessment.
 - Delivering direct support and training to individuals and team members that implement the behavior support plan to promote optimal behavioral changes.
 - Engaging with other medical professionals in an effort to coordinate treatment and supports.
 - Designing restrictive plans that adhere to ODP waiver and regulatory requirements and are developed and implemented through the philosophy of least restrictive intervention.

Communication: Understanding & Supporting

What Is Communication?

Defined as any act by which one person gives or receives information about needs, desires, perceptions, or emotions. It is essential for:

- **Relationships** (reduces loneliness)
- **Health and safety** (sharing well-being)
- **Choice and control** (self-advocacy)

Types of Communication Skills

1. **Pre-symbolic:** Gestures, body language, vocalizations (no formal symbols).
2. **Symbolic:** Use of pictures, signs, or limited speech.
3. **Verbal:** Spoken or written language.

Communication Challenges in ID/A

- Difficulty with social rules of communication.
- Limited attention, insight, or awareness.
- Expressive language (what one can say) often lags receptive language (what one can understand).
- Heavy reliance on non-verbal cues that may be misunderstood.

Strategies to Improve Communication

- **Recognize common words, signs, or gestures** used by the individual.
- **Create a communication dictionary:** A personalized guide that explains what specific behaviors or expressions mean.
- **Act as a communication partner:** Someone who understands and helps interpret the individual's communication.

- **Use visual supports:** Pictures, schedules, communication boards, and apps.
- **Explore assistive technology:** Devices and apps that support speech and language.

Defining Communication

- **Communication** is the exchange of information through words, symbols, signs, or behavior.
- **Positive communication:** All parties feel heard, understood, and respected.
- **Negative communication:** Leads to misunderstanding, frustration, and emotional harm.

Negative Communication Practices

These block effective communication and discourage emotional expression:

- **Blaming:** Undermines trust (e.g., “You ate too much, no wonder you feel sick.”)
- **Judging/Approving/Disapproving:** Implies right/wrong or good/bad.
- **Belittling:** Dismisses feelings (e.g., “Don’t feel that way.”)
- **Arguing:** Invalidates the person’s experience.
- **Defensive responses:** Shuts down dialogue.
- **Sympathy:** Centers the caregiver’s feelings instead of the individual’s.

Positive Communication Techniques

These promote understanding, trust, and emotional safety:

- **Active Listening:** Be attentive, maintain eye contact, and relax.
- **Silence:** Allows space for the person to process and respond.
- **Paraphrasing:** Restate the person’s message to show understanding.

- **Empathy:** Acknowledge feelings with validating statements.
- **Self-Disclosure:** Share brief, relevant personal experiences to build connection.
- **Sharing Observations:** Comment on what you see or hear to open dialogue.

Tools, Strategies, Exercises

- Allow **at least 18 seconds** for a person to respond.
- Avoid abstract language.
- Validate the person's experience and emotions.
- **Three Good Things:** Reflect on positive experiences.
- **Practice empathy and paraphrasing.**
- **Identify positive vs. negative communication** in real-life scenarios.
- **"You at Your Best":** Reflect on times when communication felt most effective.
- Use **Social Stories™** and **Rehearsal Guides** to prepare for events.
- **Augmentative and Alternative Communication (AAC)** devices.
- **People-first language:** Emphasizing the person before the disability.

Communication with Health Care Professionals

Three-Part Approach to Healthcare Appointments

1. Before the Appointment

Scheduling:

- Choose times that suit the individual's preferences.
- Ensure a familiar caregiver attends.
- Confirm referrals and authorizations.

Information Gathering:

- Document activity levels, appetite, sleep, bowel/bladder habits, seizure activity, medication responses, and behavior cues.
- Use the **Health Information Form** to organize and communicate concerns.

✦ **Preparation:**

- Explain the purpose of the visit.
- Use visual aids (pictures, stories, rehearsal guides).
- Practice what to say and do.
- Visit the facility ahead of time if possible.

2. During the Appointment

🧸 **Comfort Measures:**

- Encourage comfortable clothing.
- Plan calming activities while waiting.
- Request permission to stay with the individual during exams.

🤝 **Communication Support:**

- Help the individual share personal and medical information.
- Describe only observable behaviors.
- Avoid vague or abstract language.
- Take notes and assist with asking/answering questions.
- Clarify treatment plans and medication instructions.

📄 **Documentation:**

- Ensure forms are complete, legible, and signed.

3. After the Appointment

😊 **Support:**

- Praise the individual.

- Review what happened and discuss results.

Follow-Up:

- Carry out prescribed treatments.
- Share results of home monitoring.
- Prepare for future appointments.

Know When to Call:

- For unanswered questions, worsening symptoms, or medication concerns.

Caregiver Role

- Act as an **advocate** and **communication partner**.
- Ensure the individual's needs are understood and respected.
- Help bridge gaps between the individual and healthcare professionals.