



Supporting Behavior Change in the Face of Resistance

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Learning Objectives

Examine

Examine how behavior is supported by triggers and rewards

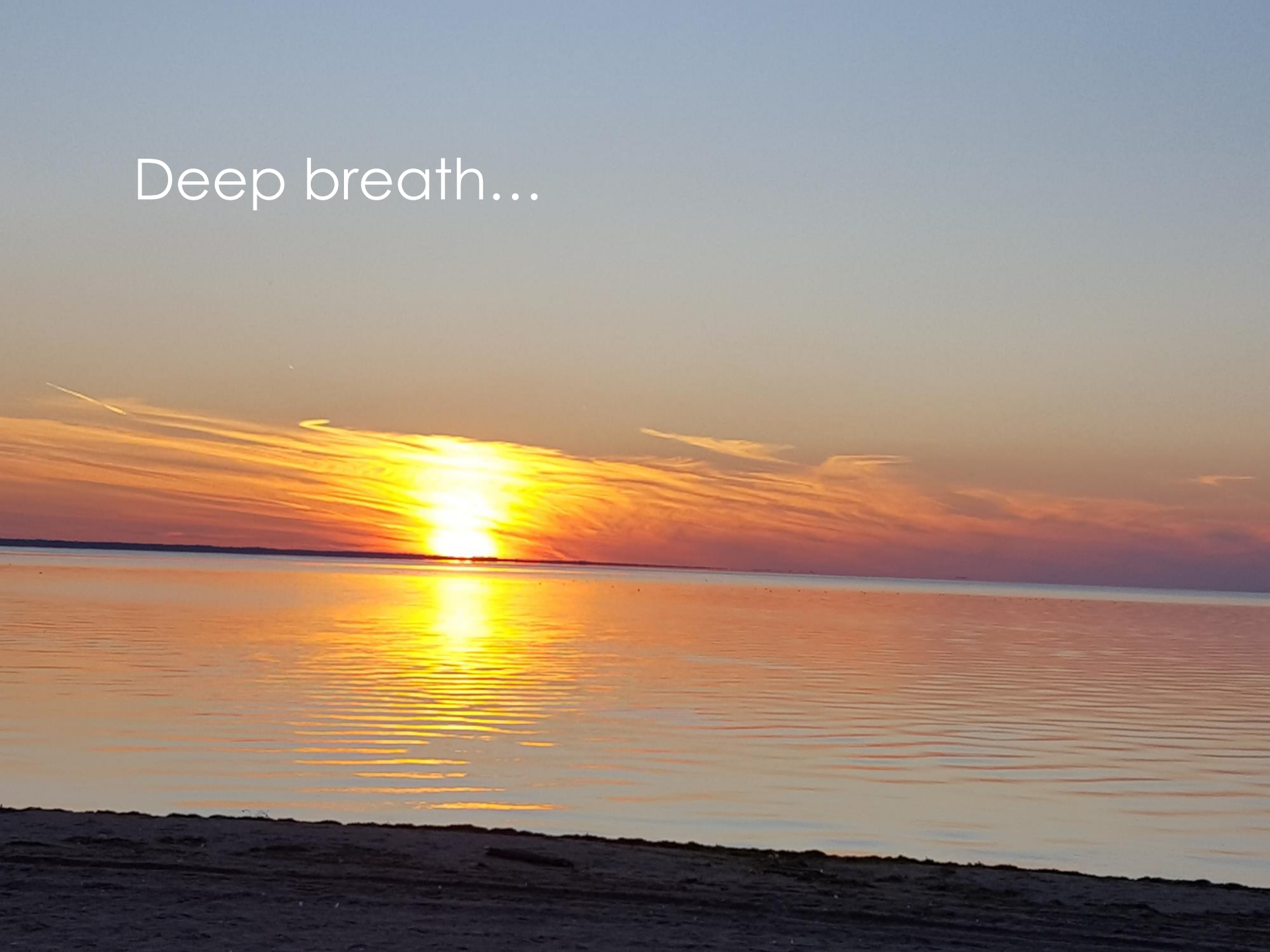
Explore

Explore theories of motivation and change

Describe

Describe practical strategies for supporting individuals in appreciating the need to change and taking steps toward change

Deep breath...



A serene landscape photograph featuring a large, dark silhouette of a tree on the right side, its branches spreading across the top. The background shows a bright sunset over a body of water, with the sun low on the horizon, creating a warm, golden glow. The sky is filled with soft, wispy clouds. The water in the foreground has gentle ripples. The overall mood is peaceful and contemplative.

Whole Self

What % of Self Do You Bring to Work?



WHAT DO YOU
LEAVE OUTSIDE?



WHY?



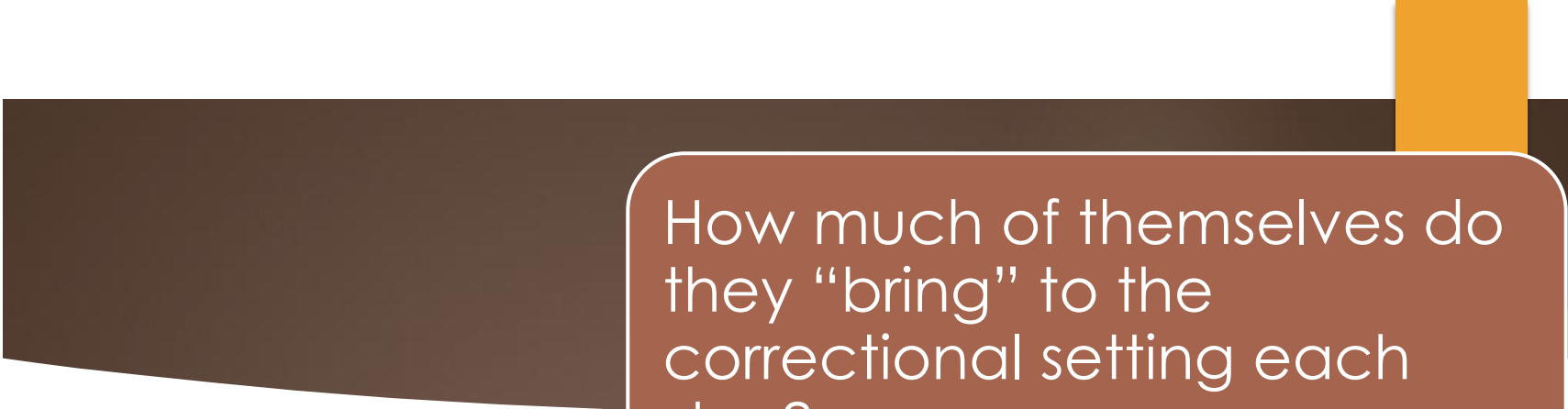
Think about your last patient contact

How much of yourself did you bring?

How did you engage?

Easiest

Most challenging




How much of themselves do they “bring” to the correctional setting each day?


Our Patients

During clinical contacts?

What do we ask patients NOT to bring into the room?



How has your team been successful in addressing challenging behaviors, like SIB, to date?



What have
been the
challenges?



Self-Injurious Behavior

ABCs of SIB

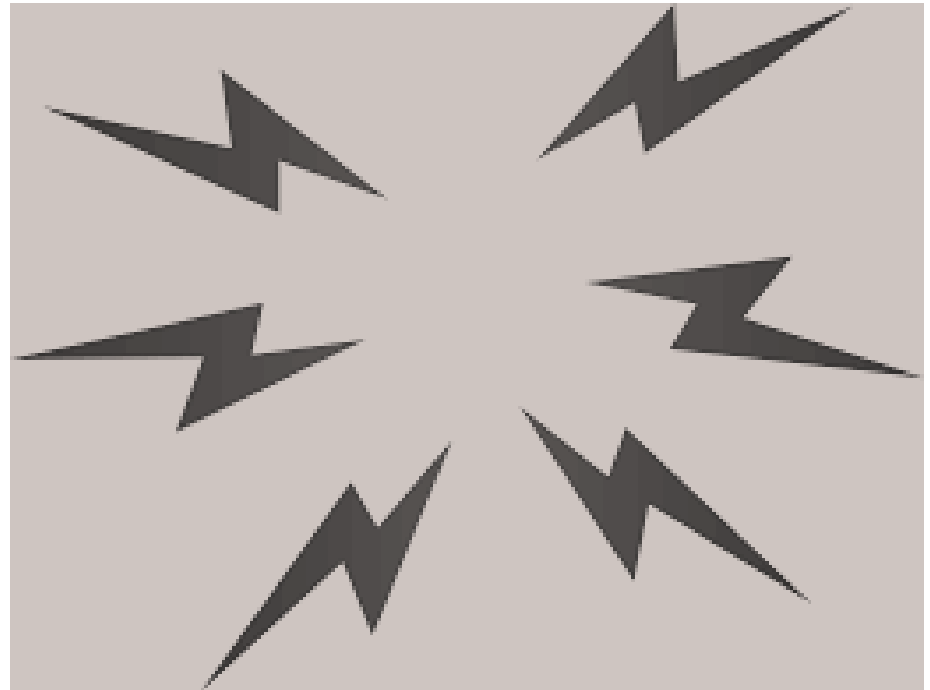
- ▶ A = Antecedent
 - ▶ What the patient perceives as the problem
 - ▶ What happened before the behavior
 - ▶ Internal/external
- ▶ B = Behavior
 - ▶ Self-injury
- ▶ C = Consequences
 - ▶ What the patient gets out of the behavior
 - ▶ What happens after the behavior
 - ▶ Internal/external
 - ▶ Positive (add) /Negative (remove)

Consequence

Antecedent

Instrumental

Emotional/Reactive



At the time of the SIB:

Self-injury is **not** the problem for the patient

Self-injury is the patient's attempted "solution" to a problem

Self-injury "works"

- It results in desired consequences
- If it didn't work, it wouldn't keep happening

Empathy Building Exercise

- ▶ What experience would be necessary for you to intentionally harm yourself?
 - ▶ Physical
 - ▶ Emotional
 - ▶ Cognitive
 - ▶ Spiritual/Larger Meaning
 - ▶ Interpersonal
 - ▶ Other?

At the time
of the
behavior:

We need to learn:

1. What the problem is that the patient is trying to solve
2. What alternative behaviors the patient can use to solve (or work around) the problem
3. How we can help the patient use alternative behaviors

Support for Alternative Behaviors

Proactive
treatment/skill
building

Planned
reinforcement
of alternative
behaviors and

Decreased
reinforcement
of self-injury



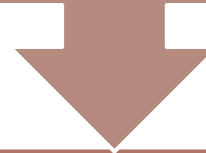
Behavior Management

What is Behavior Management?

- ▶ Any planned set of interventions using positive reinforcement (rewards or incentives) and safety interventions to increase adaptive/safe behaviors and decrease problem behaviors.

Goals

Decrease SIB (not necessarily eliminate)



Increase patient's autonomy, adaptive functioning and quality of life



Not:

Control over patient


Punishment of problem behaviors

"Tricking" patient into acting better

Minimizing mental health services

Remember!

- ▶ Behaviors that get rewarded get stronger
 - ▶ They are more likely to occur again
 - ▶ Especially in the same context
 - ▶ Become “habitual”



How does
your system
“reward”
self-injury?

SIB – When Is Behavior Management Appropriate?

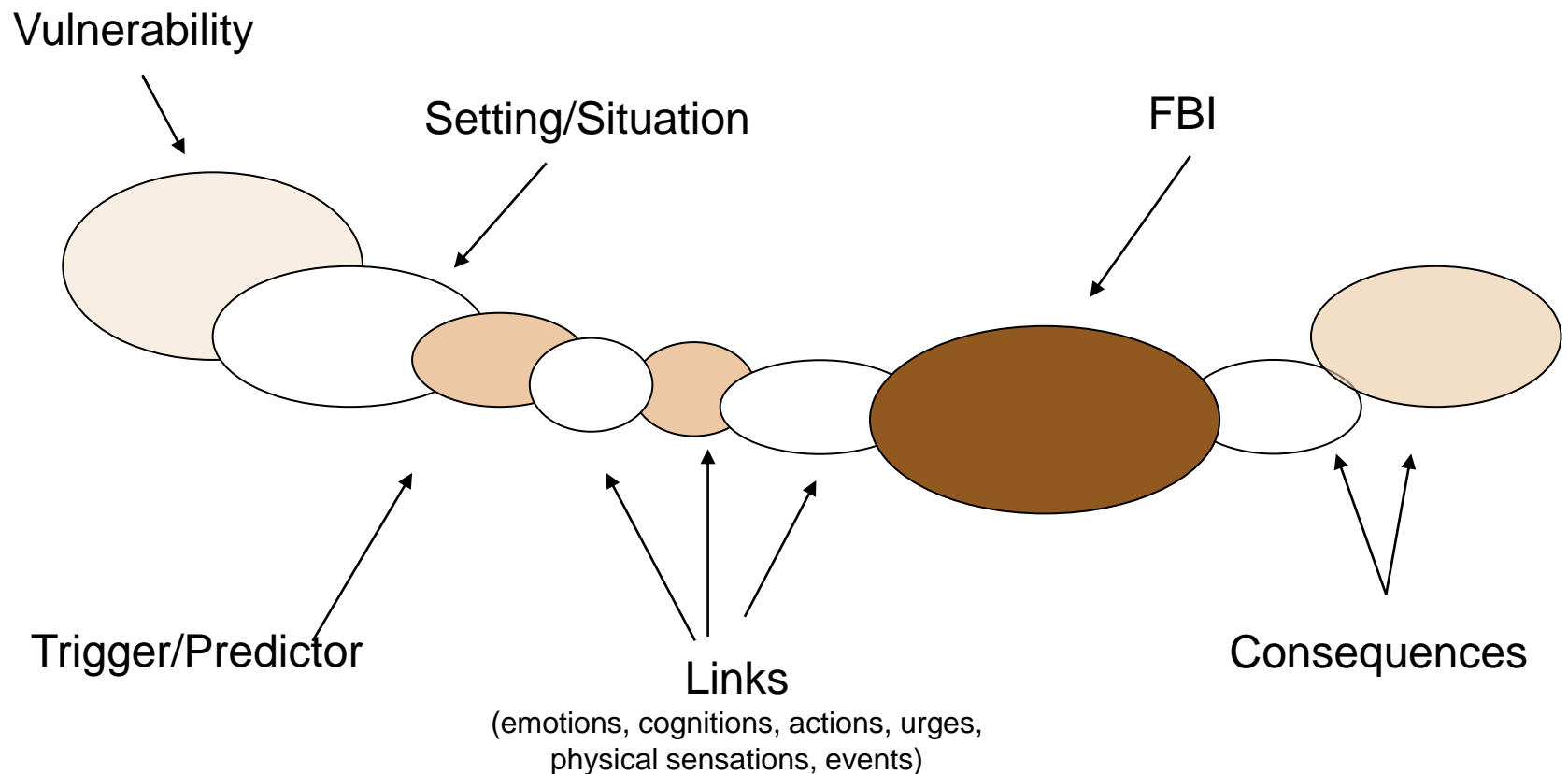
Intent to Die

Regulation of
Emotion

Regulation of
Environment
(Secondary Gain)

Intent to Obey
Hallucinations or
In Response to
Delusions

Behavior chain analysis (Retrospective)



Focus on Antecedents

Medical conditions

- Psychoactive substances
- Nutrition, sleep habits, diabetes, chronic pain

Environment

- Over-stimulating or noxious
- Under-stimulating and deprived

Activities

- Too limited, too demanding or too abrupt

Focus on Behaviors

Teach new skills when there are deficits

- Distress tolerance, reality, responsibility
- Anger management
- Coping, communication

Help individual gain insight

- Consequential thinking
- Impact of behavior (self/others)
- Pros/Cons
- Self-esteem/Self-efficacy

Focus on Consequences

- ▶ Reinforce positive alternative behaviors
 - ▶ Incentives –involve patient
- ▶ Avoid reinforcing negative behaviors
 - ▶ Remember – “reward” is subjective; not objective
 - ▶ Staff frustration may be gratifying
 - ▶ Don't forget negative reinforcement (e.g., escape, avoidance)
- ▶ Use safety interventions for safety
 - ▶ Not punishment
 - ▶ Actually “do” something – not just let time pass

Two Types of Consequences

Function of Behavior	Type of Reinforcement
Get something good	Positive Reinforcement
Avoid something bad	Negative Reinforcement

Consequences

- ▶ Both positive and negative reinforcement strengthen the behaviors
 - ▶ Positive reinforcement: Obtaining a desired trip to the hospital by swallowing a razor
 - ▶ Negative reinforcement: Avoiding a difficult group and related shame by screaming



Change & Motivation

Multidimensional



Internal urges & desires felt by patient



External pressures and goals that influence the patient



Perceptions about risks and benefits of behaviors to the self



Cognitive appraisals of the situation

Dynamic and Fluctuating

Can vacillate
between
conflicting
objectives


Can vary in
intensity in response
to doubts and
resolution of doubts

Can vary with
salience of push of
punishment and
pull of reward

Interactive

Can be strongly influenced by social impacts from:

- Health Care staff
- Mental Health staff
- Security Staff
- Peers
- Family/Friends



Motivation Can be Modified

- ▶ At many points in the change process: not necessary to “hit bottom”
- ▶ Distress levels: many individuals are prompted to change and seek help when distressed
- ▶ Critical life events: death of loved ones, loss of social contact, hospitalization, arrest, etc.



Self-Reported Motivation

Weakly and
inconsistently
predictive of
treatment outcomes

Prone to social
desirability bias

Elements of Motivation to Change NSSI

- ▶ Decisional Balance
- ▶ Process of Change
- ▶ Self-Efficacy

Decisional Balance

Relative weighing of pros and cons to change

The role of perceived pros and cons – impacts stage of change and fluctuate over time

Perceived cons discriminated between the precontemplation and contemplation stages

Decisional Balance

Decisional balance (pros and cons)

Perceived pros: Self-concept related (*If I were to recover from NSSI . . .*)

- I would have better self-worth

- I would finally be able to really accept myself

- I would be healthier

- I would feel less shame or guilt

Perceived Pros: Relationships to others (*If I were to recover from NSSI . . .*)

- My friends and family would be liberated of the burden of my injury

- Others would worry less about me

- I would hurt others less

- I would not let people down by my injury

Perceived cons (*If I were to recover from NSSI . . .*)

- I wouldn't know how to gain a sense of control when things were tough

- I might feel a loss of control

- I would worry that I wouldn't know how to release emotions

- I would miss the relief I feel after injuring

Processes of Change

Cognitive processes are usually associated with earlier stages of change

- Consciousness raising
- Dramatic relief
- Environmental reevaluation
- Self-reevaluation
- Social liberation

Behavioral processes are associated with later stages of change

- Counter conditioning
- Helping relationships
- Reinforcement/contingency management
- Self-liberation
- Stimulus control

Consciousness raising (*How often have these been true for you in the past 30 days?*)

Through therapy and/or my own research I have tried to understand why I self-injure

I have noticed that certain mental states or places are correlated with my self-injury

I understand self-injury to be a choice I am making at some level

I have thought about things I have read or learned related to living without self-injury in my life

Dramatic relief (*How often have these been true for you in the past 30 days?*)

I felt upset by the possibility that I would do more harm to myself than I intended

I worried about the possibility that my self-injury will leave wounds or scars on my body

I became worried about the possibility that I might get infections because I injure

I became worried about the possibility that I will not be able to stop when I'm older

Self-reevaluation (*How often have these been true for you in the past 30 days?*)

Self-injury became something that I couldn't imagine doing long-term

I was able to imagine a life without self-injury

I thought about the type of person I would be when self-injury is not part of my life

I knew I would live a life without self-injury

Helping relationships (*How often have these been true for you in the past 30 days?*)

I found at least one person I could talk to when I felt the urge to self-injure

I talked to at least one person who listened to me without judging

I had people around me that I could confide in about my self-injury

When I felt like injuring, I reached out to someone for help

Change actions (*How often have these been true for you in the past 30 days?*)

I changed my environment or went to a public place when I felt vulnerable to self-injury

I tried to actively remove triggers from my life

I set goals for how long I would go without self-injury

I felt proud when I resisted self-injurious behavior

I reminded myself that the further I get from self-injuring, the more my confidence in my ability to use healthier ways of coping grows

I took actions that demonstrate my commitment to stopping self-injury

Processes of Change

Self-Efficacy



Confidence

Situation-specific confidence to cope with high-risk situations without returning to behavior



Temptation

Strength of desire to return to behavior

- Can be internal or external

Self-Efficacy

Confidence (*I can resist self-injury when . . .*)

- I have confidence that I can use other coping skills

- I feel like I can accept myself

- I understand what is causing or triggering the behavior

- I feel confident in my ability to handle the emotions coming up

Emotion regulation temptations (*I am tempted to self-injure when . . .*)

- I feel something I do not want to feel (e.g. depressed, rejected, confused, shame)

- I feel out of control or in a chaotic environment

- I need to relieve inner pressure or need a release

Reinforcing temptations (*I am tempted to self-injure when . . .*)

- I want something to make my good mood even better

- I just want to reassure myself that it is there for me, like a best friend

- I crave or need the ritual of it

- I have easy access to tools

Empathy Building

- ▶ Identify a problem behavior you know you need to change but may not be ready to change.
 - ▶ Motivation fluctuations?
 - ▶ Influences?
 - ▶ Impact of support/lack of support from others?
 - ▶ Impact of attention to the issue?

Empathy Building

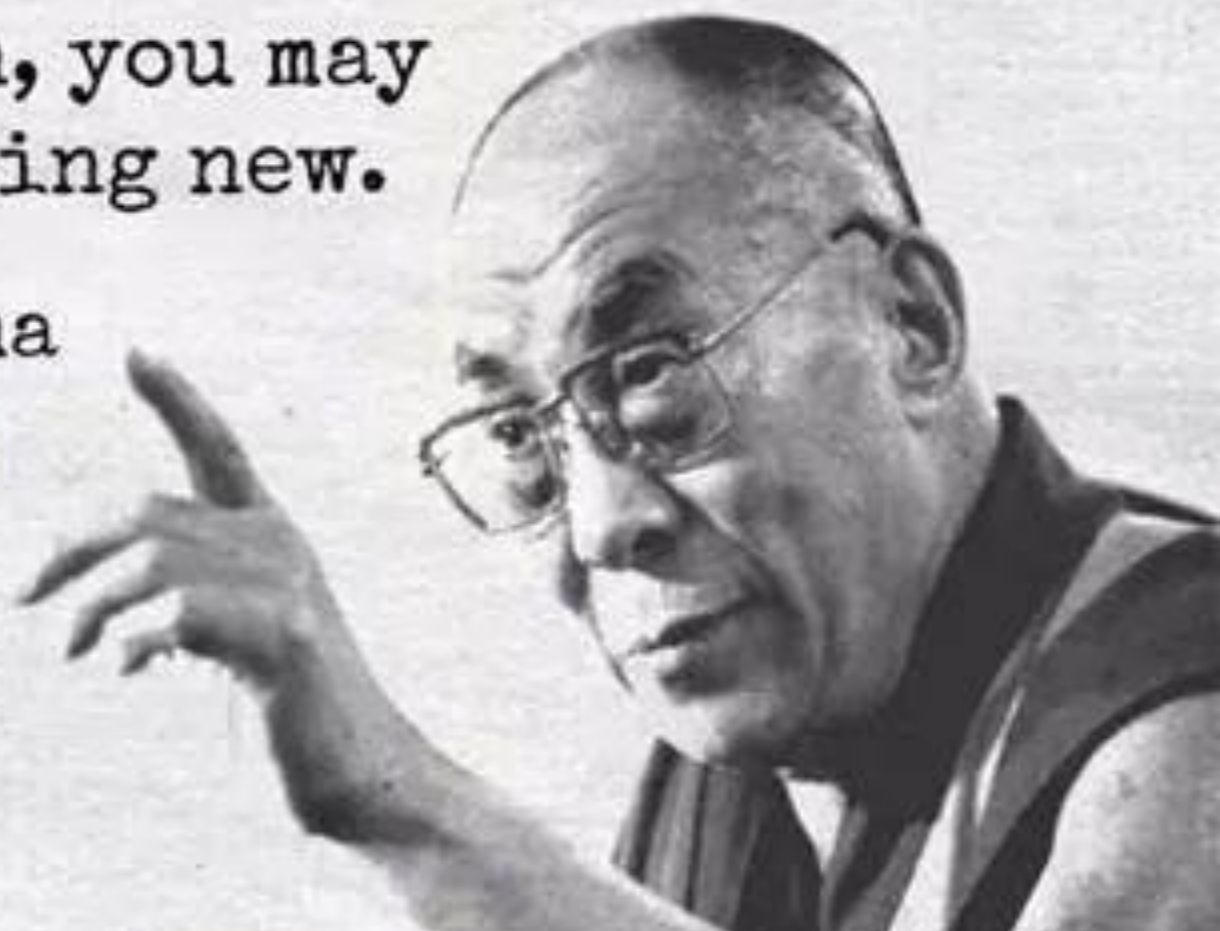
- ▶ Decisional Balance
 - ▶ Where are you with the pros and cons of change?
- ▶ Process of Change
 - ▶ What happens when you think about change?
 - ▶ What behaviors have you used to support change?
- ▶ Self-efficacy
 - ▶ Confidence in your ability to hold your ground?
 - ▶ Ability to resist temptation?



Practical Strategies

When you talk, you are
only repeating what
you already know. But
if you listen, you may
learn something new.

- Dalai Lama





Clinician's Style

- ▶ Non-possessive warmth, friendliness, genuineness, respect, affirmation, and empathy are qualities associated with effectiveness
- ▶ Aggressive confrontation, on the other hand, increases resistance to change.



Supporting Change & Shared Goals

- ▶ Motivation \neq character trait
- ▶ Motivation = interaction effect
 - ▶ Staff influence patient motivation
 - ▶ Empathic staff have better outcomes
- ▶ All change starts with no change

Clinical Strategies

- ▶ Inform the larger “team” of the goals (with consent)
- ▶ Reinforce approximate change
- ▶ Expect relapse and predict it for the patient
- ▶ Let the patient “borrow” your hope and stability
- ▶ Amplify ambivalence
 - ▶ Focus on the patient’s values and goals (the good)

Patient Buy-In

- ▶ Move beyond self-harm
 - ▶ Deliberately invite more of the patient into the room
 - ▶ Move patient away from dehumanization, objectification, derealization
- ▶ Partner with patient against a common problem

Increase focus on:

- ▶ Working with patient to identify desired goals
 - ▶ These do NOT have to be clinical
- ▶ Improving quality of life/current situation
- ▶ Removing barriers to desired outcomes
- ▶ Growth, change, positive outcomes
- ▶ Movement toward change (thoughts and behaviors)



The Value of “Oh, Well”

- ▶ Humans are not perfect.
- ▶ Lapses will occur.
- ▶ Accept the things you cannot change
 - ▶ Transparency with patient about disappointment
 - ▶ Restores responsibility and autonomy of patient
 - ▶ Transparency with staff about potential harms of lapses
 - ▶ Focus on “do no harm” ethics
 - ▶ Remind staff of patient choices and our role in influences those choices



Wrapping it up

Summary

- ▶ Behaviors are more predictable when we understand what supports the behaviors and their function
 - ▶ Data collection
 - ▶ Functional analysis
- ▶ We can help patients change behavior
 - ▶ Motivation and shared goals
 - ▶ Reinforce adaptive skills and skills development
 - ▶ Minimize reinforcement for self injury
 - ▶ Reinforce behavior change, even small approximations

Humble and Curious

- ▶ Take care of yourself
 - ▶ Breathe
- ▶ Remain open to and curious about human behavior
 - ▶ Don't shut down too soon
- ▶ Remain humble and human
 - ▶ You cannot be perfect

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Questions?



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