Application of Behavioral Principles in Clinical, Forensic, and Correctional Settings

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Applying Behavioral Principals

- Social Significance
  - Treatment= lacks fidelity and evidence
    - Optional
      - Group setting → talk therapy
      - Therapists get free range
  - 2012: 6,937,600 (adults under the supervision of adult correctional systems)
  - 1 in every 35 adults (Bureau of Justice Statistics, 2014)
  - 2012: About two-thirds (67.8%) of released incrassated individuals were arrested for a new crime within 3 years
    - Three-quarters (76.6) within 5 years (Bureau of Justice Statistics, 2014)

Applying Behavioral Principals

- Social Significance
  - State hospitals/locked facilities deal with many problem behaviors
    - Aggression
    - Threats
    - Attempted suicide
    - Substance use
    - Poor reintegration
    - Recidivism
    - Decreased public safety

Behaviorism

WHAT IS HAPPENING?

WHY IS THIS HAPPENING?

Behaviorism

1. What is happening?
   - Topography
     a) Specific description of what the behavior "looks like"
   - Operationalize language
     a) Define target behavior in clear and measurable way
        - Staff, family, therapists, etc., all recognize the same behavior
          - Identify the Target Behavior (TB)
          - Refrain from circular descriptions (mentalistic)
          - This process helps us with treatment planning
2. Why is this happening?
   - Function
   a) We do what we do because when we do it something happens that makes us want to do it again
   - We want to identify the variables that create the environment and maintain the behavior we want to target
   a) Requires lots of investigative work and asking descriptive, non-leading questions
   b) Refrain from circular descriptions
      - "I am angry because I am frustrated because I have symptoms"

What is Happening?

- Mother and children about to get run over
- A woman staring at her phone screen while she is driving with fingers on key pad, likely texting
  - Always describe the topography of the behavior
  - Always use operational language to prevent circular description
  - This helps identify the target behavior
  - Sets us up for better treatment plan development

What is Maintaining this Behavior?

1. Selfish
2. Careless
3. Irresponsible
4. Does not value human life

Ms. X is likely to engage in reckless behaviors due to her selfishness and because she is careless and has a history of being irresponsible.

What is Maintaining this Behavior? STOP <u>**JUDGING**</u> and USING <u>**CIRCULAR**</u> LANGUAGE

- I want to see who is texting me
  1. Notifications nonstop!
     a) Hear the noise
     b) Screen pop-up
     c) Vibrating wrist
- Easy to access phone
- Technology made me do it!
- Highly reinforcing!!!
  1. Reinforcement delivered immediately
- Productive!
- I have done it a thousand times and nothing has happened yet!
- I got a ticket; it wasn't too bad; it does not go in my record.

Treatment Planning

- Know the target behavior
  - Decrease/prevent phone screen interaction while driving
- Increase punishers
  - Increase ticket cost
  - Goes in record
- Make access to the reinforcer more difficult
  - Face recognition off while car is in motion
  - Download apps that prevent texting while driving
  - Accessing emails disabled while car is in motion
- Provide assistance/reinforcers
  - Apps that send messages while driving
  - Accumulate points for downloading certain software

What is Happening?

- Man hitting a woman
- Able to more easily identify target behavior

Why is this Happening?

ANGRY

STRESSED

SHE WAS DOING THIS ON PURPOSE TO PISS ME OFF BECAUSE SHE KNOWS I WAS TIRED AND KNOWS I AM SCARED OF BEES

USING METH

FRUSTRATED

AND BEES WERE COMING OUT OF HER MOUTH

VERY TIRED

Why is this Happening?

Angry

- Look at you and not respond even if you ask me a question
- I tend to breath much more heavily
- My face becomes flushed
- When I put items on the table or the desk I tend to slam them down hard

Tired

- I will fall asleep for a few minutes on the sofa or at the table but I wont go sleep in my room
- I will usually be drinking coffee… a lot… like 10 cups during the day
- You will usually see me pacing around the house/office because I am trying to not fall asleep

What Specific Behaviors Would Lead you to Suspect that the Client May Re-offend/Become Violent?

- If the client looks flushed, is breathing heavily, staring intensely, and not responding to questions, he is likely angry and at a higher risk for becoming combative. If you notice him slamming items on a table (i.e., wallet when doing a UA).
- Behaviors indicating Mr. X is extremely tired such as excessive coffee drinking (10 + cups in one day), randomly and momentarily falling asleep (in groups/sessions), or if he is observed pacing.

Why is this Happening?

Stress

- I was working a lot but I could not afford expenses
- New training at work and I could not follow it
- Politic/news, the world is in chaos

Visual Hallucinations

- Mixing medication with methamphetamine and energy drinks
- Inconsistent medication adherence
- Not sleeping for days
- Scary movies – Candy Man

Circumstances Related to Possible Re-Offense of Any Type

- If the client cannot follow trainings (i.e., while at program or during employment)
- Excessive media, news exposure
- Watching horror movies (could lead to increase in hallucinations)
- If the client moves to independent living/outpatient care, and struggles to manage finances

Treatment Planning

- What will you do if expenses increase?
- How will you limit watching shows that can evoke hallucinations?
- If you are offered a promotion but do not understand the training, how will you communicate this with your treatment provider or employer?

BACK to Function

- Remember: We do what we do because when we do it something happens that make us want to do it again
- We need to determine what is motivating clients' behaviors
- Inappropriate comments
  - Attention?
- Often "sick"
  - Escape
    - Why are they escaping?
      - Accessing tangibles when not at their treatment program
      - Is the material too difficult for them?
- Rule breaking behaviors
  - Is the current environment reinforcing for them?

Functional Assessment

- Functional Assessment → Post event → Interview format → Function is hypothesized
- Goal → Identification of TB, conditions under which TB occurs, controlling variables of the TB
  - Chain analysis
  - Vulnerabilities (Establishing Operations)
  - Cues and links (antecedents → behaviors)
  - Target behavior
  - Outcomes → Hypothesized function
  - Treatment opportunities
    - Alternative behavior
    - Antecedent intervention
    - Effective reintegration planning

Ivanoff and Schmidt (2010)

Functional Assessment

- Managing/treating challenging behaviors
- Maintaining public safety
- Assessments → predicting, controlling, and altering behavior → Needed
- Can't run a Functional **Analysis** for forensic scenarios

Replacement Behaviors

- We do what we do because when we do it something happens that makes us want to do it again…
- If taken away…
- We will find alternative behaviors to meet the same function
  - Exercising
- Identify and incorporate alternative behaviors that get at the same function

1. Attention maintained
   1. Socially appropriate means to access attention
2. Escape maintained
   1. Why are they escaping?
      1. Skills accusation?
      2. More potent reinforcers?

The Most Bang for your Buck

Shaping New Behavior

- Do not set up the client to fail
- Start with the highest gains for the least amount of effort
  - Then continue to increase effort

Generalization

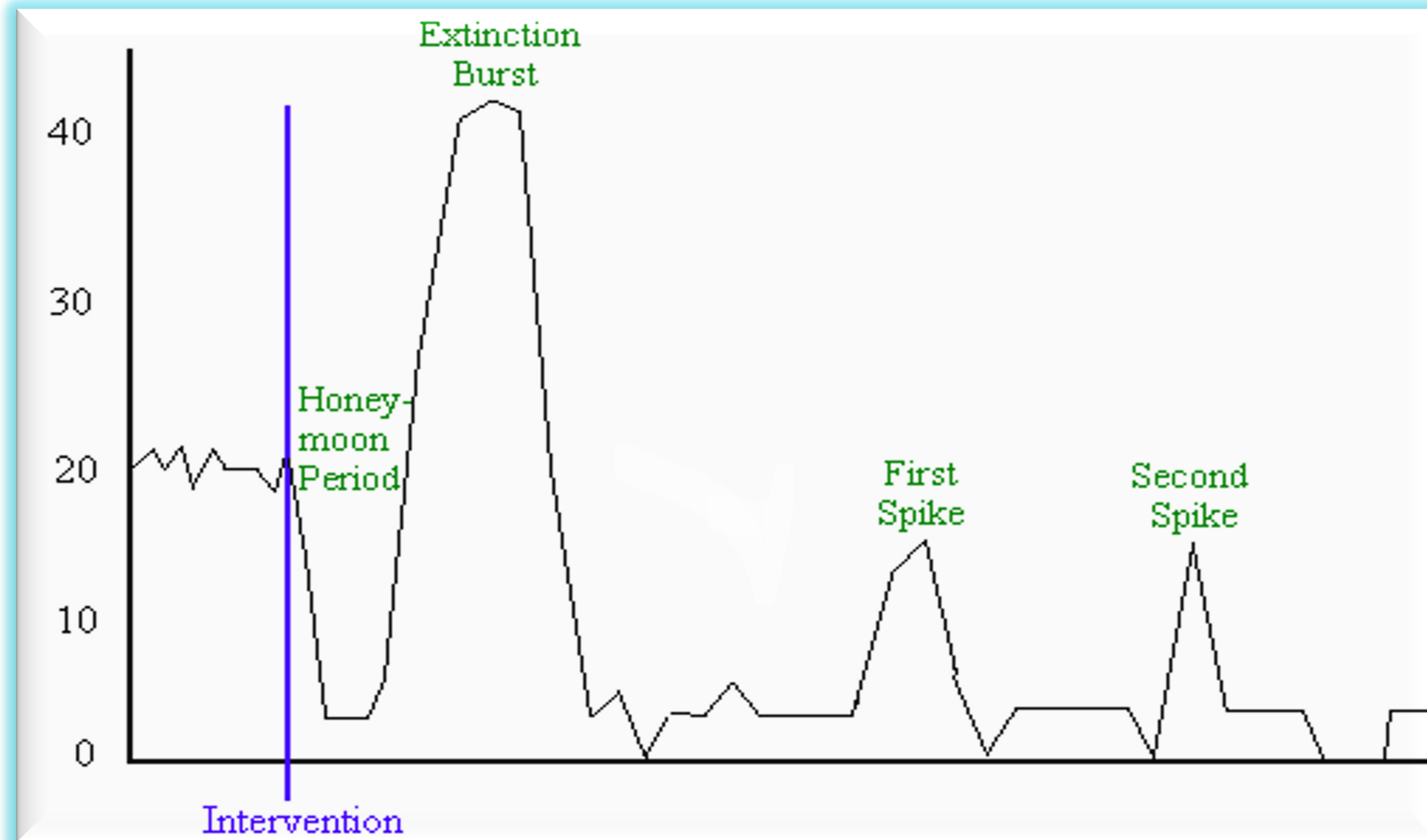
- Environment to maintain and expand appropriate behavior
  - Losing weight
  - Rule following

Behavior Modification Plans

Ask yourself…

1. Can we get consent?
2. Self-injury
3. Assault
4. Not meeting potential
5. Do we have capacity to implement the plan??
6. Is behavior modification plan warranted?
    1. Too dangerous to extinguish (i.e., bushes)
    2. Diagnostic considerations
        1. Too psychotic
        2. ASPD
7. Is the client capable of higher level of functioning?
8. Is modifying behavior worth the extinction burst?

Extinguishing Behavior



Behavior Modification Plans

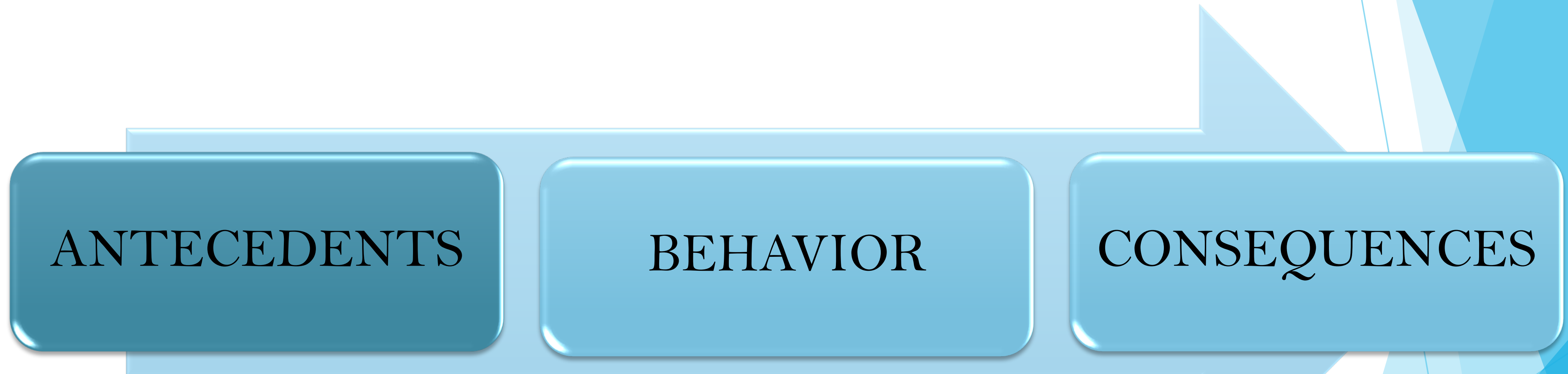
Prior to Functional Assessment:

- Data gathering
- Clear topography of problem behavior
- Know your target behaviors
- Review available records
- Consult as much as you can
- Collaterals
- Court records
- Interview the client
- Know client's strengths and limitations

Maintaining and Applying with Consistency

- Being consistent is very important!
- You cannot carry out a behavior modification plan in you do not have buy in from everyone in the client's environment
- Inconsistency can result in:
  - Confusing the patient about which behaviors are/are not appropriate
  - Cause behavior change to take much longer to shape
  - Can cause staff to find behavior modification plan non-efficacious
  - Increase cost for carrying out behavior modification plan
  - Increase severity of problem behavior
    - Patient will learn new ways to access reinforcers associated with the problem behavior that can subsequently become more difficult to identify
      - Becomes more complex in carrying out problem behavior
        - For example, client will know that problem behavior will continue to access reinforcers in certain environments and not in others (i.e., becomes more sophisticated in displaying problem Bx in environments they know they will get their reinforcement)

Behavior Modification Plans



Behavior Modification Plans

- First vignette
  - Severe problem behavior
  - Mr. Thomas

Behavior Modification Plans

- Second vignette
  - Severe problem behavior
  - Mr. Henderson

Behavior Modification Plans in the Community

- Behavior modification plans can be carried out in the community
  - Although you have less “control”
- Example of a problem behavior
  - Repeated argument with roommate at board and care
    - Has had to change roommates multiple times
- Functional assessment shows function is getting roommate to turn down TV/radio
  - Behavior is escape maintained
- Client lacks ability to articulate asking for the volume to be decreased and instead appears oppositional
- Behavior modification plan → teach client to access reinforcement through appropriate behavior

Thank you!

Questions?