





Behavior Plan Basics

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Customized BH TA sessions – until Sept. 30

Topic ideas

- Screening
 - Training on best practice and interpretation (existing screeners or new ones)
 - Rates how to improve
 - Workflows
- Psychoeducation
 - To staff/to parents
- Clinical Decision Tools what do you have/what do you need?
- Coping with the BH crisis
- Having difficult conversations with parents

Etc.

Your practice facilitator can help you schedule a time with Liz







Agenda

Topic	Duration
Welcome, Learning Objectives, Pedi PRN Liz Cantor, Sarah Hagin	5 minutes
Background and Theory Sarah Hagin, Liz Cantor	15 minutes
Effective Behavior Planning (and ex of young child) Sarah Hagin	20 minutes
Common pitfalls (and ex of child with ADHD) Liz Cantor	15 minutes
Behavior Contracts Sarah Hagin	15 minutes
Case Examples and questions Group	15 minutes







Learning Objectives

- > Participants will learn the core elements of an effective behavior plan
- > Participants will learn common pitfalls and reasons why behavior plans fail
- > Participants will learn the difference between a behavior plan and a behavior contract







CTC-RI Conflict of Interest Statement

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.







This program is brought to you through the Medicaid Pediatric Healthcare Recovery Program and funded through American Rescue Plan Act Funds for RI



PediPRN Information

What can I use the Psychiatry Resource Networks for?

When you call one of the PRNs, you can speak with specialized behavioral health experts from Women & Infants Hospital and Bradley Hospital for guidance on:

- Diagnosis
- Treatment Planning
- Medication Safety
- Resource and Referral Support
- Provider Trainings

NOTE: These networks do not provide direct treatment or prescribe medication; they are not crisis or a patient-facing phone lines.

Providers and other practice staff are welcome to call these free service lines five days a week for real-time assistance:



Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital

Call: 401-430-2800

Monday-Friday 8:00 am - 4:00 pm

Or send a secure email to request a teleconsultation call-back: RIMomsPRN@CareNE.org

Learn More: womenandinfants.org/RI-MomsPRN

PediPRN

Pediatric Psychiatry Resource Network

Serving providers treating children and adolescents in partnership with Bradley Hospital

Call: 401-432-1543

Monday-Friday 8:30 am - 5:00 pm

Learn More: PediPRN.org





PediPRN Enrollment/Access to Newsletter

Enrollment



Newsletter





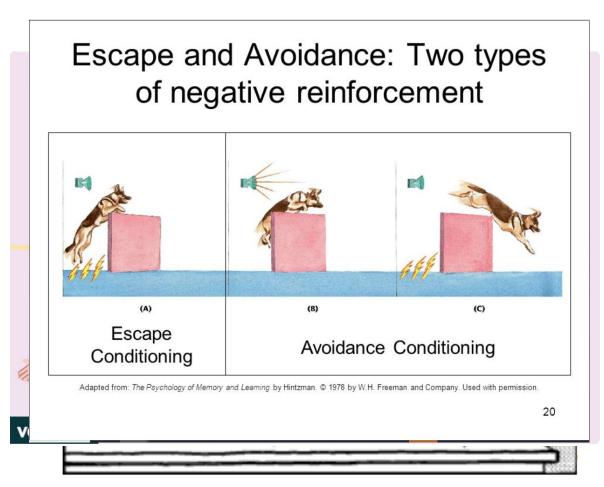




A little bit of background...

Learning Theory

- Pavlov Classical Conditioning
- Hull stimulus-response relationship
 - Mathematico Deductive Theory of Behavior
 - sEr = (sHr x D x K x V) (sIr + Ir) +/- sOr
- Skinner Operant Conditioning
- Mowrer two-factor theory







A little bit of background...

Behavior Therapy

- 1. Clarifying the clients problem
- 2. Formulating initial goals for therapy
- 3. Designing a target behavior
- 4. Identifying the maintaining conditions
- 5. Designing a treatment plan
- 6. Implementing the treatment plan
- 7. Evaluating the success of treatment
- 8. Conducting follow-up assessment ~

Behavior Modification

- 1. Goal setting
- 2. Behavioral Definitions
- 3. Functional Analysis
- 4. Objective measurement
- 5. Data collection
- 6. Evaluation ~

- All behavior is acquired and maintained the same way
- Individually tailored
- Outcomes are replicable and measurable
- 3 Cs
 - Counterconditioning
 - Contingency management
 - Cognitive-behavioral modification







Definition of Operant Conditioning

Per APA: "the process in which behavioral change (i.e., learning) occurs as a function of the consequences of behavior"





Reinforcement vs. Punishment





ADVANCING INTEGRATED HEALTHCARE

Add a stimulus

Remove a stimulus

Increases
Frequency

Positive Reinforcement (positive stimulus added)

Negative Reinforcement (aversive stimulus removed)

- ✓ Parent praises child → uses potty
- ✓ Child is paid → mows the lawn
- (more on next slide)

- ✓ Child keeps whining → mom buys the toy Aversive stimulus (child) = whining Increased behavior (mom) = buying a toy
- ✓ Mom keeps nagging → child cleans up Aversive stimulus (mom) = nagging Increased behavior (child) = cleaning

Positive Punishment (aversive stimulus added)

Negative Punishment (positive stimulus removed)

Decreases Frequency

✓ Scolding a child → child puts the phone away

Aversive stimulus = scolding

Decreased behavior = using phone at dinner

✓ Come home past curfew → lose car privileges

Positive stimulus = use of car Decreased behavior = coming home late







Quick tutorial on reinforcement and punishment

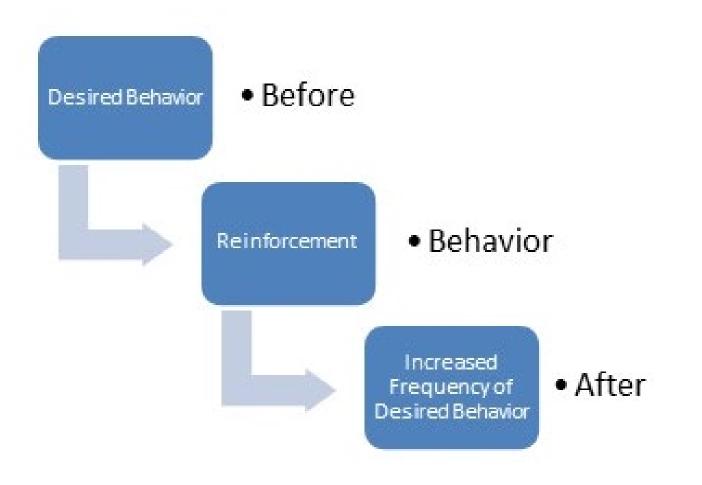
https://www.youtube.com/watch?v=LSHJbIJK9TI







Reinforcement – makes a behavior MORE likely



Types of reinforcers:

- Token reinforcers, e.g. money, points
- Tangible reinforcers, e.g. candy/stickers
- Social reinforcers, e.g. positive attention/affection/compliments/praise
- Natural reinforcers, e.g. good grades, sense of accomplishment

www.mbaskool.com







Punishment – does it help?

- Learning/impact is often temporary, short-term
- Often done in anger, threats
- Doesn't necessarily teach what to do; it teaches what NOT to do
 - E.g. Don't hit your sister
 - What's the alternative/positive behavior you'd like to see instead?
- Physical punishment is NOT recommended
 - Teaches that aggression is a good way to respond to behavior you don't like in others
 - Creates fear, mistrust, sadness, anxiety in the parent/child relationship







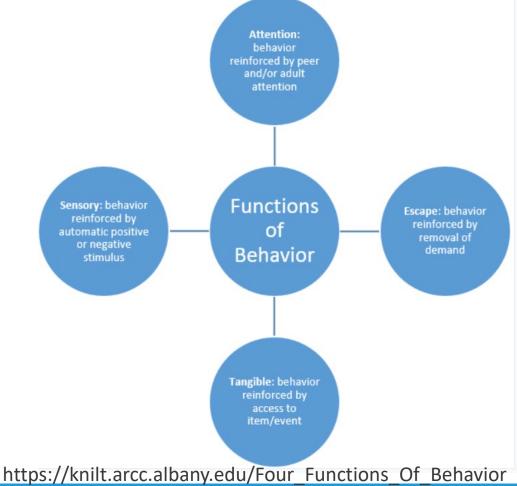
Functional Behavior Analysis

ABCs

The Behavioral Equation: **Determining the Function** Antecedent Behavior Consequence The function of a behavior is determined by the consequences that follow the behavior.

https://schools.ahrcnyc.org/functional-behavioral-assessment/

Function of behavior

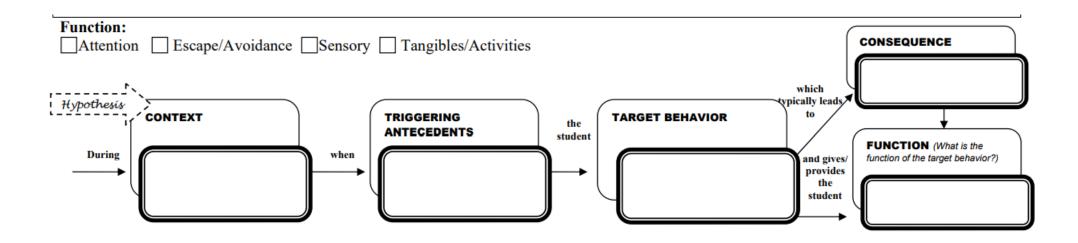








Functional Behavior Analysis







ABC (Antecedent, Behavior, Consequence) Chart Form

Date/Time	Activity	Antecedent	Behavior	Consequence
Date/Time when the behavior occurred	What activity was going on when the behavior occurred	What happened right before the behavior that may have triggered the behavior	What the behavior looked like	What happened after the behavior, or as a result of the behavior
				From Templatelab.com







Elements of an effective BP

- Identify targeted behavior
 - Function of the behavior
- Identify desired replacement behaviors
- Intervention strategies
 - Prevention (target the antecedent)
 - Instructional (shaping)
 - Target consequences reinforce replacement behavior and reduce reinforcement of problem behavior
- Environmental changes
- Monitor/Assess
- ***Parent and child development of plan together***



How to pick the behavior(s)

Specific

Be Good → → Keep your hands to yourself

- Clear
- Concrete
- Achievable/Realistic
- Observable

Good behavior all day→→ Keep your hands to yourself in the car

- Measurable
- Under your child's control

Not fight with your brother in the car → → Keep your hands to yourself in the car







How to pick the consequences/rewards

- Specific
- Concrete
- Immediate
- Consistent
- Affordable
- Enjoyable
- CONSIDER CHILD's DEVELOPMENT

- Praise-based
- Activity-based
- Material-based

- *variety can help
- **Consider the 80% rule

Good Job → → you are doing wonderfully keeping your hands to yourself. Here is a sticker to put on your chart. Remember if you get 8 stickers this week you get to do backyard camping.



Ideas for incentives





ADVANCING INTEGRATED HEALTHCARE

HANDOUT 3A Ideas for Incentives

Parent Time
☐ Play a game for 15 minutes.
☐ Take a walk.
☐ Go out for ice cream.
□ Work on a craft project for 15 minutes (e.g., woodworking, weaving, beading).
☐ Go to a park.
☐ Read a story to the child.
Activities
☐ Cook or bake together.
☐ Go to the movies.
☐ Have a night out (child's choice).
☐ Go fishing.
☐ Go hiking.
☐ Watch a video (just the two of you).
☐ Go to the park.
Home Resources
☐ Use the computer.
☐ Take bottles back to the store and keep or split the refund.
☐ Choose a special TV video game.
☐ Use parents' tools.
Privileges
☐ Choose a special TV program.
☐ Have a shared bedroom to him- or herself for one hour a day.
☐ Have first dibs on the bathroom in the morning (for specified amount of time).
☐ Get telephone time.
☐ Have permission to go to a special event (party, dance, concert).
☐ Have private time.
☐ Stay up a half hour later.
☐ Go swimming.
☐ Go out with friends.
☐ Have a friend over for the evening.
☐ Have a friend spend the night.
☐ Visit with grandparents, relatives.
☐ Look at a book in bed before lights out.
☐ Go to a friend's house.
☐ Have parent do one of the child's chores.

51





How to evaluate effectiveness/when to increase demands

- Most reward systems do NOT work perfectly the first time
- Monitor
 - Rewards
 - Is your child earning enough to be motivated
 - Behaviors
 - Frequency that desired behaviors are happening
 - Behavior reward relationship

Behavior-Reward relationship

- Behaviors are routine, few/no reminders needed
- Decreased interest in reward but desired behavior continues
- Intermittent reinforcement and desired behavior continues
- **some behaviors will always need some sort of incentive**





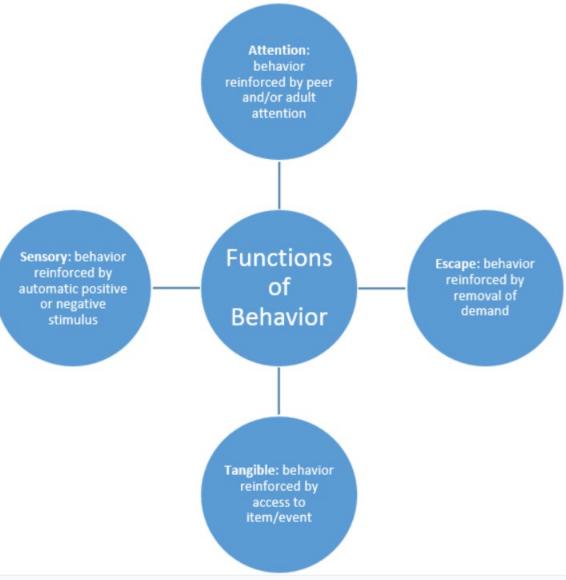


Simple exa

Problematic Behavi

"forgetting" to night

When reminde routine disrupt



ight
lers and/or without
eminders are



Simple example – brushing teeth

- Considerations:
 - Age/developmental level
 - What is the function? Can other interventions help?
 - Natural consequences vs contingency plans
- Communication
 - Earlier in the day, not at the moment of initiating new plan
 - Ex: "We've noticed you haven't wanted to brush your teeth before bed. We know its hard to do things that aren't as much fun as playing AND its very important for your teeth to get brushed at night. So we want to talk to you about a plan to help you remember and a reward for getting your teeth brushed. Let's sit down and make a plan"



Simple Behavior Chart

Behavior Chart

GOALS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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HANDOUT 3D

Behavior Plan for Younger Children (Completed Example)

NCING INTEGRATED HEALTHCARE

Goal: brush teeth at night before bed Week of: November 16

Responsibility	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat
Brush teeth at night before bed		*	\$		0	*	yat.



Playing a game with Mom or Dad Ice cream treat

Simple example







Common pitfalls and mistakes

- Using subjective judgments vs. actual data
 - Get a real baseline so you know where you are starting from
- Choosing replacement behaviors that are
 - Too vague ("be nice")
 - Too complicated (requiring a 5 year old to "clean your room")
 - Too difficult (skill hasn't been mastered yet it has to be something the child is capable of doing)







Common pitfalls and mistakes

- Choosing rewards that are
 - Not rewarding enough
 - Not given frequently enough, or given too frequently
 - Given after too much delay
 - Given inconsistently (e.g. refusing to give reward because of another undesirable behavior)
 - Not sustainable (too expensive, too time-consuming, not realistic)
- Inadvertent disincentives
 - E.g. Child has to do X M-F to get reward on Saturday what happens if s/he doesn't do it on Monday?







Ex. Child with ADHD

Problematic behaviors

- Hard to get out of bed in a.m.
- Difficult to settle at night
- Trouble transitioning off screens
- Disorganized, forgets needed things at school, loses homework
- "Doesn't listen"
- Starts a task but doesn't finish...

Desired behaviors

- Hop out of bed in the morning on time
- Go to bed willingly and w/o incident
- Put screen away after 5 minute warning
- Remember to bring everything needed to and from school; don't lose things
- Obey all commands
- Finish all tasks without reminders







Ex. Child with ADHD cont.

Special considerations

- Does every undesirable behavior require a behavior plan?
- What's within the child's control and what isn't?
 - Overfocusing/underfocusing is confusing to parents
 - Does the family understand ADHD and its impact? The importance of psychoeducation and realistic expectations
- What behaviors do the family/parents also need to change?
 - What is the family doing that helps maintain the negative behavior?



Ex. Child with ADHD





ADVANCING INTEGRATED HEALTHCARE

Goal: Finishes a task without a reminder

- Identify targeted behavior starts to get dressed in the morning but sometimes gets distracted by toys
- Function of the problematic behavior doing something more immediately rewarding
- Desired replacement behaviors gets dressed without getting distracted (not measurable) → gets dressed within allotted time (measurable)
- Intervention strategies
 - Prevention ↑ structure: establishing a morning routine, put out clothes the night before
 - Instructional providing clear instructions/reminders before bed and upon waking
 - Reward gets a sticker, gets 5 minutes play time, PRAISE, etc. → natural rewards
- Environmental changes parents establish a routine, provide timers/visual cues, etc.
- Monitor/Assess If successful, add another behavior





Jack

V						1		No. 10
	Gets dressed in 15 minutes	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Gets dressed in 15 minutes							
	Gets dressed in 15 minutes							
-								
		M	Y REWARD:	Pick my own	snack/get a s	sticker		

TemplateLAB



Behavior Contracts for Teens

- Considerations
 - Pro-active, preventative
 - Most kids at this developmental stage require less immediate reinforcement
 - Can be helpful to include rewards and natural consequences
 - Similar to job contracting everyone expresses what they are responsible for and what the consequences are if responsibilities are not met
 - It can sometimes help to present family contracts as similar to job contracts when discussing them with teens, helping them understand this as important to their development
 - Time limited
 - Ongoing collaboration, review/revision
- A warning about using money as a reward





Example behavior contract - teens

Choice of dinner menu

Playing a game with Mom or Dad

HANDOUT 3C Behavior Pla			Topic: Electronics Use	
Goal:clean room		Behaviora	Rule: Electronics (outside of <u>school work</u>) are permitted on weekdays (Sun- <u>Thur</u>) Electronics time CANNOT start until after homework is completed. Electronics are and Saturdays from 630p-930p.	
Responsibility Clothes off the floor Bed made Floor vacuumed Desktop straightened Laundry in hamper Total Daily Points O I, John , will earn a point	•	 Goal Mary will be ready to le Steps for success Mary will back her back Mom will remind Mary 	3) End electronics time on-time. Parents responsibilities:	
At the end of the day, if	•	 Mary will wait to go or Rewards 		y part of his daily
John Jenks Child's signature		 Mary will earn 30 mint If Mary is on time 4/5 	Failure of John to meet responsibilities: loss of access to electronics for one day. meet responsibilities will result in longer periods of electronics restriction.	Repeated failure to
I, John's mom , will check each da	•	Consequences	Failure of parents to meet responsibilities: extended electronics use time on agree	eed upon day.
points. I will provide an incentive from the list t		Mary loses access to allIf Mary does not follow		
Monika Jenks Parent's signature	•	curfew will be moved 3 Signatures	neview/revisions. Anyone can request contract be reviewed/revised at any time.	
Incentive List 30 minutes of video games Having a friend over after school	-	No.		Date:







Behavior Management Apps

• https://www.educationalappstore.com/app-lists/best-family-apps



Simple Behavior Chart

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				From Templatelab.com







Handouts: Behavior plans and worksheets

Packet emailed to you to give to parents: Simple Behavior Chart, ABC Chart, Incentive Program: Using Reward and Behavior Charts, Sample Behavior Contract

Simple behavior chart: https://www.therapistaid.com/therapy-worksheet/behavior-chart/behavior/none

ABC Chart Form: https://templatelab.com/behavior-charts/

Another Behavior Plan Parent Worksheet: https://depts.washington.edu/uwhatc/PDF/TF-
%20CBT/pages/8%20Parent%20Management%20Training/Behavior-Plan-Parent-Worksheet-Plan-to-Change-Behavior-2017.pdf

Parenting Now Incentive Program: https://parentingnow.org/incentive-program-using-reward-and-behavior-charts/



Resources

- Steps for creating a reward program for toddlers/preschoolers: https://www.cdc.gov/parents/essentials/consequences/rewards-devlelopingprogram.html
- Behavior therapy for children with ADHD: An Overview for parents https://www.cdc.gov/ncbddd/adhd/documents/adhd-behavior-therapy-overview-all-ages.pdf
- These two websites have a lot of downloadable child-friendly behavior charts: https://www.canva.com/search/templates?q=reward%20chart

https://templatelab.com/reward-charts/

- Books:
- Everyday Parenting: A Professional's Guide to Building Family Management Skills by <u>Dr. Thomas J. Dishion</u>, <u>Dr. Elizabeth A.</u> Stormshak, Dr. Kate Kavanagh
- Rewards for Kids!: Ready-To-Use Charts and Activities for Positive Parenting Paperback by Virginia M. Shiller, Meg F. Schneider, Bonnie Matthews



Evaluation & CME

- Completion of the evaluation form is **required** to meet the Psychosocial and Behavioral Health TA requirement for the Medicaid Pediatric Recovery Program third payment.
- Please provide us your feedback!
- Evaluation/Credit Request Form: https://forms.office.com/r/J69PnPzeiM
- Please request CME credits when filling out the evaluation at the end of the meeting.

The AAFP is reviewing 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' and is pending approval for AAFP credit. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).