

Get a Life!

Positive Behavioral Intervention for Challenging Behavior Through Life Arrangement and Life Coaching

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In 1964, the first demonstration of behavioral intervention with a person with challenging behavior was published (Wolf, Risley, & Mees, 1964). Since then, many brave people have taken on the risky task of working with people with challenging behaviors and presenting their work for public scrutiny. As a result, the conceptualization and treatment of challenging behavior have evolved. This chapter presents a personal perspective on what used to be called behavior modification for behavior problems and is now called positive behavioral programming for challenging behaviors. These remarks are addressed to those who are responsible for designing behavioral interventions. It is for those who must live and work with a consumer that a disruptive behavior is a problem. It is for you who are expected to fix it that a problem behavior is a challenge.

CHALLENGING BEHAVIOR AND POSITIVE BEHAVIORAL INTERVENTION

A behavior is called "challenging" because it is seen as dangerous, disgusting, or disruptive by those who live and work with the consumer. What behavioral practitioners know is that people immediately respond, almost without fail, to actions that are dangerous, disgusting, or disruptive. Because consumers who develop challenging behaviors are usually dependent and often considered otherwise unimportant, little else they do is unfailingly responded to by others. Challenging behaviors are therefore inevitably sustained, partially or wholly, by the reactions of the very people for whom they are a problem. This is the first secret of behavioral interventions.

The second secret of behavioral interventions is that one must look away from the challenging behavior and focus instead on teaching new behaviors and on making them noted and important to those who live and work with the consumer. "What should or could or might the consumer be doing instead of the challenging behavior?" and "How can we make those alternate actions be practiced, useful, and acknowledged?" become the focal questions of behavioral intervention. Although the challenging behaviors are taken seriously, they are not the sole or even the primary focus of the intervention. To distinguish it from the "common sense" focus on the punishment of problem behavior, this second secret is called positive behavioral intervention.

LIFE ARRANGEMENT

Behavioral intervention is conducted across very different levels of detail, precision, and time. At all levels of intervention, we have learned to ana-

lyze the functions of the challenging behavior and to focus on the positive—to identify, teach, and strengthen prosocial alternatives to challenging behavior.

At the microlevel of *behavior analysis*, we have learned to focus on the positive and construct good habits to replace bad habits through

- Empirical identification of reinforcers
- Precise shaping of new response topographies
- Precise fading of controlling stimuli
- Precise reprogramming of response classes and behavior chains
- Precise contingencies of strong reinforcers

This micromomentary level of intervention requires a degree of sophistication in operant conditioning that very few psychologists or educators (even *behavioral* psychologists or *special* educators) possess.

At the more “common sense” level of *contingency management*, we have learned to focus on the positive and increase the display of prosocial behavior by

- Conceptually analyzing the context and function of challenging behaviors
- Rescheduling to avoid problem contexts
- “Crowding out” the challenging behavior by increasing the level of engagement
- Expanding the display of prosocial alternative behavior by “catching them being good” with social, material, and symbolic consequences more often
- Teaching specific, functionally equivalent social and communicative behaviors that “work” as well as or better than the challenging behavior
- Enhancing the engagement level of “time-in” rather than lengthening time-out

This day-to-day level of intervention can be successfully designed by most behavioral psychologists and some special educators, but still requires ongoing training and supervision to be successfully delivered by most parents, teachers, and staff.

Above the momentary behavior analysis level and the daily contingency management level, there is a third, more global level of intervention. Our focus on the positive and our pursuit of *long-range* outcomes have led us to ask the following:

- How is the person doing *overall* and *over time*?
- Is she or he happy, satisfied, and safe?

- Does the person have a stable home and family and friends on which to base her or his life and future, and after whom to model her or his ways?
- Is she or he practicing independence, productivity, and integration?
- Is the person continuing to develop new interests, new friends, and new skills?

These *quality-of-life* and *general development* issues have been in the applied behavioral literature from the very beginning when "Dicky," without self-injury and with language, was reported to have been "a new source of joy for his family" (Wolf et al., 1964, p. 311). It is reflected in the discussion of *social validity* (Wolf, 1978) and in most descriptions of follow-up outcomes. However, the Oregon group best brought it to clarity with the Neighborhood Living Project (Bellamy, Newton, LeBaron, & Horner, 1990), in which the whole model program was based on quality-of-life tracking measures. The amazing conceptual breakthrough was that *a high quality of life could be mostly achieved by life arrangements—rather than by behavior change*. This third level of intervention is as different from the contingency management level as that level is from the behavior analytic level.

At this level the patterns of the person's weekly and monthly life, and of his or her interactions with the people, places, and things he or she prefers or despises, are the units of consideration. The programming at this level is to arrange for a life reduced in stress, deprivation, and fear; enriched in those things that attract and engage the person's interest and repertoire; and richly responsive to his or her activities—And, I would add, a life that provides the varied and complex experiences over months and years that will produce *development* in the person's reinforcers, repertoire, and fluency. For emphasis, let me label this level of intervention *life arrangement*.

LIFE COACHING

Concurrent with learning to focus on positive programming for people with challenging behavior, we have learned to deliver positive programming where it would do the most good. We have moved from "Train and hope it generalizes" to "Train for generalization (and hope it generalizes)" (e.g., Stokes & Baer, 1977) to "Train and generalize to simulated conditions of use" (e.g., *relapse prevention*) to, finally, recognizing generalization for the powerless explanatory fiction that it is and skipping it by training in the context of use in the first place.

At the behavior analytic level, training in the context of use is called *incidental teaching*. The conceptual evolution from generalization to incidental teaching of language occurred in the following sequence: Risley

and Wolf (1964, 1967), Reynolds and Risley (1968), and Hart and Risley (1968, 1974, 1975, 1978, 1980, 1982). Incidental teaching has been employed with minor modifications and many name changes to establish and strengthen prosocial alternatives to challenging behaviors many times since 1982.

The full import of training in the context of use came at the life arrangement level with the supported employment revolution in the 1980s (cf. Kiernan & Stark, 1986). Instead of the traditional practice of *train-and-place* (training general work skills in prevocational sheltered training settings until "ready" and then placing a person in a job), the strategy became *place-and-train* (place the person in an actual job and train her or him while doing that job, day after day, until the person more or less masters it). This has proven such a powerful intervention strategy that we should clearly mark it with a label. Because a job "coach" (Wehman & Melia, 1985) is a label used in supported employment, *life coaching*, I think, is the proper term for the place-and-train strategy wherever it is used. (For clarity, the term *incidental teaching* should be reserved for the micromomentary response to the "teachable moments" that occur "incidentally" in a person's ongoing activities.)

LIFE ARRANGEMENT AND LIFE COACHING STRATEGIES

Getting a life for people and coaching them into it should be considered obligatory features of modern behavioral interventions. Fortunately, just as daily contingency management programming requires less technical precision and specialty training than micromomentary behavior analysis programming, so too do life arrangement and life coaching require less than either. Most people with some experience in caring for others need only a little training to help another person design a good life and help him or her to implement it (professionals may actually need "detraining").

In general, there is a negative correlation between the flexibility of life arrangements available and the technical precision of the behavior programming needed. The wider the latitude available for modifying the life arrangements for a person with challenging behaviors, the less precise and technical the behavior programming needs to be. The opposite is also true in that the less flexible a person's life arrangements are, the *more* technical and precise the behavior programming must be. Most people with challenging behaviors exist in prespecified slots in an array of pre-funded services provided by a static service organization with preassigned staff. Within those constraints, technical contingency management or precise behavior analytic programming—to match the person's behaviors to the existing nonoptimal circumstances—is often all that can be done. (Please note, however, that, even when a life can be arranged and

coaching provided, competent behavior analysis and contingency management can usefully speed the transition into that life.)

Flexible Funding

Arranging a better life for a person with challenging behaviors requires flexibility and cooperation from funding sources and from other people involved in the person's life. Flexible funding of individually tailored programs is a technological reality. With computers, budgets can be managed with cost and expense centers for each individual. In law and in theory, services have been based on unique individualized education or habilitation plans since the 1970s. That most government funding agencies and local schools and service organizations still find it more familiar and convenient to fund and deliver a small menu of prespecified services to people with challenging behaviors is a temporary state of affairs. As successful examples and successful lawsuits build on one another, flexible funding for real individualized services will rapidly become the norm—especially as the successful examples thus far have cost less than traditional categorical services. Professionals need to learn how to use these new, powerful resources that are becoming available to them. Fortunately, life arrangement and life coaching are low-tech tools. Learning *how* to use them does not take much training—learning *to* use them first and most when dealing with challenging behaviors, however, will take some retraining.

Cooperation from Significant Others

Another issue likely to be difficult for professionals is the need to get all the people who are involved in a consumer's life to cooperate. A person with a history of challenging behaviors usually has many people and many agencies "on his or her case"—the more challenging the behaviors, the more people. All of these people and agencies have some power over some part of the consumer's life, and all have their own definitions of their own responsibilities and of the consumer's best interests. Helping a consumer design a life is not hard—getting everyone else to cooperate is. It takes effort and persistence to get everyone to participate, and time and skilled facilitation to get everyone to agree on a plan, to negotiate their roles in it, and to commit to meeting again whenever anyone thinks the plan needs to be changed.

STEPS TO A MODERN POSITIVE BEHAVIORAL INTERVENTION

With flexible funds available and with the cooperation of the people and agencies important to a consumer's life, modern positive behavioral intervention can proceed. Figure 1 provides a sequence of steps in such an

1. **Enlist the participation**—on a formally established Intervention Team—of all persons who must help or can harm the consumer's program (including, of course, the consumer).
2. **Arrange a long-term living environment** that is *safe* (relative to life threatening behavior) but still conducive to *development* and *intervention*. (Get A Life!, Part 1)
3. **Reduce exposure** to the ecological conditions associated with the problem behavior.
Maximize exposure to the ecological conditions associated with the person's best functioning.
4. **Use periods of good functioning** to coach skills that are functionally equivalent (or better) to the problem behaviors in producing primary or secondary gains.
5. **After alternative behavior has been established**, eliminate or reduce the primary or secondary gains produced by the problem behavior. (Use penalties, only if necessary.)
6. **Expand reinforcers, repertoire, and fluency** through sampling, observing, and participating in an increasingly varied life with life coaching—to accelerate development. (Get A Life!, Part II)
7. **Plan for postintervention life** through relapse prevention and follow-up, rather than "generalization."

Figure 1. Suggested steps in a modern positive behavioral intervention plan for a person with challenging behavior.

intervention. *The first two steps, primarily organizational tasks, are the most important.* Unstinting time and effort should be spent on these at the outset, and these steps should be returned to as often as needed because they represent the source and the solution of most problems.

Step 1: Build a Team

Building a team is not primarily a planning process; it is a *social* process. Its purpose is to negotiate and problem-solve until a public commitment is achieved from everyone who must help or refrain from harming the consumer's program. The most important product is the publicly attested commitment from everyone rather than the written documents of the meetings. The process is not futures planning, nor is it group therapy, although it contains a little of both. It can best be learned from people who conduct organizational strategic planning and team-building retreats.

Step 2: Get a Life

The durably useful part of an intervention for challenging behavior does not even start until the person is facing, with coaching and assistance, circumstances that he or she will be facing later, with less coaching and assistance. Place the consumer into the life circumstances that he or she and the team would choose for the rest of his or her childhood or the next dozen years of adulthood (i.e., the place, the housemates, the neighbors, the job, the transportation, the acquaintances, the chores, the recreation, the helpers, the challenges). Add extra staff for protection, coaching, and reinforcer sampling until they can be faded out. Find *long-term* friends, neighbors, and helpers for the individual, as *people* are the most important part of life.

Step 3: Fine-Tune That Life

This step is somewhat technological as it requires an *environmental analysis* identifying the conditions associated with both problem behaviors and best functioning. (Note that good functioning is not defined by merely the absence of problem behavior, but by being *accessible to the influence of others*.) In a few cases, these conditions will be obscure and require formal quantified assessments (e.g., see Touchette, MacDonald, & Langer, 1985). But, in most cases, informal observation and interviews will suffice and the effort can be allocated where it is needed—to the sensitive readjustments of the person's schedule required to minimize problem incidents and *maximize the time the person is receptive to influence and is practicing prosocial behavior*.

In many cases of challenging behavior, the first three steps are enough. With everyone involved with the person working in concert to arrange a complex and interesting life dominated by prosocial interactions, over time the person will develop new effective skills, discover new reinforcers, and escape the behavioral traps that sustained her or his challenging behavior. If such development is not occurring, one should consider revisiting Steps 2 and 3 and further enhance the individual's quality of life and readjust the time the person spends in different situations.

Steps 4 and 5: Institute Coaching and Contingency Management

Steps 4 and 5 involve familiar coaching and contingency management technology. However, some conceptual sophistication is called for in conducting a *behavior analysis* of the probable functions of the challenging behaviors in both *primary* and *secondary gains*. Primary gains are the immediate and predictable consequences that are likely to serve to reinforce the challenging behavior. Secondary gains are more delayed and probabilistic (but real) effects of the challenging behavior that may or may not function to reinforce it. As an example, violent aggressive outbursts not only get responded to when they occur (primary gains), but also cause the people to attend to the person carefully *at other times* (secondary gains) to monitor his or her moods and anticipate his or her dissatisfaction.

The longer the challenging behaviors have been occurring, the more likely that more delayed and intermittent consequences (secondary gains) contribute to the class of reinforcers that maintain them. Similarly, the more invariant and restricted the person's life has been, the more likely that such secondary gains are functioning as reinforcers for some behaviors. Furthermore, the more verbally skilled the person (e.g., the higher his or her "mental age"), the more likely that secondary gains and their relation to a challenging behavior will have been described verbally and therefore function to maintain the behavior. Secondary gains are usually induced from interviews with the client and others who tend to give them humanistic labels such as "reputation," "role," "importance," "power," and "self-esteem." Labels aside, a complete behavior analysis requires that such real, albeit delayed and probabilistic, consequences of behavior be considered to hold the same importance to the consumer of our services that they hold for us.

Step 6: Accelerate Development

This is the ultimate in positive behavioral programming—to deliberately develop the depth and complexity of the person's knowledge and repertoire by planfully expanding the depth and complexity of his or her life. "The deliberate development of behavior" (cf. Risley & Baer, 1973) is the latent goal of all behavioral interventions. With life coaching in the context of a full life that results in salient experience and practice throughout all the 100+ waking hours of a person's week, development—both deliberate and natural—can actually be expected.

Step 7: Plan for Real Life

The last step is to acknowledge the obvious: If a person already has a decent and durable life, she or he does not "graduate" to another life. People who have had challenging behaviors can best be prepared for in-

frequent but likely high-risk eventualities by creating them or simulating them in the life context in which they might occur (e.g., see Marlatt & Gordon, 1985). And these people, like all of us, are going to need occasional extra help, and arrangements for making that help available should be planned.

CONCLUSIONS

The strategy of arranging a life for a person and coaching her or him into that life has emerged from the long history of behavioral intervention for challenging behaviors. It appears to be the most powerful, durable, and inexpensive level of behavioral intervention. It requires little technological precision or specialty training and should always be the strategy of choice—leaving sole reliance on the more precise contingency management and the microprecision of behavior analytic strategies for the unfortunate circumstances in which inflexible organizational, funding, and bureaucratic structures do not allow you to get a life for a person with challenging behaviors.

To paraphrase a familiar prayer:

Grant us the power to change those conditions we cannot accept,
the technical skill to work within those conditions we cannot change,
and the wisdom to know the difference.

The difference now is that, while the conditions of life for people with challenging behaviors are often unacceptable, they are going to be increasingly within our power to change. Such changes represent the leading edge of positive behavioral programming.

ENDNOTES

¹Each year, from 1985 through 1991, Judith Favell and I copresented a workshop at the Association for Advancement of Behavior Therapy meetings. These workshops, which melded her work on treatment of severe behavior disorders and mine on design of living environments, gradually evolved some of the points presented in this chapter. The last workshop (see Favell & Risley, 1991) also contained some of the chapter's organization.

²In 1984, I managed to get \$500,000 in Alaska State developmental disabilities funds targeted for special programs for the 10 most difficult-to-serve, institutionalized people—to enable us to learn to serve medically and behaviorally challenging people outside our institutions. Only Karen Ward, the director of an Anchorage service organization, was willing and able to take on the challenge. We collaborated on designing and troubleshooting the community programs for these 10 people. We initially failed two of these people, whose sexual behavior posed a risk to their neighbors. Dr. Ward persevered and finally de-

signed an acceptable *relapse prevention* program for them and others with challenging sexual behaviors (see Ward et al., 1992). In 1986, the State of Alaska's Divisions of Vocational Rehabilitation and Mental Health and Developmental Disabilities obtained a supported work "systems change" grant to depopulate our sheltered workshops with job coaching into real work competitive employment, mobile crews, and enclaves. Dr. Ward and I collaborated with Theda Ellis in implementing that grant and in designing a training program on supported work to retread vocational trainers. Dr. Ward further developed the training to be delivered across the state (see Ward & McGlone, 1987; Wilcox, Ward, & Knox, 1992).

³In 1987, the Alaska Youth Initiative (AYI) began to bring children and youth, one by one, from out-of-state institutions and "plant" these most difficult and dangerous youngsters in real homes, back in their home communities, with individually tailored wraparound supports and treatment. John VanDenBerg, the State's Child and Adolescent Mental Health Coordinator, designed and implemented this program (see VanDenBerg, 1993). As his graduate adviser and colleague, I consulted on the program development and on some of the more difficult cases. As his boss—when I became Director of the Division of Mental Health and Developmental Disabilities (DMHDD) in 1988—I watched (and worried) as the program matured. By 1990, we were serving 85 of the "most challenging of the challenging" in communities across Alaska with unexpected ease and success at about half the average cost of out-of-state institutionalization (and with no negative political response from their communities!).

⁴In 1988, I took a leave of absence from the University of Alaska and became Director of Alaska's DMHDD—primarily to protect the AYI and explore the use of wraparound services with other populations. The structure of the adult mental health system (particularly the fact that Medicaid categories of reimbursement had "hardened" the services into fixed-price slots of psychotherapy, medication management, and psychosocial rehabilitation) and the ingrained bureaucracy running it prevented much movement toward individualized wraparound services there. It was quite the opposite in the Division of Developmental Disabilities (DD). Retirements had decimated the ranks of DD personnel, and most of the DD community programs were supported by direct appropriations—not Medicaid. Mike Renfro, the newly appointed Coordinator of Developmental Disabilities Services, and I were able to design and implement a system of individualized, wrap-around services with every new state dollar that came our way.

After I returned to the university in 1990, Mike Renfro was able to continue to hire and train state DD personnel to be "advocates" (see Renfro, 1994) who know the people and families they serve. He guided the providers and consumers into adopting service principles that, in fact, *required* individualized wraparound services (State of Alaska DMHDD, 1992) and convinced the DD council *and the service provider association* to endorse individualized wraparound services. By 1993, over half of the people receiving state DD support were receiving services "wrapped around" their chosen lives—and those supports cost less (average cost: 1991, \$18,400; 1992, \$16,858; 1993, \$16,442) than the old group home or supervised apartment (\$25,000) plus vocational (\$10,000) "slots." In the 6 years of individualized wraparound services no one has needed to be admitted to the state DD institution—demonstrating that with individualized wraparound services a DD service system does not need an institution, even for people very difficult to serve. (And, the cost is less. Even the 10 most expensive wraparound service plans average only half the per capita cost of the institution!)

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