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Chapter 6

Counter-intuitive strategies for crisis management within a non-aversive framework

Gary W LaVigna and Thomas J Willis

Introduction

A values-based approach to people with intellectual disabilities and challenging behaviour is not new. The Social Role Valorization movement has caused us all to focus on helping the people we serve to achieve valued and valuable outcomes. Unfortunately, an artifact of this values-based approach for many has been the unnecessary rejection of behavioural technology.

Behavioural technology, however, can be used in support of and in subordination to values. As we have described elsewhere (LaVigna & Willis, 1996), our values were strongly influenced by Wolfensberger (1983). We value community presence and participation, in ways that are age appropriate and valued by society; autonomy and self-determination, through the exercise of increasingly informed choice; continuous involvement in the ongoing process of becoming; increasing independence and productivity to the point of economic self-sufficiency; and the opportunity to develop a full range of social relationships and friendships.

These values serve as a foundation for the work we do with the people at the Institute for Applied Behaviour Analysis. With these values in mind, we have developed a model (LaVigna & Willis, 1995) for supporting people with challenging behaviour which is designed to produce the following outcomes:

- First, when the behaviour concerned is very dangerous, we need to be concerned about achieving rapid change. So, *speed and degree of effects* is one of the outcomes we are interested in producing.
- Second, we want *durability*. We want lasting change.
- Third, we want those changes to *generalize* to other settings, particularly to the community and the other natural settings that others have an opportunity to access and enjoy.
- Fourth, we want to *minimize the development of negative side effects*. Accordingly, we track collateral behaviours.

- Fifth, we want to use strategies that have *social validity*, that is, those strategies that are acceptable to our client, our client's family, support staff, and the community.
- Finally, we need to demonstrate that what we do has *educational and clinical validity*. This means that as a result of what we have done, we can show that the person has a better quality of life; the person is happier, has greater access, greater opportunity, greater control, etc. That is, we have achieved our *valued outcomes*.

When we are designing our support strategies, it is this entire breadth of these desired outcomes that we focus on. No one of these dictates what we do at any given time. We discipline ourselves to stay focused on the entire range of needs.

The Multi-Element Model

To achieve all of these outcomes, we begin with a person-centered assessment aimed at understanding the meaning of the behaviour (Willis & LaVigna, 1996a; b). This involves a broad look at the person's life situation, and not just the immediate antecedents and consequences of their behaviour, his or her skills, family, history, health, environments, etc. This is an effort to get a very broad understanding of the meaning of the behaviour for that individual. On the basis of this broad understanding, we design a multi-element support plan. These plans include *proactive strategies*, including ecological changes, positive programming and focused support, designed to *produce changes over time* and, where necessary, *reactive strategies*, to *deal with situations* when they occur. The plan is then implemented by a support team using effective management systems that help ensure consistency (LaVigna et al, 1994). This is the multi-element model that integrates our effort to produce the full range of outcomes, guided by the values described above (LaVigna & Willis, 1995).

One of the significant concerns in working with people who have severe and challenging behaviour is in dealing with crisis situations when they occur. The person is breaking windows *now*, the person is starting to bite himself *now*, the person is throwing furniture at other people *now*, the person is biting, kicking or scratching others *now*. It is relatively easy for us to agree to use strictly positive, non-aversive strategies in the proactive mode, but we tend to get more challenged in coming up with strategies in the reactive mode that are equally positive.

The multi-element model can help liberate some very creative, equally positive, reactive strategies. It provides access to reactive strategies that we previously never thought we had. Using the multi-element approach, we construct our proactive plans to produce certain changes over time. Accordingly, when we are planning what to do about a behaviour when it occurs, we are liberated from needing to address the issue of the future. Our sole agenda becomes situational management. This gives us options that in other contexts might produce counter-therapeutic effects.

Here is one brief example of an early experience of ours that led us to become aware of the new options that might be available to us in using the multi-element approach. We were asked to carry out an assessment for a man a number of years ago who had a very serious form of self-injury that involved him tugging at his lip to the point where he had separated it from his face on a number of occasions, necessitating surgical re-attachment. The doctor was saying that we could not let it happen anymore because he did not know how many more times he could successfully reconstruct the lip. We carried out our assessment and we designed a multi-element plan. Eighteen different proactive strategies were included (ie, 18 different ecological, positive programming and focused support strategies).

The question, of course, was what were we going to do when he started engaging in this form of self-injurious behaviour? In designing a support plan, in many cases, we may need to anticipate some level of occurrence of the challenging behaviour. The best we could come up with to keep him safe when he started tugging at his lip was to put our arms around him and hold him. You might expect that holding him was an aversive event. However, the problem was just the opposite, since being held in this manner was a reinforcing event for this person. The position that this person put us in therefore was that what we were doing to keep him physically safe was potentially reinforcing the problem behaviour. This could have produced a counter-therapeutic effect, which would have made the behaviour more likely to happen in the future.

Using the multi-element model, there was a certain logic in holding the person when he engaged in self injurious behaviour. This logic was that the reactive strategy was used to get the most rapid and safest control over the crisis situation. If this reactive strategy had potentially reinforcing properties, the counter-therapeutic effect could be prevented by including certain additional strategies in the proactive plan. Specifically, this would include the independent and non-contingent availability of the event used as a reactive strategy, supplied at frequent levels. By taking these proactive steps, the reactive strategy provided a very effective means of dealing with the situation without producing a counter-therapeutic effect.

In the case at hand, to assure the proactive, non-contingent availability of the event, five minutes every half hour was scheduled to ensure that staff provided him with a deep muscle massage. The reason for this was that we did not want his intense physical contact with staff to be accessible to him only through the problem behaviour. *We want you to be very aware of this safety valve built into the proactive plan.* What happened over time was that years later, the person has retained their lip. Further, because of the proactive plan, he no longer engages in any level of self-injurious behaviour. In this example, a reactive strategy that was actually a reinforcing event that was made more neutral via the provision of the same reinforcer on a proactive and non-contingent basis. This provided a very effective situational management strategy when the target behaviour occurred and yet was able to do so without producing a counter-therapeutic effect. The multi-element model allows these kinds of options.

We want to discuss how we address this need for management strategies in situations that might be considered to be of a *crisis* nature. This is important since many carers are working with people whose behaviours can occur at crisis levels, and where health and/or safety are at immediate and serious risk. There are many reactive strategies that could be employed which are not particularly counter-intuitive or which are perhaps more appropriate for more innocuous non-crisis problem behaviour. These are discussed fully elsewhere (Willis and LaVigna, in press). Within this chapter, we shall discuss strategies that may appear extremely strange until they are seen within the context of the multi-element model. The first reaction to them may be "*that sounds absolutely crazy.*" Hence the term 'counter-intuitive' – at first glance the strategies just do not seem to make sense.

Since the best crisis management strategy is one that prevents crises to begin with, we will start with some counter-intuitive strategies for preventing crises, and then turn to some counter-intuitive strategies that are remarkably effective in getting rapid control over crises when they are actually occurring.

Preventing Behavioural Crises

Introducing and Maintaining a High Density of Non-contingent Reinforcement

One counter-intuitive strategy for preventing behavioural crises is introducing and maintaining a high density of non-contingent (ie, time-based) reinforcement. This is worth considering because what we do intuitively if a problem behaviour occurs is to cancel all activities that we feel might inadvertently reinforce the problem behaviour.

> *He had an extreme temper tantrum this afternoon! He broke furniture! He hurt somebody! We better cancel taking him out to dinner because we wouldn't want to reinforce the problem behaviour.*

Consider the following situation however. It is the end of a hard working day, your child comes up to you and makes a perfectly reasonable request. Because you have had a lousy day, instead of making a reasonable response, you snap and snarl and are mean to her. Even as you are acting in this way, you are thinking to yourself "*She doesn't deserve this.*" You know full well that your child is totally innocent, and that your behaviour has nothing to do with your child, and everything to do with the work pressures that you are under. In such situations, how many of you react to your inappropriate behaviour by canceling your plans for the evening, calling up your friends and saying: "*Sorry, I can't go to the film tonight*" or "*I know we were supposed to come over for dinner tonight, but I'm afraid that if I go over and enjoy myself, I am going to inadvertently reinforce this terrible parenting behaviour*"? None of you did that. Why didn't you become a terrible parent? Why wasn't your problem behaviour reinforced and strengthened? There are two reasons. First, the reinforcing event was not a contingent event. It is not as if "*I'm going out to dinner tonight because I was mean to my child.*" Second, there was a delay between the event that happened in the afternoon (your behaviour) and the (reinforcing) event that happened in the evening.

We know that for reinforcement to strengthen behaviour, it has to be immediate *and* contingent. As long as there is a sufficient delay and/or if there is no contingency relationship, then we should not have to worry about going ahead with an independently scheduled, non-contingent reinforcement. Such a reinforcing event should not strengthen problem behaviour, even if the behaviour occurred earlier in the day.

There are many reasons for maintaining a high-density of time-based reinforcement. Firstly, a high density of reinforcement may be a setting event for the low rate of challenging behaviour, whereas a low density of reinforcement may be a setting event for a higher rate of problem behaviour. So, by initiating, or by introducing, a high density of reinforcement, we are creating a pervasive setting event which by itself should reduce the level of challenging behaviour and behavioural crises.

Furthermore, when we cancel the evening's plans because we are afraid that the problem behaviour is going to be reinforced, we introduce an aversive event; namely, the withdrawal of a reinforcing activity or reinforcing event. This withdrawal can in itself trigger a crisis situation. Rather than acting in a way which minimizes the likelihood of a crisis, we have immediately done something that makes a crisis more likely. This is not just because a low density of reinforcement is a setting event for a higher probability of challenging behaviour, but also because the withdrawal of the reinforcing event itself is a type two punisher and can very likely elicit a problem behaviour.

Perhaps the greatest reason for maintaining a high-density of time-based reinforcement is its impact on the quality of life of the individual. Consider the quality of life of the people we serve who also have challenging behaviours. It does not approximate ours. Surely, setting the conditions for a low-density of reinforcement does not improve a person's quality of life. If one of our goals is to give people a better quality of life, one of the most direct ways of doing this is to introduce a higher density of time-based reinforcement that just improves the quality of life generally. It is our contention that in whatever we are doing to support a person, we should be able to demonstrate that the person is experiencing a higher density of reinforcement than before our intervention. A high density of reinforcement should be non-contingently available to a person before we even consider any contingencies in which the person has to earn reinforcement. We don't have to "earn" most of our pleasures in life – why should the people we support?

Consider this example. We were working recently with a 14 year-old girl whom we had just helped move home after being in a 24-hour residential school, where she had been for the previous four years. She moved home on her parents' initiative because what they were using in the 24-hour facility, among other things, was a restraint procedure. Now that she had become an older and big 14-year-old as opposed to a young and small 10-year-old, the kind of restraint procedure they were using was leading to injury. Furthermore, it was no longer acceptable to the funding educational authority.

She came home and we established a multi-element support plan. One of the things we knew about her was that she had very poor impulse control and, for that and a variety of other reasons, we recommended that we introduce and maintain a high level of time-based reinforcement, independent of what she did or didn't do. One of the things she did right from the very beginning was to not go to school every day. When she would stay home from school, how would we spend the day? We didn't insist that she stay home as you might with a typical child. You might say, "If you don'*t go to school today, then you can't go out and play.*" With her, we got out of the house; we went into the community; we did a variety of things, including on one occasion stopping and buying a snack.

The question to us could be "*Why weren't you concerned that you would be reinforcing her refusal to go to school?*" That's a legitimate question to ask. We had reason to think that we would not be differentially reinforcing that behaviour because community access was something she was enjoying every day anyhow, as was buying snacks in the community. These were not contingent events. Further, we knew that when she got to school, she really enjoyed the activities that were there and even though we might be out in the community doing things, what she was not getting access to were some of the activities she really enjoyed at school. It may be a high density of reinforcement should she choose not to go to school, but we believed it would be an even higher one if she chose to go.

Part of the monitoring system here was not just to determine whether or not we were avoiding severe property destruction and aggressive behaviour, her target behaviours. One of the things we were also tracking in our evaluation system was time spent in school. Sure enough, over time she spent more and more time in school. Obviously this needed to be tracked and we needed to plan these things with care, based on all the information that we had gathered in our assessment process.

To summarize, introducing and maintaining a high density of time-based reinforcement can help prevent behavioural crises. The avoidance of a behavioural crisis can be made more likely since a high density of reinforcement is a setting event for a lower probability of problem behaviour. Further, not canceling a reinforcing event avoids an aversive event which itself can increase the likelihood of target behaviour and/or escalation to a behavioural crisis. This recommendation also normalizes the density of reinforcement experienced by the people we support by providing a density closer to the norm and by removing artificial contingencies. This recognizes that most of our day-to-day reinforcers are also non-contingent. Possible counter-therapeutic effects can be prevented by assuring the non-contingency of the reinforcing events, making sure to schedule their occurrence independent of the occurrence of target behaviour. Other concerns about counter-therapeutic effects can also be addressed through the proactive plan in a multi-element approach.

Avoiding Natural Consequences

Another counter-intuitive strategy for preventing a behavioural crisis is to avoid some natural consequences. This suggestion may sound strange to many of you.

It may even be objectionable for people who take an explicitly values-based approach who may rely heavily on natural consequences to promote the quality of the lives of the people they serve. But, we feel there are a number of good reasons for avoiding some naturally occurring consequences. Consider this, if the natural consequence is aversive for the person, it may escalate the person's behaviour to a potentially crisis level. In addition, consider that the natural consequence can itself lead to further exclusion and devaluation. When natural consequences have the potential for causing crisis level escalation, and when they further stigmatize the person, we suggest that maybe we should avoid the natural consequence.

Here is an example of the problem. We were supporting a woman in her job and we knew she was on the verge of getting fired. Her manager was not happy with her work. He found her lazy, disrespectful, and unresponsive. This was not a sheltered workshop. This was a real job situation. We knew it was coming. It was a natural consequence to her behaviour. At the same time we knew enough about her to know that if she was fired, that experience would be likely to cycle her into a two-week period of hell where she may have had to be hospitalized in a psychiatric unit.

What did we do in this case? We talked to her. We established that from her point of view she was not happy with her job. From her point of view, she would rather look for a different job. We established with her that she did not have much time to do that, given that she had this other job that she didn't like. Our suggestion to her was the following: "*Why don't you resign? Why don't you just go in this afternoon and quit?*" She said, "*That's a terrific idea. I wish I had thought of that.*" We did a little role-play with her about how she should submit her resignation. She went in and she quit. Fortunately, her boss didn't say, "*You can't quit. You're fired.*" She had a chance to *avoid* being fired with our guidance. This is counter-intuitive since many of us would say "*Let her experience the natural consequence. That is how she'll learn.*"

The proponents of natural consequences argue that the people we serve have the right to these consequences and that we devalue them by not providing them. They ask, "What is wrong with natural consequences? I experienced them and I turned out OK." If there is one thing that characterizes the people we are discussing here, it is that they are not likely to learn from natural consequences. If they were going to learn from natural consequences, the field of challenging behaviour would not exist. We would all be working in a different field. We are talking about people who characteristically have not and will not learn from natural consequences. It seems to us that the proponents of natural consequences are arguing two points. First, they seem to be saying that the people we serve would be OK today if people would have "just used natural consequences from the outset". Second, they seem to be saying that parents and teachers failed to use natural consequences, and that is why their adult children misbehave. That is just not the case. Parents and teachers usually began trying natural consequences. That did not work, so they got a little more contrived in what they did. That did not work either, so they called in a consultant and it got even more contrived. As they got more and more contrived, they probably got more and

more punitive and more and more segregated and isolated. So, by the time that child was an adult, she was in a strict program, isolated and segregated from the rest of society.

For the past fifty plus years, all of us have been striving to liberate the people we serve from the degradation, isolation and abuse they experienced in segregated places. The proponents of natural consequences seem to be saying, "Now that they have been liberated, let's use natural consequences to manage their behaviour." It seems that they are suggesting that we go back to square one, back to the ineffective things that were tried by parents and teachers when their children and students were very young. Unfortunately, it seems to us that this would be just starting the "cycle of escalation" all over again.

We caution you, be careful of natural consequences and avoid them where they may lead to crisis situations or to further exclusion and/or devaluation. In any event, do not expect the occurrence of natural consequences to be an effective teaching strategy for many of the people we are concerned about. It is the people who do not have severe and challenging behaviour who may have learned from natural consequences, not the people whom we are concerned about here.

Don't Ignore Behaviour Under Certain Conditions

Guido Sarducci established a 20 minute university in which he teaches in twenty minutes what the typical university student remembers five years after they have graduated. His idea is: why teach all that other stuff if all they are going to remember is 20 minutes' worth of information. That is all he teaches them to begin with. So in economics, he teaches "*supply and demand*" because that is all we remember from economics class five years after we have graduated.

What do we remember from our 'Introduction to Behaviour Modification' course? What we remember is that when a person acts inappropriately, we should "ignore." How many of you have ever heard this phrase? *Ignore her – she is doing that for attention.* We will bet you that this phrase was not used with reference to a peer or a colleague, but that it was used with reference to one of our clients.

Many of us believe there is something to the idea that aberrant behaviours communicate legitimate messages. If that is true, what is worse than to advise somebody to ignore the behaviour? What you would be saying functionally is to ignore their efforts to communicate. What happens if you ignore a person's communication? The person's behaviour escalates.

We have talked about precursor behaviours before; you know, those minor behaviour problems, those low levels of agitation that may signal that the person is preparing to engage in something serious. These precursors might be understood as the *whispers* of behaviour. Because of what we remember from the Sarducci school, we ignore them. Consequently, what are we requiring of the person? It seems to us that we are requiring that the person not whisper to us, but *shout* at us; and it is the "shout" we then call *severe and challenging behaviour*.

The consultant you are likely to hire off the street for advice on what to do with problem behaviour is likely to say '*Ignore it*'. However, if you want to avoid crises, good advice may be '*Don't ignore* it'. But there are some qualifications to this advice. In the first place, ignoring does not always equate to extinction, and it is really the extinction event that causes the escalation (the opposite effect we look for in a reactive strategy in a multi-element approach). Extinction is the withholding of a previously available reinforcer, whereas ignoring may be defined as continuing with what you were doing as if the behaviour had not occurred. The following examples illustrate when ignoring represents extinction and when it does not.

When ignoring is extinction

Scenario – A teacher has been reprimanding the student and sending her to the vice-principal's office whenever she uses profanity in the classroom. He observes that the behaviour is getting worse and not better and concludes that contrary to his intentions he has been reinforcing this behaviour. For one thing, the student seems to enjoy getting the teacher upset. Secondly, the student seems to like missing class. Accordingly, the teacher plans to start ignoring this behaviour, thereby withholding the previously available reinforcers.

Immediate likely effect on behaviour – Escalation.

Advice when using a multi-element approach – Don't ignore.

When ignoring is not extinction

Scenario – During class time, a nine-year-old student challenged with problems associated with autism, frequently holds his open hand between his eyes and the lights on the ceiling and moves his hand back and forth. The teacher believes that it is the visual stimulation that is reinforcing the stereotypic behaviour. She decides to ignore it when it occurs and simply continue with her instructional program as if it had not occurred.

Immediate likely effect on behaviour – Ignoring the behaviour will not escalate it and continuing with the instructional program may naturally redirect the student to engage in the instructional activity.

Advice when using a multi-element approach – Since ignoring the behaviour will not lead to an escalation in the behaviour, this may be an option to consider. However, other reactive strategies may be necessary to get rapid and safe control over the situation.

Don't Punish

This is our final counter-intuitive strategy for preventing behavioural crises. We have worked with a number of large service delivery agencies over the past 20 or so years. During that time, we have seen two very large agencies simply abandon punishment altogether after our training; overnight, by policy. No more punishment allowed! You might expect that once the punishment was stopped so quickly, there would be a tremendous "recovery after punishment" phenomenon. You might expect that all of a sudden high rates of challenging

behaviour would begin to occur. Yet when these agencies said "no more punishment allowed", the overall level of behaviour problems decreased immediately and what remained were less serious problems.

Consider why that may be. A person acts in a way that is considered inappropriate. Let us say there is a low level punisher available, loss of tokens, loss of privileges, cancellation of an event, etc. The person reacts to that with some agitation, some acting out, which gets another level of punishment. Now we might provide for an over-correction procedure or some kind of time-out procedure. Let us say the person is not so happy about the over-correction procedure or does not want to be escorted to the time-out room, and now starts to physically resist the effort to put them into that situation. What happens is that now staff are having to use physical management, restraint and other very extremely aversive procedures in order to finally control the behaviour. While it is true that if you do not punish that very first behaviour in the sequence, that behaviour may increase in its frequency, what we *may* have avoided are the more serious behaviour problems, the behavioural crises that result purely from our use of punishment.

One way to avoid crises is to eliminate punishment from our support plans. This is counter-intuitive, since we think of punishment as a strategy for suppressing problem behaviour. The suppressive effects of punishment, however, are *future* effects. In the context of situational management, punishment can escalate the situation, producing the opposite effect that we look for in a reactive strategy in a multi-element approach.

Resolving Behavioural Crises

So far, we have discussed how introducing and maintaining a high density of non-contingent reinforcement, being very careful with our use of natural consequences, not ignoring behaviour under certain circumstances, and avoiding punishment, while counter-intuitive, may be very helpful in preventing behavioural crises.

Despite the potential usefulness of the strategies, a key question remains: '*What about the crisis that you can't prevent? What about 2 o'clock Saturday afternoon when he starts to break every piece of furniture in the house? What can you do?*' Let us now introduce two counter-intuitive strategies for resolving behavioural crises.

Diversion to a Reinforcing or Compelling Event or Activity

The first is diversion to a powerfully reinforcing or compelling event or activity. That is, when the person is starting to act up, divert him or her with the most powerful reinforcing or compelling activity or event you can identify. For example, in the above case of the person who was engaging in the lip pulling behaviour, our holding him was an inadvertent reinforcing event. We did not design it to be reinforcing, but it certainly had the potential to produce a counter-

therapeutic effect. As you will recall, to prevent this, we had to balance this reactive strategy by including certain features in our proactive plan.

Let us point out the intuitive part of this approach. What is intuitive is that if you introduce a dramatically reinforcing or compelling activity or event, it is not surprising that it can divert the person from whatever he is doing. What is counter-intuitive about it is that this would appear to result in the potential reinforcement of the problem behaviour. This is the part that is counter-intuitive and appears, therefore, to contraindicate it as a useful reactive strategy.

If we didn't have the multi-element model, there would be no hope of using this strategy as part of a rational support plan. With the multi-element approach, however, we end up with a proactive plan that compensates for the potential counter-therapeutic effects of the reactive strategy. This leaves us with a reactive strategy that does not produce any unwanted changes over time, but which instead gives us a very effective way of dealing with a crisis situation when it occurs.

We want to give you a further example of this. In one of our training programs, we were guiding a teacher who had selected one of her students to provide a focus for her practical assignments. Her recommended proactive plan included, among other things, changing her curriculum and reorganizing her educational space so it was less distracting. In terms of positive programming, her support staff were teaching her to use a picture communication board with which, for example, she could point to a picture of a glass of water if she wanted something to drink. She could also ask to go to the girls' room, ask for a magazine, and ask for break time by pointing to associated pictures. They were also teaching her the relaxation response, that is that when she was getting upset, to take a deep breath, hold it and relax. As a focused support strategy to produce rapid change in her problem behaviour, they had also designed a particular schedule of reinforcement.

Then the question came up: "What do we do when she engages in the target behaviour of screaming and scratching her own face?" Staff wanted to continue to use "corner time out," but we pointed out to them that this appeared to be an ineffective reactive strategy insofar as they had been using it with little result. They were still getting an average of 40 minutes a day of the screaming and scratching behaviour after 18 months of trying to solve this problem. We invited them to go back to their assessment information and identify, if they could, a behaviour that was reinforcing or compelling enough that it would interrupt almost anything. What they realized was that if they handed her a magazine, what she "needed" to do was open it and take the staples out. At the moment, that seemed to override everything else in her life. So the recommendation was that the minute staff saw the tantrum coming, they should hand her a magazine.

You would be concerned about two things in following such advice. First, you would be concerned that you would just be reinforcing tantrum behaviour and increasing its future occurrence. The other thing you would be concerned about is that she would be with her magazines all day long and would not participate

in any educational activities. So to make a long story short, the results were that from day one, no day had more than five minutes of screaming and tantrums, representing an immediate and significant reduction in duration. We also tracked her on-task educational time. That also started increasing from day one. There was never a reduction in time spent in productive education. Furthermore, the frequency of tantrums gradually decreased and by the end of the school year tantrums were no longer occurring. Therefore, it was no longer necessary for staff to hand her a magazine as a reactive strategy, since, with the elimination of the target behaviour, a reactive strategy was no longer necessary. The last report we had was that it had been two years since there had been any tantrums.

Notice the safety valves included in the support plan. She could ask for a magazine using the communication board. Therefore, having a tantrum was not the only way to get access to a magazine. Further, in the play area, where she was at least twice a day, was a stack of magazines, with which she could do anything she wanted. Such safety valves (eg, independent, non-contingent access) allow using reinforcing and/or compelling activities and events to divert a person and interrupt a problem behaviour, perhaps even at a crisis level, as a reactive strategy, without producing a counter-therapeutic effect.

Perhaps a little more should be said here about such strategies for minimizing the potential for a counter therapeutic effect. Above, we suggested that one such strategy could be to provide independent, non-contingent access. A possibility could be raised that such non-contingent access could reduce the distracting qualities of the event as a reactive strategy. However, this approach suggests using a previously unused band within the satiation-deprivation continuum.

Most commonly, we use the satiation end of the continuum when we want to reduce the motivation to engage in the target behaviour to achieve a certain outcome, and we use the deprivation end of the continuum when we want the person to be motivated to meet the criterion established in a formal schedule of reinforcement. In the present approach, quite uniquely, we are suggesting that some mid-level between deprivation and satiation may be clinically useful as well, ie, enough satiation to prevent the counter-therapeutic effect but enough deprivation to cause its sudden presentation to divert the person from the current behaviour.

It may be of interest to note that we have not seen the counter-therapeutic effect, although we frequently use diversion as a common reactive strategy in our practice. On the other hand, the context for most of our work is one in which we have tried to ensure that the people we work with have a very good quality of life, with rich access to a variety of contingent and non-contingent reinforcement. In such situations, the person does not seem to be driven to acquire the specific reinforcing event or item we are using in the reactive strategy. The potential for producing a counter-therapeutic effect may be greater when there is very limited access to a variety of reinforcers and may be less when there is a high density of reinforcement in the person's life.

Strategic capitulation

Last, and perhaps most counter-intuitive of all reactive strategies, is what we call *strategic capitulation*. Many times we know what the message is. We know what the person is asking for. We know what the person wants. When you know what the person wants, it is obvious that the quickest way to get him to stop asking for it is to give it to him. Capitulation!

Let us give you a very dramatic example of this involving a man on whose behalf we provided some consultation (LaVigna, 1989). His behaviours were quite serious. His aggression was so severe that his staff were often out on sickness leave due to the injuries they had incurred. His self-injury was so severe because of his banging his head into the corners of walls and furniture; they were afraid he was going to be permanently blind, suffer severe neurological damage or possibly even kill himself. After a year of using a non-aversive approach, he was still considered to be an extreme risk to himself, so much so that the clinical supervisor thought contingent shock was necessary.

To make sure that they had their strategy right, they brought in an independent behavioural consultant with excellent credentials. After he did his assessment, he concluded the following that, in spite of the fact that "state of the art" non-aversive procedures had been used, this person remained a serious danger to himself and others. He suggested that not only were staff ethically justified in using contingent shock to treat this behaviour, they were ethically required to use contingent shock to treat this behaviour because this person has the right to effective treatment.

We were also asked to carry out an independent assessment. We concluded quite differently, and felt that his behaviour served a very obvious function. One of his precursor behaviours was to say "ba ba ba ba," along with a backward swaying motion of his hand as he turned away from you. We also asked the staff, "In your experience, is there anything you can do when he is hitting you or hurting himself that if you do it he stops?" Their answer was "Yes, when we walk away he stops." We concluded that the meaning of the behaviour was "Leave me alone!"

The clinical supervisor had told them not to walk away or back off when target behaviour occurred, since that would (negatively) reinforce the problem behaviour. In fact, outside of the context of a well-balanced multi-element support plan, counter-therapeutic effects (ie, the reinforcement and strengthening of the target behaviour) this might very well have been the result. However, in this case, we recommended that capitulation be used as a reactive strategy as a strategic element in a comprehensive multi-element plan. Along with the reactive use of capitulation we also recommended a variety of proactive environmental, positive programming, and focused support strategies, which among other things involved teaching him to tolerate performing non-preferred activities, teaching him to tolerate the presence of others, and teaching him to access the community. What we asked staff to do when he started hitting them or himself was to turn and walk away. The end result was that from that day forward, injuries stopped occurring. Staff were not longer hurt. He was no longer hurt. Furthermore,

beyond the dramatic reductions in the rate and severity of his self-injury and aggression, his quality of life was also greatly improved.

The following guidelines indicate how strategic capitulation can be used as a reactive strategy for target behaviour to avoid escalation to crisis levels and/or getting a crisis under rapid and safe control (Willis & LaVigna, in press). In these guidelines we also include some advice for using some of the other counter-intuitive strategies:

1. If you are going to use capitulation, the earlier you use it the better. Ideally, this would even be in response to precursor behaviour.

2. Whether the reinforcement that you have identified as operative is positive or negative, it should be made freely available to the person, simply for the asking.

3. Have a fully developed proactive plan which, among other things, is aimed at: a) improving the person's overall quality of life; b) giving the person more control over her or his life; c) teaching the person how to communicate; d) teaching the person how to cope; e) preventing negative side effects of reactive strategies; and f) reducing the need for any reactive strategies by using focused support strategies.

4. Design an adequate and accurate data system to measure effects on both target behaviour and relevant collateral behaviour.

5. Address social validity issues, including obtaining the collaboration and consent of the individual and all those who will be affected by the capitulation.

Conclusions

The toughest part of using counter-intuitive strategies to avoid and/or resolve crises is the social validity of those strategies. As effective as strategies such as these may be in establishing rapid and safe control in a crisis situation, getting people to accept them can sometimes be difficult. There may be many reasons for this resistance but we believe that one of them is that these strategies do not meet one of the needs that the use of punishment often meets so well. Whether punishment sufficiently changes the person's behaviour or not, the use of punishment meets our own emotional needs in many situations. Recognizing and dealing with this issue may end up being the biggest challenge in adopting a strictly non-aversive approach. Certainly, our experience tells us that counter-intuitive strategies such as we have described here can prevent behavioural crises or get them under rapid and safe control within a strictly non-aversive, multi-element approach. Physical management strategies inherently increase the risks of injury, both for the staff person and the client, and, in our opinion should only be considered as a last resort, after strategies, including the counterintuitive strategies described above, have been fully considered and explored.

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