HELPING SOMEONE ON THE "BORDERLINE": BEHAVIORAL STRATEGIES FOR BETTER OUTCOMES.

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OBJECTIVES

The participant will be able to describe:

1. The diagnostic criteria for intellectual functioning in the borderline range.

2. The criteria for eligibility for services from the Division of Developmental Disabilities and Medicaid Waiver funding.

3. Some common problems that occur for individuals described as having borderline intellectual functioning.

4. Some strategies based on behavior analysis to utilize when providing assistance, support, or services.

DIAGNOSTIC CRITERIA FOR DEVELOPMENTAL DISABILITY

- IQ of 70 or below
- Significant limitations in two key areas of functioning: intellectual functioning and adaptive behavior (conceptual skills, social skills, and practical life skills).
- Onset prior to age 18
- A thorough assessment process typically includes a comprehensive medical exam, a social and familial history, an educational history (if the child is of school age), and psychological testing to assess intellectual functioning and adaptive behavior.

A SUMMARY OF THE EXPECTED CRITERIA FOR THE DSM-5 ARE AS FOLLOWS:

1. Deficits in general mental abilities (intellectual functioning)

- reasoning, planning, abstract thinking, judgment, academic learning (ability to learn in school via traditional teaching methods) and experiential learning (the ability to learn through experience, trial and error, and observation).

2. Concurrent deficits or impairments in adaptive behavior in one or more aspects of daily life activities (i.e., the person's effectiveness in meeting the age appropriate standards of behavior, accounting for differences in cultural expectations).

- **Communication**: refers to the ability to convey information from one person to another. Expressive and receptive.
- **Social skills**: refers to the ability to interact effectively with others; understanding and complying with social rules, customs, and standards of public behavior and read unspoken cues such as body language.
- **Personal independence at home or in community settings**: refers to the ability to independently perform safely complete day-to-day tasks without guidance (cooking, cleaning, and laundry
- **School or work functioning**: refers to the ability to conform to the social standards for work or school settings, and includes the ability to learn new knowledge, skills, and abilities.

DIAGNOSTIC CRITERIA

- **Mild intellectual disability** includes about 85 % of people with intellectual disabilities. Their IQ scores range -50-75. People with this degree of impairment are mostly self-sufficient and in many cases, can live independently within their communities with a minimal level of additional supports.

- **Moderate intellectual disability** includes around 10 % of the individuals with intellectual disabilities. IQ scores range -35 and 55. People in this range have adequate communication skills. Many of these individuals function very well in group homes or may live independently within their communities as long as they are provided sufficient supports.

- **Severe intellectual disability** describes 3 - 4 % of this population. IQ scores -range of 20 to 40. Communication skills and self-help skills are very basic and many individuals in this category will require safety supervision and supportive assistance. Residence in supported housing is usually necessary.

- **Profound intellectual disability** about 1 - 2 % of those affected. IQ-under 25. Require around-the-clock care and support. Their communication skills are limited and they require assistance for self-care. People with profound intellectual disability usually have neurological disorders as well.

BORDERLINE INTELLECTUAL FUNCTIONING

- Do not ordinarily meet the diagnostic criteria for an intellectual disability, their cognitive functioning is however limited, creating problems for everyday functioning, judgment, and academic or occupational achievement

- This level of functioning was diagnosed as borderline intellectual functioning under the *DSM-IV-TR* criteria (APA, 2000). In DSM 5- IQ boundaries are no longer part of the classification, leaving the concept without a clear definition.

HOW MANY PEOPLE ARE AFFECTED BY BORDERLINE FUNCTIONING?

- Some estimates are that this group comprises about 7 -13% of the general population that falls into an area of delayed intellectual, emotional, and/or adaptive functioning

- Ferarri,M. (2009). Borderline Intellectual Functioning and the Intellectual Disability Construct, <u>Intellectual and Developmental Disabilities</u>, vol. <u>47(5)</u>, 386-389.

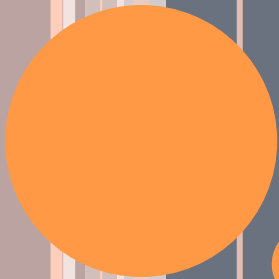# DIVISION OF DEVELOPMENTAL DISABILITIES ELIGIBILITY CRITERIA-

- A developmental disability is a disability which is attributable to mental retardation, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction, or any other mental or physical or mental impairment which occurs before age 22.
- likely to continue indefinitely
- and that results in a substantial functional limitation in two or more of the following six areas of major life activities: self care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self sufficiency and mobility.

- State plan services
- Medicaid Waiver services

MO HEALTHNET BEHAVIORAL HEALTH SERVICES

- Medically necessary mental health services for MO HealthNet eligible persons
- Services include but are not limited to:
  - Diagnostic assessment
  - Psychological testing
  - Individual Therapy
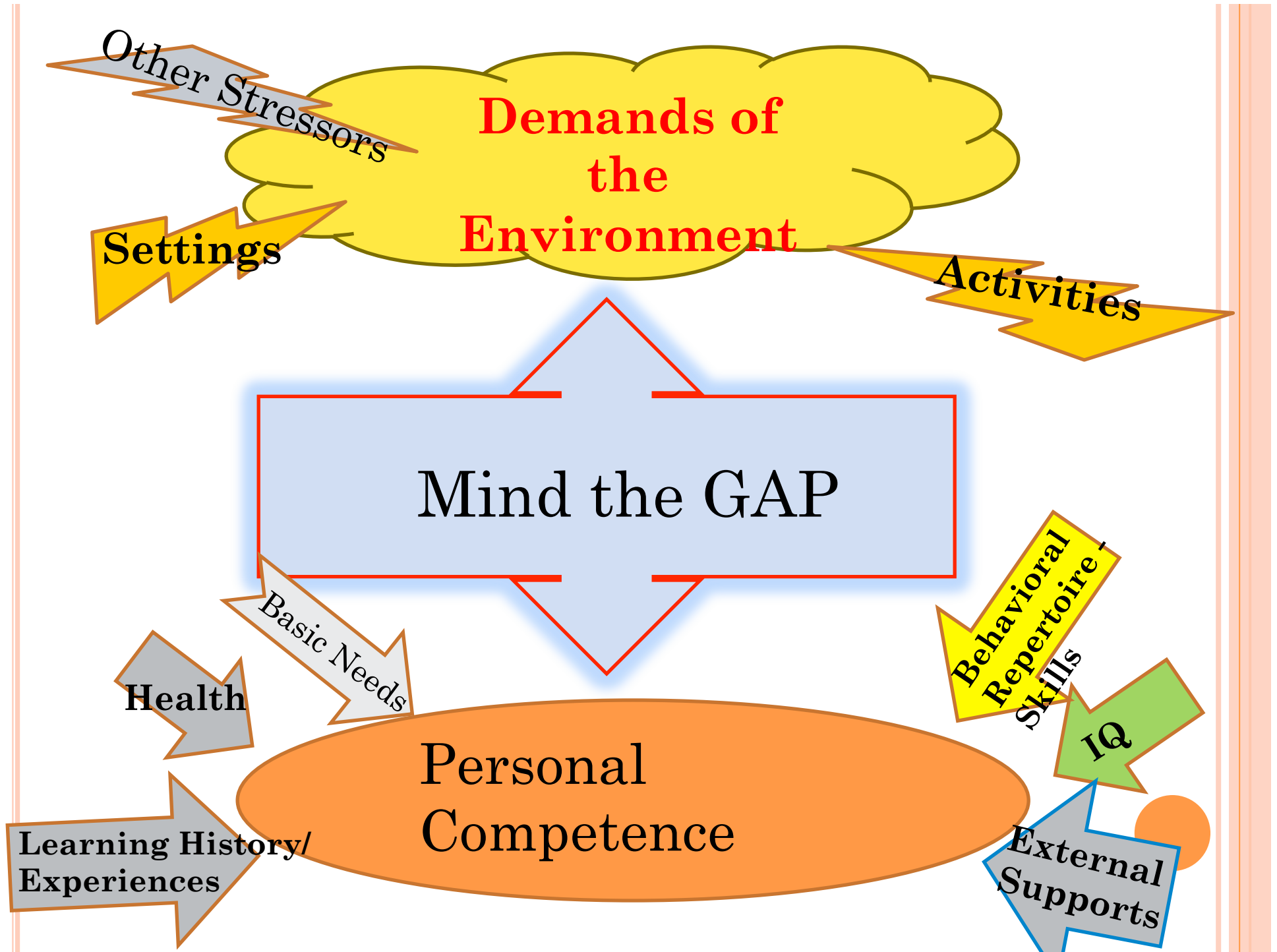 - Family Therapy
  - Group Therapy

COMMON PROBLEMS

The GAP:

Other Stressors

Demands of
the
Environment

Settings

Activities

Mind the GAP

Basic Needs

Health

Behavioral
Repertoire -
Skills

IQ

Learning History/
Experiences

Personal
Competence

External
Supports

DIFFICULT TO IDENTIFY THERE IS A PROBLEM

- People who meet the diagnostic criteria for borderline intellectual *functioning*, but not an intellectual *disability*, are disadvantaged, but function well enough to make it difficult to definitively determine there are deficits meriting legal protection, financial assistance, and social services.

DIFFICULT TO IDENTIFY THERE IS A PROBLEM

- Diagnosing borderline intellectual functioning is complicated, as the condition is subtle and difficult to detect.
- Also often accompanied by co-morbid disorders
- Often escapes detection until affected individuals reach school age, specifically when academic demands are placed on affected children.

FOR SCHOOL AGE PERSONS THERE ARE OFTEN PROBLEMS SUCH AS:

- poor academic performance,
- lack of attention to tasks,
- and behavioral problems, which may stem from frustration and emotional immaturity
- poor learning environment, lack of skill development and weak reinforcement history

PARENTING CHILDREN WITH BORDERLINE FUNCTIONING

Fenning, Baker, Baker & Crnic (2007)

- Compared families of typically functioning
- Families of kids who were intellectually delayed
- Families of kids who were borderline functioning

PARENTING STUDY SUMMARY OF FINDINGS

- For families with kids identified as borderline
- Not more behavior problems than other kids
- Parents less positive and less sensitive interactions
- Parents perceived more externalizing behaviors

PARENTING STUDY SUMMARY OF FINDINGS

- Parenting practices involving warmth and responsiveness, positive interactions linked with better child outcomes

- Low levels of warmth and positive interactions linked with increased negative outcomes, behavior problems

- Parental expression of angers, negative affect, linked to low empathetic responding, limited emotional understanding, maintenance of behavior problems, social difficulties

COMMON PROBLEMS (THE GAP)

- Social isolation
- Criminal justice involvement
- Higher medical complications
- Co occurring disorders
- Instability when faced with external pressures (e.g., separations, frustrations)
- Lack of motivation for change, learning
- 30–50% of children met criteria for a mental health disorder, compared with 8–18% of typically developing children and adolescents.

OUTCOMES- WHAT SHOULD WE WORK TOWARDS?

- Participation in therapy
- Participation in the life of their community, integrated community activities
- Improved interactions with family and friends
- Autonomy and independence – assertive self advocacy and decision making
- Improved health status and health practices
- Independence in daily living activities and mobility
- Employment-sustained, accepting directions & feedback, problem solving and adjusting tasks
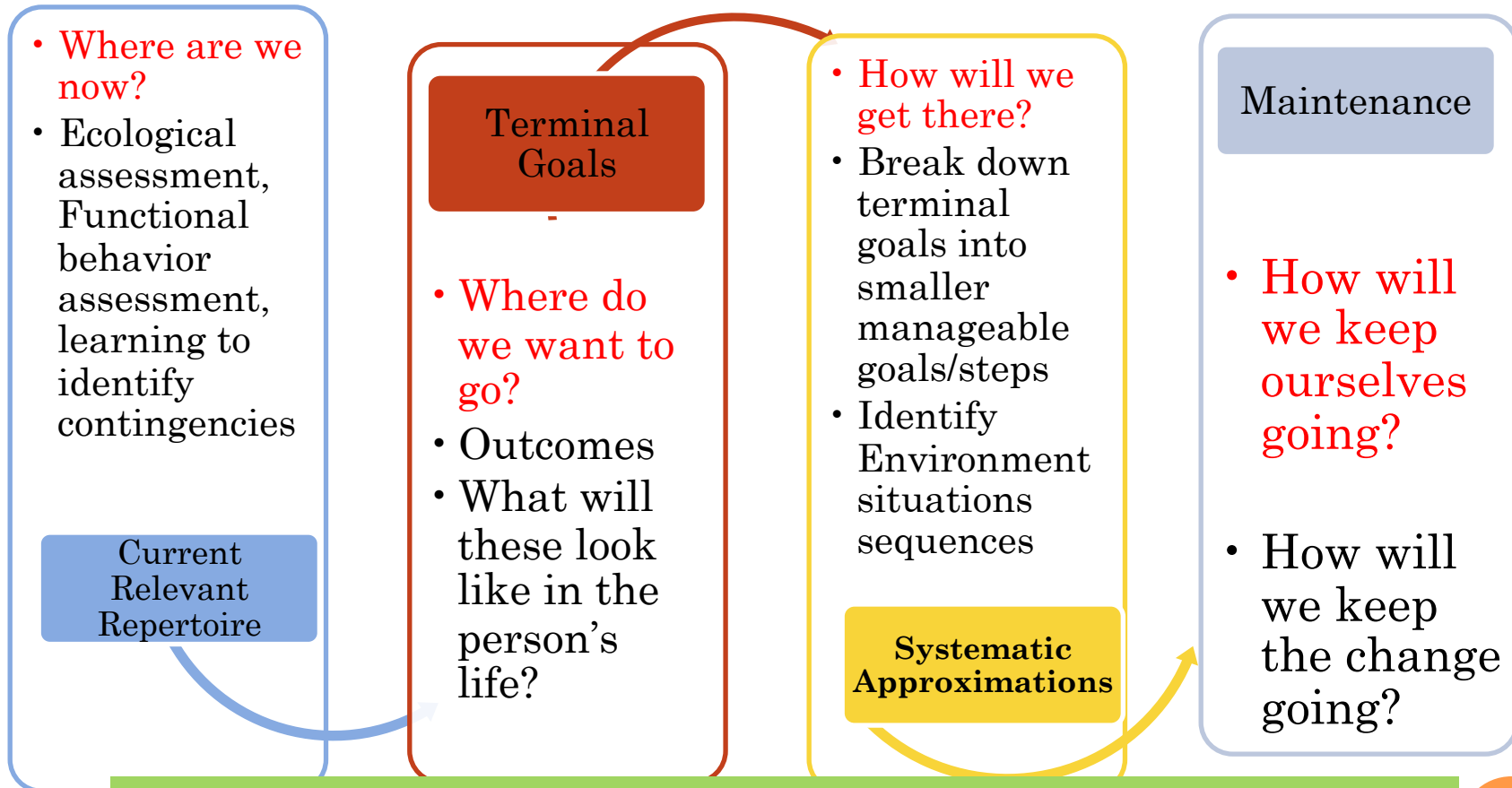- Personal competence- social and practical skills

HOW CAN WE GET OPTIMAL OUTCOMES?

- Environmental influences/ supports
- Develop skills to bridge the gap
- Using behavioral assessment and teaching methodology
- Teach supports to be supportive – positive, encouraging, patient, sensitive
- Goldiamond –constructional approach

CONSTRUCTIONAL APPROACH

- **Where are we now?**
- Ecological assessment, Functional behavior assessment, learning to identify contingencies

Current Relevant Repertoire

Terminal Goals

- **Where do we want to go?**
- Outcomes
- What will these look like in the person's life?

- **How will we get there?**
- Break down terminal goals into smaller manageable goals/steps
- Identify Environment situations sequences

Systematic Approximations

Maintenance

- **How will we keep ourselves going?**

- How will we keep the change going?

Build skills to meet goals instead of working to reduce problem behavior

BEHAVIORAL SKILLS TRAINING MODEL

Discuss: Concretely, what, why, when, how of skill

Model- correct and incorrect examples

**Practice** –in safe setting with systematically more natural situations

Prompt and coach- in real life situations with reinforcement

Until FLUENT

ASSESSMENT

- Not the typical "why"
- Look at contingencies – what is the behavior doing for the person, what do they get out of it?
- Identify what successful behaviors are: What do they do or others do in similar situations that are more desirable/healthy?
  - What do they get out of doing these healthy behaviors?
  - What skills/behaviors are missing or weak?
- What are the persons skills or strengths related to the problem areas and generally being successful in life?
- What behaviors will receive the same reinforcement as the problem behaviors?
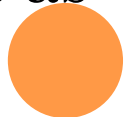
BUILD CONTINGENCIES

- Sometimes must be contrived
  - Reinforcement assessment
- Identify Natural
- Pair with "Natural"

- Reinforcement is not just M&Ms and praise
- Daily contract might be most effective

REINFORCEMENT

- Timing
- Variety
- Schedule
- Natural vs. Arranged or contrived
- Fading arranged/contrived

- Use these principles to consider what is currently sustaining the healthy and unhealthy action patterns AND
- To consider what can be used to help motivate and sustain change

ABOUT BEHAVIOR (ACTIONS)

- In "doing" terms instead of "not" doing

- NOT is NOT Behavior
- Beware of the hidden "nots"
  - Non compliant
  - Disrespectful
  - Impolite

CREATE A "DOMINO EFFECT"

- Look for Pivotal behaviors- lead to other behaviors occurring, generalized improvements
- Ex. Teaching someone to smile when seeing others often leads to smiles back, nods, greetings, and more social interaction
- Smiling is a pivotal behavior
- Necessary to prevent failure in common situations
- Necessary to succeed in common situations
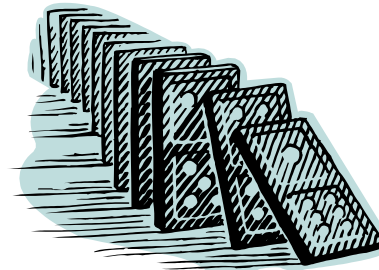
Selecting what skills or behaviors to build

- Specific actions not big ol' categories
- Related to the function of the problem behavior
- Start with necessary to prevent failure
- Add necessary to succeed in situation
- Related to the "desired goal for the individual"
  - 1year, 5 year, 10 year – life vision

EXERCISE

- Identify necessary to prevent failure skills
- Identify necessary to be successful skills

- Remember specific actions

SOME SUGGESTIONS FOR COUNSELING (TEACHING) FOR SUCCESS

- Present information in a concrete fashion – avoid metaphors, analogies, monologues , insight oriented
- Teach multiple examples for multiple situations-don't expect generalization
- Help to organize information and build framework for understanding
- Extra time for explaining, practice and coaching
- Arrange reinforcement to encourage motivation to follow through

- Shaw, S. (2010). Rescuing Students from the Slow Learner Trap

INCLUDE SUPPORT SYSTEM

Skills to teach them

- Frequent, daily -Sensitive, positive, empathetic interactions
- Pick your battles and Differential Reinforcement/attending to desirable rather than minor, non-damaging behavior
- Set Expectations – positive, clear, concrete, prioritize, mutual contract
- Avoid Coercion

COERCION (KO URS' SHEN) : A WAY WE "PUNISH"

- The use of "force" (verbal or physical) to create a worsening and to control or stop a behavior.

- Verbal coercion is a form of "put down" or "show of disrespect".

- Often informal, or reactions rather than planned responses.

10 Examples of Common Coercion

- **Questioning**-asking questions you don't want a real answer for, or that is meant to embarrass or make someone feel guilty or dumb

- **Arguing** – any back and forth interaction in which you are "right" and the other person is "wrong", It takes *Two* to argue.

- **Sarcasm/Teasing**- seemingly funny comments or interactions that belittle or make fun of someone with the intent of changing their behavior

- **Force (verbal and physical)-**using your superior position, strength against someone to make them do something

- **Threats-** may look like reminding someone about consequences of their behavior

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10 COMMON COERCIVES CONTINUED

- **Criticism-** negative, disapproving comments about someone's behavior or performance of a task
- **Despair (pleading, hopelessness)-** making statements that express your weakness, loss of hope, trying to use guilt to make someone change
- **Logic/lecturing-** repeating statements of why some behavior is good or bad for someone, reasons they should or should not do something, usually repeated many times when the undesirable behavior has occurred
- **Taking Away-**removing belongings, privileges, access to others or events to try to change undesirable behaviors
- **Talking about "bad" behavior when s/he is there-** maybe to try to change the behavior, or just because

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EFFECTS OF COERCION

People experiencing coercion will:

- **A**void you or the situation
- **G**et even with you in any way possible, and there are many!
- **E**scape the situation
- Learn coercive behavior
- Behave less confidently
- Receive attention for undesirable behavior

IT'S ALL ABOUT RELATIONSHIPS
STAY CLOSE

1. Nurturing
2. Accepting
3. Positive

4. More impactful and able to assist

WHAT IS JUNK BEHAVIOR?

❑ Behavior that does not cause harm/damage to self, others or property.

  ❑ It is annoying, VERY annoying.

  ❑ It happens a lot.

  ❑ Nobody likes it, but it works for the person.

EXAMPLES OF JUNK

- Mumbling, rolling eyes
- Name calling
- Not doing chores
- Slamming a door
- Whining
- Saying mean things to others
- Cursing
- Complaining
- Threatening
- Dropping to the floor
- Screaming in a restaurant
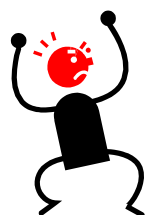
LET'S DISCUSS WHAT COMMON RESPONSES TO "JUNK" BEHAVIOR MIGHT BE:

- React by noticing
- React with coercion

HOW DOES JUNK BEHAVIOR "PAY OFF" FOR THE PERSON?

- ❑ To get the attention needed, and do not get as much attention any other way
- ❑ To get you to comfort them
- ❑ To get you to react
- ❑ To see you angry, shocked, hurt or afraid:
  - They get coercion motivated negative attention
- ❑ To get you to give in to them
- ❑ To make you go away (escape)
- ❑ To get you to do something for them
- ❑ It is what people do
- ❑ A delaying tactic (avoiding/escaping for awhile)

WHY NOT "*JUST* IGNORE IT ?"

- Problems with Ignoring the behavior
  - Can be coercive.
  - Can be a reinforcing reaction
  - Can cause a "behavior burst"
- Advantages of "Pivot"
  - Can increase desirable and Just OK behaviors of the person and others
  - While weakening undesirable behaviors
  - Can prevent a "behavior burst"

WHAT BEHAVIOR CAUSES DAMAGE TO SELF, OTHERS OR PROPERTY?

- SERIOUS behavior that will require intervention at the moment (to insure safety) and a proactive/teaching approach over time (to eliminate it).

WHAT KIND OF INTERVENTIONS ARE USED FOR SERIOUS BEHAVIORS?

- Immediate, short term interventions:
  - ## Stay Close – Hot
  - Crisis management
- Long term prevention and proactive interventions
  - ## Change the situation/ approach
  - ## Teach skills, reinforce desirable behaviors

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SET POSITIVE EXPECTATIONS

- It is a process that will create a fair <u>verbal "contract"</u> that is foolproof
- This "contract" will positively motivate and reinforce significant desirable behaviors.
- Both parties will thoroughly understand the expectations: what behavior will occur and what the person can earn
- This will facilitate the necessary component for success: a fair balance between the effort of expected behavior, and reinforcement value.

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THANK YOU