

An insight into addressing behavioural problems

Psychology, Behaviorism



Typically, in the field of behavioral studies, the objective of intervention has been to diminish a challenging behavior (i. e. aggression, property destruction, self-injury). Nonetheless, as research and practice in behavior analysis have matured to address the point of behavioural functions, there has been an analogous shift in the selection of target behaviors and interventions (Horner and Carr, 1997).

Within the last few years, investigators and practitioners applying competent supportive technologies within characteristic school and community settings have been established to identify and to teach socially covetous alternative behaviors such as communication, social skills, and choice-making (Koegel, Koegel, Harrower, and Carter, 1999). Accordingly, practitioners have increasingly identified significant outcomes of behavioural interventions to be not only declines in problem behavior but also rise in one or more substitute behaviors.

Therefore the measurement of multiple outcomes for a person with problem behaviors has started to reflect a more complex evaluation model (Carr, Levin, et al, 1999). In effect, I think that the role of the nurse is to help in drafting more proactive approaches in resolving problem behaviour. One possibility for the nurse is to consider the significance of a team based approach to this issue. The team must also be multidisciplinary, one which probably call for the involvement of a behavior specialist with expertise in the practical approach to behavior as a member of the team employed in addressing behavioral issues.

Intervention plans based on the practical behavior evaluation of target behaviors have a higher probability of positively influencing the individual's

behavior over the long term (Lalli, Browder, Mace, and Brown, 1993). The involvement of a cooperative team early in the procedure of assessing behavior and designing interventions will surely aid in enhanced intervention fidelity and promoted positive changes in patients' behaviour (Hieneman and Dunlap, 1999).

The nurse should also be involved across the phases of evaluation, intervention establishment, and succeeding program monitoring. Nurses may also be involved in formulating interventions that could be realistically executed (Lentz et al, 1996). I also think that the nurse must take on proactive approaches and techniques seek to decrease the possibility that undesirable behavior will be derived by analysing environmental contexts and the patients' behavioural repertoires (O'Brien and Repp, 1990).

The proactive factors of interventions must stress reliable communication, access to typical environments, and examination of demands. Generalisation of communication skills and alternative behaviors may be fortified during interactions with typical peers during participation in regular activities. Interactions and participation not only allow for opportunities to generalise prosocial behaviors but likewise serve as a encouraging incentive. In all these activities, nurses like myself may take on a critical role.

We must not be limited to providing physical care, but also take in careful consideration the other factors that may influence problematic behaviour, and take an active stance in trying to help the individual develop. In taking on a holistic stance, I can make a real difference. References Carr, E. G. , Levin, L. , McConnachie, G. , Carlson, J. I. , Kemp, D. C. , Smith, C. G. , et al.

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