NATIONAL SPORTS CENTER FOR THE DISABLED

Behavior Management

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Always Remember

Everyone Is Different — Even with the Same Diagnosis

- No two people experience a diagnosis the same way. Differences may include:
  - **Symptoms**
  - **Interests and motivators**
  - **Goals and aspirations**
- If you're unsure — **just ask.**
  - Ask about their diagnosis (if they're comfortable sharing)
  - Ask how it affects them
  - Ask what kind of support works best for them
- **Person-centered support starts with curiosity and respect.**

Approaching Different Disabilities

1

Use appropriate language avoiding colloquialisms

2

Avoid making generalized assumptions based on diagnosis

3

Know your audience and speak to that (participant, parent/ guardian, friend etc.)

Build a Relationship

- Safety, Fun, Learning
- **Therapeutic Rapport**
  Therapeutic rapport is built on shared understanding, empathy, and mutual respect. It creates a safe, supportive space where clients feel comfortable expressing themselves.
  - **Trust takes time** — be patient and consistent.
  - **Start each day strong** with a thoughtful plan and clear, respectful communication.
- Building rapport isn't a single moment—it's something you nurture every interaction

Person First Language

Puts the person **before** their disability and lets the person know you see them as more than their diagnosis.

Avoid generalizations and outdated language

- An autistic person
- They are retarded / handicap
- They suffers from _____
- They are low functioning
- They are wheelchair bound
- They are a healthy / normal person

Instead say

- They have autism
- They have a physical / cognitive disability
- They are diagnosis with _____
- They requires additional support
- They use a wheelchair
- A person without a disability

Working with People with Physical Diagnosis

- **Adapt, Don’t Just Assist**
  - Focus on **what you can adapt**, not what you can do for someone.
  - **Use participants’ strengths** as the foundation.
  - Observe their everyday **supports or devices**—adapt your equipment accordingly.
  - Always **offer the chance to try** before deciding what’s possible.
  - Be aware of **secondary diagnoses** and how they may affect behavior.
- **Adaptability, observation, and respect are key to meaningful participation.**

Working with People with Cognitive Diagnosis

- Use a **tone appropriate to the person's physical age** and **words suited to their cognitive level**.
- If someone is limited or non-verbal, **assume they understand**—speak *to* them, not *about* them.
- Be **patient**—processing times vary from person to person.
- When needed, **offer two clear options** to support understanding and choice.
- Do not infantilize. Definition of infantilize is to treat them in a way that denies their maturity or experience

The Integrated Experience

- Behavior influences behavior
- Instructors and participants are a team
  - Work together to set goals and plan
- Stay calm, patient, and have fun!
  - Do not take peoples behavior personally
  - Stay consistent
  - Breathing techniques
  - Take your time

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What Behaviors Do We See

& how can we manage them

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Behavior is a Form of Communication

- Watch your participants body language and facial expression
- External behavior is a result of internal feeling
- Challenging behavior is the communication style of a person in increasing distress

Three Forms of Communication



Verbal – words you use



Paraverbal – how you say what you say (tone, volume, rhythm of speech)



Nonverbal – includes personal space, body language, communication through touch, listening with empathy



THE FOUR FUNCTIONS OF BEHAVIOR

Pull up a **SEAT** to learn about the four functions of behavior.

S Sensory

Behaviors that function to obtain sensory stimulation occur because they feel good, relieve stress, or meet some sensory need that an individual has.

E Escape

Behaviors that function to help us escape, delay, or avoid an undesirable thing from occurring in the environment.

A Attention

Behaviors that occur because of the social response or attention provided by others.

T Tangible

Behaviors that function to obtain access to preferred item or activity

Life Skills ADVOCATE

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Considerations

- Behaviors can also come from past experiences
- ACEs
  - Adverse Childhood Experiences
  - Adverse Community Experiences

Crisis Development

Behavior Levels		Staff Approach
1. Anxiety	→	1. Supportive
2. Defensive	→	2. Directive
3. Risk Behavior	→	3. Safety Interventions
4. Tension Reduction	→	4. Therapeutic Rapport

Anxiety



Change in behavior



Examples: eye/hand movement, questioning, increase or decrease in talking

Be Supportive

Validate and reassure

Answer Questions

Listening With Empathy

- Remain nonjudgemental
- Give your undivided attention
- Listen to facts and feelings
- Allow time for silence and reflection
- Paraphrase for understanding

Defensive

- Protecting self from real or perceived challenge
- Loss of rationality
- Could be refusal, shouting, questioning

First	Do not power struggle
Make	if then or when then statements
Give	two choices

Defensive Level

Verbal Escalation Continuum

1. Questioning

A. Information Seeking

Staff: Provide information

B. Challenging

Staff: Redirect and refocus

2. Refusal

Non-compliance, slight loss of rationality

Staff: Set limits:

-Simple

-Reasonable

-Enforceable.

3. Release

Acting out, emotional outburst, venting (Verbal)

Staff: Allow venting, remove the audience or acting out individual from the area.

4. Intimidation

Verbal or Nonverbal threats.

Staff:

-Documentation

-Team Approach

-Isolation

5. Tension Reduction

Drop in Energy-Regaining rationality

Staff: Processing the Situation, setting up prevention and Teaching



7 Principals of Verbal Intervention

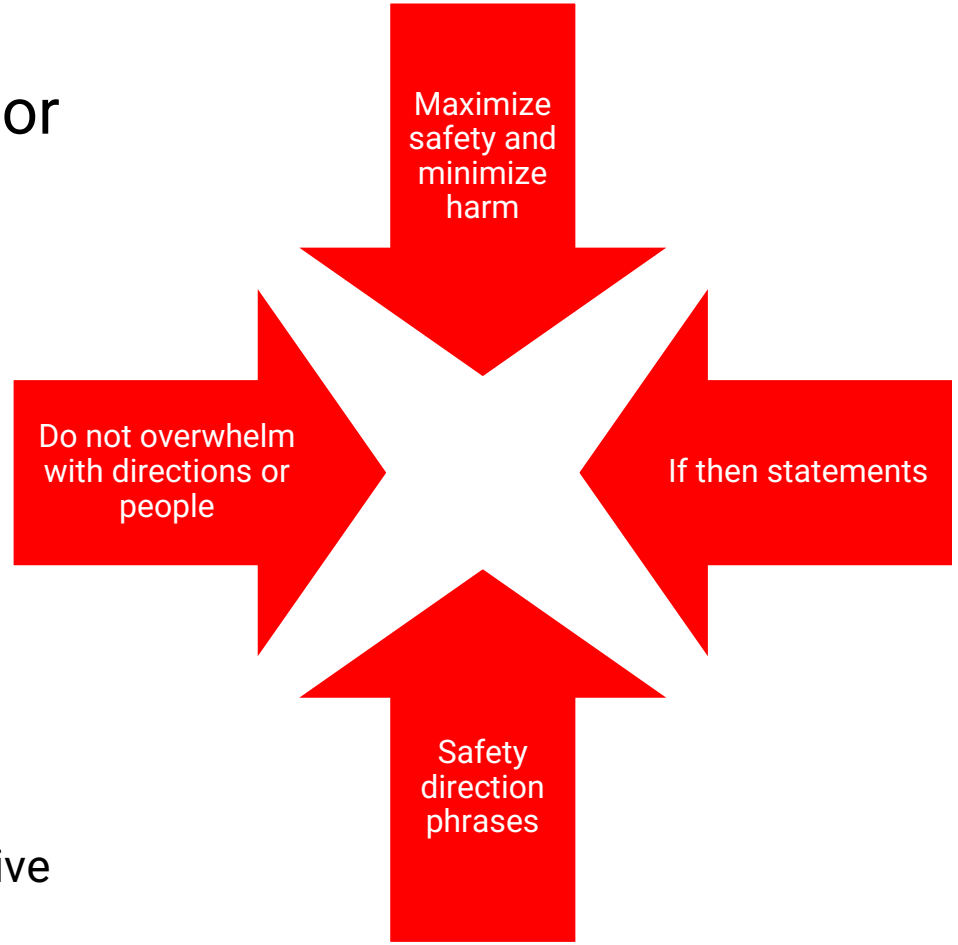
1	2	3	4	5	6	7
Be Calm	Remove Bystanders	Watch Body Language	Keep It Simple	Use Reflective Questioning	Use Silence	Watch Paraverbal Communication

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Risk Behavior

- Behavior that puts self or others at risk
- Fleeing, hitting, threatening
- Hopefully avoid these and go to tension reduction



We always want to take preventative measures to avoid risk behaviors including early recognition of behaviors

Risk Behaviors Continued

- IF a situation becomes unsafe
  - Remove Items
  - Remove Participant if possible
  - Remove bystanders
  - Ask / Call for help
  - DO NOT engage unless necessary

Tension Reduction

- Decreased physical and emotional energy
- Calm after the outburst
- Therapeutic rapport
- Re-establish the relationship

Do not have to get to risk behavior to get to tension reduction

Approaching a Behavior

- C – Check yourself
- A – Assign words to situation
- T – Talk about feelings behind behavior
- C – Connect feelings to source
- H – Help create action plan

Crisis Prevention

BE	EMPATHIC
CLARIFY	MESSAGES
RESPECT	PERSONAL SPACE
BE	AWARE OF YOUR BODY POSITION.
IGNORE	CHALLENGING QUESTIONS
PERMIT	VERBAL VENTING WHEN POSSIBLE
SET	AND ENFORCE REASONABLE LIMITS
AVOID	OVERREACTING
KEEP	YOUR NONVERBAL CUES NONTHREATENING
USE	PHYSICAL TECHNIQUES ONLY AS A LAST RESORT

Be proactive

- Plan with the participant
  - Review participant information
  - Inform them of what to expect
  - Ensure their voice is heard in the planning process
- Clear and open communication
- Actively listen to concerns
  - Empathetic and non-judgmental
  - Do not invalidate feelings
- Be consistent
- Call for help

Supportive Behavior Strategies

- Give **clear, consistent directions**
- **Avoid power struggles**—stay calm and neutral
- Encourage **movement and engagement**
- Offer **2 acceptable choices**
- Take **breaks** as needed
- Provide **specific, constructive feedback**

Supportive Behavior Strategies

- **Reinforce positive behavior** instead of punishing unwanted behavior
- Allow for **processing time**
- **Check for understanding** by asking: *“What did you hear me say?”* instead of *“Do you understand?”*

Grounding Techniques

- **5-4-3-2-1 Method**:
  - 5 things you can see
  - 4 things you can touch
  - 3 things you can hear
  - 2 things you can smell
  - 1 thing you can taste
- **Hold a cold object** (like snowball) to engage the senses
- **Describe your environment** in detail
- **Use movement** – stretch, walk, or change positions

Breathing Techniques

1. **Box Breathing**: Inhale 4 sec → Hold 4 sec → Exhale 4 sec → Hold 4 sec
2. **4-7-8 Breathing**: Inhale 4 sec → Hold 7 sec → Exhale 8 sec
3. **Belly Breathing**: Focus on expanding your abdomen, not your chest
4. **Smell the Flower / Blow out the Candle**: A simple visual for younger participants
5. **Buzzing Bee Breath**: Inhale deeply, then exhale while humming

In Case of an Emergency

- Call NSCD
- Make the environment safe
- Keep yourself safe
- Limit verbal communication
- **NSCD is non-restrictive**
  - We cannot control the person, but we can control the environment
  - There will be someone at the program trained in restrictive holds

Debriefing

- **What:**
  A reflective process analyzing all aspects of an event afterward to learn and improve.
- **Who:**
  The instructor, participant, and parents/caregivers should debrief after every program; regardless of behavior occurring
- **Where:**
  In a safe, private space away from the public.
- **When:**
  After all immediate needs have been addressed.
- **Why:**
  - To support learning and personal growth
  - To reduce anxiety about future programs
  - To plan for upcoming lessons
  - To help transfer skills to other areas of life

PARTICIPATE. VOLUNTEER. DONATE.

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Thank you!!

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