

TREE OF LIFE

SUPPORTED / TRANSITIONAL REHABILITATION SERVICES

Therapist NeuroBehavioral Competence Rating Scale

Behavioral Dimension	High Competence	Good Competence	Adequate Competence	Deficient Competence	Incompetence
Flexibility in Problem Solving	Challenged (versus intimidated) by all problems & usually able to find effective ways to accomplish reasonable goals	Challenged by all problems; seeks assistance from others to find effective solutions to obstacles & interventions to facilitate goal attainment	Seeks assistance from team members and demonstrates consistent improvement in areas of weakness	Requires frequent feedback with little improvement, little benefit from feedback & little change in flexibility of approach	Poor understanding/ empathy for patient needs /motivations; intolerant of deviations from therapist way (or easy, expected, planned, convenient, "I told you" way)
Emotional/ Behavioral Control	Always under-reacts & demonstrates self-control of emotions & behavior at all times. Never Personalizes...	Usually under-reacts to stress; can quickly retreat & regains control without losing control in crises	Under-reacts on most occasions...quickly retreats and regroups after infrequent, very brief dyscontrol	Shows emotions that interfere with clinical effectiveness; requires frequent feedback with little improvement	Frequently overreacts; demonstrates excesses of anger, excitement, etc. , in front of staff & clients &/or family members
Behavioral Reinforcement Skills	Understand behaviors, shapes successive approximations and consistently employs effective behavior management skills to produce reasonable progress	Typically relies on positive reinforcement & shaping to guide client behavior, usually understands client behavior and always makes effort	Usually: understands; relies on positive reinforcement and shaping; makes effort to understand effective reinforcement methods ...confers with team members as needed	Is frequently condescending or uses backhanded remarks . (it's about time...why didn't you do before"); too frequently employs negative reinforcement & punishment	Seldom uses effective behavioral skills - e.g. impatiently tells Client /Family What to Do, without understanding or shaping & gets angry, punishes & blames them for failures
Adaptive Expectancies	Always sets & adjusts reasonable, flexible client expectancies based on objective eval of strengths & weaknesses	Maintains adaptive expectancies that are usually flexibly adjusted and consistent with patient strengths, weaknesses & stresses	Confers with team members to help develop reasonable client expectancies	Typically requires feedback...usually slow and weak in adjusting expectancies to client strengths, weaknesses	Sets rigid expectancies without understanding client skills, weaknesses & stresses; doesn't adjust expectancies & ruins therapy relationships
Judgment & Decision Making	Exemplary awareness of impact of judgment & behaviors; never acts without foresight and planning	Good awareness of impact; typically acts with foresight and planning & very responsive to feedback	Confers with others & demonstrates increasingly effective judgment & decision making	Requires feedback for increased awareness and to control judgments & behaviors	"Badmouths" or complains about staff or clients or personal problems or frustrations in public
Commitment to New Skills Development	Always seeks out opportunities for new learning & increasing and refining skills	Usually initiates skills growth & learning efforts; always follows through on feedback & suggestions of others	Always makes serious efforts to improve skills and follow through / benefit from feedback, suggestions	Requires frequent feedback & prompting; resists changing old, familiar methods (from other settings/models)	Defensive, resistant...complaining, blaming & indifferent...fails to develop more effective skills
Appreciation for the "Big Picture"	Consistently discriminates important versus peripheral issues and always prioritizes, adjusts & intervenes based on client needs	Shows good discrimination and quick understanding with <i>as needed</i> information, seeking, clarification & feedback	Confers with team members to produce consistent improvements in understanding	Requires frequent feedback and shows slow acquisition of knowledge & skills	Lets pursuit of details and "little tasks" derail efforts toward primary areas of importance to client development/ progress
Therapeutic Attitude	Always reflects a goal focused & empathic attitude toward clients, families, staff & duties; interprets behavior in terms of the need for improved coping skills	Interprets maladaptive behavior objectively, in terms of client's ineffective coping and interpersonal skills & always attempts to be objective & therapeutic	Seeks and utilizes information and constructive feedback; demonstrates success in adopting more therapeutic attitudes in weak areas	Requires frequent feedback re: blaming client & interpreting behaviors in terms of personal effect & reactions; shows little attitude change	Complains, gossips, resents, resists, blames & models negative attitudes (resentment, helplessness, burden, etc.) to client/ families and/or staff
Personal & Job Related Stress Coping Skills	Consistently models adaptive, effortful coping skills/ strategies that are emulated by other staff, clients, families..	Typically models adaptive, effortful coping skills/strategies that are often emulated by other staff, clients, families, etc.	Generally able, w/o too much delay, to ID own "wants", evaluate for reasonableness, & negotiate for adequate outcome	Requires frequent feedback & shows little or slow improvement in personal stress management & coping skills	Consistently mismanages personal frustrations; blames, feel helpless and/ or disinterested; models poor general stress & problem-solving skills

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Therapist NeuroBehavioral Competence Scale (Self-Rating Form)

INSTRUCTIONS: Please Rate Yourself Using the Following adapted Behavioral Competence Rating Scale. Attached is the Complete Behavioral Competence Rating Scale, including reference descriptors for each category. When you are finished, please complete the scoring by adding the total # of points (from 1 to 5 for each of nine [9] Behavioral Dimensions) and then computing an average (i.e., total # of points/ 9)

Behavioral Dimension	High Competence	Good Competence	Adequate Competence	Deficient Competence	Incompetence
Flexibility in Problem Solving	5	4	3	2	1
Emotional/ Behavioral Control	5	4	3	2	1
Behavioral Reinforcement Skills	5	4	3	2	1
Adaptive Expectancies	5	4	3	2	1
Judgment & Decision Making	5	4	3	2	1
Commitment to New Skills Development	5	4	3	2	1
Appreciation for the "Big Picture"	5	4	3	2	1
Therapeutic Attitude	5	4	3	2	1
Personal & Job Related Stress Coping Skills	5	4	3	2	1

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Total # Points: _____

Average Score: _____

(Total/9)

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Therapist NeuroBehavioral Competence Rating Scale (Supervisor Form)

INSTRUCTIONS: Please Rate _____ Using the Following adapted Behavioral Competence Rating Scale. Attached is the Complete Behavioral Competence Rating Scale, including reference descriptors for each category. When you are finished, please complete the scoring by adding the total # of points (from 1 to 5 for each of nine [9] Behavioral Dimensions) and then computing an average (i.e., total # of points/ 9)

Behavioral Dimension	High Competence	Good Competence	Adequate Competence	Deficient Competence	Incompetence
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Adaptive Expectancies	5	4	3	2	1
Judgment & Decision Making	5	4	3	2	1
Commitment to New Skills Development	5	4	3	2	1
Appreciation for the "Big Picture"	5	4	3	2	1
Therapeutic Attitude	5	4	3	2	1
Personal & Job Related Stress Coping Skills	5	4	3	2	1

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Total # Points: _____
 Average Score: _____
 (Total/9)

Tree Of Life Services, Inc.
Neurobehavioral Competencies (Draft)

Competency	How Assessed	Date	Comment	Follow Up
Understand and Apply: BEHAVIOR IS COMMUNICATION				
Understand and consistently utilize Habit Retraining Model				
Avoid pejorative labels; Reframe to desired behavior				
Utilizes redirection and distraction to de-escalate				
Consistently follow behavioral protocols				
Understands / utilizes ABC's of Behavior				
MODEL calm, controlled, respectful behavior (UNDER-REACT)				
Avoid argument, criticism, disrespect, displays of frustration				
Utilize "Mirroring" Technique (and others) to model and teach self control strategies				
Keep explanations clear and simple				
Utilize strategies (e.g., "4 E's") to improve communication				
Utilize relaxation techniques as directed				
Understand, apply, and encourage "5 Commandments"				
Minimize episodic dyscontrol by controlling "Triggers"				
Recognize signs of agitation & make environmental changes as indicated (UNDER-REACT)				
Understand and apply Neuro-behavioral Competence Scale (NSC)				

Habit Retraining Model: Promoting Rehabilitation Through Progressive Goal Achievement

By Mike Martelli, Ph.D.

Although the brain cells present when original learning takes place, and the stored knowledge that sustains important learned habits, can be erased by injury or illness, the ability to re-learn is seldom destroyed. Importantly, human beings are the greatest learning organisms ever to roam the earth. While animals are controlled by instincts, human behavior is driven by complex learning and the establishing of very complex habits. From the time of birth, almost everything that humans do is learned. Everyday functioning becomes increasingly sophisticated through the construction of a complex sequence of complex habits which are built on top of more basic habits. The complex behaviors that make up the average humans everyday behaviors are performed efficiently and automatically because of a hierarchy of habits.

Through converting repeated behaviors into habits, complex behaviors are performed automatically, freeing up concentration, energy and effort for other tasks. However, some of even the most basic habits are weakened or erased, everyday abilities and routines can be seriously disrupted and efficiency lost. What was once automatic and effortless can require the same effort it took before efficient ways of performing any of the components of daily activities were learned. Fortunately, even if very basic and important learned habits are erased, newly learned habits can be developed as replacements.

Importantly, we know what is required for both learning and relearning. Further, we are discovering that the most important variables relating to how much can be relearned, and how many habits can be replaced, are, in fact, our attitudes and expectancies. These attitudes can promote and guide re-establishment of new habits or thwart them.

If we think we can't learn, if we think only the old learning/ way of knowing how to do things are sufficient, or if we think that only children can or should learn, then we will undermine relearning. Many attitudes can undermine relearning and these represent rehabilitation poisons.

The essential ingredients for learning / relearning can be summarized as the **3 P's**: (1) **P**lan; (2) **P**ractice; (3) **P**romoting attitude.

- The (1) **P**lan is a strategy or design for stepwise progress toward a desired outcome. Most plans are based on task analyses, or breaking seemingly complex tasks down into simple component steps, and proceeding in a list wise fashion. Clearly, the more specific, concrete, and obvious, the more likely the plan will work.
- (2) **P**ractice, or repetition is the cement for learning which makes complex and cumbersome and boring tasks more automatic and effortless. With practice and repetition, even complex tasks become automatic and habitual. That is, a habit, or automatic robots, performs the tasks for us without special effort, energy, concentration, memory, and so on.
- (3) A **P**romoting or facilitative attitude provides the motivation that fuels persistence and mobilization of energy necessary for accomplishment of a progressive series of desirable but challenging goals.

Importantly, the greatest obstacle to learning or relearning is the

redirection of energy away from goal directed activity and toward debilitating activity. Some of the most potent relearning or rehabilitation debilitating attitudes, or poisons, are depression, anger and resentment, feelings of victimization, fear, and inertia. These take our energy away from relearning and put it somewhere else. Relearning is challenging, but can become impossible in the presence of significant internal obstacles.

In an attempt to summarize the adaptive, facultative, or rehabilitation promoting attitudes characterized by rehabilitation patients who have accomplished remarkable progress despite insurmountable odds, the "Five Commandments of Rehabilitation" has been devised. These commandments serve as a prescription for rehabilitation achievement.

Notably, the envisioning of a progressively more desirable future is the guiding principle, or magnet, that pulls persons to their goals. To the extent that one focuses on the vision of a desirable future, breaks progress down into small, progressive steps, and develops facilitative habits, incremental movement toward desired goals can be expected. Importantly, patterns of interpreting events, and expectancies about how things will turn out, represent predictions of the future. Habitual patterns of expecting failure or dissatisfaction, or mistreatment, and habitual patterns of becoming depressed, or angry, or fearful, etc., are debilitating habits that help drag persons toward failure. In contrast, the single best remedy, or antidote, is a graduated successes, self-esteem habit. This facilitative habit is broken down and presented in the Commandments of Rehabilitation. Making accurate comparisons, learning new ways to do old things, building one self up and employing positive self-coaching, and viewing rehabilitation as a series of small steps each requiring celebration, are some of the important prescriptions offered by "the commandments". The antidotes included in the "Five Commandments of Rehabilitation" are the medicines that interrupt the rehabilitation poison cycles. Energy will multiply in a cyclical fashion. If it proceeds in a negative direction, more and more energy will be *robbed from the healing reserve*, wasted in poisonous attitudes and made unavailable for relearning and accomplishment. For example, a depression habit in response to physical losses can reduce activity and hence relearning, which will lead to more depression by depletion of brain chemicals that protect mood, and, in turn, lead to poorer progress and more reason to be depressed.

Antidotes like the "Five Commandments", a positive vision of a gradually improved future, and planning and practicing compensatory behavioral self-control strategies serve to protect the healing reserve by inoculating persons against depression, anger, and destructive emotion. This ensures that energy and motivation will be available so that desired goals can persistently pursued, with each step of progress adding new energy, hope and effort for the next step. With the addition of task analyses and scheduling that help promote routines, energy is turned toward protecting your healing reserve, taking your antidotes, and letting your goals pull you toward a more desirable future. Remember, anything that is consistently repeated will become a habit. Therefore, promote the attitude and activity routines will produce facilitative habits that turn your energy toward protecting your attitudes, taking your antidotes, and letting your healing reserve pull you like a magnet toward your goals.