Learn to Leverage Buffers and Solve Barriers

Toward better health after adverse experiences for clients, caregivers, staff, and ourselves



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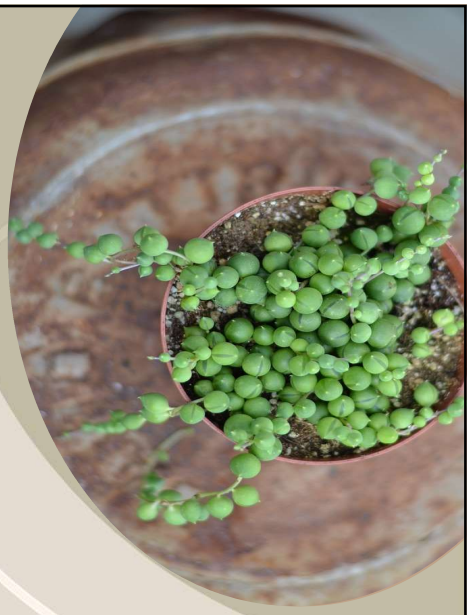
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abstract

Between 1990 and 2018, regions spent between 2.67% (Europe) and 3.6% (North America) of their GDP to treat harmful behavioral, medical and other effects of significant adverse experience (Bellis et al., 2019). While dose-dependent exposure to adverse childhood experiences harms long-term medical health (e.g., Anda et al., 2006; Anda et al., 2008; Dong et al., 2004; Felitti & Anda, 2010), six specific buffers (nurturing relationships; nutrition; physical activity; sleep; mental health; and reducing stress) protect against these harmful health impacts (Purewal et al., 2016). However, barriers related to access, information, resources, or behavioral needs prevent many from experiencing the benefits. This talk describes an approach in which each buffer area is addressed in the context of its overlap with behavior analytic practice. The aim is to inspire and empower individuals to use several specific actions.



primary objectives

objectives

Objective 1 List 6 buffer areas that may mitigate the harm from adverse experiences.

Objective 2 Name one example of how the "behavioral buffer" can be used in a behavior plan for someone experiencing adverse conditioning or childhood experiences.

Objective 3 Describe a tool for helping clients and caregivers to examine and buffers and solve barriers.

Tiny exercise 1

Timing: 30 seconds

Channels: Think / write

Aim: 6 in 30 seconds

At "go", write all the buffers.

How many words did you write?
Are you confident that you named all 6?

Tiny exercise 2.

Timing: 30 seconds

Channels: Think / write

Aim: In under 30 seconds, write a phrase that accurately describes the "behavioral buffer".

Take general note of your outcome.

Jule's story

A clinic is strongly considering kicking out a parent from their services. Jule is short with all the staff. She never returns calls and forgets appointments; she ignores instructions and doesn't take care of herself. Her child is neurodivergent and seems brilliant but is using more and more aggression to others and worse, the parent seems be verbally aggressive with her child. From what the RBT can tell, maybe they don't have a great home life.

The parent looks disheveled when people enter her home although it's been scheduled for weeks. Jule is sleeping or lying down with a crying baby on the couch, looking angry or depressed, snapping at her toddler for every little thing. The older kid is obviously trying hard and everyone is crying within a few minutes.

Layer 1: Concerns from a young RBT perspective

Jule's story

- Should we kick her out of services?
- Should we report her to CPS?
- Maybe we should have a "come to Jesus" meeting with her about contingencies.

- Maybe there should be deadlines for her to pay the clinic bill, improve her attendance at parent trainings, implement the behavior plan in the home, use supportive language with her daughter, communicate more appropriately with staff, etc.

What do YOU think we should do about Jule?



Layer 2: Clinic Concerns

Tiny exercise 3.

Timing: 1 minute

Channels: Think / say

Aim: For one minute, think out loud about what you do for parents like Jule. What's your gut/ first response as a clinic supervisor?

Pair up. After you go, switch and listen to your partner. Do you basically agree?

Jule's story

(Asks about support and relationships)



Layer 3: Compassionate Curiosity

Jule's story

New moms should have meals delivered- maybe someone to watch the baby now and then… How long has it been since you had anyone come help you? Have you spent any alone time with your daughter since the new baby came? Do your parents help at all?



Layer 3: Compassionate Questions

Jule's story

New moms should have meals delivered- maybe someone to watch the baby now and then… How long has it been since you had anyone come help you? Have you spent any alone time with your daughter since the new baby came? Do your parents help at all?

(Sobs) no help… own parents are elderly, dementia… no friends… moved during COVID



Layer 3: Compassionate Questions

Jule's story

(Asks about sleep)



Layer 3: Compassionate Questions

Jule's story

Sleep is nonexistent, for both Jule and the baby… baby can't won't sleep. Have to lie on his floor all night. Back always hurts. Hurts to pick him up so I put him on a blanket next to me and roll over and feed him about 8-10 times a night.



Layer 3: Compassionate Questions

Jule's story

How long has it been since you ate a healthy meal?



Layer 3: Compassionate Questions

Jule's story

It's as much as I can do to feed the kids… they both have different intolerances so I have to make a lot of food myself, and try to eat carefully so the baby doesn't get sick from what I eat, but I end up just crashing on the couch and sleeping if I have a long enough break to cook for ME



Layer 3: Compassionate Questions

Jule's story

I don't want to be insensitive, I can see you're really struggling, but is there time for any self-care with all of that?



Layer 3: Compassionate Questions

Jule's story

(Laughs sarcastically)

Yeah. Sometimes my husband says he'll watch them and I'll start to take a bath or lay down, but then the baby's screaming and the older kid is crying and I come down early and then we're all grumpy and go to bed and do it all again that night. Up 10 more times, then it's morning and I haven't slept more than a 20 minute stretch at a time.



Layer 3: Compassionate Questions

Jule's story

Ok. You're going through something really, really hard. I'm sorry.

I actually struggled a lot myself with my baby's sleep even though I'm a BCBA too. If it's ok I'm leaving a number for a sleep specialist. She might be able to help.



Layer 4: Making a connection

Jule's answers



sleep

Sleep consultation results in a plan that works to get Jule's baby sleeping in his own bed through the night (after 1 week, he wakes twice instead of 10 times to nurse, and Jule now uses a chair and returns to bed and falls asleep herself)

exercise

Sleep consultant says "how are you doing otherwise?" and Jule describes her pain. The consultant realizes it's common with certain deliveries and recommends a PT consult for mom. This leads to exercises that relieve the pain and makes it possible for mom to add activities with her daughter, and experience lifting her baby without pain.



mental health

PT (a pelvic floor therapist) is fluent with issues that plague parents after delivery and says, "have you ever talked to a therapist about your experiences post-partum?" She provides a referral for an online MH appointment by someone who specializes in postpartum issues.



Et al…

Having someone to talk to helps Jule make a plan, and as she sleeps more and experiences less pain, she takes her daughter to farmer's markets where they develop mutual interests in healthy local foods and cooking together. As they cook together they really enjoy their time, and start doing other things, like music and painting together while baby naps. Mom picks up ACT exercises for herself and teaches some to her daughter as well.



The Buffers Story

meet the buffers



RELATIONSHIP



NUTRITION

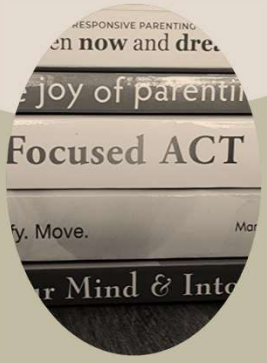


EXERCISE

meet the buffers



SLEEP



MENTAL HEALTH



STRESS RELIEF

meet the buffers

Practice and priming:
Read them left to right with me.
Let's do that 3 times in a row.



RELATIONSHIP



SLEEP



NUTRITION



MENTAL HEALTH



EXERCISE



STRESS RELIEF



Tiny exercise 4.

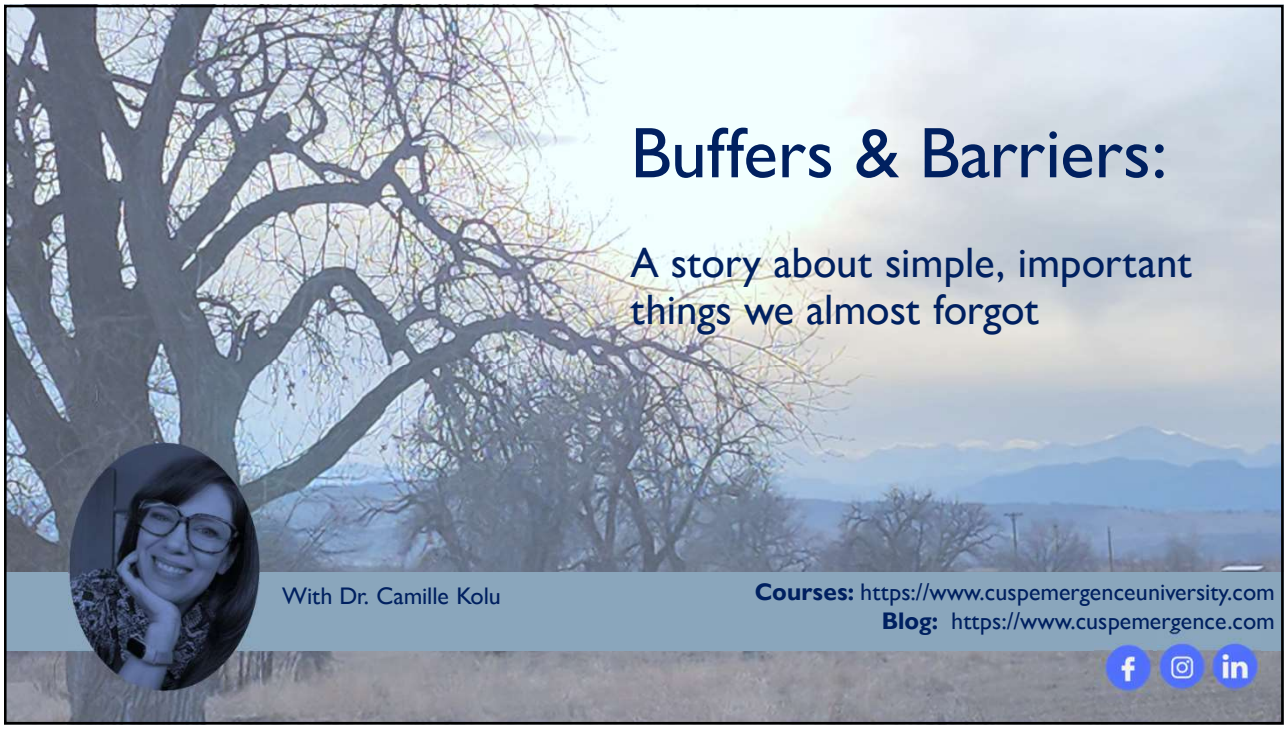
Timing: 30 seconds

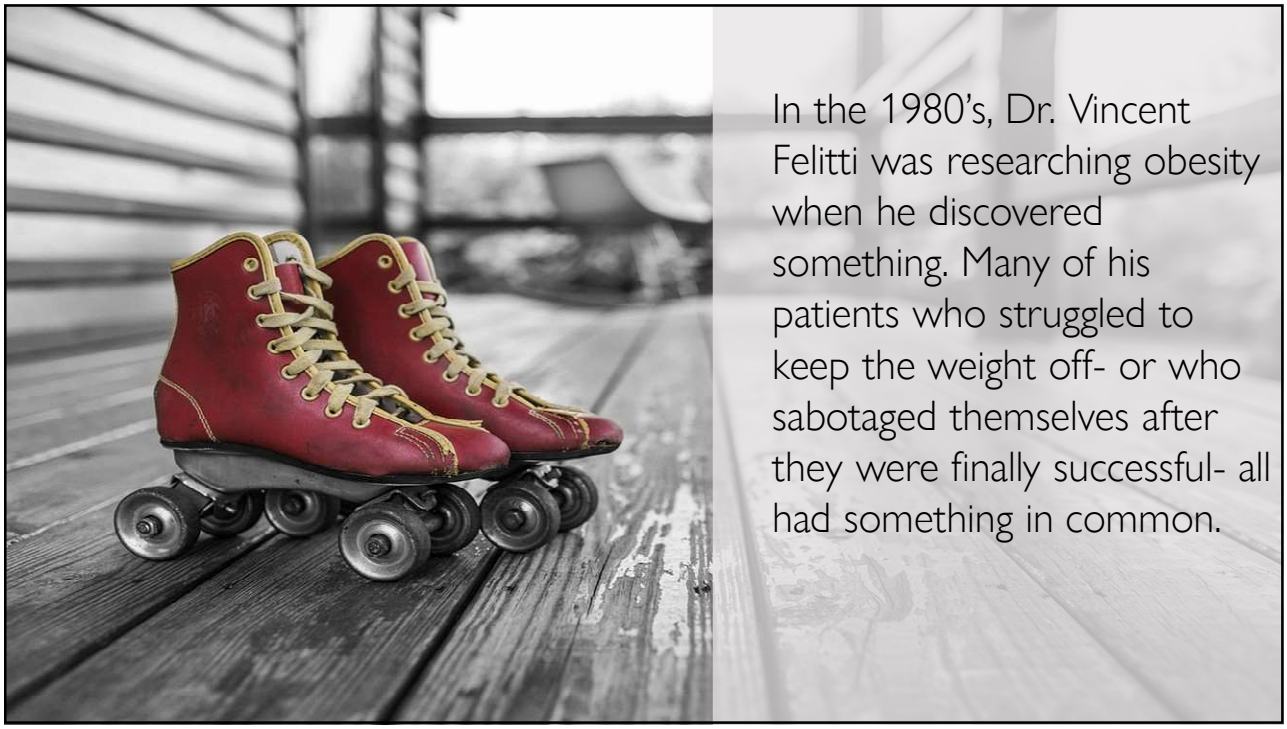
Channels: Think / write

Aim: 6 in 30 seconds

At "go", write all the buffers.

How many words did you write?
Are you confident that you named all 6?


Buffers & Barriers:
A story about simple, important things we almost forgot
With Dr. Camille Kolu
Courses: https://www.cuspemergenceuniversity.com
Blog: https://www.cuspemergence.com

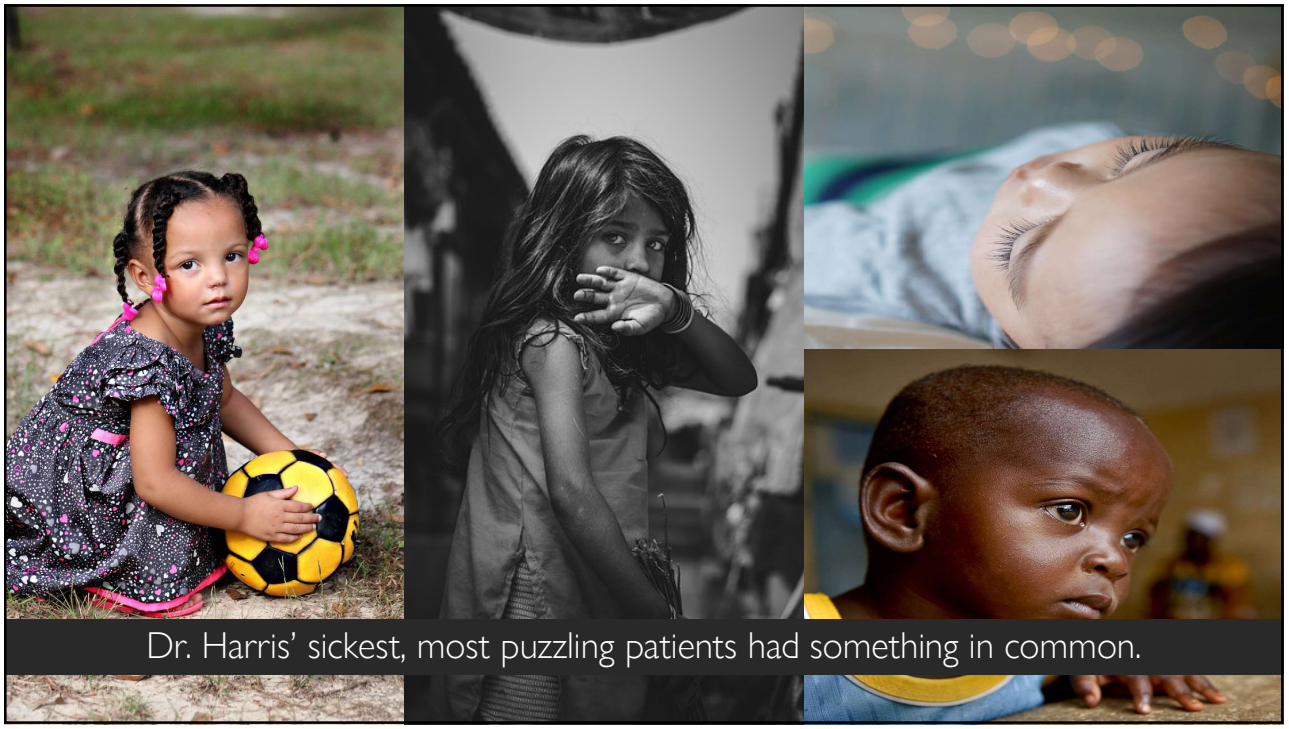

In the 1980's, Dr. Vincent Felitti was researching obesity when he discovered something. Many of his patients who struggled to keep the weight off- or who sabotaged themselves after they were finally successful- all had something in common.

Down the road, a couple of decades later, the pediatrician about to become California's first Surgeon General noticed something, too:



https://health.ucdavis.edu/health-magazine/issues/summer2019/features/surgeon-general/first-surgeon-general-california.html

Dr. Nadine Burke Harris



Dr. Harris' sickest, most puzzling patients had something in common.



When her young patient Diego simply stopped growing,

Dr. Harris investigated. She found the missing piece was the same one that Dr. Felitti had discovered about his patients: **trauma** was the common factor when folks had early and lingering disease and problems they couldn't otherwise explain medically.

Diego had abruptly stopped growing at the same time he went through abuse and other trauma.



In fact, Dr. Felitti and Dr. Harris had stumbled upon **the same puzzle piece**.

This information was new in the 1990s, but decades of studies have now confirmed Felitti's observations…



Partial list of ACES (adverse childhood experiences)

- Physical, sexual, or emotional abuse
- Physical or emotional neglect
- Separation or divorce of parents
- A family member with mental illness, addiction, or incarceration
- Witnessing or experiencing domestic violence

…that experiencing adverse events – things that harm us emotionally, physically, socially or sexually, and stressful things that we cannot control– changes our bodies and health forever.



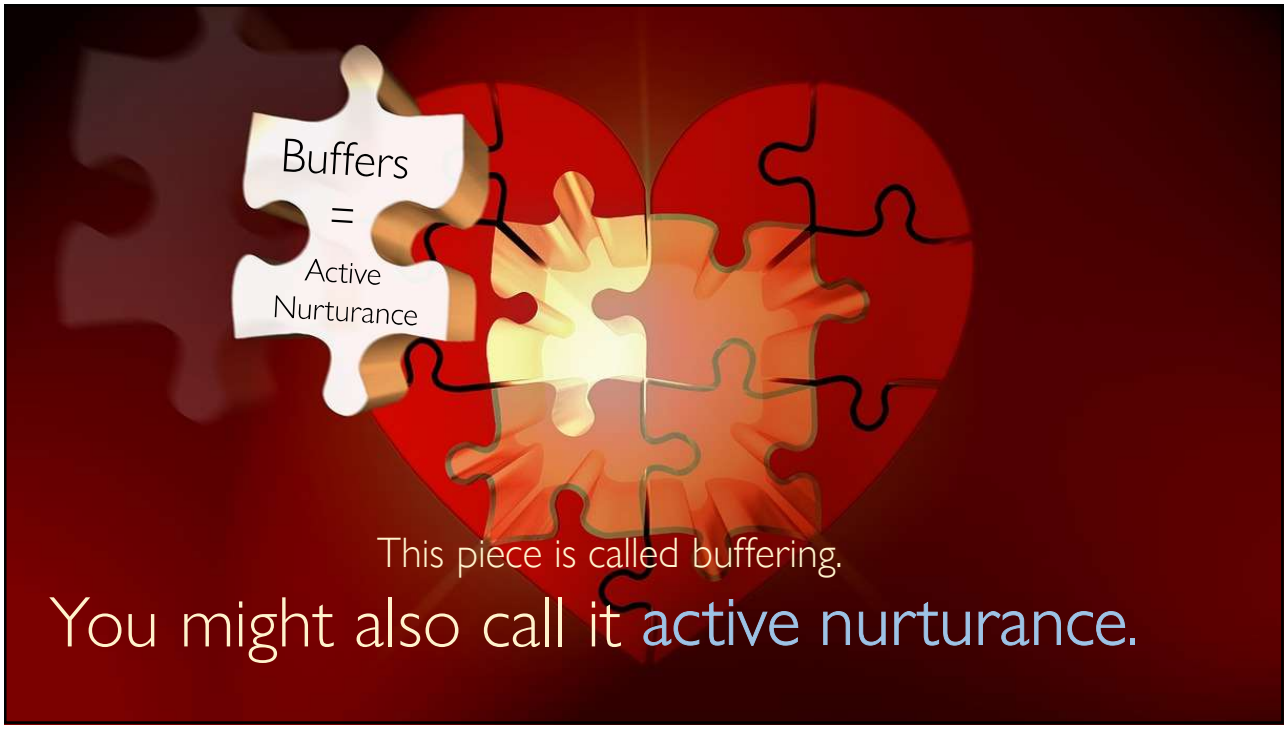
Despite our best efforts, when we have experienced adverse events in our lives, we are more susceptible to

- infections,
- illnesses,
- early onset of disease,
- asthma,
- pain,
- toileting difficulties,

and more- this small list is just a start.



At the same time, there is wonderful news: another missing piece has been found. This piece rebuilds what was lost. There is something we can all do that gives back possibilities. It's a gift we can give ourselves, our children, our clients, our community.



This piece is called buffering.

You might also call it active nurturance.



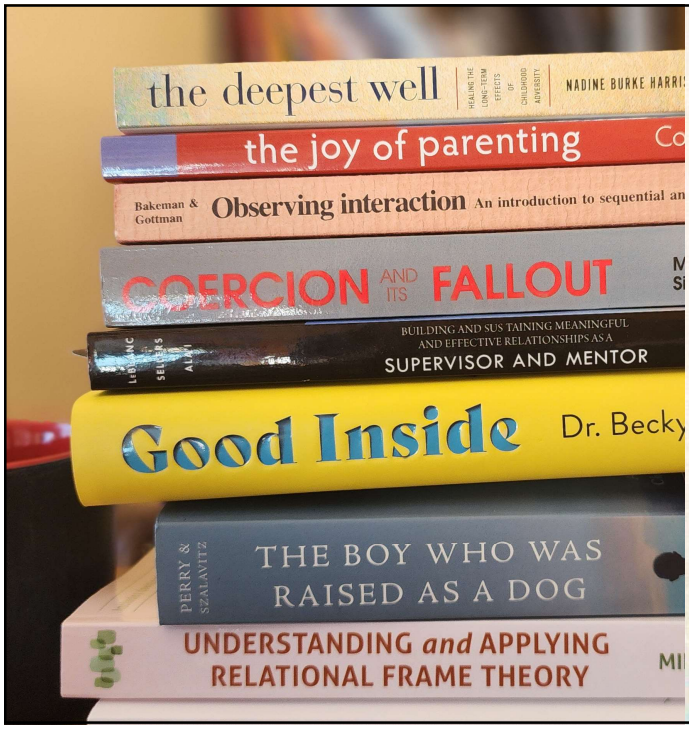
Dr. Harris called them "buffers": they are 6 areas of our daily lives, in which action can help STOP some of the problems she details in her medical papers, discusses in Ted Talks, and publicizes through her foundation.

*"Childhood trauma increases the risk for **seven out of ten** of the leading causes of death in the United States. In high doses, it affects brain development, the immune system, hormonal systems, and even the way our DNA is read and transcribed. Folks who are exposed in very high doses have triple the lifetime risk of heart disease and lung cancer and a **20-year difference** in life expectancy."*

– Dr. Nadine Burke Harris, Founder of Center for Youth Wellness and current Surgeon General of California



Quotation and picture above from https://burkefoundation.org/what-drives-us/adverse-childhood-experiences-aces/



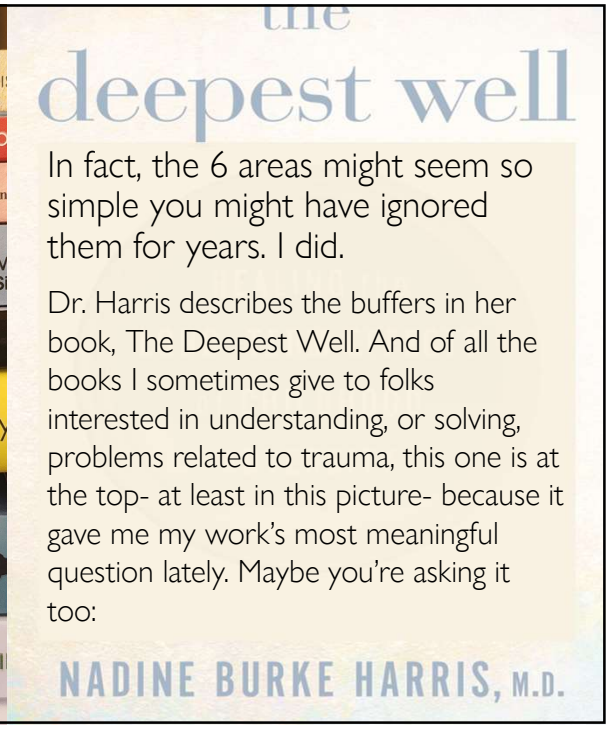




Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

If buffers are so important, what are they…

and why doesn't everyone do them?



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https://doi.org/10.1007/s40617-023-00876-z

SI: PUBLIC POLICY ADVOCACY BY BEHAVIOR ANALYSTS

Providing Buffers, Solving Barriers: Value-Driven Policies and Actions that Protect Clients Today and Increase the Chances of Thriving Tomorrow

Teresa Camille Kolu[1]

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Abstract

Between 1990 and 2018, regions spent between 2.67% (Europe) and 3.6% (North America) of their GDP to treat harmful behavioral, medical, and other effects of significant adverse experience (Bellis et al., 2019 *The Lancet Public Health*, 4(10), e517–e528). Although dose-dependent exposure to adverse childhood experiences harms long-term medical health (e.g., Anda et al., 2006; *European Archives of Psychiatry & Clinical Neuroscience*, 256, 174–186; Anda et al., 2008; *American Journal of Preventive Medicine*, 34(5), 396–403; Dong et al., 2004; *Circulation*, 110(13), 1761–1766; Felitti and Anda, 2009), six specific buffers (nurturing relationships; nutrition; physical activity; sleep; mental health support; and reducing stress) protect against these harmful health impacts (Purewal et al., 2016; *Zero to Three*, 37(1), 10–17). However, barriers related to access, information, resources, or behavioral needs prevent many from experiencing the benefits. This article describes an approach in which each buffer area is addressed in the context of its overlap with behavior analytic practice, and supported by related policy suggestions. Providers are invited to adopt an informative buffer policy as an antecedent to client services; establish a collaborative network of providers and resources; and expand buffer promotion beyond clients to other stakeholders including caregivers and staff. The aim of this article is to inspire and empower individuals to use several specific actions: (1) learn about buffers and consider barriers to them; (2) educate others about buffers and barriers to them; (3) scan a client's environment for buffers and barriers; and (4) consider ways to install buffers and resolve barriers for clients or others as appropriate.

Keywords Preventive behavior analysis · Adverse childhood experiences · Buffers

I tried to answer this question, at least for behavior analysts, in a recent publication.

(Screenshot of the article, Kolu 2023, above)



Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

But professionals have heard this already. **Most importantly, I want YOU to know, YOU can start now doing these buffers.** They protect you against the medical harms caused by adverse experiences. We'll go through each one.

They sound simple. But they can turn things around.

Nurturing Relationship





Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

1. Nurture the relationship you care about. Take note – if you ARE the nurturing relationship for someone else, nurture that too. Business folks, and therapists… make sure we don't do things that would interrupt someone else's ability to nurture *their* relationship.

Maybe a friend could use the gift of childcare so they can nurture an adult relationship they really treasure. Could your own kid use the gift of a little regular 1:1 time?

Nutrition





Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

2. Nurture your eating habits. Model good ones and enjoy them. Staff, don't skip meals. Owners, make it easy for staff and caregivers to learn about options and have the time and resources to do them.

List local options for food pantries and banks. Does someone you know need a specialist nutrition consult?



Could you gift yourself or a friend a cooking class, explore a new cuisine, make a recipe together, learn a skill online, or gift a month subscription to a meal kit delivery service?

Regular Exercise

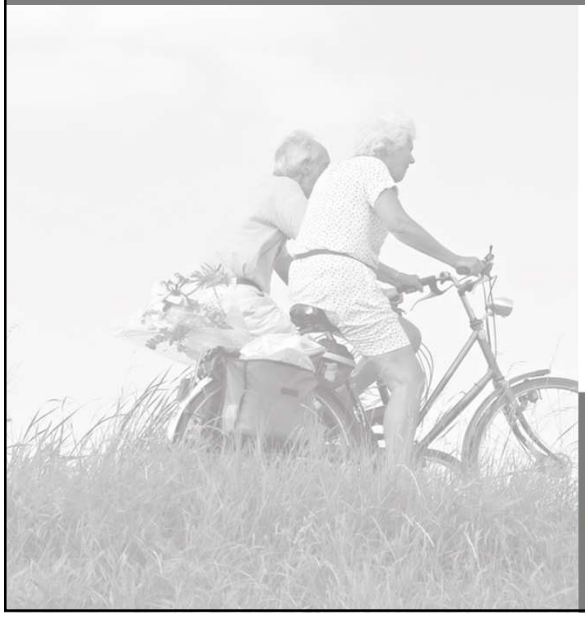




Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

3. Nurture your own exercise habits. Explore something new that speaks to you. Owners, include rewarding options for your team and caregivers.

Combine meetings with opportunities to move and don't reinforce overworking. Do any of your clients need help discovering new ways to move, or a fitness consult?



Consider gifting yourself and a friend a fitness consultation, an online class you love, or an hour at a gym with childcare. What would happen if you took your kid, parent, or self on a walk instead of a game or TV tonight?

Regular Sleep

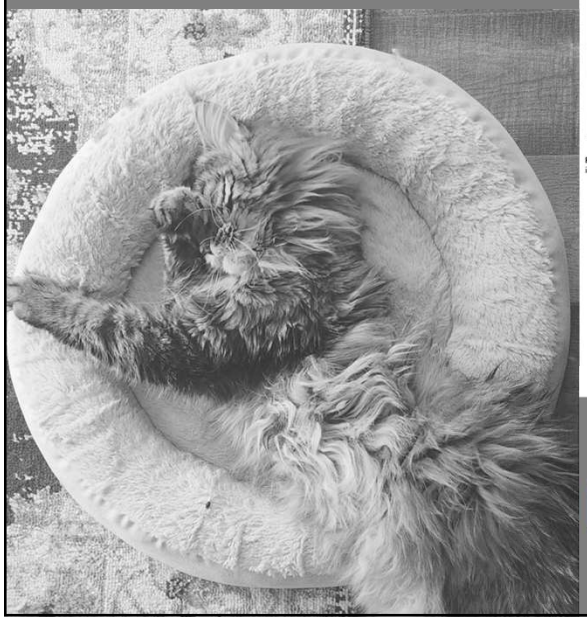




Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

4. Start getting regular sleep- similar bedtime and wakeup time, put screens out of your room, and do something soothing to wind down first. Make a routine you will love. Learn about sleep hygiene for your kids and start doing it. Get support if there are barriers. Behavioral specialists can help.



Do you have the means to gift staff or your family member a sleep consultation? Does your client need a sleep study? My toddlers – and I– started napping again with a sleep mask. Who knew?!

Mental Health Care





Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

5. Get mental health care. How long has it been since you saw a therapist or did something that nourishes your mental health (like doing yoga and journaling, perhaps) … **before** things get to crisis level? There are apps and services that can make options affordable at all levels, or ask a provider to help you find some.



Business owners, try scheduling mental health days/ specialty sessions BEFORE your team member or client needs it. Preventing burnout may be cheaper than replacing your staff person. Parents, give our kids the gift of taking care of our own mental health before we are unapproachable and strung out.

Stress Relief



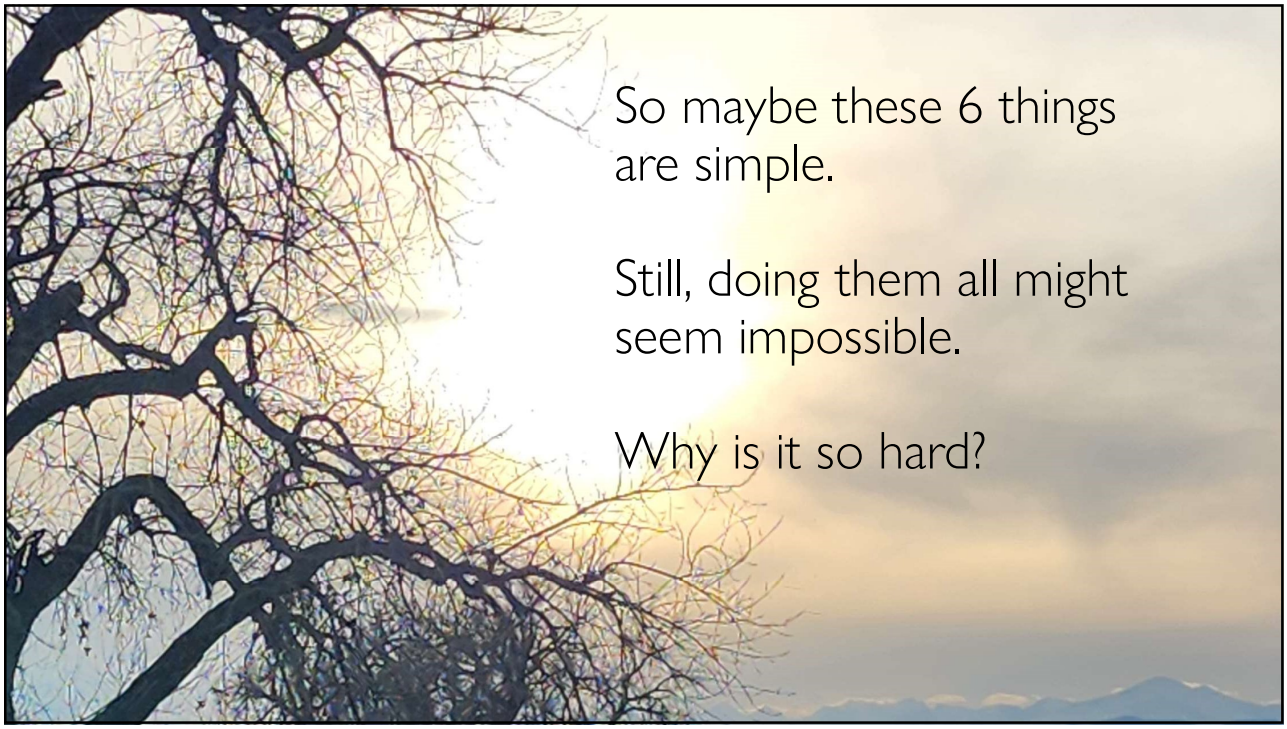


Fig. 2 ACES buffers and barriers graphic part 1: Buffers (author original graphic)

6. Use techniques that work to relieve your own stress. Studies show using mindfulness really does help us with stress… and helps prevent stress from becoming toxic (and toxic stress, as silly as that phrase might seem, contributes big time to those harmful life threatening changes in the body when we face adverse experiences). A little practice every day will go far.



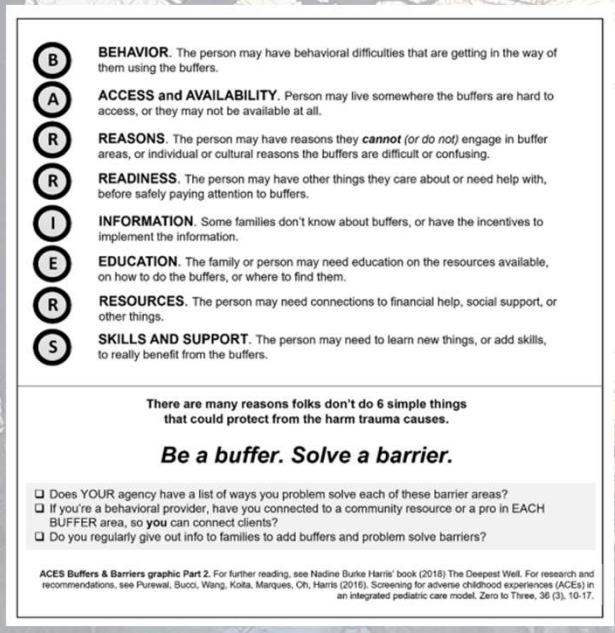
There's another gift we give to our clients, children, our clients' caregivers, or ourselves: learning, or teaching, ways to predict and control a stressor or difficulty. Behavior specialists can help with this. We also have a mini course on it called "the behavioral buffer", in the Buffers series on our website.



So maybe these 6 things are simple.

Still, doing them all might seem impossible.

Why is it so hard?



Each of us faces barriers. Maybe it seems like we don't have the time or money to eat healthfully- and we don't have a babysitter, so we can go to that mental health appointment.

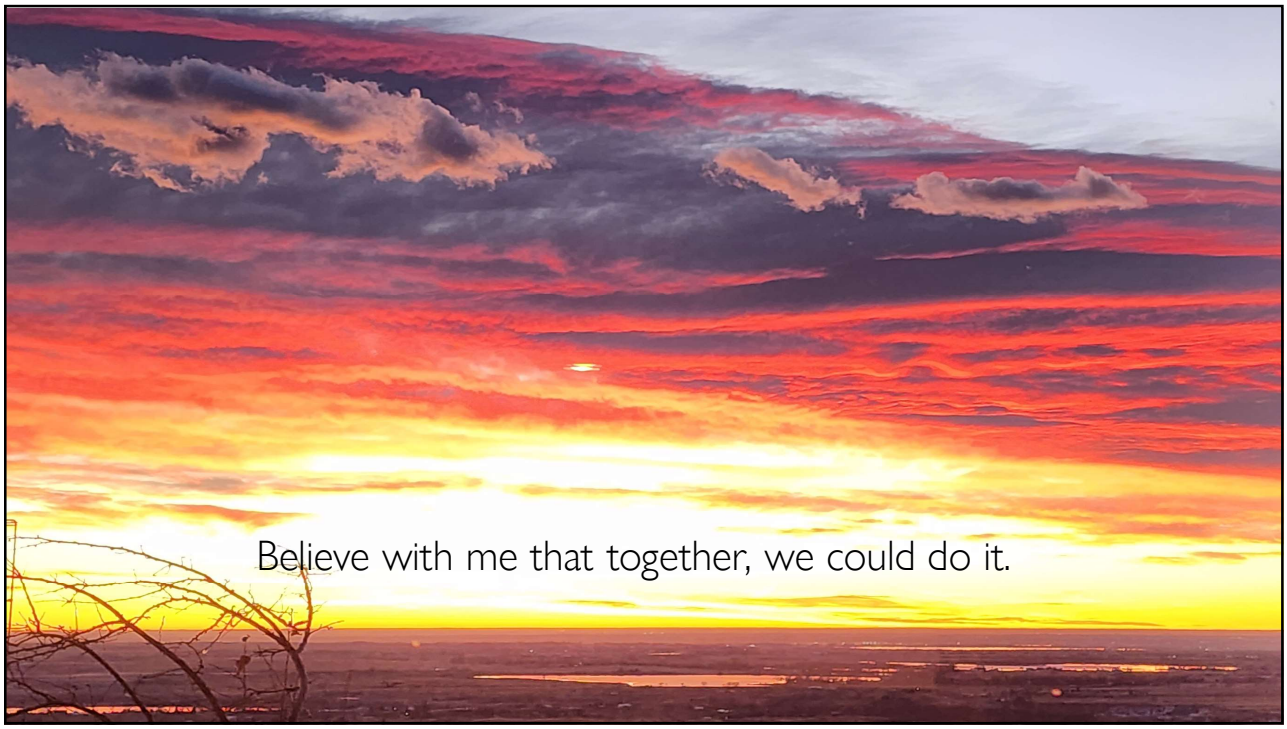
Maybe a client lacks the skills to exercise or uses unsafe behaviors that get in the way- and is too busy working on other skills covered in the behavior plan.

Maybe a caregiver is too busy caring for others that she can't sleep.

Still, one of the biggest barriers is lack of knowledge. And now YOU know. That barrier is no longer a barrier… at least for you.

What if we told everyone about buffers and started doing them? What if business people, ABA clinics, and churches kept lists of connections to each buffer, and strengthened our communities with networks and referrals?

What if you and I decided:
No client, caregiver, or staff person of mine will go without these buffers, and committed to investigating the barriers together?





Are you a parent?

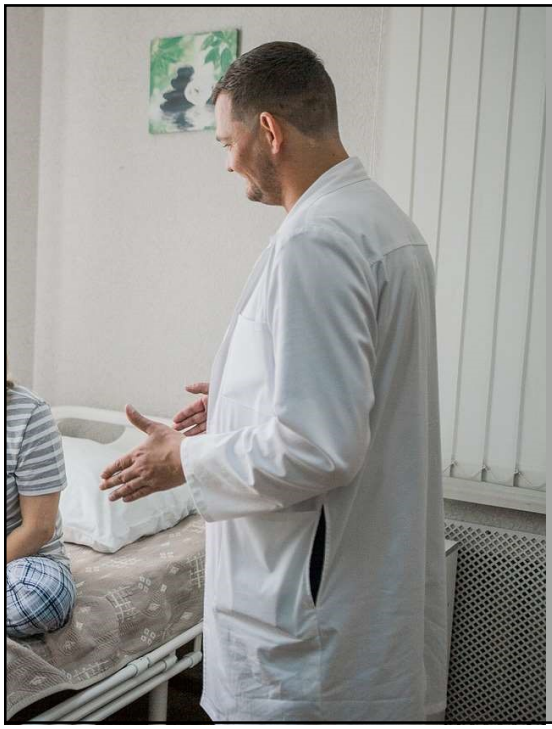
Show your kids YOU. Show them you take care of the things that matter in life- going to see your therapist, eating meals and not skipping them, exercising, getting better sleep, doing something that really works to calm you down when you need to calm down.

Show them how you do it, then do it with them every day.



Do you own a business?

Model the buffers in your life, and value them for your staff. Give them time, space, resources to add the buffers back in. Ask your new hires about buffering and problem solve the barriers to why they aren't able to get them done.



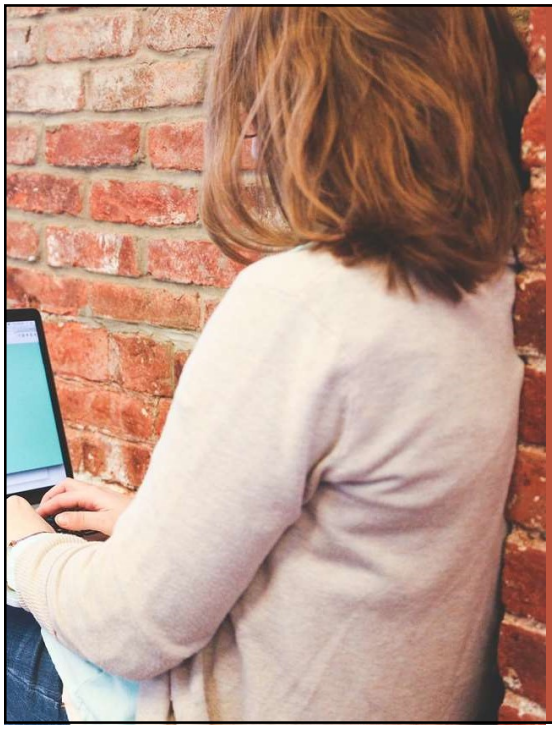
Are you a doctor?

Remember your training in how ACES affect folks and screen earlier than you think you need to, if they've been through a lot of struggles. Ask them about the buffers and get deeply invested in these preventive behaviors. Make referrals to behavioral specialists who can solve problems with you if the person isn't sleeping, eating, exercising, or attending their mental health appointments.



Are you a teen or a client of behavioral services?

Advocate for yourself. Get help adding in all the buffers. Consider showing this to your advocate, your CASA worker, your school psychologist, your parents, your drama teacher, your pastor, your IEP team, your therapist… show it to someone you trust who cares about you. It's not too late or too early to break the cycle of trauma or pattern you might have been stuck in. And if someone's working with you on changing your behavior to improve your life, this stuff counts too. It counts for so much.



Are you a therapist?

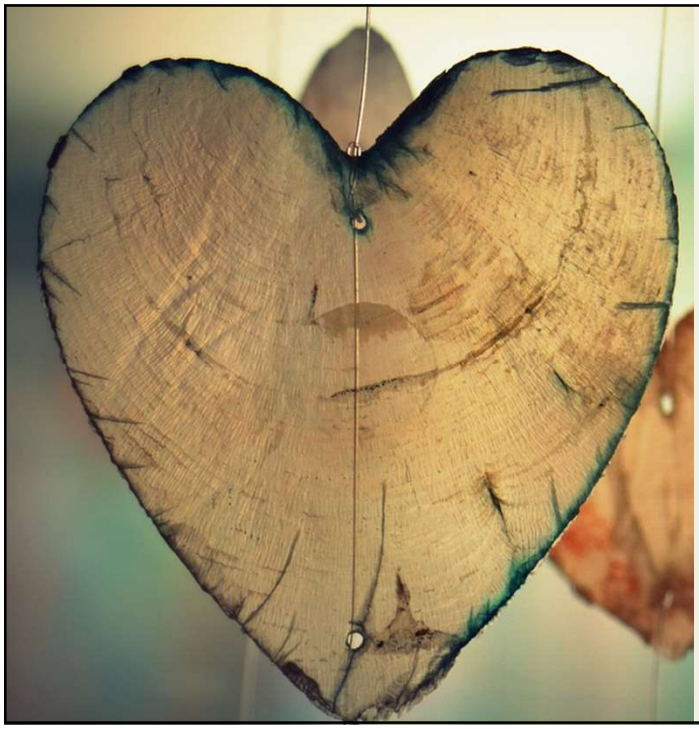
Stop working on behaviors for decrease for a minute for your clients, and take the tough caregivers off probation with your agency. Focus, for a little while, on integrating each buffer in a way that the client and caregiver can both enjoy in a new rhythm. Reach out, solving problems and connecting them to community resources you thought it wasn't your job to care about.

Start screening new clients and caregivers – or give buffer resources- before you even decide if they're a good fit as a client.



Are you in the clergy?

Recognize that nearly all of your members are affected by adverse experiences and at risk for health problems and shortened lives as a result. Know that you can transform your support of vulnerable people, by helping them understand the importance of the buffers… and by helping them solve barriers to get there.



A few more tips…

- See how many buffers you can combine (like doing something you love, with someone you love)
- Can you give a gift that both solves a barrier, and contributes to a buffer (like giving your friend a birthday present of childcare so she can call her mom without interruption, or take a cooking or yoga class)?

When you're ready for more



Download the free pdf of Dr. Kolu's article on Buffers and Barriers published in *Behavior Analysis and Practice:* Find this in an online search, go to any of my websites, or use the resources section of this video.

CUSP EMERGENCE UNIVERSITY

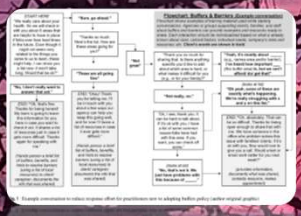
Come back to our continuing education website (https://www.cuspemergenceuniversity.com) when you're ready for our upcoming series of mini-courses in buffers, how to use them with your clients, your family, or yourself; and how to solve related barriers. (As always, there are CEUs for behavior analysts.)

When you're ready for more





Get the visuals (like the buffers and barriers graphics) you saw today, by clicking on the **BUFFERS** tab at https://www.cuspemergence.com.



Would a flowchart example help you or your team start talking to folks about buffers? See our flowchart on the **RESOURCES** tab at cuspemergence.com (you'll also find this in the new article published in Behavior Analysis in Practice).

When you're ready for more

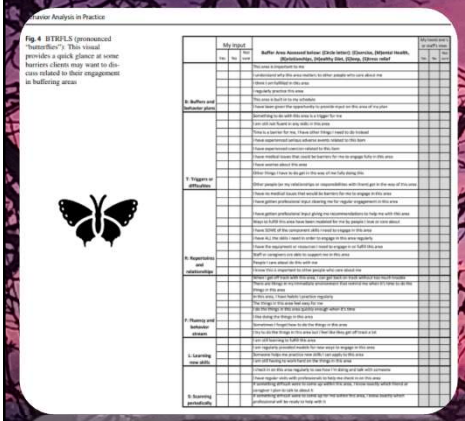


Fig. 4 BTRFLS (pronounced "butterflies"): This visual provides a quick glance at some barriers clients may want to discuss related to their engagement in buffering areas

And if you're a professional, or just want to check this out, you can find the published BTRFLS (that's pronounced Butterflies) Checklist online in our published article, or as a resource in our mini-series of the same name. That's a checklist to help walk you through some barriers folks face, and begin to solve them with the person you care about.

The news is not all bad.
But it's going to require some work.
Like I tell my kids, that's ok.
We can do hard things.

We can be buffers.
We can break barriers.



Thank you so much for joining me today. It's been an honor to be with you.
Dr. Camille Kolu, Ph.D., BCBA-D



Someone's buffers and barriers are their rhythms of life. Everything else occurs in the behavioral environment that includes this context. It's a context that changes depending on their needs, medical problems, challenges, supports…

My ~~Jule's~~ story



~~A clinic is strongly considering kicking out a parent from their services.~~ Jule is short with all the staff. She never returns calls and forgets appointments; she ignores instructions and doesn't take care of herself. Her child is neurodivergent and seems brilliant but is using more and more aggression to others and worse, the parent seems be verbally aggressive with her child~~. From what the RBT ca~~n tell, maybe they don't have a great home life.

The parent looks disheveled when people enter her home although it's been scheduled for weeks. Jule is sleeping or lying down with a crying baby on the couch, looking angry or depressed, snapping at her toddler for every little thing. The older kid is obviously trying hard and everyone is crying within a few minutes.

Within each of us, each client, each caregiver, every staff person, is a person capable of both the best, but also the **worst version** of themselves (especially while struggling with unseen needs).



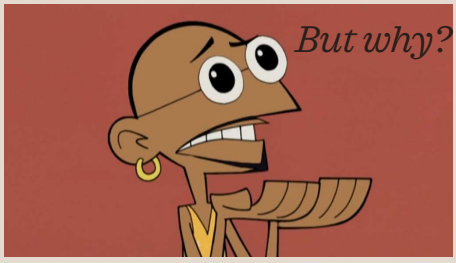
We want to get to a place to understand the details and needs that are meaningful to the person's story…

But we also need to do this in the context of our behavioral conceptual system, our ethics code, and our scope of competence.

A framework can help us to organize and shift perspective. Looking at people through the lens of their experiences with buffers and barriers can help us move with more purpose. We can shift from seeing only problems, to seeing how to operationalize active nurturance for them… right now.



Buffers must begin with ourselves.

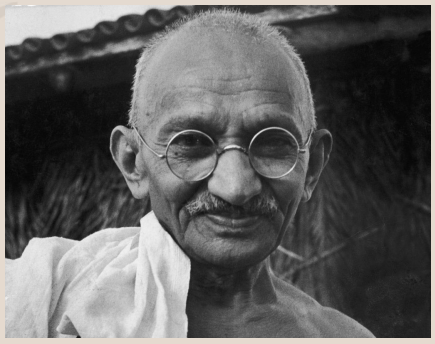


Above: This is a Clone High reference from decades ago. Things change, and we may not be aware of our biases and challenges. Without taking regular stock of how we are taking care of ourselves, those biases and challenges can interfere with our ability to provide continued support to our clients.

1.10 Awareness of Personal Biases and Challenges
Behavior analysts maintain awareness that their personal biases or challenges (e.g., **mental or physical health conditions**; legal, financial, marital/**relationship challenges**) may interfere with the effectiveness of their professional work.

Behavior analysts take appropriate steps to resolve interference, ensure that their professional work is not compromised, and document all actions taken in this circumstance and the eventual outcomes

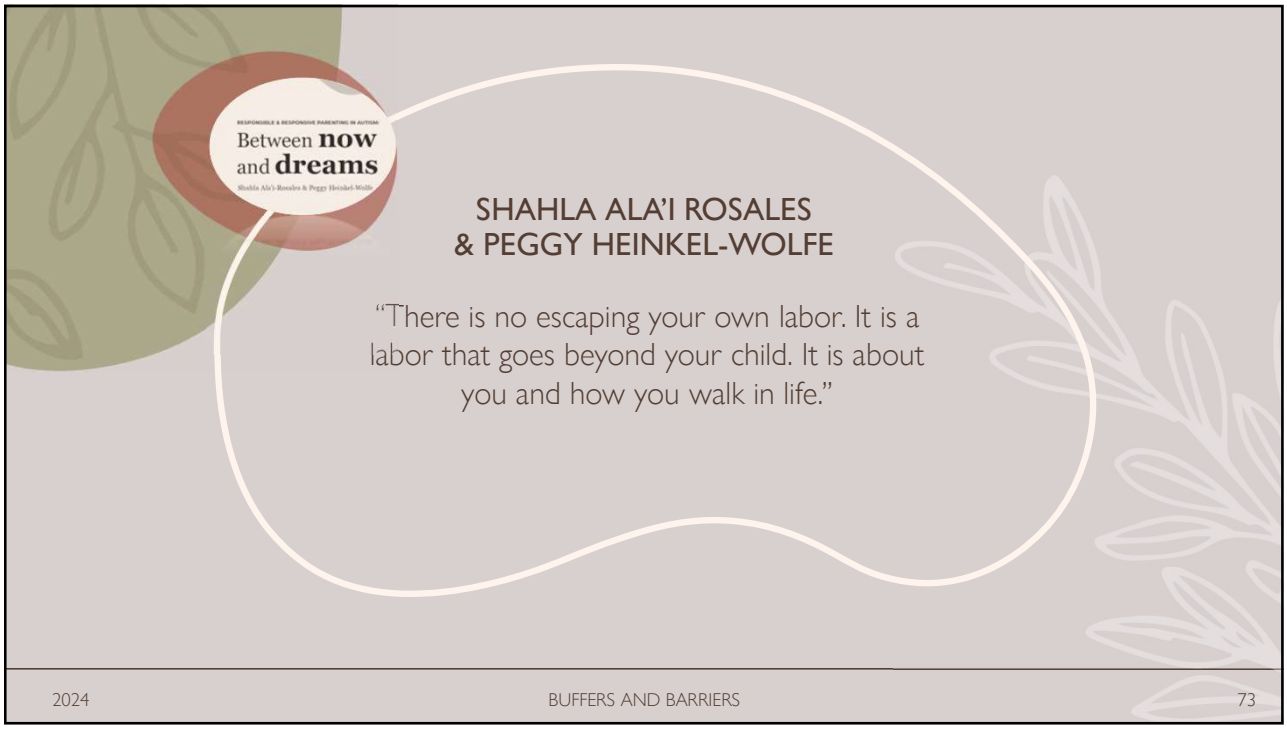
Buffers must begin with ourselves.

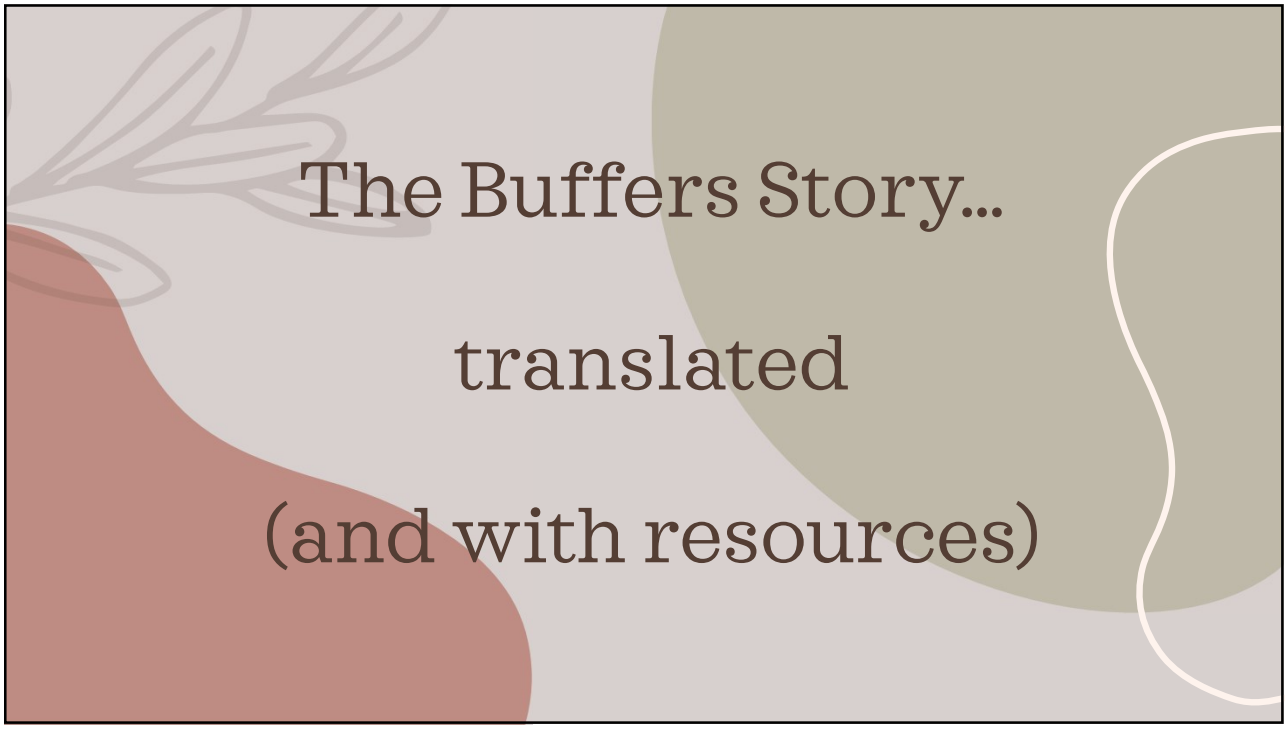


https://learn.clf.uk/lesson/rs/year-9-religion-and-world-views-change-makers-5-mahatma-gandhi-part-1/

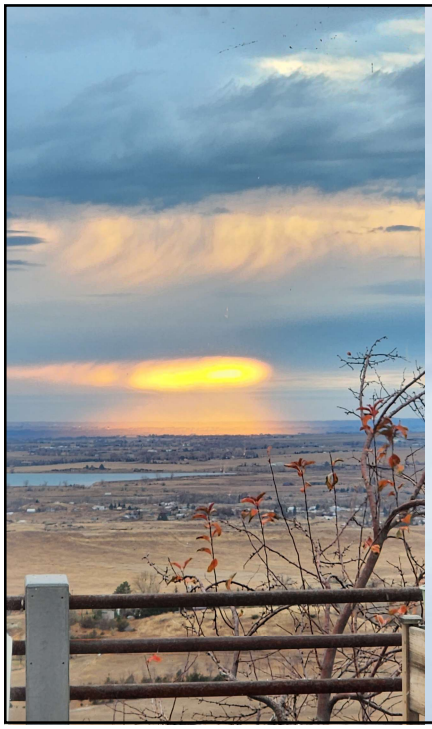
There are many other reasons, behaviorally, we begin with our own work (from modeling to being able to join the client to deliver reinforcement).

Have you heard the old story about Gandhi and sugar?


Between now and dreams
SHAHLA ALA'I ROSALES
& PEGGY HEINKEL-WOLFE
"There is no escaping your own labor. It is a labor that goes beyond your child. It is about you and how you walk in life."
2024
BUFFERS AND BARRIERS
73


The Buffers Story...
translated
(and with resources)

First,
why do you think I modeled ways for you to use private and public verbal behavior about the buffers, in specifically non-jargon-y ways?



TRAINING BASED ON KOLU (2023) BUFFERS AND BARRIERS PAPER

Behavior Analysis in Practice
https://doi.org/10.1007/s40617-023-00876-z

SI: PUBLIC POLICY ADVOCACY BY BEHAVIOR ANALYSTS

Providing Buffers, Solving Barriers: Value-Driven Policies and Actions that Protect Clients Today and Increase the Chances of Thriving Tomorrow

Teresa Camille Kolu[1]

Accepted: 17 October 2023
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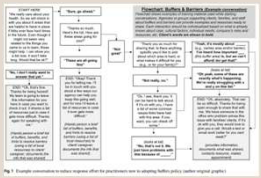
Abstract
Between 1990 and 2018, regions spent between 2.67% (Europe) and 3.6% (North America) of their GDP to treat harmful behavioral, medical, and other effects of significant adverse experience (Bellis et al., 2019 *The Lancet Public Health*, 4(10), e517–e528). Although dose-dependent exposure to adverse childhood experiences harms long-term medical health (e.g., Anda et al., 2006; *European Archives of Psychiatry & Clinical Neuroscience*, 256, 174–186, Anda et al., 2008; *American Journal of Preventive Medicine*, 34(5), 396–403, Dong et al., 2004; *Circulation*, 110(13), 1761–1766, Felitti and Anda, 2009), six specific buffers (nurturing relationships; nutrition; physical activity; sleep; mental health support; and reducing stress) protect against these harmful health impacts (Purewal et al., 2016, *Zero to Three*, 37(1), 10–17). However, barriers related to access, information, resources, or behavioral needs prevent many from experiencing the benefits. This article describes an approach in which each buffer area is addressed in the context of its overlap with behavior analytic practice, and supported by related policy suggestions. Providers are invited to adopt an informative buffer policy as an antecedent to client services; establish a collaborative network of providers and resources; and expand buffer promotion beyond clients to other stakeholders including caregivers and staff. The aim of this article is to inspire and empower individuals to use several specific actions: (1) learn about buffers and consider barriers to them; (2) educate others about buffers and barriers to them; (3) scan a client's environment for buffers and barriers; and (4) consider ways to install buffers and resolve barriers for clients or others as appropriate.

Keywords Preventive behavior analysis · Adverse childhood experiences · Buffers

Objective 3

Describe a tool for helping clients and caregivers to examine and buffers and solve barriers. (Notice how the tools also walk us through the main point of this training.)

Conversation Flowchart



Have a conversation with clients and staff…

Buffers Job Aid



about buffers

Barriers Job Aid



…and the barriers they face accessing and implementing them.

Buffers Network Table

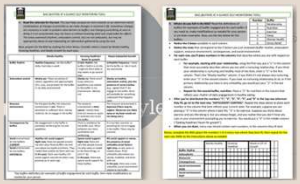
	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

Build a network within your community to solve these barriers.

Objective 3

Describe a tool for helping clients and caregivers to examine and buffers and solve barriers

Buffers at a Glance monitoring tool



Start with yourself and see where you are.

Buffers in Plans: Y/N Form



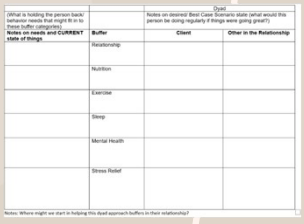
For a client, perhaps start by asking, do we cover the buffers in their plan?

BTRFLS



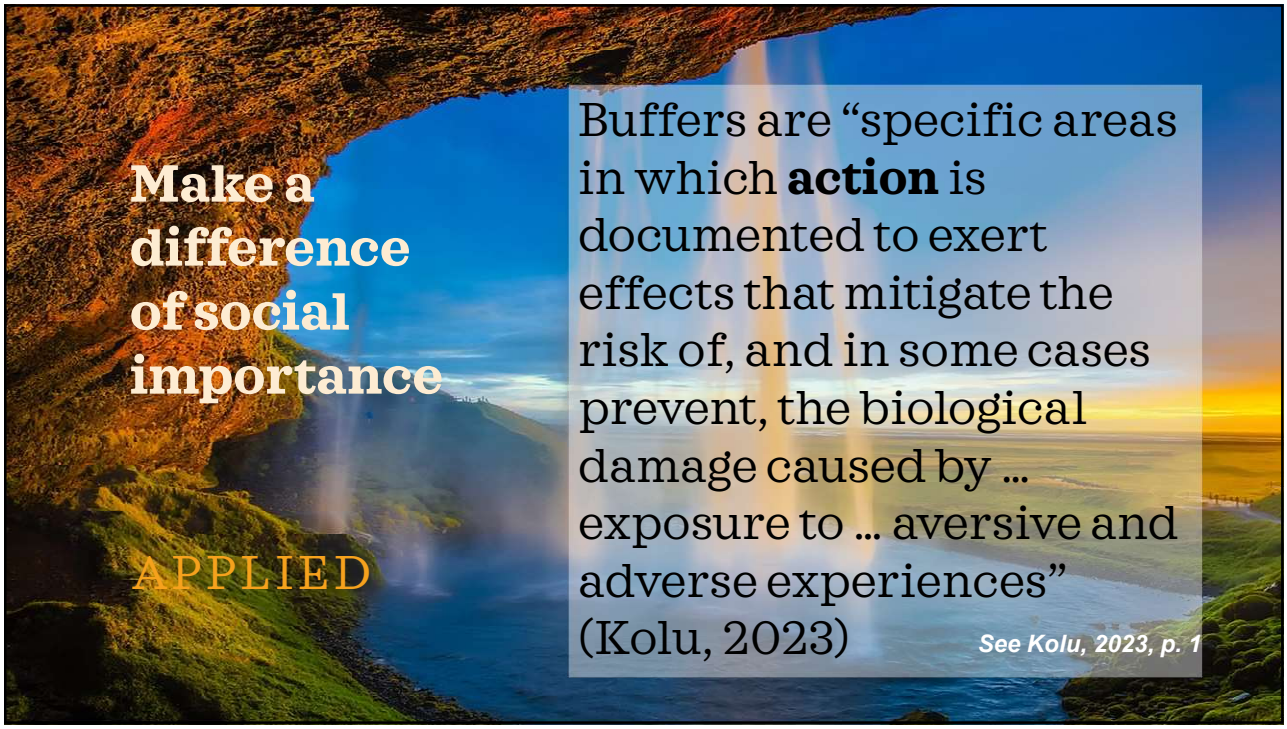
Do they have the support needed to make them stick in their daily rhythms?

Buffers for Dyads: Worksheet with Examples



We may need to examine this in the context of the client's primary relationship.


Make a difference of social importance
"Sharing and acting on knowledge of buffers is an ethical responsibility"
APPLIED


Make a difference of social importance
APPLIED
Buffers are "specific areas in which **action** is documented to exert effects that mitigate the risk of, and in some cases prevent, the biological damage caused by … exposure to … aversive and adverse experiences" (Kolu, 2023)
See Kolu, 2023, p. 1

Focus on measurable and observable behavior

BEHAVIORAL

Each buffer involves specific, observable actions in areas already "described in the context of behavior analytic literature"

See Kolu, 2023, p. 4
Also see Task List C-1 through C-11

Nurturing Relationship



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **RELATIONSHIP Buffer (Person has relationship with safe trusted adult):** Person is reported to, and observed to, have relationship with trusted adult, as indicated by the following: Evidence of approach and interaction that may include some of these: initiates verbal behavior, including questions and statements; making and responding to bids for interactions combined with positive social affect as commensurate with how that client typically expresses it (e.g., smiles, eye contact, handing them things, accepting things, using parallel engagement in activities, talking and answering questions); LACK of the following exclusively or mostly in this person's presence: downcast eyes, running away, turning away combined with negative affect (e.g., frowns/grimaces), shaking or removing body parts when grazed).

Note: The definitions on the next 6 slides were developed with and for clients of a residential services agency

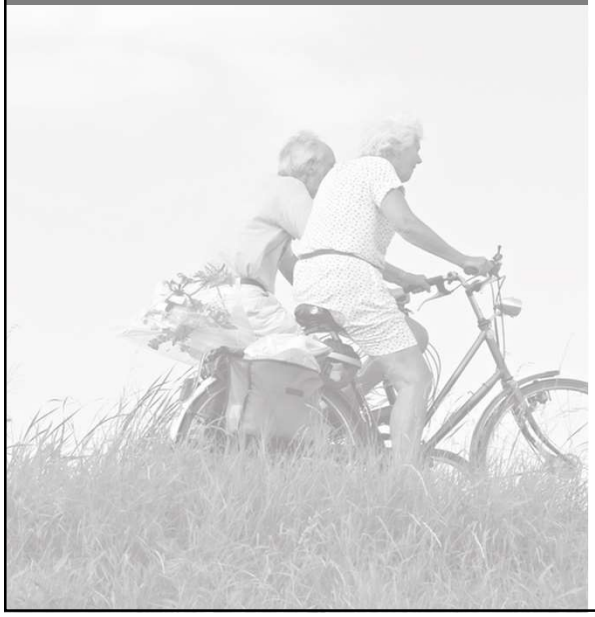
Nutrition



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **HEALTHY DIET Buffer (Person maintains a relatively healthy diet)** (including having the resources, knowledge, social support, and access to do so): Person has been provided nutrition counseling or support, and attempts to follow a healthy diet, OR is supported by team to maintain healthy diet. Score "no" if person has been recommended a healthy diet but observations suggest client regularly violates it and eats a majority of unhealthy foods on a regular basis or avoids almost healthy foods on a regular basis

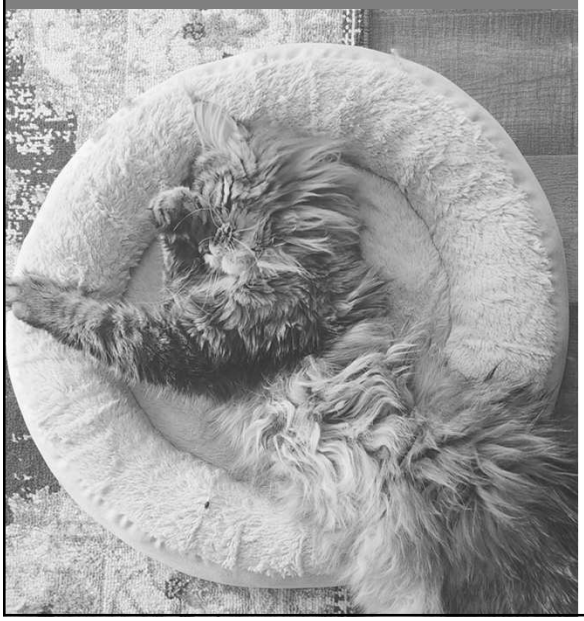
Regular Exercise



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **EXERCISE Buffer (Exercising regularly):** Person engages regularly in a form of exercise appropriate to them (their abilities, environment, and supports); for example, person takes a walk every day, does yoga regularly, person bounces on a ball or plays an active game with staff or peers regularly; etc. Score "no" if person rarely engages in physical activity, even if it is prescribed and on the plan (e.g., person's team and BIP recommend regular exercise but client uses protests and does not engage in recommendations)

Regular Sleep



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **SLEEP Buffer (Adequate sleep hygiene):** Person has received sleep recommendation and regularly (e.g., 5/7 days per week) meets that (such as being told by primary care provider they need 7 hours of sleep, and sleeping 6-8 hours per night; score "no" if person regularly sleeps much less (2+ hours) than their recommended number hours of sleep

Mental Health Care



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **MENTAL HEALTH Buffer (Person receives appropriate mental health care)**: Person is assigned to and /or regularly attends mental health support from qualified provider (e.g., do not count if person occasionally discusses mental health concerns with a provider who is not a mental health therapist, such as talking to one's residential counselor or educator about mental health); may include ACT session with behavior analyst or other therapist; psychologist or psychiatrist session to manage medications and discuss symptoms, mental health concerns; therapy session with cognitive behavior therapist or DBT provider; can include single or group sessions. INCLUSIONS: children who are not appropriate to attend meeting themselves, but who are followed by mental health team and providers, managing meds and symptoms

Stress Relief



Definitions of buffers (will depend on agency needs, but here are example definitions for each item)

- **STRESS RELIEF Buffer (Person is working on using stress relieving techniques that work for them)** (e.g., they can calm down after a scary event, they can "relax"; may include meditation, yoga, stretching, reading, deep breathing, etc); they have at least one of these skills in their repertoire and are socially supported to do it when appropriate or needed: Person works on, with support if appropriate, using a coping skill when stressed; this skill or set of skills is in behavior plan, OR is practiced regularly by person with staff or in their educational program on a daily or regular basis (see examples in the item description); score "no" if the person does NOT use a stress relieving technique, is not supported to use one, there is not a related target skill(set) in their behavior plan or skill acquisition plan; the person responds inappropriately or "disproportionately" to stressful situations, etc

Objective 2: The behavioral buffer

The "behavioral buffer"

*What I am calling "The Behavioral Buffer" is related to this one we already discussed, covered by Dr. Nadine Burke Harris

Stress relief and gaining calm

Person can experience stress relief/ can "calm down"

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"This is a reasonable therapeutic intervention both conceptually systematic and theoretically consistent with Maier and Seligman's (2016) body of work and predicted by subsequent clarifying research on the nature of the dorsal raphe nucleus pathway (Seo et al., 2019). As such, **controlling the aversive stimulus and therefore reducing the harmful stress response accompanying it,** could prove to be closer than any of the previously described areas to a meaningful, accessible behavioral buffer mitigating harms related to toxic stress. Behavioral control over an aversive stimulus could potentially be functionally related to, and individualized based on, the client's other behavioral needs, and suggest actions someone can take that (in theory and consistent with Meier & Seligman, 2016) prevent some of the damage related to stress-induced changes in the body."

-Kolu, 2023



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-Kolu, 2023



Objective 2: The behavioral buffer

The "behavioral buffer"

Detecting and exerting behavioral control over an aversive stimulus can reduce (and may even prevent) the toxic stress response

How is it behavioral?

- It's something that individuals can DO
- It can be added to anyone's plan with only a few simple steps (detect and describe stimuli that are aversive for the person; foster repertoires and skills that allow the person to control the stressor)

(c) Kolu 2023

Objective 2: The behavioral buffer

The "behavioral buffer"

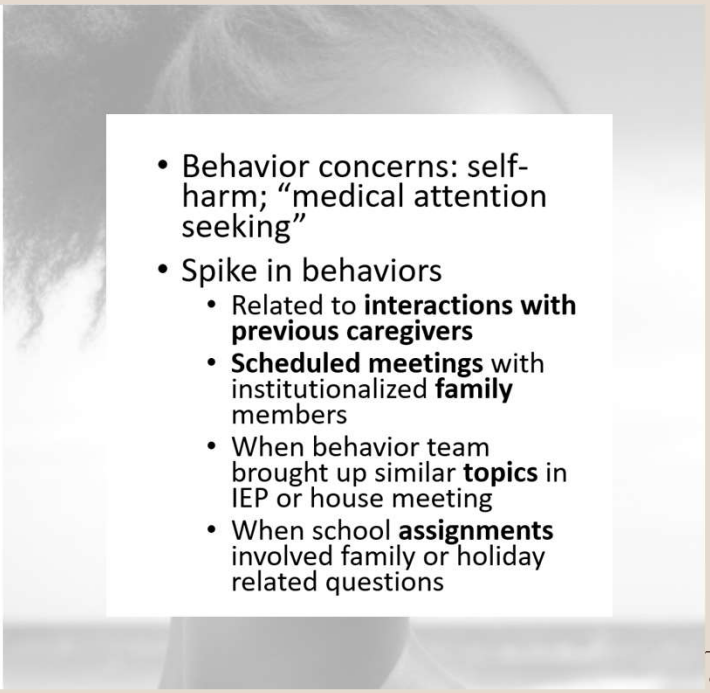
Detecting and exerting behavioral control over an aversive stimulus can reduce (and may even prevent) the toxic stress response

- The stressor is already part of the behavioral environment, but now the client has some control over the stressor.
- Avoidance and escape MAY be part of this control, but we can also work in ways that meet these additional functions (not all will be possible all the time):
  - **Reduce** the stressor's intensity
  - **Control** the timing of the stressor
  - **Predict** the stressful stimulus
  - **Learn** different ways to respond to the stimulus when it does occur
  - **Turn** off the stimulus
  - **Add** something to the stimulus complex that makes it more tolerable for the person
- **Educate** caregivers and team members in the person's environment (for example, help others learn to reduce the unpredictability of the aversive stimuli they present)

(c) Kolu 2023

Routine aversive stimuli

- Visits with previously abusive caregiver
- Previously abusive parent brings up dangerous/ disturbing topics in zoom visits
- Unpredictable nature of cancellations from "team members" who are unreliable

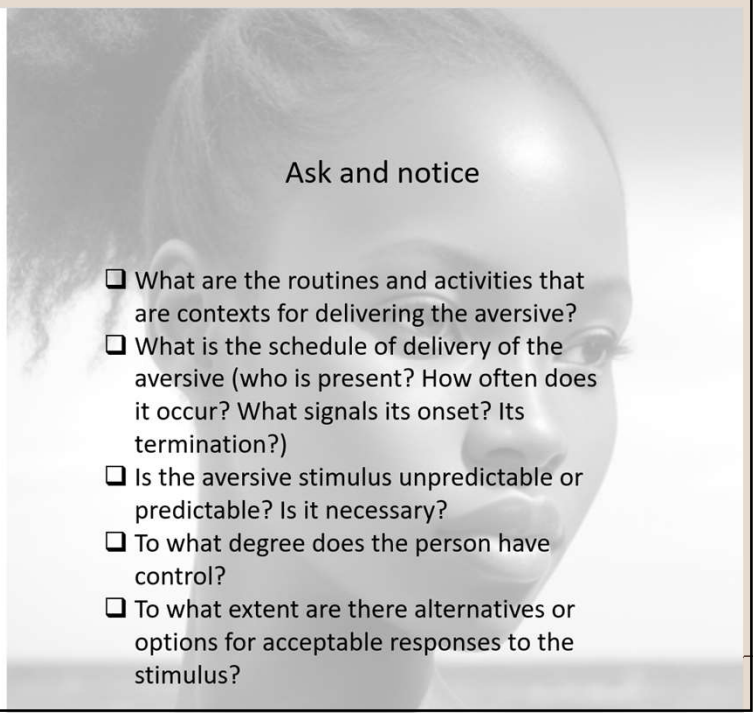


- Behavior concerns: self-harm; "medical attention seeking"
- Spike in behaviors
  - Related to **interactions with previous caregivers**
  - **Scheduled meetings** with institutionalized **family** members
  - When behavior team brought up similar **topics** in IEP or house meeting
  - When school **assignments** involved family or holiday related questions

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Please notice: how do these questions go beyond the "consequences" for the behaviors themselves?



Ask and notice

- ❑ What are the routines and activities that are contexts for delivering the aversive?
- ❑ What is the schedule of delivery of the aversive (who is present? How often does it occur? What signals its onset? Its termination?)
- ❑ Is the aversive stimulus unpredictable or predictable? Is it necessary?
- ❑ To what degree does the person have control?
- ❑ To what extent are there alternatives or options for acceptable responses to the stimulus?

My behavioral buffer plan for today



- ❑ What's my **schedule** today? Are there some aversive routines involved?
- ❑ How am I **taking care** of myself today in special ways?
- ❑ How have my **staff been educated** on how these things are hard for me, and how to make them more **predictable**, **detectable**, and **controllable**?
- ❑ How are my caregivers **planning in advance** to help me face these?
- ❑ **When** I am **overwhelmed** in the middle of the event, how can I **let someone know** I need a "dignified way out" (e.g., a break while saving face or **without breaking** a class rule etc)?
- ❑ What have I **practiced** that will be helpful to me?
  - ❑ Mini meditation session
  - ❑ Using my self-advocacy skills
  - ❑ Asking people for assistance, a delay, help with making the problem easier, a reminder of what I can say, etc

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Exercise 5.

1. List the aversive **stressor** the client has had to deal with and what behavioral difficulties this is related to.
2. What **environmental modifications might** help them detect and **predict it?**
3. List some **appropriate ways the person could respond** to the stressor. These might include ways to
-decrease its intensity
-respond appropriately during it
-learn a variety of appropriate responses to it
-talk about it
-turn it off or make an appropriate escape response
-ask for help with respect to it
-report it
-switch to doing something appetitive afterward
etc

Picture a client who has uncontrollable stressors that seem aversive to them.

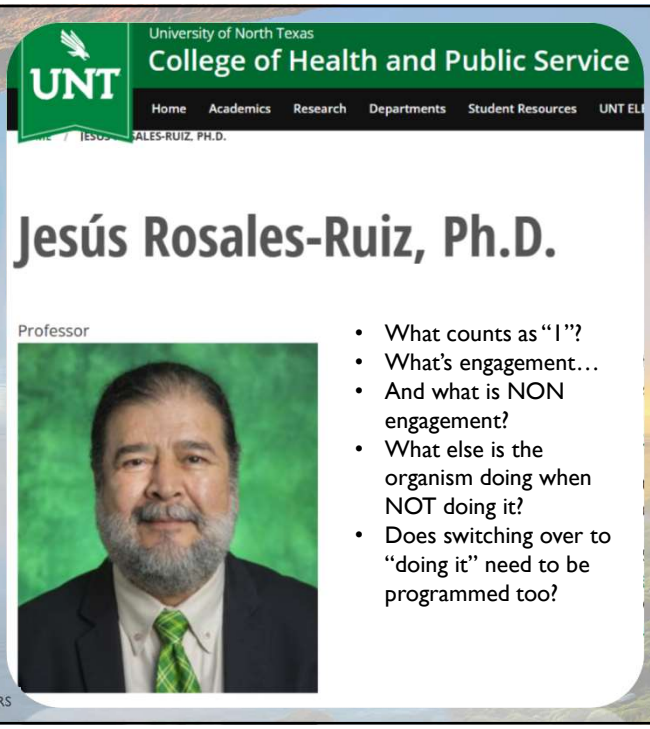
Prediction: How could they somehow predict the event?

Control: What could the person do in order to exert control in the behavioral environment surrounding this event?

Try writing a statement or goal that incorporates detection, prediction and control over similar upcoming events. How might the person practice or roleplay before they happen?

A few things I learned from my mentor/ advisor when defining behavior

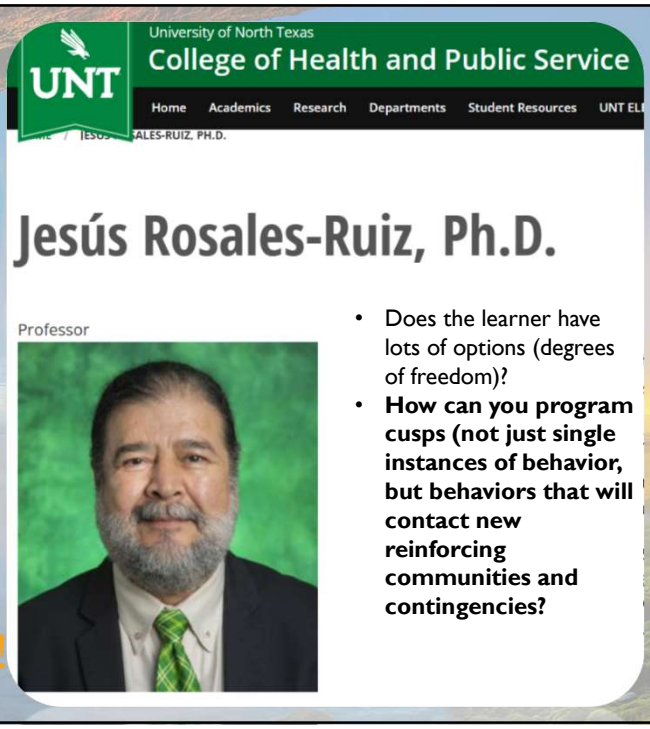
BEHAVIORAL



- What counts as "I"?
- What's engagement…
- And what is NON engagement?
- What else is the organism doing when NOT doing it?
- Does switching over to "doing it" need to be programmed too?

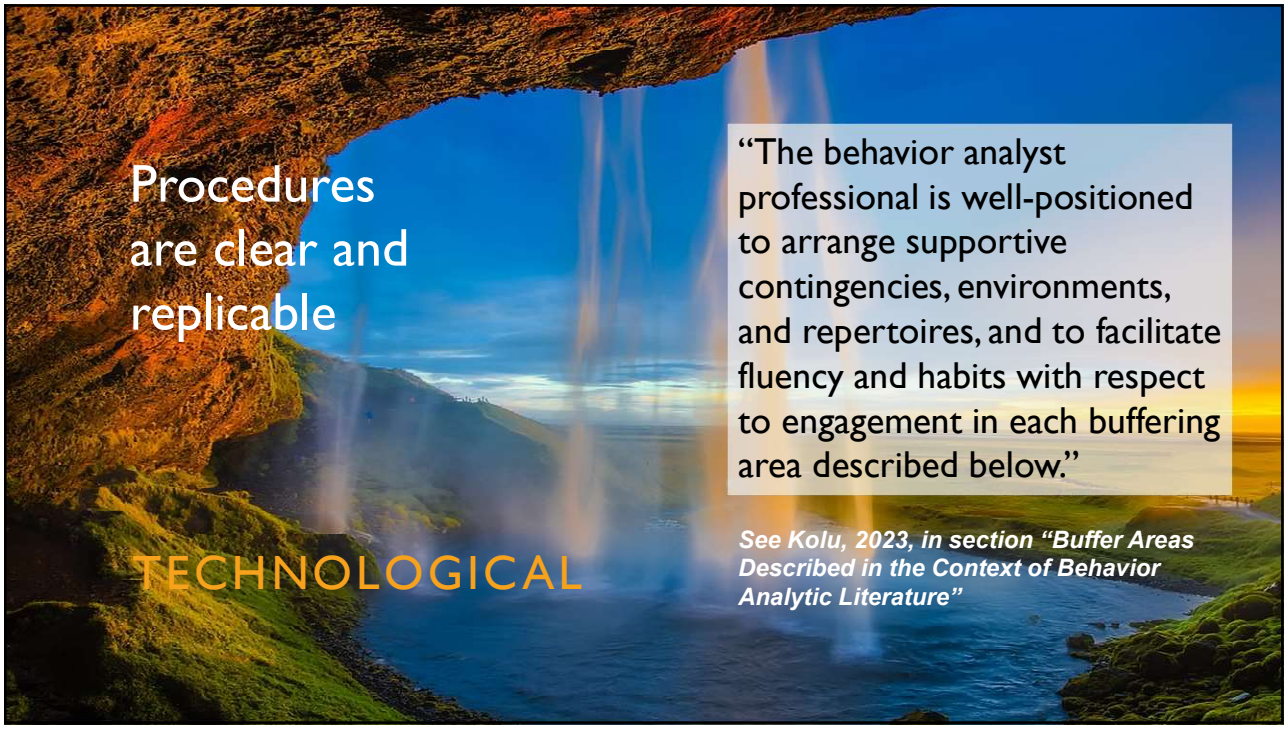
When you REALLY want to make it count…

PROGRAM BEHAVIOR CUSPS!



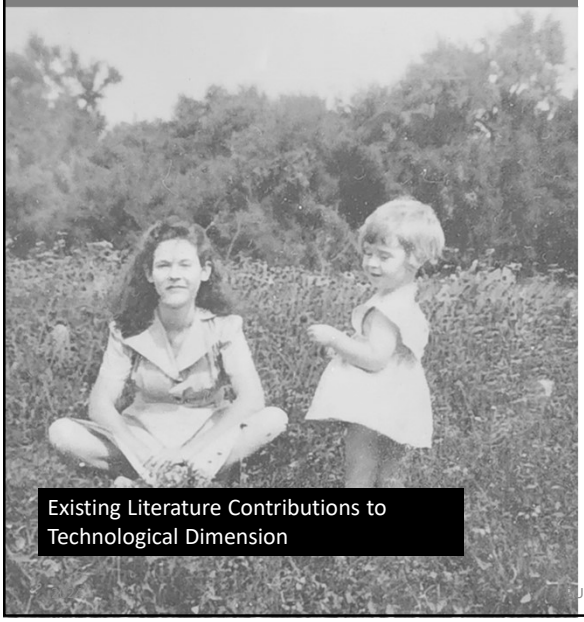
- Does the learner have lots of options (degrees of freedom)?
- **How can you program cusps (not just single instances of behavior, but behaviors that will contact new reinforcing communities and contingencies?**


Behavioral techniques result in socially significant changes that work… depending on what is effective for the learner.
EFFECTIVE
"Delivering behavior analysis in such a way that improves public health has significant precedent in the literature. - Alligood & Gravina, 2020; Biglan et al., 2000; Biglan et al., 2020; Hovell et al., 1986; Fisher et al., 2011; LeBlanc et al., 2020; Normand et al., 2021; Winett et al., 1991
The six buffer areas… reflect several worldwide health priorities, and converge on a possible preventive locus of behavioral action that could mitigate harm resulting from adverse experiences."
See Kolu, 2023, Conclusion


Procedures are clear and replicable
TECHNOLOGICAL
"The behavior analyst professional is well-positioned to arrange supportive contingencies, environments, and repertoires, and to facilitate fluency and habits with respect to engagement in each buffering area described below."
See Kolu, 2023, in section "Buffer Areas Described in the Context of Behavior Analytic Literature"

Let's take a look at some of the research presented in the article to get an idea of where we might find technological descriptions for procedures, or conceptually systematic approaches, related to each buffer area.

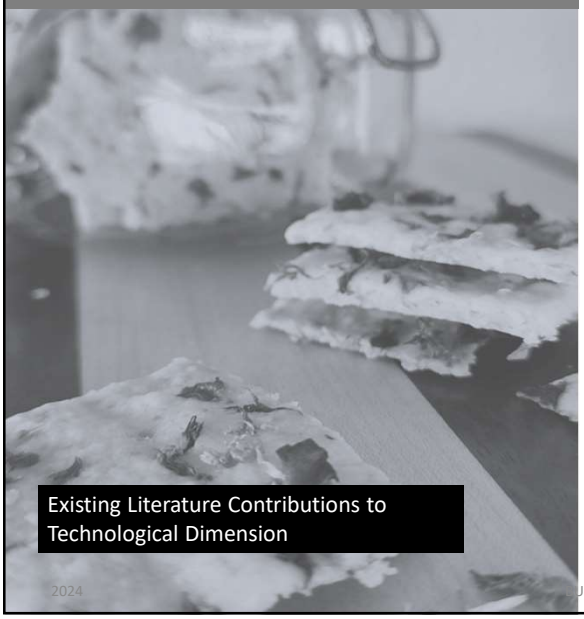
Nurturing Relationship



Existing Literature Contributions to Technological Dimension

- Behavior analysis' early days addressing the social relationship behaviorally: Skinner, 1953
- Iwata's discussion of the role social contingencies play in maintaining behavior (1982/ 1994)
- Targeting goals or strategies to address peer relationships, family members, caregivers, and clients (Fox et al., 2010; Coyne et al., 2020; Reinke et al., 2007; Taylor et al., 2019)
- Parent training for family members to work on the relationship (Reitman and McMahon, 2013)
- Rapport and pairing (Lugo et al., 2017)
- The problem of considering rapport in transactional ways or to decrease behavior (Carbone et al., 2007; Smith 2001; Sundberg & Partington, 1998; McLaughlin & Carr, 2005)
- Needs of children (Termini & Golden, 2007) and parents (Berard and Smith, 2008) after specific challenges
- Roles of interaction rates and behaviors helpful in mitigating adverse experience related harm (Bethell et al., 2019; Weisleder et al., 2016)
- Responsive caregiving in nurturing care (Shea et al., 2020)

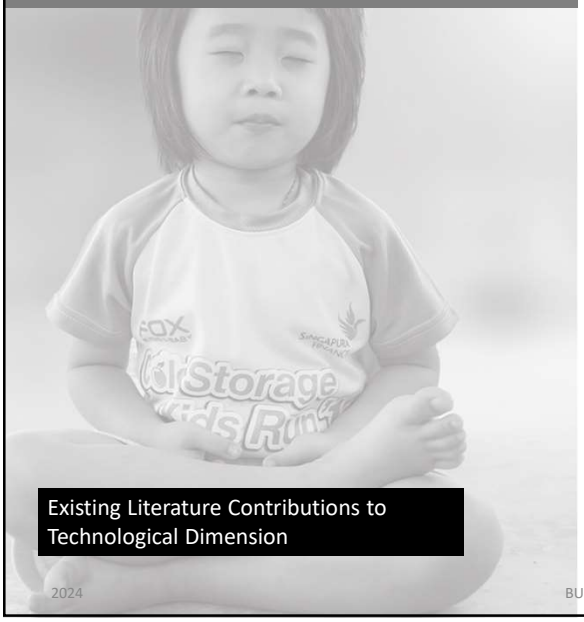
Nutrition



Existing Literature Contributions to Technological Dimension

- Assessment and treatment of food refusal (Riordan et al., 1984) and food selectivity (Levin & Carr, 2001; Peterson et al., 2016)
- Assessing caregiver-related variables in children's behavioral environments (Klesges et al., 1983)
- Assessment and considering characteristics of the individual; see applications of delay discounting to food-related behavior related to eating behavior and obesity (Weller et al., 2008; Deshpande et al., 2019)
- Constructional approaches to increasing appetitive responses to food and honoring client assent (Cihon, 2015)
- Community based programs targeting food consumption, purchasing (Horne et al., 2004; Horne et al., 2009) or purchasing (Wagner & Winett, 1988)
- Mindful eating interventions (Higgs, 2015)
- Simulus equivalance interventions (Hausman et al., 2014)
- Environmental arrangement (Horne et al., 2009), modeling and feedback (Winett et al., 1988), self-monitoring and goal-setting (Winett et al., 2007)
- Functional analyses-derived procedures for challenging behaviors related to meals (Stickney & Miltenberger, 1999)

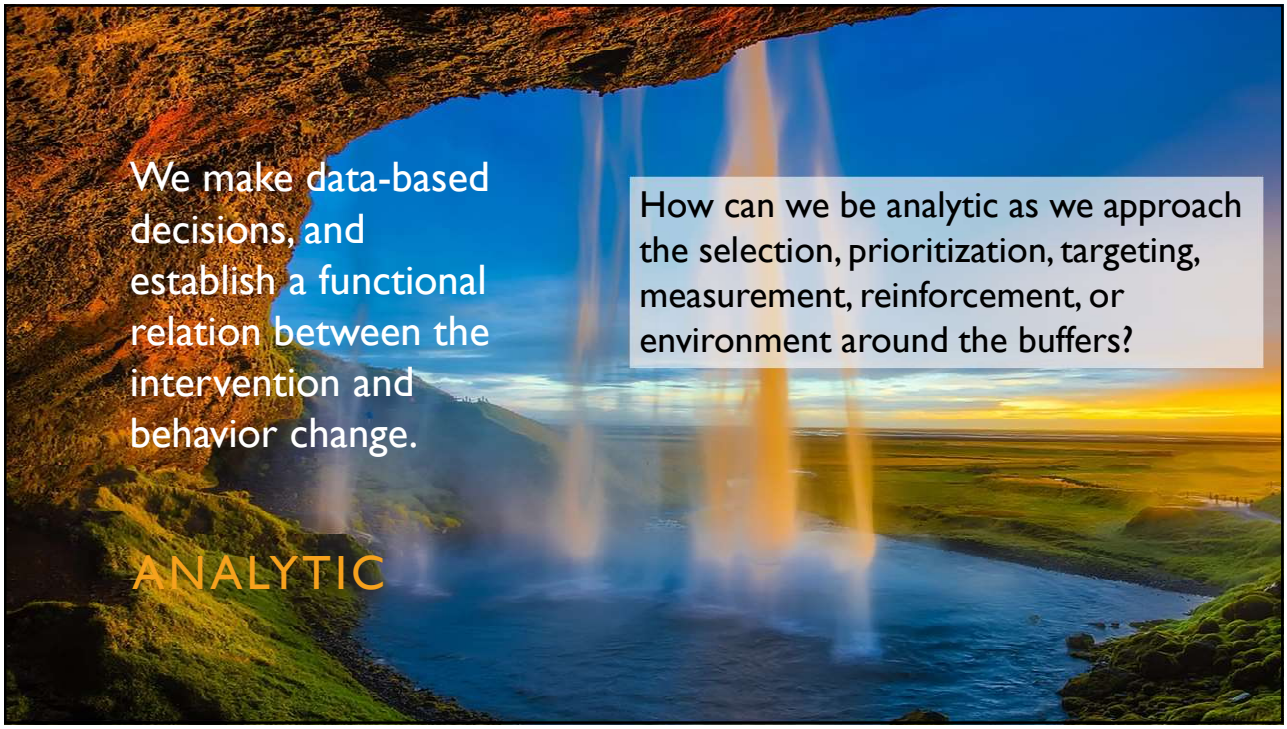
Stress Relief



Existing Literature Contributions to Technological Dimension

- Mindfulness training (Singh et al., 2011)
- ACT programs to lower stress while increasing mindfulness related skills for adolescents (Livheim et al., 2015) and adults (Bethay et al., 2013; Bond & Bunce, 2000)
- Build skills for stress reduction and relaxation (Lundervold et al., 2013) and to teach relaxed behaviors through behavioral skill training (Poppen, 1998)
- Relaxation training combined with systematic stimulus avoidance assessment to address specific antecedents evoking problem behavior (Wilson et al., 2015)
- Studying aspects of the neural context that are present during inescapable aversive stimulation (Maier and Seligman, 2016) and exploring ways the individual can control the threatening stimulus to reduce stress (see Seo et la., 2019)
- Exploring ways that clients' aversive histories contribute to what they find reinforcing about controlling their environments (Clark et al., 2008)


Procedures are clear and replicable
TECHNOLOGICAL
Want more? Please find each of these studies (and sections on the remaining 3 buffer areas) discussed and fully referenced in the 2023 article
See Kolu, 2023, in section "Buffer Areas Described in the Context of Behavior Analytic Literature"


We make data-based decisions, and establish a functional relation between the intervention and behavior change.
ANALYTIC
How can we be analytic as we approach the selection, prioritization, targeting, measurement, reinforcement, or environment around the buffers?

Exercise 6. Discussion question: 5 minutes

How can we be more analytic as we strategize; how might we plan to approach the following:

Which buffers to add? What to add FIRST? To prioritize?

Which clients to begin with? Which client relationships to start with?

Which behavioral aspects of the environment might need work (and how do we prioritize them)?

Tool: BAG

("Buffers at a Glance" Self Assessment Tool)

	Mostly Healthy	Room for Growth	Needs A LOT of Growth
Buffer rhythm			
Antecedents			
Resources			
Consequences			
Social environment NOW			
Social environment PAST			

Notes about categories (left column)

- B: Buffer rhythms relate to the behavior's frequency, optimal schedule, routine, etc.
- A: Antecedent control includes SDs, cues, prompts, models, conditioned stimuli, etc.
- R: Resource environment could include the time, money, materials, or tangible things I need in order to engage in the buffer area.
- C: Consequences could relate to the specific results (what do I gain, contact, avoid, prevent, produce, etc) when I engage in the buffer
- S: Social environment might relate to how the people around me respond related to the buffer.

BAG (BUFFERS AT A GLANCE SELF MONITORING TOOL)

A. **Read the rationale for the tool:** *This tool helps analysts be more analytic as we determine which combinations of changes to prioritize as we make changes in someone's life. Sometimes changes are necessary in order to problem solve barriers to buffers, but changing everything at once or doing it in an unsystematic way can leave us without knowing what was responsible for effects. The areas examined (rhythms, antecedent control, etc) are not exhaustive, but may be appropriate places to start depending on information gathered by using the tool.*

Now, prepare for the BAG by reading the chart below. Consider what is meant by Mostly healthy, Growing Healthier, and Needs Growth for each area.

	Mostly Healthy	Growing Healthier/ Room for growth	Needs Substantial Growth
Buffer rhythm	**Healthy frequency:** I do the buffer* daily, most days a week	**Erratic rhythm:** My buffers rhythm is erratic; I might do them daily or skip weeks or go several days	**Unhealthy frequency:** I never do the buffer, or I do it much too excessively
Antecedent control	**Mostly yes:** There are plenty of salient, appetitive and approachable SD's, cues, and prompts for the buffer in my daily environment.	**Mostly no:** There aren't many salient or appetitive cues related to the buffer in my environment. (Mostly no)	**Mostly no healthy antecedent control, plus the presence of some S-deltas** (e.g., signals that if I do engage in this buffer, there will probably be something unpleasant that happens next)
Resource environment	For the given buffer, the resources environment is **rich**. There is abundant or sufficient time, money, material, etc to engage in the buffer.	The resource environment is **thin/ sparse**. I barely have time (or money or space or materials etc) to do this buffer.	The resource environment is **deprived (There may be neglect. Resources are taken away or my basic needs are not being met.)**
Consequences for buffers	My engagement in the buffer is positively reinforcing for me and appetitive.	There is avoidance for the buffer area. Other behaviors are more worthwhile and reinforcing.	It is harmful, aversive, or punishing for me to engage in the buffer. There may be coercion.
Social environment for the buffers- **CURRENT** **Social** environment for the buffers- **HISTORICAL**	**Healthy rich social support: Right now,** there are people around me who value these buffers too and care about my health and theirs. They model them and/or do them with me. **In the past,** there was healthy rich social support around me when I was growing up or years ago	**Sparse social support: Right now,** there are very few people around me who value or model or do these things, or care if I do. **In the past,** there was sparse social support for these buffers	**NO social support or worse, the presence of social unhealthy social factors: right now,** no one cares or models these, PLUS, unhealthy alternatives are valued, modeled, and done with me. **In the past,** there was a very unhealthy social environment related to the buffer

**See buffers definitions for examples of buffer engagement for each buffer, then make modifications as needed for your person.*

BAG (BUFFERS AT A GLANCE SELF MONITORING TOOL)

Number	Buffer
1	Relationship
2	Nutrition
3	Exercise
4	Sleep
5	Mental Health
6	Stress Relief

B. **Where do you fall in the BAG?** Read the definitions of buffers for examples of buffer engagement for each buffer. If you need to, make modifications as needed for your person or jot down examples. Now, use the key below for the buffers.

- **Notice the 6 boxes** available in each column.
- **Notice the rows** that correspond to the 5 factors you just reviewed (buffer rhythm, antecedent support, resource environment, consequences, and social environment.
- **For each row, you'll place numbers in the columns** that describe where you are with respect to each buffer.
  - **For example, starting with your relationship**, using the first row, put a "1" in the column that most accurately describes where you are with a nurturing relationship. If you think your relationship is nurturing and healthy most of the time, enter a "1" in the first column. That's the "Mostly healthy" column. If you think it's not always very nurturing, enter your "1" in the second column. If you have no nurturing relationship at all, or if the primary relationship you have is very unhealthy, you would put your "1" in the last column.
  - **Repeat for the second buffer, nutrition**. Place a "2" for nutrition in the column that reflects your rhythm of daily engagement in healthy eating.
- **After you've distributed the numbers "1", "2", "3", "4", "5", and "6" in the top row wherever they fit, go on to the next row, "ANTECEDENT CONTROL".** Repeat the steps above to place each number in the column that best reflects your current state. For example, suppose you are placing a "3" in the column where it best fits. "3" is for exercise. Suppose you think about exercise and you like doing it, but you always forget, and you realize that you don't have any cues in your environment prompting you to exercise. You would put a "3" in the middle column ("Getting healthier/ Room for growth").
- **When you are done**, every row should contain each numbers, in the columns they fit best.

Below, complete the BAG (place the numbers 1-6 in every row where they best fit, then repeat for the next row. Refer to the instructions above as needed.

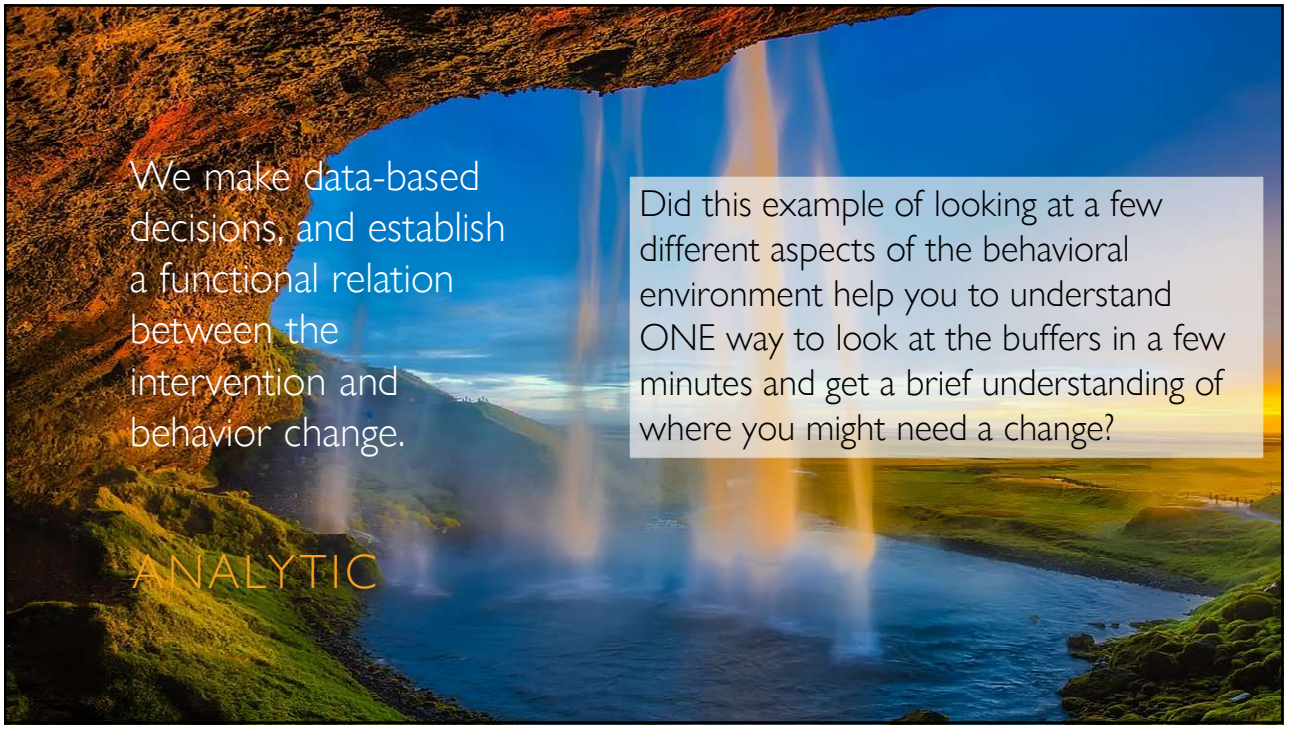
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Buffer rhythm			
Antecedents			
Resources			
Consequences			
Social environment NOW			
Social environment PAST			

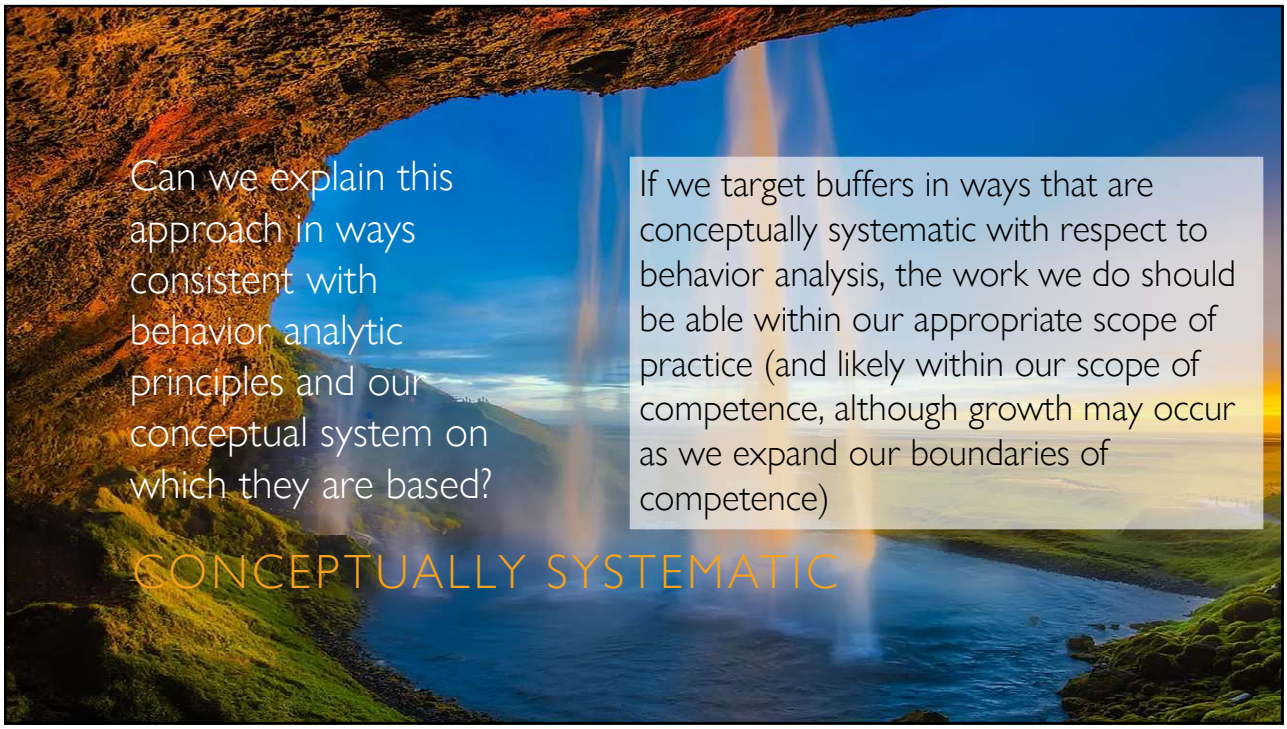
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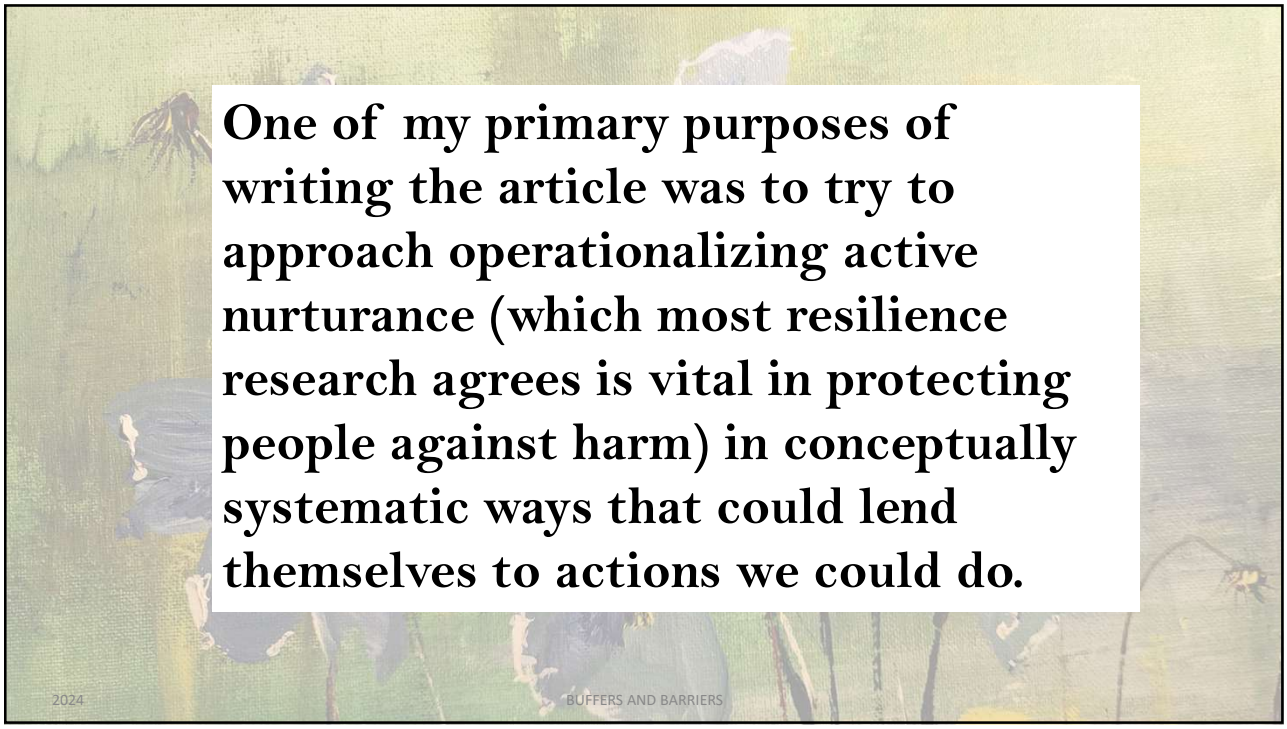
	Mostly Healthy	Growing Healthier	Needs A LOT of Growth
Buffer rhythm	1	2 4 5 6	3
Antecedents	1 2 4	3 5 6	
Resources	1 2 4 6	3 5	
Consequences	1 2 3 4 5 6		
Social environment NOW	1 4	2 3 5 6	
Social environment PAST	1 2 4	3 5 6	

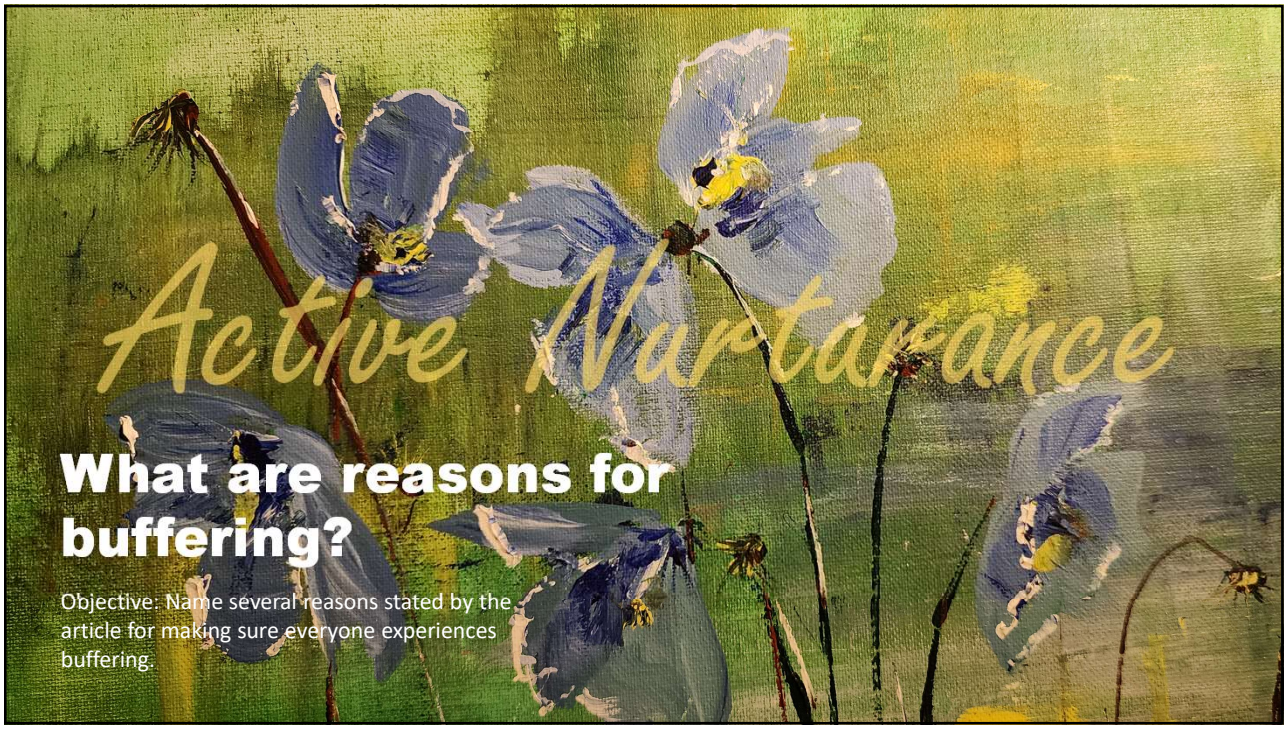
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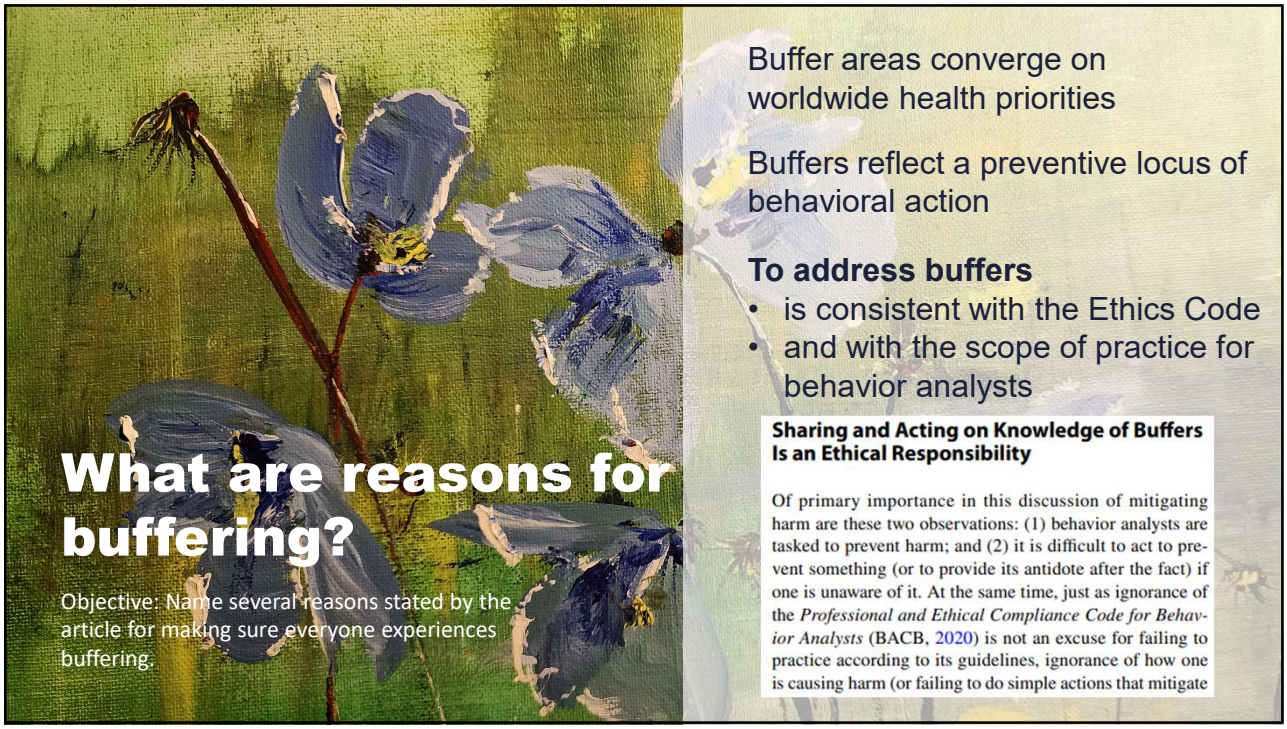
	Mostly Healthy	Growing Healthier	Needs A LOT of Growth
Buffer rhythm	1		
Antecedents		1	
Resources		1	
Consequences	1		
Social environment NOW		1	
Social environment PAST	1		




Can we explain this approach in ways consistent with behavior analytic principles and our conceptual system on which they are based?
If we target buffers in ways that are conceptually systematic with respect to behavior analysis, the work we do should be able within our appropriate scope of practice (and likely within our scope of competence, although growth may occur as we expand our boundaries of competence)
CONCEPTUALLY SYSTEMATIC


One of my primary purposes of writing the article was to try to approach operationalizing active nurturance (which most resilience research agrees is vital in protecting people against harm) in conceptually systematic ways that could lend themselves to actions we could do.
2024
BUFFERS AND BARRIERS


Active Vartarance
What are reasons for buffering?
Objective: Name several reasons stated by the article for making sure everyone experiences buffering.


What are reasons for buffering?
Objective: Name several reasons stated by the article for making sure everyone experiences buffering.
Buffer areas converge on worldwide health priorities
Buffers reflect a preventive locus of behavioral action
To address buffers
• is consistent with the Ethics Code
• and with the scope of practice for behavior analysts
Sharing and Acting on Knowledge of Buffers Is an Ethical Responsibility
Of primary importance in this discussion of mitigating harm are these two observations: (1) behavior analysts are tasked to prevent harm; and (2) it is difficult to act to prevent something (or to provide its antidote after the fact) if one is unaware of it. At the same time, just as ignorance of the Professional and Ethical Compliance Code for Behavior Analysts (BACB, 2020) is not an excuse for failing to practice according to its guidelines, ignorance of how one is causing harm (or failing to do simple actions that mitigate


What are reasons for buffering?
Objective: Name several reasons stated by the article for making sure everyone experiences buffering.
Buffer areas converge on worldwide health priorities
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To address buffers
• Is ethical, within the scope of a practice for behavior analysts, and
• can address client values


What are reasons for buffering?
Objective: Name several reasons stated by the article for making sure everyone experiences buffering.
Buffer areas converge on worldwide health priorities
Buffers reflect a preventive locus of behavioral action
To address buffers
• Is ethical, within the scope of practice for behavior analysts,
• can address client values,
• provides an outlet for community service, and
• connects behavior analysis in rich, meaningful ways to community



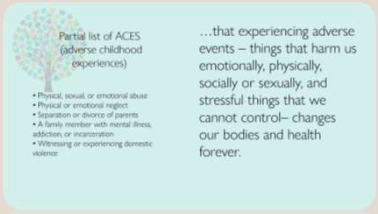
What are reasons for buffering?

Objective: Name several reasons stated by the article for making sure everyone experiences buffering.

Buffer areas converge on worldwide health priorities

Buffers reflect a preventive locus of behavioral action

- Nurturing for clients
- Nurturing for staff
- Nurturing for caregivers



What are ACEs?

Objective: Describe two meanings of "ACEs" and give examples of each.

Meaning 1: Adverse *childhood* experiences

Meaning 2: Adverse *conditioning* experiences

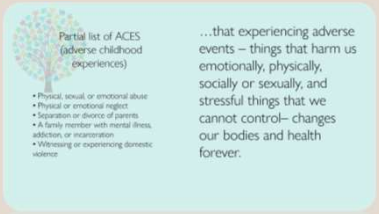
Task List Area B. Concepts and Principles (B-1 through B-15)

Task List Item A-5: Define and describe the dimensions of applied behavior analysis

Analytic dimension: We can demonstrate a reliable functional relationship between environmental events and behavior

Conceptually systematic: The procedures we use are all related to, and derived from, our behavioral conceptual system.

A-2 Pragmatism is one of the philosophical underpinnings of behavior analysis

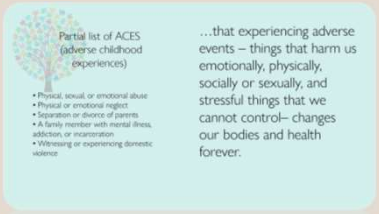




Why ACEs? (Why not "trauma")?

Objective: Describe two meanings of "ACEs" and give examples of each.

A-2 Pragmatism is one of the philosophical underpinnings of behavior analysis



- **Adverse experiences** (including conditioning experiences with both operant and respondent components), **with subsequent adverse** behavioral and biological/medical **effects and** long-term **impacts**"
- **Results:** responses that are partially *determined by the availability of responses at the time, the person's capacity (age, abilities, physical environment, etc)*
  - *And behavioral variables like the schedule of reinforcement and other aspects of the behavioral environment (models for the behavior, sd's, prompts, instructions, cues; reinforcers, motivations,*
  - *And subsequent derived relations and stimulus functions*

But as long as we're here…

Objective: Give a possible definition for trauma introduced in Dr. Kolu's other coursework





Buffers are 6 specific factors…

- *Harris, N. B. (2018). The deepest well: Healing the long-term efects of childhood adversity. Bluebird.*
- *Purewal, S. K., Bucci, M., Gutiérrez Wang, L., Koita, K., Silvério Marques, S., Oh, D., & Burke Harris, N. (2016). Screening for adverse childhood experiences (ACEs) in an integrated pediatric care model. Zero to Three, 37(1), 10–17.*

What are buffers?

Objective: Provide a description of "buffers" according to the article





Buffers are 6 specific factors…

in which action is **documented** to exert effects that mitigate the risk of, and in some cases prevent, the biological damage caused by cumulative exposure to prolonged, inescapable, and distressing aversive and adverse experiences.

- Maier, S. F., & Seligman, M. E. P. (2016). Learned helplessness at fifty: Insights from neuroscience. Psychological Review, 123, 349–367.
- McEwen, B. S. (2000). The neurobiology of stress: From serendipity to clinical relevance. Brain Research, 886(1–2), 172.
- McEwen, B. S. (2004). Protection and damage from acute and chronic stress: Allostasis and allostatic overload and relevance to the pathophysiology of psychiatric disorders. Annals of the New York Academy of Sciences, 1032, 1–7.
- McEwen, B. S. (2005). Stressed or stressed out: What is the diference? Journal of Psychiatry & Neuroscience, 30(5), 315–31.
- Slopen, N., McLaughlin, K., & Shonkof, J. P. (2014). Interventions to improve cortisol regulation in children: A systematic review. Pediatrics, 133(2), 312–326.

What are buffers?

Objective: Provide a description of "buffers" according to the article



Action within [these] six specific buffering areas engages several biological mechanisms:

- reducing stress hormones
- reducing inflammation
- enhancing neuroplasticity
- and delaying cellular aging) that affect health and mediate protection from disease onset

Harris, 2018

Why "buffers" and not "resilience" (or something else)?

Objective: State 3 reasons Dr. Kolu uses the term "buffers" and not "resilience" (or another term)

Why "buffers" and not "resilience" (or something else)?

- The term *"buffers"* is used to hold 6 specific areas are all backed by research on very specific effects on health
- *Resilience* is described differently depending on source and context (e.g., it is the capacity for overcoming stress, the process for overcoming stress, a trait, a capacity, and an outcome.
- We might also use the term *"promotive factors"*, but this term is already used interchangeably with resilience and there is disagreement:
  - **From the resilience literature:** "promotive factors are called protective factors to distinguish them from promotive factors that only compensate for risk exposure" (Zimmerman 2013)
- Then consider the similar term *"protective factors"*: How many are there?
  - National Center for Injury Prevention and Control states there are 23 protective factors
  - Child Welfare Information Gateway states there are 6
  - Ungar's article on resilience says there are 7 protective factors (but these are different factors than the ones above)
  - And protective factors are confusing because in some literature they are considered to actually "prevent trauma" and elsewhere, protect the person against it's effects.



"Even as clearer definitions and robust research programs are sorely needed on this concept, a productive starting point for discussing the research and practices presented here is the term bufers as it is discussed by Dr. Nadine Burke Harris (2018)."

–Kolu, 2023

Why "buffers" and not "resilience" (or something else)?

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Buffers are 6 specific factors…

in which action is **documented** to exert effects that mitigate the risk of, and in some cases prevent, the biological damage caused by cumulative exposure to prolonged, inescapable, and distressing aversive and adverse experiences.

2.12 Considering Medical Needs

Behavior analysts ensure, to the best of their ability, that medical needs are assessed and addressed if there is any reasonable likelihood that a referred behavior is influenced by medical or biological variables. They document referrals made to a medical professional and follow up with the client after making the referral.

2.19 Addressing Conditions Interfering with Service Delivery

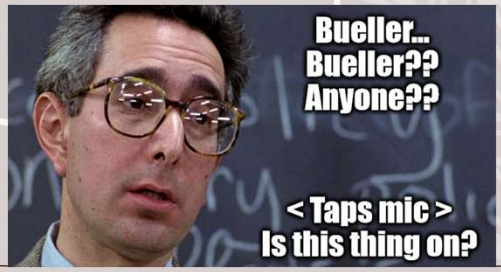
Behavior analysts actively identify and address environmental conditions (e.g., the behavior of others, hazards to the client or staff, disruptions) that may interfere with or prevent service delivery. In such situations, behavior analysts remove or minimize the conditions, identify effective modifications to the intervention, and/or consider obtaining or recommending assistance from other professionals. Behavior analysts document the conditions, all actions taken, and the eventual outcomes.

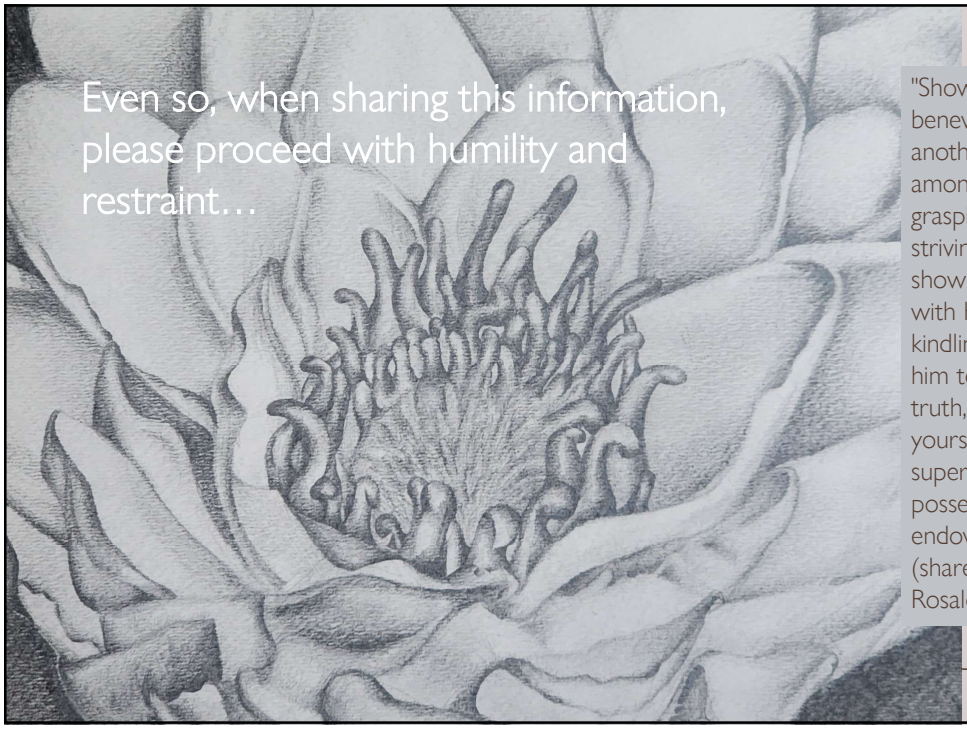
Why add buffers? Why NOT?

Objective: State two ethics related rationales for adding buffers to a client's plan

Kolu, 2024

"Let him, for whom none of his clients has experienced any adverse or aversive experience, cast the first stone."





Even so, when sharing this information, please proceed with humility and restraint…

"Show forbearance and benevolence and love to one another. Should anyone among you be incapable of grasping a certain truth, or be striving to comprehend it, show forth, when conversing with him, a spirit of extreme kindliness and goodwill. Help him to see and recognize the truth, without esteeming yourself to be, in the least, superior to him, or to be possessed of greater endowments" Bahai Writings (shared by Shahla Ala'i Rosales)

1.07 Cultural Responsiveness and Diversity

Behavior analysts actively engage in professional development activities to acquire knowledge and skills related to cultural responsiveness and diversity. They evaluate their own biases and ability to address the needs of individuals with diverse needs/backgrounds (e.g., age, disability, ethnicity, gender expression/identity, immigration status, marital/relationship status, national origin, race, religion, sexual orientation, socioeconomic status). Behavior analysts also evaluate biases of their *supervisees* and *trainees*, as well as their supervisees' and trainees' ability to address the needs of individuals with diverse needs/backgrounds.

1.08 Nondiscrimination

Behavior analysts do not discriminate against others. They behave toward others in an equitable and inclusive manner regardless of age, disability, ethnicity, gender expression/identity, immigration status, marital/relationship status, national origin, race, religion, sexual orientation, socioeconomic status, or any other basis proscribed by law.



?

We are to engage in equitable behavior that meets the definition for nondiscrimination.
If there *is* something preventive we can all do, that reduces the burden of harm heaped upon people often affected disproportionally by adversity…

SHOULD IT BE ACCEPTABLE TO SAY "NO, I'M NOT DOING THAT"?

?

Ok, I'll do it, but only if it directly relates to the behaviors I am trying to teach

And only if it's needed in order to decrease unsafe behavior

And only if I get more funding

And only for my direct client, certainly not for their

And only for my client, certainly not for my staff

SHOULD IT BE ACCEPTABLE TO SAY "NO, I'M NOT DOING THAT"?

Which person is safer?

Jamal and Emily are from the same neighborhood growing up. They are both 16 now.

- *Both have been diagnosed with autism.*
- *Both were involved in the same natural disaster that made them homeless.*
- *Both have experienced many ACES.*
- *Both struggle with behavior challenges.*
- *Both lived in foster care for several years.*

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Which person deserves the buffers more?

Jamal and Emily are from the same neighborhood growing up. They are both 16 now.

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What's life like for you, Jamal?

Well, I don't sleep, eat nutritious food, exercise regularly, go outside much, have any sort of stress relieving skills, or mental health care. None of my previous foster families acknowledge me and I don't have friends I keep in touch with. I get kicked out of placements including educational and social ones, especially whenever I'm stressed. I use unsafe behaviors the placement "cannot handle" and start over in a new environment. There is no stability in medical care because of all this moving around, and I'm hospitalized often but nothing seems to change.

How about you, Emily?

I see a therapist, and I have a great CASA worker who sees me weekly or more while we spend time together. I got a package of nutrition, exercise and sleep consultation in one of my placements, and now I have fun planning my meals and implementing the suggestions I learned in my Buffers workshop (my CASA attended with me). I regularly practice a mindfulness skill that we learned, and now I use it when I feel stressed out about school or in my foster home. My primary care doctor knows about my ACES history and I get regularly screenings for early disease onset. When I struggle at school or at home, my team has a meeting to discuss possible medical contributions and problem solve with me…. BEFORE trying to change my behavior.

(c) Kolu 2023

Two kinds of behavioral environments

Buffers

Buffers are worked on only if the team sees them as related to a behavior targeted for decrease

Intentional; regularly screened for; practiced by entire team; part of antecedent education for every family receiving services

Partnerships

Partnerships about buffers are non existent or lack connections to necessary specialties

Preventive; installed before there is a problem; modified to insure they are culturally relevant

Difficulties with behavior

Derail the person's placement and progress; lead to more difficulties

Expected and resolved; take place against the background of active nurturance

(c) Kolu 2023

"Which person deserves the buffers more?"

Exercise 8.

1. Think: For a moment, consider that question you just saw. Does it make you uncomfortable? Why?

2. Jot down: jot down your thoughts on any question below. - Is there a possibility that an agency could reduce unintentional discrimination against some clients by screening everyone for buffers and helping solve barriers?
- What might we miss when we assume we don't need to work on buffers and barriers because they're not related to our client's behavior plan, referral, funding, or behaviors for decrease?

3. Discuss: discuss your answers with the group and listen to others' ideas. Is there anything you want to share?



Two kinds of environments

- **What's the difference?** The difference is active nurturance! Buffers are one way of operationalizing that, and making sure it comes first and continues to occur.
- **Active nurturance** can and should take place for caregivers too. To reduce stress and build resilience, it is essential.

ARE YOUR CLIENTS DISPROPORTIONATELY AFFECTED BY ACES… OR BARRIERS? HOW WILL YOU KNOW IF YOU DO NOT ASK?

"Critical race theory (Delgado et al., 2012) tells us that taking a color-blind approach to human behavior reveals a failure to include an individual's learning history and personal cultural context that may impact their worldview and actions." –Denisha Gingles in "Igniting Collective Freedom: An Integrative Behavioral Model of Acceptance and Commitment Toward Black Liberation - PMC (nih.gov)"

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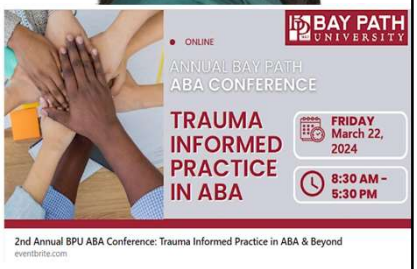
Denisha Gingles, MS, LGPC, BCBA, LBA

Denisha Gingles is a passionate, liberation-centered counselor(LGPC) and Board Certified Behavior Analyst (BCBA) dedicated to igniting collective and individual freedom of underserved populations, with an intentional lens on Black lives. She is the owner of two behavioral health organizations, PhD Student, and social justice activist. As a pioneer in her field, she has mastered the creation of sacred spaces that promote wellness, self-awareness, and personal growth toward valued living.

As a leading researcher and futuristic thought-leader, Denisha has synthesized social justice pedagogy with contemporary behavioral science. Her practice, Whole Self Liberation Counseling, is a full-service agency that focuses on reversing self-defeating thoughts and community-hindering behaviors while evoking liberatory action that counters internalized racism and anti-Blackness conditioning. The practice supports individuals and their families through an evidence-based, trauma-informed, applied behavior analysis therapy to help improve the lives of the entire family and community.

Denisha's work takes a radically compassionate approach to igniting the behavior change needed to produce systemic social change in support of justice and equity. She is a highly sought international keynote speaker who has directly shaped personal, local, and organizational change, concurrently instilling responsibility and optimism for a better





https://denishagingles.com/about



How do ACEs change health?

Objective: State how ACEs change health, naming at least 3 specific health problems mentioned in the article.

How do ACEs change health?

Objective: State how ACEs change health, naming at least 3 specific health problems mentioned in the article.

Cumulative exposure to prolonged, inescapable, distressing adverse experiences causes biological damage that is dose-dependent.

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfeld, C. H., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry & Clinical Neuroscience, 256, 174–186.
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- Dong, M., Giles, W. H., Felitti, V. J., Dube, S. R., Williams, J. E., Chapman, D. P., & Anda, R. F. (2004). Insights into causal pathways for ischemic heart disease: adverse childhood experiences study. Circulation, 110(13), 1761–1766.
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Table 1 Problems with health outcomes linked to previous adverse experiences

Risk or problem faced after trauma	Reference(s)
Increased likelihood of disease in adulthood (including obstructive pulmonary disease; ischemic heart disease; autoimmune disease; and much more)	Koita et al. 2018; Anda et al., 2008; Dong et al., 2004; Dube et al., 2009
Mental health needs; greater risk of depression	Bethell et al., 2014; Chapman et al., 2004; Huntington & Bender, 1993; Maag & Reid, 2006
Greater number of infections	Wyman et al., 2007; Lanier et al. 2010
Developmental and learning delays and difficulties	Enlow et al., 2012; Strathearn et al., 2001; Burke et al., 2011
Dental problems	Bright et al., 2015
Asthma	Wing et al., 2015; Kozyrskyj et al., 2008; Lange et al., 2011
ADHD/Conduct disorder	Morgan et al., 2016
Sleep disturbances and difficulties	Armitage et al., 2009; Hairston et al., 2011; Wolke & Lereya, 2014
Obesity	Suglia et al., 2012
Suicide related behaviors	Rhodes et al., 2012
Pain (and altered pain perception), gynecological disorders	Paras et al., 2009; Reissing et al., 2003
Toileting difficulties	Nijman et al., 2005
Neurobiological changes that alter attention, handling stress, and more	Karmel & Gardner (1996); Danese & McEwen (2012); De Bellis et al., 1999


Barriers: Things that block engagement in buffering areas
Objective: Describe how barriers can contribute to lack of engagement in buffering areas.

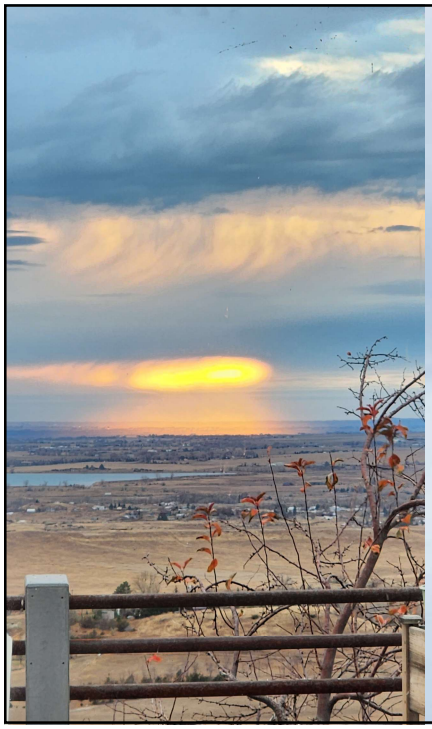

Related strategy:
Ask people about the buffers
Barriers: Things that block engagement in buffering areas
Objective: Describe how barriers can contribute to lack of engagement in buffering areas.

Exercise 9. Conversation Flowchart.

1. Pair up.
2. **Pick a person** to ask the first question on the flowchart. The other person provides answers.
3. Discuss.

Sample questions:

- Did you learn a little about what practice you might need before you use this in your agency?
- Did you learn any thing about yourself or your partner?
- Can you imagine having this conversation with a new staff you hire? Can you imagine having this conversation with a new client caregiver?
- *What resources would you want to have ready, in order to make it a good conversation?*



RESOURCE: CONVERSATION FLOWCHART

Flowchart: Buffers & Barriers *(Example conversation)*

Flowchart shows examples of training material used while starting conversations. Agencies or groups supporting clients, families, and staff about buffers and barriers can provide examples and resources ready to share. Each interaction should be individualized based on what is already known about case; cultural factors; individual needs; company's roles and resources; etc. ***Client's words are shown in bold.***

START HERE
"We really care about your health. So we will check in with you about 6 areas that are helpful to have in place if folks ever face hard times in the future. Even though it might not seem very related to the things you came to us to learn, these might help. I can show you a list now- it won't take long. Would that be ok?"

"Sure, go ahead."

"Thanks so much. Here's the list. How are these areas going for you?"

"These are all going fine"

END: "Okay! Thank you for telling me. I'll be in touch with you about a few ways our agency can help you keep this going well, and for now I'll leave a list of resources in case it ever gets more difficult."

(Hands person a brief list of buffers, benefits, and hints to resolve barriers (using a list of local resources) to client/ caregiver; documents the info that was shared)

"Not great"

"Thank you so much for sharing that. Is there anything specific you'd like to add about which area is hard, or what makes it difficult for you (e.g., or for your family)?"

"Yeah, it's mostly about ____ (e.g., names area and/or barrier). I've heard how important ___ *(this buffer area)* is, but we can't afford/ do/ get that!"

(looks at list)
"Oh yeah, some of these are exactly what's happening. We're really struggling with x and y on this list."

END: "Oh, absolutely. That can be so difficult. Thanks for being open enough to share that with me. We have someone in the office who problem solves this issue with families/ clients. If it's ok with you, they would love to give you a call. Would a text or email work better for you next week?"

(provides information, documents what was shared, contacts resource, makes appointment)

"Not really, no."

"Ok, I see, thank you. It can be hard to talk about. If it's ok with you, I have a list of some common issues folks have had with this area. If you want, you can check off some."

(looks at list)
"No, that's not it. We just have problems with this because of ____."

"No, I don't really want to answer that yet."

END: "Ok, that's fine. Thanks for being honest! My team is going to leave this information for you here in case you want to check it out. It shares a list of resources just in case it gets more difficult. Thanks again for speaking with me."

(Hands person a brief list of buffers, benefits, and hints to resolve barriers (using a list of local resources) to client/ caregiver; documents the info that was shared)

Fig. 1 Example conversation to reduce response effort for practitioners new to adopting buffers policy (author original graphic)

Barriers: Things that block engagement in buffering areas

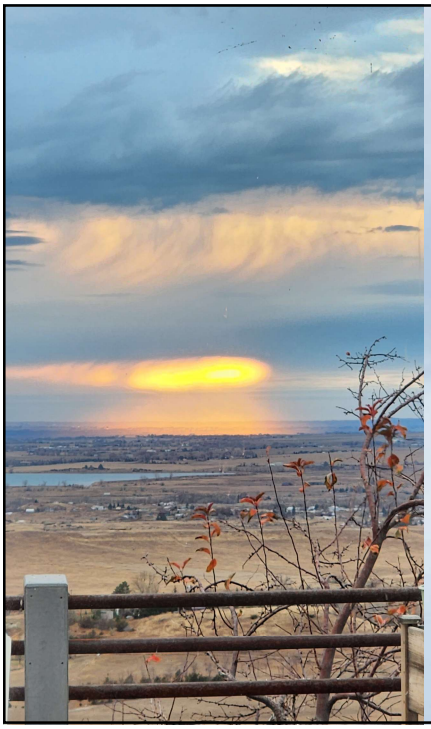
Objective: Describe how barriers can contribute to lack of engagement in buffering areas.

Related strategy:

Ask people about the buffers…

then listen to what they add about

- "why I can't…"
- "what you don't understand is…"
- "why this would never work for me…"
- "why it's not worth it"
- "why it's a dumb idea"
- "why xyz is more urgent right now… "



RESOURCE: BARRIERS GRAPHIC

B **BEHAVIOR**. The person may have behavioral difficulties that are getting in the way of them using the buffers.

A **ACCESS and AVAILABILITY**. Person may live somewhere the buffers are hard to access, or they may not be available at all.

R **REASONS**. The person may have reasons they ***cannot*** *(or do not)* engage in buffer areas, or individual or cultural reasons the buffers are difficult or confusing.

R **READINESS**. The person may have other things they care about or need help with, before safely paying attention to buffers.

I **INFORMATION**. Some families don't know about buffers, or have the incentives to implement the information.

E **EDUCATION**. The family or person may need education on the resources available, on how to do the buffers, or where to find them.

R **RESOURCES**. The person may need connections to financial help, social support, or other things.

S **SKILLS AND SUPPORT**. The person may need to learn new things, or add skills, to really benefit from the buffers.

There are many reasons folks don't do 6 simple things that could protect from the harm trauma causes.

Be a buffer. Solve a barrier.

- ❑ Does YOUR agency have a list of ways you problem solve each of these barrier areas?
- ❑ If you're a behavioral provider, have you connected to a community resource or a pro in EACH BUFFER area, so **you** can connect clients?
- ❑ Do you regularly give out info to families to add buffers and problem solve barriers?

ACES Buffers & Barriers graphic Part 2. For further reading, see Nadine Burke Harris' book (2018) The Deepest Well. For research and recommendations, see Purewal, Bucci, Wang, Koita, Marques, Oh, Harris (2016). Screening for adverse childhood experiences (ACEs) in an integrated pediatric care model. Zero to Three, 36 (3), 10-17.

Exercise 10.

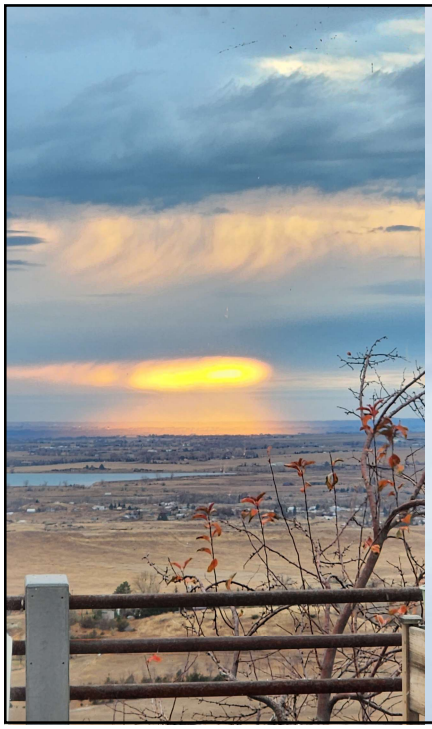
1. Pair up.

2. **Pick a buffer** to ask about. Ideally, if you're doing this for yourself, pick the buffer you find it hardest to get done regularly, or the one that you think might be related to the most barriers.

3. Look through the BTRFLS together.

4. **Talk from top down about the buffer** using the frames (e.g., first talking behavior plan related questions, then triggers you might experience related to it), etc. If something really seems important, stop and think about that area together, jotting down notes if you like.

5. **Focusing and prioritizing:** Did this guided conversation help you think about a place to start problem solving? If so, name one thing you might start with in order to help yourself move forward more intentionally with this buffer.

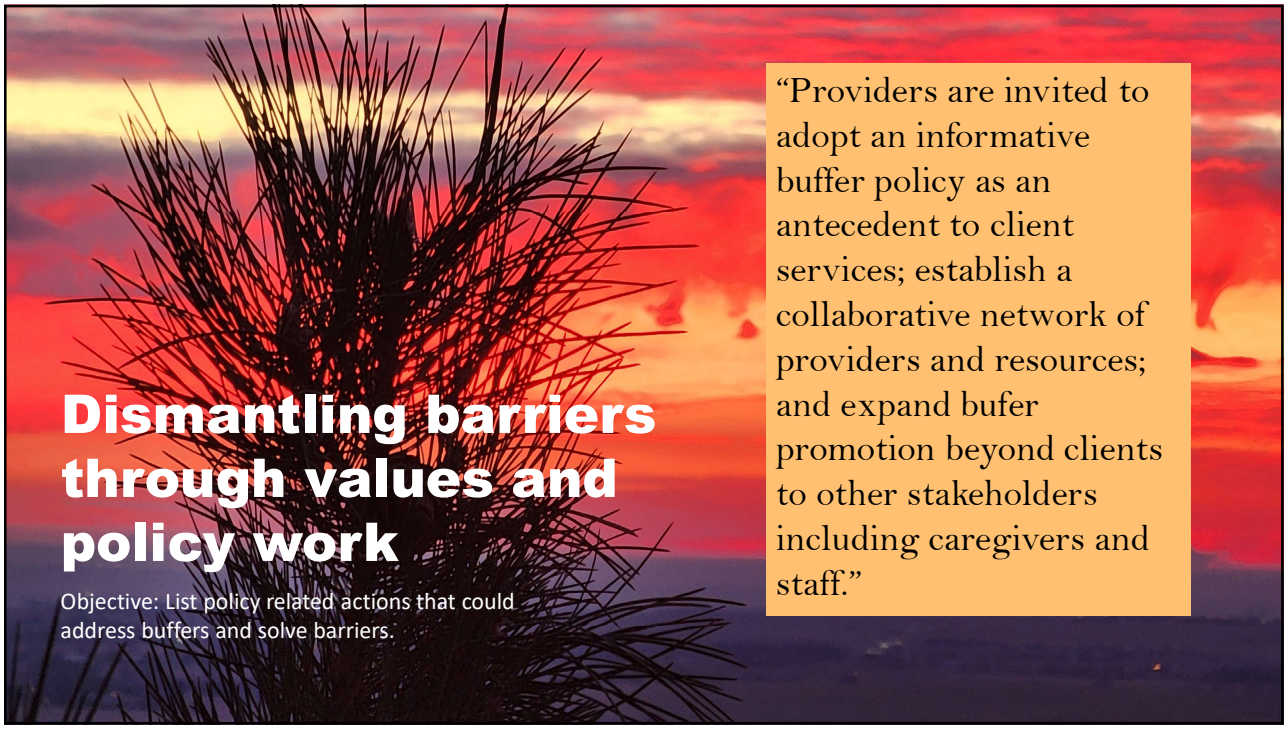


RESOURCE: BTRFLS

Behavior Analysis in Practice

Fig. 4 BTRFLS (pronounced "butterflies"): This visual provides a quick glance at some barriers clients may want to discuss related to their engagement in buffering areas

	My input			Buffer Area Assessed below: (Circle letter): (E)xercise, (M)ental Health, (R)elationships, (H)ealthy Diet, (S)leep, (S)tress relief	My loved one's or staff's view		
	Yes	No	Not sure		Yes	No	Not sure
B: Buffers and behavior plans				This area is important to me			
				I understand why this area matters to other people who care about me			
				I think I am fulfilled in this area			
				I regularly practice this area			
				This area is built in to my schedule			
				I have been given the opportunity to provide input on this area of my plan			
T: Triggers or difficulties				Something to do with this area is a trigger for me			
				I am still not fluent in any skills in this area			
				Time is a barrier for me, I have other things I need to do instead			
				I have experienced serious adverse events related to this item			
				I have experienced coercion related to this item			
				I have medical issues that could be barriers for me to engage fully in this area			
				I have worries about this area			
				Other things I have to do get in the way of me fully doing this			
				Other people (or my relationships or responsibilities with them) get in the way of this area			
R: Repertoires and relationships				I have no medical issues that would be barriers for me to engage in this area			
				I have gotten professional input clearing me for regular engagement in this area			
				I have gotten professional input giving me recommendations to help me with this area			
				Ways to fulfill this area have been modeled for me by people I love or care about			
				I have SOME of the component skills I need to engage in this area			
				I have ALL the skills I need in order to engage in this area regularly			
				I have the equipment or resources I need to engage in or fulfill this area			
				Staff or caregivers are able to support me in this area			
				People I care about do this with me			
				I know this is important to other people who care about me			
F: Fluency and behavior stream				When I get off track with this area, I can get back on track without too much trouble			
				There are things in my immediate environment that remind me when it's time to do the things in this area			
				In this area, I have habits I practice regularly			
				The things in this area feel easy for me			
				I do the things in this area quickly enough when it's time			
				I like doing the things in this area			
				Sometimes I forget how to do the things in this area			
				I try to do the things in this area but I feel like they get off track a lot			
L: Learning new skills				I am still learning to fulfill this area			
				I am regularly provided models for new ways to engage in this area			
				Someone helps me practice new skills I can apply to this area			
				I am still having to work hard on the things in this area			
S: Scanning periodically				I check in on this area regularly to see how I'm doing and talk with someone			
				I have regular visits with professionals to help me check in on this area			
				If something difficult were to come up within this area, I know exactly which friend or caregiver I plan to talk to about it			
				If something difficult were to come up for me within this area, I know exactly which professional will be ready to help with it			



Sample plan for growth

VALUING	List values for you, your team, and clientele, noting where buffers overlap
EDUCATING	Educate, then evaluate and establish buffer rhythms for team members
REQUIRE	Set up informative policy providing buffer information as antecedent to services, hiring
BUILD	Construct network for buffers resources and referrals, and barrier resolution
SUPPORT	Connect clients, staff, caregivers to in-house and local community resources that install barriers and remove buffers

Constructing a network

	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

Exercise 11.
Notes on a network.

1. See the network table on the next slide.
2. Think about it and jot down tips or ideas as you listen to the next few slides.

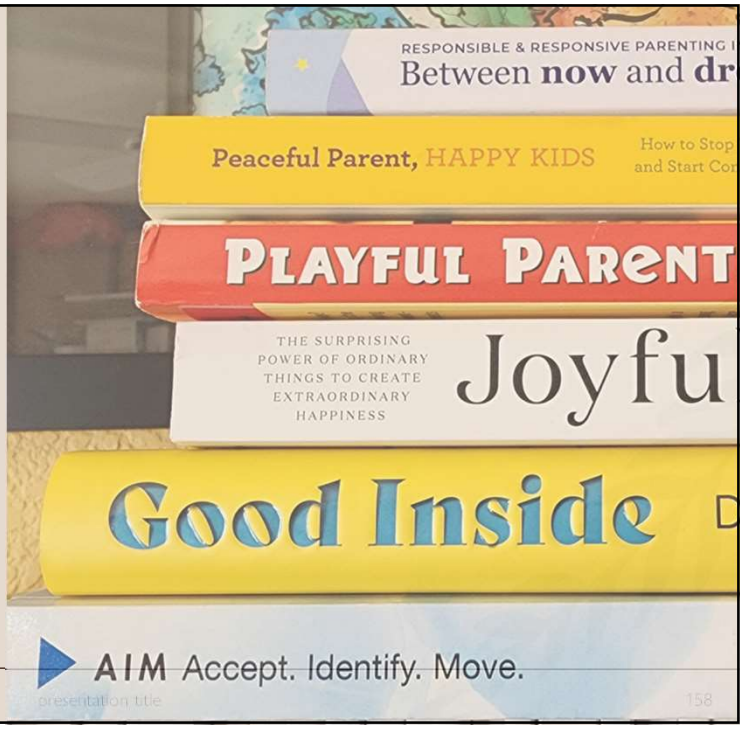
Buffers Network Table

	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

Constructing a network

	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

- One agency started a lending library to help parents, staff, and caregivers access materials each other had found helpful before.
- Solved resource ($$) problems and built relationships (they also began a book club and later added childcare)

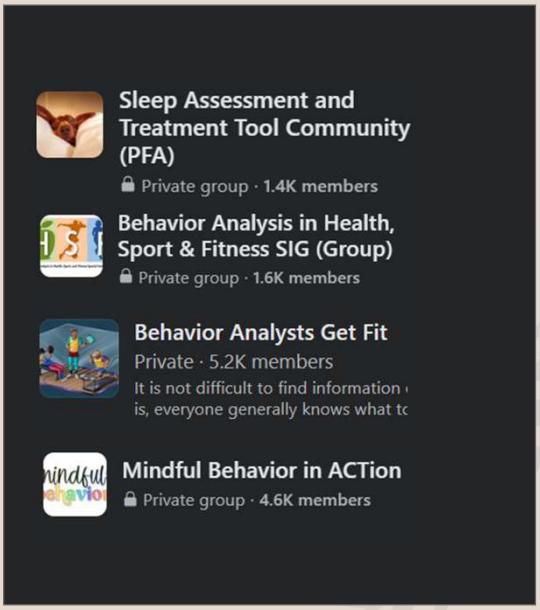


Constructing a network

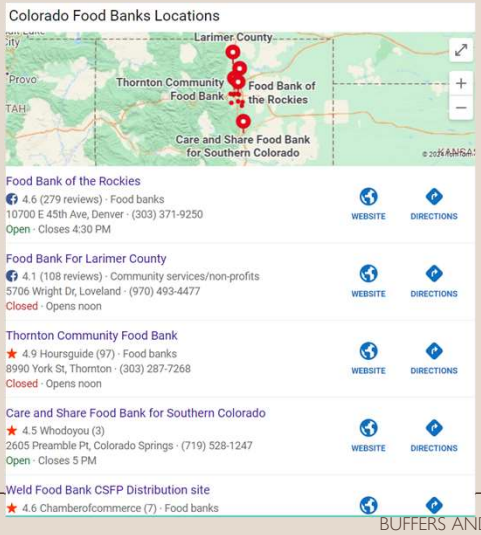
	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider funding library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

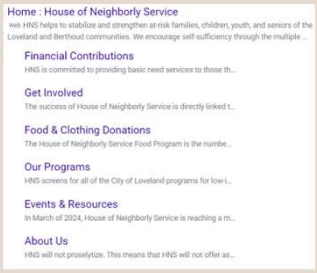
Where do providers go for additional support connecting folks to resources? Is your helpful staff person spending time reinventing the wheel with every family, or has your agency spent a couple hours compiling your list?

- Make a list of websites for providers and staff people too (in addition to caregivers) in a variety of **venues/ platforms/ apps/ formats**
- **Make sure the network is visible,** updated regularly and doesn't have to be invented each time



In my neck of the woods…





What exists locally? List a free - $-$$$ range of options for clients and staff, for each area.

Constructing a network

	Things we provide (schedule/ behavior plan)	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

- Make a plan for how your agency could distribute info about your services to partner agencies you might need to make a referral to.
- Consider educating the community regularly (whatever that means to you) to help them understand the answers to questions that matter to them.

Do you have literature that answers FAQ for new families or partner agencies?

- What do you do, exactly?
- How do we refer to you?
- How do we know if it's funded?
- How do we know if I need a specialist in this area?
- If you have a waiting list, what do you recommend I do while we wait?
- Who else does this?

Exercise 11.
Notes on a network.

1. See the network table on the next slide.
2. Think about it and jot down tips or ideas as you listen to the next few slides.
3. Now spend 3 minutes brainstorming with people at your table or with a peer or by yourself. What else have you thought of (in terms of rounding out this table)?

What about your clients?
Buffers in Plans Y/N Form

One way a large agency assessed where to start

Item number in SAFE-T Checklist	Buffering Item	Y	N	Item addressed in Bx Plan?
E47	Person exercises regularly			
E48	Person maintains a relatively healthy diet (including having the resources, knowledge, social support, and access to do so)			
E49	Person is working on using stress relieving techniques that work for them (e.g., they can calm down after a scary event, they can "relax"; may include meditation, yoga, stretching, reading, deep breathing, etc); they have at least one of these skills in their repertoire and are socially supported to do it when appropriate or needed			
E50	Adequate sleep hygiene			
E51	Person receives appropriate mental health care			
E52	Person has relationship with trusted adult			
		0	0	0

Exercise 12.
Do we cover the buffers in my clients' plans?

1. Look at the Buffers in Plans Y/N Form. Just think through this. (you might go back to it after the workshop and try this for every client on your caseload; most folks report it just takes a few minutes if you know the plan already.)

2. Picture your typical client. Are the buffers there in the plan?
Are they only there if they relate to a behavior for decrease?
Are they there in terms of how the client intersects with their primary caregiver?
Is there a buffer you pay "lip service to" but don't actively try to solve or explore?

Exercise:
Give me a gift

meaningful gifts

Tip: Challenge yourself to see **how many buffer** areas you can touch with one gift

meaningful gifts

Tip: See if you can **solve a barrier and help with a buffer** at the same time

meaningful gifts

Tip:
Consider meaningful **verbs and verb phrases** as you get creative with gifts…
Or addressing buffer areas in behavior plans!

Examples:

- **Enhance** buffer engagement
- **Add** variety to buffer engagement
- **Connect** a buffer to another
- **Increase motivation** to engage in a buffer
- **Contribute** to the social environment around a buffer
- **Decrease response** cost to engage in a buffer
- **Decrease difficulty** in accessing a buffer
- **Expose to** a new version of a buffer
- **Add value or meaning to** a buffer area
- **Add information related to** a buffer area
- **Build skill or fluency in** a buffer area
- **Add opportunities to engage in** buffer area
- **Practice a buffer area together**
- **Explore a new buffer area or differently**
- **Talk about a buffer**
- **Do a stimulus preference assessment related to…**
- etc

meaningful gifts

Tip:
See if you can **solve a barrier and help with a buffer** at the same time



Book 2 hours of childcare or offer to babysit
+
a session with a therapist (or an app subscription)
+
a gift certificate for an hour doing something the person really loves or wants (a barre class, a cooking class, a drawing class, a pottery class, personal trainer session, yoga class, nutritionist, sleep coach for new parents, etc)

A gift for ME?!

Tip:
Tell your significant other how they can solve a barrier for you and contribute to a buffer.

Thank them. Ask them to thoughtfully tell you how you can do something in kind for them.



Could you please watch the kids for 30 minutes so I can call my mom?

Could you make dinner while I catch up with a friend on zoom?

Can you please watch the kids monitors at nap so I can take a walk (or drive aimlessly for an hour in silence)?

What do you most need?
What would it take?

Exercise 13:
Give me a gift

Consider: Out of all the buffers, what do you really need?

How could someone you love solve a barrier for you and give you back the time/ support/ resources/ space to engage in something you'd like to do in a buffer area?

Are there barriers you'd have to solve in order to even ask?

Discuss if you like.

Gifts for Staff?
Yes, please!

Buffers  Gifts



Do an interest survey on which buffer to address together (stress relief; exercise; etc). Then rent two hours' time for the next staff meeting in a place that shows you listened.

For #stressreliefbuffer, hold the next meeting in a plant nursery, pet adoption center, recording studio, or botanical garden.
For #exercisebuffer, meet in a climbing gym, yoga studio, gymnastics center, etc.
Meet for an hour then play.
Should there be bonus points if you pay staff to play the whole time?

Exercise 14: Appreciate your staff!

Did you have any ideas on the previous slide that could apply to your own team?

Jot down something you might change about your approach to your team's buffers (whether in their daily rhythms, your gifts to them, your meetings, or something else.)

Discuss if you'd like.

Buffers for Dyads: Worksheet with Examples

Buffers for Dyads: Worksheet with Examples

		Dyad	
(What is holding the person back/ behavior needs that might fit in to these buffer categories)		Notes on desired/ Best Case Scenario state (what would this person be doing regularly if things were going great?)	
Notes on needs and CURRENT state of things	**Buffer**	**Client**	**Primary Relationship**
	Relationship		
	Nutrition		
	Exercise		
	Sleep		
	Mental Health		
	Stress Relief		

Example below: Mom is Dee, a 27 year old artist who is a single parent struggling with her son, Samson, who is 7 and has been diagnosed with Angelman's Syndrome. Her son receives Medicaid waiver services but it is nearly impossible to find knowledgeable behavioral staff or respite, and Samson's behaviors require ***intense*** support.

Hints

1. For a young client/caregiver dyad, try starting by completing their primary relationship best case state. (Pick the cell that reflects their deepest wish/ priority. (See A, below)
2. From there, they will often tell you what is holding them back from this. It may be that you can plug this barrier in to one of the buffer cells as something they need to put into place. (See B, below)
3. Then, there may be something behavioral that is getting in the way. Jot it down… See C, below. We plugged this in several places, everywhere you see C. We listed some of the barriers and needs for the client, in different boxes if they were related to buffers.
4. Now, if possible, turn it on its head: how could the client's NEED be turned into a BUFFER? (See D, below)

Buffers for Dyads: Worksheet with Examples

tate of things	Buffer	Notes on desired/ Best Case Scenario state for dyad	
		Person (Behavior services client/ son)	Primary Relationship (Mom)
C. We're both basically alone but together all the time.	Relationship	D. Put son in a peer after school program G. He really loves running and he's so good at it. Some of the peers in the program actually become his friend.	A. Mom has thriving relationship with her son and some time to herself.
C. Can't get respite because my son won't eat for anyone except me and I literally spend nearly all day doing feeding programs with him	Nutrition	I. He is suddenly so hungry! I start bringing a picnic of varied foods and find that after his running program, he's starving and tries lots of new foods with me.	J. We start to eat together (instead of just me MAKING him eat, basically watching him eat and me cooking constantly)
C. Can't possibly get respite because my son is always eloping and running around destroying the house	Exercise	E. Where he starts to do this running program with peers. H. Now he's running so much and so good at it, the coach in the program tries him out with hurdles when I tell him about jumping around on the furniture.	N. I start to do a swimming program with him now that he's no longer running away from me.
C. And my son won't sleep at all so I don't sleep at all either. He gets up and runs around all night, elopes from the house.	Sleep	K. And suddenly we are both sleeping much better. We feel rested	
C. He's on all kinds of meds and takes a ton of melatonin but it really doesn't help.	Mental Health	P. I take him for a checkup to his mental health provider and this is the first one that was not an emergency, just preventive. We discuss fading some of his meds.	B. (But that would mean she also needs) mom meets with caregiver groups, has respite care for her child. M. Now that he's sleeping a lot more, I have the time at night to do some things for my own mental health
C. He seems anxious but loving and either excited or crashed out all the time.	Stress Relief	L. and we're getting on each other's nerves much less. I have the bandwidth to do some ACT programming that has been recommended for me for a while.	O. With my swimming and time alone, I'm feeling so much better. I do ACT with myself too Q. His "behaviors" no longer seem so out of control. I successfully apply for respite and we have someone come over. It goes well!

Buffers for Dyads: Worksheet with Examples

er one. This one is completed in no particular order (but perhaps you can imagine some of the steps that were
own's Syndrome and beginning stages of dementia and pre-diabetes/PCOS. Her caregivers are her mother Patty and Patty's sister Susan.

(What is holding the person back/ behavior needs that might fit in to these buffer categories)	Buffer	Notes on desired/ Best Case Scenario state (what would this person be doing regularly if things were going great/ What are these people doing now in the "DOING BUFFERS" State?)	
Notes on needs and CURRENT (or BEFORE BUFFERS) state		**Client**	**Primary Relationship**
• Patty and Susan complain about Dana's food hoarding and stealing • Dana calls police about food restrictions, coercion • Aggression to others and self on cyclical basis • Patty and Susan call medical providers and demand more sedating meds to help Dana "calm down" so they can "deal with her" better	Relationship	Day program and outings with friends I love from there; do things with my family	Do things together when we like, but have our own hobbies; each has time away regularly scheduled and we have respite when needed
	Nutrition	Nutrition consult by PCOS-familiar person, then add cooking class at day program (daily around 11am/ lunchtime) and regularly meet with nutritionist to understand new guidelines	Cook a fun healthy dinner together with household daily; farmer's market together on Saturdays
	Exercise	Movers and Shakers class at day program 3 days a week, plus walks with her mom and aunt 3 days a week	Yoga or weights 3 days a week; walks with Dana 3 days a week
	Sleep	Sleep study, then C-PAP; reading and stretching before bed, screen out of room	Screens out of room, herbal tea at night
	Mental Health	Preventive calls to therapist, audio diary; PCOS-familiar provider; now uses meditation app with stretching at night	Caregiver support group, MH comes to the group and helps with topics common to caregiver/ client population
	Stress Relief	Tracking PCOS cycle, help track and predict aggressive thoughts/ actions, decide on responses Animal rescue volunteer weekly	Sewing class for Patty, book club for Susan

What does your client dyad most need? How do you know where to start?

Exercise 15: Buffers for Dyads

Now that we've gone through two examples together, consider a case (e.g., your own client or a family member).

Buffers for Dyads: Worksheet with Examples

By yourself, with a peer, or in a small group, first imagine a client-caregiver (or client-peer, or client-staff) dyad which really needs some buffer work.

What's holding them back? First look at it from the molecular perspective. (Each behavior for decrease may be addressed in the plan, but no global strategies for buffers exist.)

Where might you start?

		Dyad	
(What is holding the person back/ behavior needs that might fit in to these buffer categories)		Notes on desired/ Best Case Scenario state (what would this person be doing regularly if things were going great?)	
Notes on needs and CURRENT state of things	**Buffer**	**Client**	**Other in the Relationship**
	Relationship		
	Nutrition		
	Exercise		
	Sleep		
	Mental Health		
	Stress Relief		

Notes: Where might we start in helping this dyad approach buffers in their relationship?

Integrating this in your system: possible timeline

ONBOARDING
Model buffers, assess for new team members

ANNUAL PLANNING
Establish team values
Establish antecedent policy for staff onboarding, client intake
Brainstorm metrics for buffers

CLIENT INTAKE
Model buffers, assess for client/caregiver dyad

CLIENT SUPPORT
Est. buffer rhythms in bx plans; assess and solve barriers

ONGOING SUPPORT
Facilitate buffers with team, caregivers, clients, community
Assess results of adding buffers

possible metrics
how do buffers affect...

STAFF:

- Retention?
- Sick days?
- Satisfaction (social validity?) and living values at work?
- Enjoying client interaction; joining client Sr+; rhythms; writing more appropriate goals, etc
- Rapport with client/ family or team

CAREGIVER/ CLIENT DYAD:

- Cancellations
- Treatment integrity
- Attending trainings
- Assent and participation
- Feedback about services/ social validity measures

How might you measure the impact of buffers on your clients? Team? Family? Your client's primary caregiver? Etc

Exercise

1. Select a target (person or role)

2. **THINK:** Imagine adding buffers strategically and systematically to your processes that support this person or this role.

3. **BRAINSTORM:** Jot down what you hope might happen if you did this for a year. What are some changes you might hope would occur? How could you measure that?

4. SHARE: Complete the idea or sentence below, then share it and listen to someone else's example: **If I work with (role or person) to add buffers systematically, I would hope that by next year, I see changes like _____ and _____ taking place. I could measure this by recording _____.**

Review: objectives

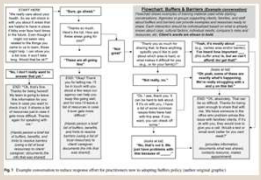
Objective 1 List 6 buffer areas that may mitigate the harm from adverse experiences.

Objective 2 Name an example of how the "behavioral buffer" can be used in a behavior plan for someone experiencing adverse conditioning or childhood experiences.

Objective 3 Discuss. Which was your favorite tool for helping clients and caregivers to examine and buffers and solve barriers?

Objective 3 Discuss. Which was your favorite tool for helping clients and caregivers to examine and buffers and solve barriers?

Conversation Flowchart



Have a conversation with clients and staff…

Buffers Job Aid



about buffers

Barriers Job Aid



…and the barriers they face accessing and implementing them.

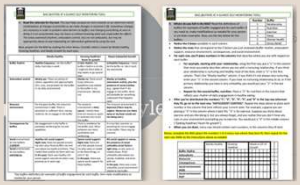
Buffers Network Table

	Things we provide in schedule/ behavior plan	Our local partner agencies	Behavioral experts to whom we refer as needed	Our go-to websites or online resources	Parent/ provider lending library sources
Relationship					
Nutrition					
Exercise					
Sleep					
Mental Health					
Stress Relief					

Build a network within your community to solve these barriers.

Objective 3 Discuss. Which was your favorite tool for helping clients and caregivers to examine and buffers and solve barriers?

Buffers at a Glance monitoring tool



Start with yourself and see where you are.

Buffers in Plans: Y/N Form



For a client, perhaps start by asking, do we cover the buffers in their plan?

BTRFLS



Do they have the support needed to make them stick in their daily rhythms?

Buffers for Dyads: Worksheet with Examples



We may need to examine this in the context of the client's primary relationship.

THANK YOU

#DOINGTHEBUFFERS
#OPERATIONALIZEACTIVENURTURANCE
#USETHETOOLS
#BUFFERSFOREVERYONE
#BUILDNETWORKS
#WEAREBUFFERS
#WEBREAKBARRIERS

We are behavior analysts. If we care about something, we will operationalize it and DO IT.

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