



The Counseling & Social Work Superstore

“Innovative Approaches to Behavior Management for Adults and Adolescents”

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INNOVATIVE APPROACHES TO BEHAVIOR MANAGEMENT FOR ADULTS AND ADOLESCENTS

1.5 CEU Credit Hours

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Course Description:

Destructive behaviors, from addiction to passive-aggressive communication to nail-biting to over-eating, etc. This course takes a look at the 'positives' or rewards of unhealthy actions (the primary reasons we keep doing the things we know we shouldn't do), and develops interventions designed to meet legitimate needs, in alternative healthy ways.

Course Objectives:

1. Understand motivations for engaging in maladaptive behavior patterns.
2. Create interventions designed to help clients meet legitimate needs through alternative behaviors.
3. Identify specific methods of cognitive behavioral therapy to assist clients in changing thinking patterns associated with negative behaviors.
4. Create interventions specifically designed to treat issues related to drug and alcohol use and other maladaptive behavioral patterns.

Purpose of this course:

The purpose of this CEU course is to provide discussion of issues relevant to the mental health counselor in creating approaches to behavioral management that differ from our traditional approach. It is a reality-based approach, using methods of cognitive-behavioral therapy and incorporating client worksheets in the therapeutic process.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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1.5 Clock Hours = 1.5 CE Credits



If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536**.

Your instructor is **Richard K. Nongard**,
a Licensed Marriage and Family Therapist, Certified Clinical
Hypnotherapist and a Certified Personal Fitness Trainer.

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Innovative Approaches to Behavior Management for Adults and Adolescents

Introduction:

This course was developed to assist the clinician in understanding - from a client's perspective - the positive short-term rewards that stem from unhealthy behavioral patterns. It has been both our profession's modus operandi and society's method of choice to attempt to dissuade people from unhealthy behaviors by pointing out the dangers and risks of those behaviors. This can be an effective approach with some clients in producing behavioral change, but more often than not, this approach should instead be relegated to a technique of relapse prevention.

Few people choose to make behavioral changes based on the consequences of their behavior. Instead, they continue to engage in maladaptive behaviors because they believe the short-term rewards outweigh any perceived consequences.

There are some unique clients who are perhaps motivated by the simple awareness of long-term consequences. For example, in 1965, my Uncle Cully was watching television. A heavy smoker, he consistently went through several packs of cigarettes a day. He was just sitting down to dinner one evening when the nightly news carried a report from the Surgeon General. At that time, no one really knew who the Surgeon General was or what they did, but as Uncle Cully tells the story, he was watching the news and the Surgeon General came on and essentially said, "I am the Surgeon General. I have determined that cigarette smoking is dangerous to your health." He went on to point out, "Cigarette smoking typically causes the average smoker to die five years prematurely, and in addition to that, cigarette smoking typically costs a smoker five years of their family income over the course of their life." Uncle Cully, being a family man who wanted to be able to provide financially for his family and who wanted to avoid death five years prematurely, put out his cigarette and has not smoked since.

Although the approach of pointing out the long-term consequences of behavior certainly changed my Uncle Cully's behavior, I can almost guarantee that there were 999, 999 other viewers of that broadcast who became anxious about dying five years earlier, and became anxious about losing five years of their family income, and lit up a cigarette to help manage the anxiety they felt over the news delivered by the Surgeon General.

I hope you enjoy this course!

Richard K. Nongard, LMFT, CCH



SECTION I

The Boogey Man Strategy - It Doesn't Work

The purpose of this course is to discuss and create innovative approaches for treating behavioral problems. Innovative interventions involve strategies which depart from tradition or conventional wisdom. This is particularly important when dealing with adolescents who talk about the positive benefits of their negative behaviors.

For years and years and years, it has been our professional custom to intervene by addressing negative behaviors with scare tactics. We have said things to children like:

“If you use drugs, you’ll get stupid.”

“If you engage in those behaviors, you will grow hair on the palm of your hands.”

“If you do this or that, bad things will happen to you.”

It’s no real surprise that these messages are not well received, believed or heeded by the youth that we work with.

For example:

We tell kids (as the Partnership for a Drug Free America did in the late 1980’s and early 1990’s), “If you use drugs, your brain will look like a fried egg”.

Over the weekend, they see their peers from school smoking marijuana and using alcohol.

Then, they see their peers again at school on Monday morning, getting an “A” on their biology exam.

The message received by the youth who watch those types of commercials and/or hear our drastic warnings is simple: ***The government and adults will lie to you.***

When kids learn (or perceive) that we have lied to them, or that we have at least exaggerated the dangers of certain behaviors, they then discount every other message we send out.

In the late 80's and early 90's, the famous 'this is your brain on drugs - fried egg' ad ran regularly on television. Shortly after that campaign concluded, there was another ad about inhalant abuse. This one was really dramatic. The narrator essentially said, **"Take a deep breath. Go ahead, inhale. Now, NEVER exhale."** The ad was simplistically graphic. It made clear the possibility of death as a result from inhalant abuse.

The message in the ad concerning inhalant abuse was accurate, and needed to be heard. But due to our years of boogey-man scare tactics, the message fell on deaf ears. Based on history, the intended audience did not hear that "drugs are dangerous and can kill you", but instead what they heard was, "adults lie, again".

SECTION II

We Do What We Do - For a Reason

As a Licensed Chemical Dependent Counselor, I have treated both adolescents who have used marijuana and adolescents who have used inhalants. The kids who abused inhalants have suffered dire and dramatic health consequences, sometimes impairing their brain functioning to an extent where self-care was no longer possible. I have also worked in situations of grief counseling with the families of adolescents who have died as a direct result of their inhalant abuse.

Every now and then I am confronted by other professionals over my attitudes concerning warning adolescents of the risks of drugs, alcohol, sex and other potentially damaging behaviors. My position is certainly *not* that these behaviors are right, nor that they are healthy, nor legal, nor good.

My opinion - which I vigorously defend - is that **we must be *honest* in our approach concerning behaviors with the potential for damaging consequences.**

We must recognize, acknowledge, and tell the honest truth about drugs, alcohol, sex, and other behaviors: **While there are certainly risks for most individuals, there are also rewards.**

These rewards may be short-term, but nonetheless they are powerful factors in behavioral choice. In designing interventions to reduce or minimize the likelihood of self-destructive patterns of behavior, we cannot overlook the importance of the rewards which are present in these behaviors.

Why do adolescents engage in sexual promiscuity?

The answer is simple: for the same reasons adults do.

It feels good and signifies acceptance and the presence of intimacy.

Why do kids use drugs or abuse alcohol?

The reason is simple. Kids use alcohol and drugs for the same reasons adults do: as a social lubricant to help them dance better, to create a sense of identity, and to relax.

Drug and alcohol use also does something quicker and faster than just about anything else: **It changes the way a person feels.**

The Big Book of Alcoholic Anonymous starts out with a chapter titled, “The Doctor’s Opinion”. In this chapter, Dr. William Silkworth gives his opinions on alcoholism from a medical and physical perspective. After Dr. Silkworth gives his opinion, (which since the time of his writing in 1939 has been proven to be factual medical science), the original 100 members of Alcoholic Anonymous who put the Big Book together say essentially,

“Gee, Dr. Silkworth, thanks for your opinion. That’s all very interesting, but we believe the alcoholic drinks alcohol essentially ***because of the effect produced by the alcohol.***”

It is fair to acknowledge that alcoholism is a disease, and that the nonalcoholic person processes alcohol differently than the alcoholic does. For the alcoholic, the long-term effects of alcohol use are catastrophic, such as family problems, financial problems, legal difficulties, cirrhosis of the liver and ultimately social alienation.

Does the alcoholic continue to use alcohol because they want to experience these long-term adverse affects? Of course not. They continue to use alcohol because it does something ***positive*** for them in the short run.

It changes the way they feel.

It might not even make them feel better - it might actually make them feel worse - but at least they feel different.

SECTION III

Scare Tactics VS Statistics

The fear of death is our primary scare-tactic strategy.

We put warning signs against potential death on the side of cigarette packages.

We talk to people about the consequences of drinking and driving.

We try to scare people with the possibility of death related to drug overdose, or insanity occurring from dropping acid.

But the statistical reality is that while these things may in fact be true or possible, our society is quite hypocritical.

While most drugs of abuse are illegal or well regulated by the medical community, the most popular drugs of abuse - **alcohol and tobacco** - are widely available to anyone of legal age.

Here's a fascinating piece of information:

Worldwide deaths from all drugs combined indicate that **71%** of all drug related deaths occur as a result of tobacco smoking.

Another **26%** of worldwide drug induced deaths occur directly as a result of alcohol abuse.

Do the math: **In the whole world, only 3% of all drug related deaths come from any substance other than alcohol or tobacco.**

This of course does not mean that the other substances are harmless. We know that alternatives and derivatives of the natural highs, such as crank, designer drugs and crack, can all have catastrophic ramifications, especially when taken by somebody with predisposing health risks, or when cooked up in a basement by a pseudo-chemist using harmful ingredients, like drain cleaner.

But the facts show that these unfortunate horror stories are the exception, rather than the rule.

What this means is that in order to be effective with our interventions, our approach to impacting problems must change.

We must focus on helping people to make changes - not because they are afraid of a particular substance (since they clearly are not) - but because they are able to meet the same legitimate needs offered by substance use (or other unhealthy behavior), in a fashion that does not have the same level of risk and consequence.

SECTION IV

The Good Things that Bad Things Do For Us

Lets take a look specifically at what short-term rewards come from unhealthy behaviors. We'll use the example of cigarette smoking.

There are probably a few mental health professionals taking this course right now, sitting at their computer, smoking a cigarette. In fact, they likely prefer the online course format to live workshops, because you cannot smoke during a live class, but now you can sit at your computer and smoke cigarettes and earn your continuing education hours all day long.

There is not a cigarette smoker out there that does not know the dangers of tobacco use. It's printed right on the side of the pack.

Let's side-step adolescents for a minute, and use the adult example. For the adult cigarette smoker, every time they light up a cigarette, what does it do for them?

1. Creates a sense of identity.
2. Meets a social need.
3. Physically changes the way they feel (nicotine is a drug, it improves concentration, focus, and can clear thought processes.)
4. It helps them to relax.
5. It alleviates the tediousness of certain tasks.

All smokers know the dangers of cigarette smoking. They do not smoke because they want lung cancer, heart disease or emphysema, or to complicate pregnancy.

They smoke because it defines who they are, helps them manage time, alleviate boredom, changes their emotions and meets a social need.

Now, some of you non-smokers are saying it *can't* meet a social need, because no one wants to be around the toxic smell of a smoker. But if you go to any office building in America, you will see all the smokers congregating out back in the 'smoke hole', and all the other works in the office building looking out their windows at those who have figured out how to get an extra 5 minute break each day, and wishing that they had friends too.

Proof again that for the cigarette smoker, it appears that the short-term legitimate rewards of cigarette smoking do out-way the long-term consequences.

As we create approaches to help alter behaviors which have the risk for harmful consequences, these 'positive' things cannot be overlooked.

Scare tactics or aversion therapies or medication management alone cannot change the thinking processes related to the positive aspects of unhealthy behaviors.

Therefore, the interventions in this course are going to focus specifically on helping people to learn how to achieve the legitimate rewards that come from unhealthy behaviors, through alternative means.

For example:

- ? Is there any other way to interact socially and to have friends - other than to go to the smoke hole?
- ? Is there any other way to relax other than to smoke a cigarette - which is actually a vasal constrictor and does not promote physical relaxation?
- ? Is there any other way to define personal identity - other than through the purchase of a \$4.00 pack of death sticks - which the slick marketers have sold us with images of the Marlboro Man, and today's Virginia Slim Woman?

The answer to all of these questions is of course, Yes.

But these alternative behaviors and coping strategies have to be *taught* to clients.

Therefore, our approach in counseling those with these kinds of behaviors will need to encompass two primary methods of intervention:

1. Patient education.
2. Identification of legitimate needs met through unhealthy behaviors.

SECTION V

The Case of the Bored Sixteen-Year-Old Boy

There once was a sixteen-year-old - we'll call him Brad - whose parents brought him to outpatient therapy because of his behavioral noncompliance.

Mom and dad were concerned about Brad's negative attitude and intermittent alcohol use and pot smoking.

Brad and his family lived in a small town outside of Tulsa, OK, called Pawhuska. I have been through Pawhuska a couple of times, and it's probably not a bad little community to live in if you're an adult and like peace and quiet, but if you're a teen, it doesn't look like the most exciting place to live.

Brad and I were in our second or third session together, and as he talked about the behaviors that he engaged in, he stated that he did not have a problem, but that he simply liked doing those things.

Every now and then in therapy, you find that when you ask clients simple or inane questions, they turn out to be really profound. This was one of those occasions.

I asked Brad, "Why is it you like smoking pot so much?"

He replied, "Duh, because there's nothing else to do in Pawhuska."

At first this appeared to be one of those situations where when you ask a silly question you often get a silly answer. The kid continued looking at me as if I was from mars and explained, "It's small town America, dude. What else is there to do when you're bored?"

Using the clinical skills I learned in graduate school I reflected back at him what I thought I heard him say, and I said, "So, you use... because you're bored?"

He replied, "Duh."

It was at this point that I realized the profundity of the situation.

Brad's disobedient and illegal and unhealthy behaviors came about not as a result of some underlying psychiatric difficulty or addictive process, **but because it simply met his short-term need for excitement, socialization and peer identity.**

So I asked him simply, “What else can you do when you’re bored, other than smoke pot?”

Brad looked at me with a blank stare on his face, silent for a few minutes. Finally he said, “I don’t know, I live in Pawhuska.”

I figured this was a good point to end the session on, and I gave him an assignment to complete before our next meeting:

Come up with a list of 100 things he could do when he was bored, other than smoke pot.

(Notice that I did *not* tell him to quit smoking pot. I just asked him to come up with a list of 100 things he could do, other than smoking pot.

Clearly shocked, Brad gasped, “100 things! Are you crazy?”

I smiled and replied, “I am a therapist. All therapists enter this field of work because we’re crazy. Nevertheless, I expect the assignment to be completed before our next session.”

Later that evening in reflection, I figured I had probably set this kid up for failure by giving him an assignment that was probably impossible to complete. But much to my surprise, Brad showed up at the next meeting with the assignment - completed.

With a big smile on his face, he met me at the door with, “Hey, Richard, I have your list for ya. All 100 things!”

“Really?” I asked.

“Yup,” he said, “And none of them are bad for you, except one.”

Curious, I asked, “And what is that?”

“Well, I wrote down ‘build a bomb’, but I did put in parentheses next to that, ‘for science class.’”

I looked over his list and sure enough there were 100 things on there. *100 things he could do when he was bored, other than smoke pot.*

This was the first time that this kid had ever even thought about the question, much less tried to answer it. And now, in his own handwriting, staring him back in the face, on multiple sheets of paper, was a list of 100 things he could do when he was bored, other than smoke pot.

These were not my ideas. They were not ideas generated from a textbook or from a self-help book. These were ideas that came from *him*.

As I looked over his list of options, some of them were pointless, a few were actually healthy and some were sarcastic, but nonetheless it was a list of 100 alternative behaviors.

Brad shared his entire list in group therapy that evening. The other twelve kids listened intently, because they too had never thought about what else they could do when they were bored other than use drugs.

Amazingly, the group became so excited about the list that they actually asked me if they could *paint the list on the wall in the group therapy room*.

I figured what the heck - the walls needed paint anyway. So the next Saturday, the entire group took Brad's list and painted all the ideas on the walls.

That break-through session took place almost a decade ago. Until the agency vacated the building last year, the list remained painted on the wall in the group therapy room, undoubtedly peaking the interest of many other adolescents who met there over the past ten years.

SECTION VI

Interventions in Action

The following worksheets are designed to help the clinician begin moving away from an approach that focuses on the negative consequences of behaviors, and learn to use the legitimate rewards (both positive and negative) of high-risk behavior as a tool for developing alternatives and helping clients to make change.

In this continuing education course, not only are you required to read these materials for completion of the course, but you are also required to go through these worksheets as if you were a client, looking at your own unhealthy behaviors.

When we do the things that we ask our clients to do - when we go through the processes and experience the results ourselves before we attempt to use these kinds of worksheets in cognitive behavioral therapy - we are better able to effectively implement these kinds of interventions with the clients on our case load.

In the **first work sheet**, we will:

1. Identify an unhealthy behavior.
2. Identify the immediate or short-term results (or positive rewards) of the unhealthy behavior.
3. Identify the legitimate needs that are met by these short-term results.
4. Identify the long-term results (or negative consequences) of the unhealthy behavior.

As we discussed earlier, it's interesting to note that most unhealthy behaviors do produce 'positive' short-term results, even if they also produce negative long-term consequences. As mentioned, these positive rewards are the reason we engage in the unhealthy behaviors to begin with - because they meet specific needs (i.e., compulsive Twinkie eating can provide a sugar rush, which meets the immediate need for a burst of energy, but in the long run it can also lead to obesity and rotted teeth.)

It's doubtful that there are too many crank users taking this course for continuing education credit. Likewise, I doubt there are many taking this course who impulsively lash out and punch people in the nose every time they become angry. But also undoubtedly, there are some unhealthy behaviors that you do personally engage in, which result in both short-term rewards and long-term consequences.

Maybe it's something obvious like cigarette smoking or compulsive Twinkie eating. Maybe it's something less obvious like procrastination or isolation.

Give it some thought, and go through the first worksheet and complete the questions on paper, as if you were the client examining your own unhealthy behaviors.

Be honest. Think about your unhealthy behaviors (you know what they are).

Think about what the behavior does for you - what are the immediate rewards?

What legitimate needs do these rewards meet?

Then list out the negative consequences. (You know what they are, too.)

**INNOVATIVE APPROACHES TO BEHAVIOR MANAGEMENT
WORKSHEET #1**

MY UNHEALTHY BEHAVIOR: _____

SHORT-TERM RESULTS: _____

LEGITIMATE NEEDS MET BY THESE RESULTS: _____

LONG-TERM RESULTS: _____

The **second worksheet** helps us to identify healthy alternatives to these unhealthy behaviors, that will still meet the specified needs.

An effective technique for creating interventions for clients is to have them brainstorm their own options and alternatives.

It's easy for us to say, "You know, you really should do this or that or the other thing..." But our clients will not implement our ideas, they will only implement their own ideas.

This second work sheet is designed to help our clients come up with their own list of options and alternatives to their destructive behaviors.

Once the lists of alternative need-meeting behaviors are made, the client (or you, in this case) is asked to **review the list and cross off any options which are clearly unhealthy or destructive or irrelevant.** (It's not uncommon for 3-4 items from a list of 10 to be silly or unhealthy, and the client can generally recognize this.)

Then, they are asked to **circle one or two things from each list that they would be willing to *try*, next time, *before* they engage in the identified unhealthy behavior.**

Note that the client is not asked to pick something to do instead of the unhealthy behavior, but something to *try before* they do the unhealthy behavior.

This strategy is designed to help eliminate power struggles and resistance based on fear.

You are not "making them give up their coveted behavior" or telling them what they can or cannot do.

Instead, they are empowering themselves by making their own decisions to take a risk and take advantage of other healthy options they have created themselves.

**INNOVATIVE APPROACHES TO BEHAVIOR MANAGEMENT
WORKSHEET #2**

MY IDENTIFIED UNHEALTHY BEHAVIOR: _____

RELIST YOUR LEGITIMATE NEEDS - One on each line below.

THEN, Come up with a list 10 things you can do to meet each of these needs, other than your identified unhealthy behavior, and write them down.

Cross off all the things from each list which are unhealthy, or irrelevant.

Circle ONE thing from each list that you would be willing to try, next time, *before* you do your identified unhealthy behavior.

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

We always appreciate constructive input from our customers - even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.



Richard K. Nongard, LMFT, CCH, CPFT
Executive Director

“Behavior Management”

1.5 Continuing Education Clock Hours

Procedures to Receive CEU Credit:

- ⇒ This document contains all of the course materials you needed to read.
- ⇒ Now you must complete the required True/False Evaluation of Learning Quiz and submit it to our office along with your payment, in order to obtain your CEU certificate.

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Go back to www.FastCEUs.com and click the "QUIZ & PAY" button for this course.

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Print the Quiz and Payment forms on the next few pages of this document, and complete the requested information.

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

You may complete and submit this information **ONLINE** by following this link:

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PLEASE NEATLY PRINT THE FOLLOWING INFORMATION:

NAME as you want it on your CEU Certificate: _____

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Innovative Approaches to Behavior Management

This **1.5** Hour CEU Course is **\$24.50**

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EVALUATION OF LEARNING PAGE 2 of 3

Course Title: "Innovative Approaches to Behavioral Management for Adults and Adolescents"

1.5 Hours of Approved Continuing Education Credit

➔ ANSWER THE FOLLOWING 15 EVALUATION OF LEARNING QUESTIONS.

- T F** 1.) I have read all of the required reading for this course.
- T F** 2.) I have completed a self-administration of the two course worksheets.
- T F** 3.) Innovative interventions involve strategies which depart from tradition or conventional wisdom.
- T F** 4.) Most people choose to make behavioral changes based on the consequences of their behavior.
- T F** 5.) It has been our professional custom to intervene by addressing negative behaviors with scare tactics.
- T F** 6.) It is fair to acknowledge that alcoholism is a disease, and that the nonalcoholic person processes alcohol differently than the alcoholic does.
- T F** 7.) In designing interventions to reduce or minimize the likelihood of self-destructive patterns of behavior, we cannot overlook the importance of the rewards which are present in unhealthy behaviors.
- T F** 8.) Alcohol is abused primarily because it changes the way a person feels.
- T F** 9.) Sexual promiscuity among teens occurs primarily because of a passive-aggressive nature directed towards overbearing parents.
- T F** 10.) Smokers smoke because they want lung cancer, heart disease or emphysema, or to complicate pregnancy.
- T F** 11.) Scare tactics or aversion therapies or medication management alone cannot change the thinking processes related to the positive aspects of unhealthy behaviors.
- T F** 12.) An ineffective technique for creating interventions for clients is to have them brainstorm their own options and alternatives.
- T F** 13.) Choices empower clients by making their own decisions to take a risk and take advantage of other healthy options they have created themselves.
- T F** 14.) The first worksheet helps identify long-term consequences and short-term rewards.
- T F** 15.) The second worksheet helps clients see the behavioral options the therapist has created for them.

GRADE THIS ONLINE COURSE! – Page 3

It is helpful to us if you return this form via snail mail or fax, along with your Quiz and Payment. Thank-you!

Participant Assessment of Home Study CEU Course

BEHAVIOR MANAGEMENT

1.5 Credit Hours

**Please Rate the Following Statements from 1-5
(1 being the Lowest, 5 being the Highest.)**

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
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- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- _____ 4. I completed the 1.5 Hour PeachTree Online Home Study Course in approximately 1.5 hours.
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