

Neurobehavioural Disability/ Clinically Related Challenging Behaviour Session 2

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Session Plan

- De-escalation - reminder
- Learning about learning
- Principles of Neuro-rehabilitation
- Behavioural Interventions
- Developing a behavioural plan



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Reflections

What one thing sticks in your mind from the first session?



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De-escalation

<http://www.reducingdistress.co.uk/reducingdistress/video-4b/>



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Emotional Lability

Why

Damage to pons

Does not necessarily indicate depression

Signs

Sudden change of emotion, tearful, facial distress

Empathy

Patient will not understand what is happening.
Maybe embarrassed.

Possible Intervention

Explain what is happening.

Ask what they were feeling.

Reassure that people usually learn triggers and can avoid

- Use distraction. Change topic.

What are we like when we can't control our emotions?

<https://www.youtube.com/watch?v=IfxRMpNBi1g>



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The Good News

Why do we no longer have temper tantrums?

We learned

- What helps us to learn?
- What's the best learning experience you've ever had?



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What helps us to learn?

- We need to know what is expected.
- These rules or procedures have to be applied consistently.
- The behaviour has to be practised.
- There needs to be regular feedback.
- There has to be a structure.
- There needs to be some kind of reward (internal and/or external).
- Collaboration not confrontation.
-

Understanding Reinforcement

Imagine your cat would love to come in your bedroom window and curl up next to you. She jumps on your window sill and starts scratching at the window. After 5 minutes you get up and open the window.

What do you think she will do tomorrow?

The next day you decide to be strong willed. But after 15 minutes you can't stand it any longer. You let her in.

The next day will the cat tap for a longer or shorter period of time?

If we do not respond consistently to behaviour we can inadvertently reinforce or encourage the behaviour we do not want.

Understanding Reinforcement

A client screams repeatedly and kicks the bed.
The staff nurse comes to talk to them and says that this is not acceptable.

- What does the patient learn?
- What is the most important question?

Why is the patient screaming?

The 3 Cs of Neuro-rehabilitation

1. Clarity

What is the target behaviour? – e.g. not “*reduce verbal aggression*” but “*reduce swearing or shouting directed at staff when washing*”

It should be measurable – otherwise it is subjective

This requires documentation and multi-disciplinary communication.



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The 3 Cs of Neuro-rehabilitation

2. Consistency

ALL staff have to follow the agreed programme.

Every day.

If behaviour change is a shared goal then ALL staff are rehabilitation specialists.

With behaviour modification – who has to change first – staff or patients?



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The 3 Cs of Neuro-rehabilitation

3. Contingency

The agreed intervention must happen **immediately** and **consistently** in response to the target behaviour.

If.... then... rule

Example: A client hits out and the staff member immediately says that this unacceptable and they will be leaving for 2 minutes. There is no further discussion or attempt to continue the procedure.

So the three C's are?

- Clarity
- Consistency
- Contingency

Break



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So the three C's are?

- Clarity
- Consistency
- Contingency

Developing an NBD Rehab Plan

1. Identify target behaviour.
2. Decide on goal(s) of intervention.
3. Get a baseline measurement.
4. Formulate.
5. Intervene.
6. Monitor.
7. Re-formulate if necessary.
8. Plan for Generalisation.

Developing a Formulation

- Gather information – client and family
- Observe and record: ABC charts or scales
- What is the function of this behaviour for this person?
- What skills or parts of skills does the person have already?
- Can they use internal self talk?
-

Antecedents Behaviours Consequences Chart

	Antecedent: What happened immediately before the behaviour?	Behaviour: Describe what you could see	Consequence: What happened immediately after the behaviour?	Possible Function: How might the behaviour help this person?
Date Time People around: Place				
Date Time People around: Place				
Date Time People around: Place				
Date Time People around Place				

Implementing an NBD Rehab Plan

- Get a baseline measurement by sampling:
 - **Block**: relatively infrequent behaviours that have a clear beginning & end –e.g. a rehab activity
 - **Interval**: behaviours that are frequent but not continuous – e.g. hitting out.
 - **Momentary**: behaviours that are continuous or very frequent e.g. shouting.
- Use ABC chart to formulate.
- Set goal.
- Clarify responsibilities.
- Record plan with start and review dates.

5 Mechanisms of Change

- Change antecedents
- Positive reinforcement (adds a reward to encourage a behaviour) – e.g. food/token for washing
- Negative reinforcement (removes an aversive consequence) – e.g. wash yourself to stop staff washing you.
- Negative punishment/response cost (removes a pleasant consequence) – e.g. time out on the spot.
- Positive punishment (adds an aversive consequence) – e.g. placed in seclusion.

Punishment is less effective and often unethical



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Changing Antecedents/ Positive Behaviour Support

- Ideal intervention because preventative
- Helpful where there is severely reduced learning

General Antecedent Controls:

- Reduce stimulation if overstimulated; move to side room, limit number of people in contact at any one time, reduce background noise.
- Promote choice and control: do you want this shower gel or that one?
- Increase predictability of environment – explain what you are doing, what you are going to do and for how long.
- Short frequent sessions.
- Use errorless learning.

Individual Antecedent Control

- Can arise from past experience or current private thoughts and feelings (ie not observable).
- Moniz-Cook, Woods & Richards (2001). *Functional Analysis of Challenging Behaviour in Dementia: The Role of Superstition*

Jack's story

- *Jack: 89 years old. Probable Alzheimers.*
- *Usually mild mannered but intermittent episodes of verbal and physical aggression.*
- *ABC chart monitoring over 2 months gave no clue as to antecedents. Consequence: taken to his room where he appeared to calm down.*
- *On the last day of observation Jack was calm until the psychologist put on her coat to go home. He then became aggressive.*

What's happening?

Jack's story

- The psychologist's coat was green.
- Investigation into Jack's background showed that he came from a fishing community. Many people in the community believed that green was unlucky and associated with death.
- Staff undertook multiple condition trials with & without colour green. Attacks only occurred with people wearing green or green objects.
- **Intervention:** Uniforms were changed and Jack was taken out of the room if visitors came wearing green.
- At 2 year F/up: There was only one episode of aggression by a new member of staff who had not noticed a visitor dressed in green.

Henry's story

- *Henry: 81 years old, Probable AD and vascular dementia*
- *Usually settled but had developed episodes of aggression. Assaulted staff and other residents. Henry could not explain why.*
- *Time sample observation revealed all episodes of aggression happened outside his room when he was using the stairs. He had an upstairs room because he was a physically active man with good mobility.*

What's happening?



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Henry's story

- Used 2 conditions – A) accompanying Henry up the stairs B) verbal encouragement to use stairs.
- Henry relaxed when using the stairs alone.
- Discussion with daughter revealed he had always avoided crossing people on the stairs.
- **Intervention:** Henry encouraged to wait if another resident using the stairs, and to be supervised from top or bottom of stairs by staff
- Haloperidol stopped – mild hypnotic at night
- 6/12 f/up: Henry had a downstairs room, hypnotic no longer prescribed. No incidents of aggressive behaviour.

Reinforcement

- Differential reinforcement – positive reinforcement of a different behaviour
- Reinforcement needs to be given at a higher frequency than responses to inappropriate behaviour.
- May need to be immediate and/or strong: e.g. holding sensory object rather than verbal praise.
- Tokens: symbolic re-inforcers that are exchanged for something else.
- Need to consider person's memory and ability to remember consequences.

Self-talk & self-monitoring

- Some people lose inner speech after ABI
- Instead people can be helped to learn phrases that identify a problem, generate solutions, initiate an action, guides the action to the goal and recognise the outcome.
- Can take the form of questions and answers between client and therapist.
- Wood & Worthington (2001). Patient with ABI and executive deficits taught to wash:
“Your face is dry what should you do?”
Client learns to answer *“Splash water on my face”*
Reduced aggression and time taken to wash by 80%

Self-monitoring & motivation

- Develop discrepancy between the client's behaviour and desired goals. What are the motivators?
- Help people identify advantages and disadvantages of their behaviour.
- Support client to record information about the target behaviour and the plan. Can the person name the behaviour to be carried out?
- Self-evaluation before and after carrying out the behaviour
- Self-cueing: Person controls the environment and triggers; e.g. setting alarm, verbal self instruction
- Self-reinforcement: how does the person congratulate and reward themselves?
- Regular brief sessions throughout the day for verbal mediation and behavioural practice.

Where clients have limited attention

- Use very brief verbal instructions e.g. “*Look; Listen*”.
- Physical cues: e.g. Hold up palm of hand and say “*Stop*”. Put hand to face and say “*Look at me*”
- Tone needs to be gentle **not** confrontational.
- Use tactile stimulation: different textures to focus attention
- Reinforcers – show/sample reinforcer at start of session.

Feedback

- Incidental feedback:
 - Praise or constructive criticism at the time of the behaviour. Must be applied consistently
- Structured feedback:
 - Time set aside each day to review behavioural goals. Example – 10 minute session to review behaviour over the previous 3 hours.

Skills Practice

In groups use the vignettes to devise an intervention plan.



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Outcomes

- How will you know if you've succeeded or not?
- Some form of measurement is required before and after intervention.
- Data needs to be observable and measurable.

Review Learning

- The 3 C's
- Gather information about this person
- Generate ideas
- Devise plan. Test out. Revise
- Involve ALL staff.

See you at Session 3

TUESDAY 19th SEPT



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