We've ruled out everything; it's definitely behavioral!

Introductions

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Presentation Overview

- Introduction
  - What IS behavior??
- Case Study
  - It MUST be behavior!
- Resources
- Brainstorm!

Is it medical? Is it behavioral? Is there another option?? WHAT DO I DO?!

Who is this for?

- Anyone who works on a care team!
- Practitioners, case managers, DSPs, service providers, etc.
- This NOT a “behavior” training

What's it mean when we call something "behavioral"?

- ABC Model
- Behaviors are triggered by an environmental trigger, and maintained by a consequence

A → B → C

EXAMPLES

- Brittany sees a sign for a pizza restaurant on the way to Alliance and is so hungry. (Antecedent plus Motivation)
- Brittany screams at Jesse to pull the car over for pizza.(Behavior)
- Jesse pulls over for pizza. (Consequence)
- Brittany yells at Jesse every time she sees a pizza restaurant sign. (Brittany was reinforced from yelling, so she's going to yell again!)

- Brittany sees a sign for a pizza restaurant on the way to Alliance and is so hungry. (Antecedent plus Motivation)
- Brittany screams at Jesse to pull the car over for pizza.(Behavior)
- Jesse stops and pushes Brittany out of the car and continues his journey. (Consequence)
- Brittany never yells at Jesse again. (Brittany was punished and won't yell again.)

Part 1: A Case Study

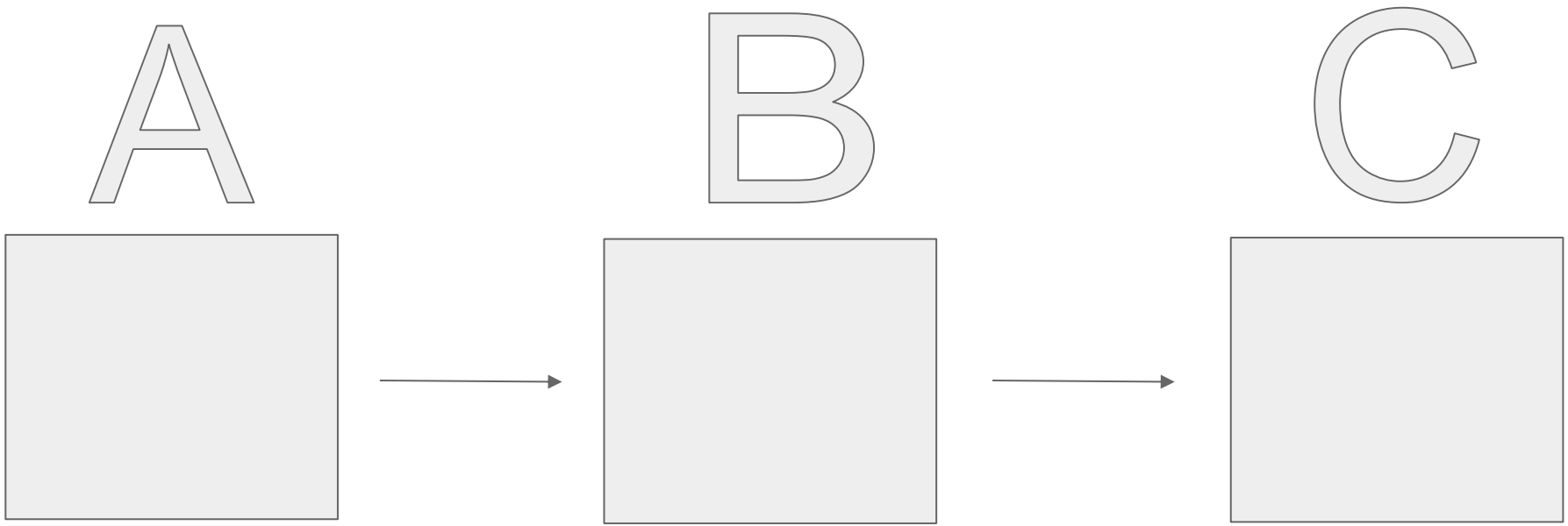
Case Study-"Joseph"

- Adult male, age 50,living in a residential 3-bed facility.
- Services include: Therapy, Behavior supports, psychiatric review, day programming, residential services.
- Problem behaviors include verbal aggression, physical aggression, and Self-Injurious Behavior (skin picking).

What happened?

- Verbal and physical aggression suddenly increase. Data show a clear and obvious spike in all behaviors directed at staff in all settings.
- What do we do?
    - Take data!
- What do the data show?
    - Behavior is worse during task demands and physical proximity
    - Behaviors improve when left alone

Is it behavioral?



What do we do about it?

1. Rule Out Medical!
    a. Appointment made with PCP. Doctor determines increase is “behavioral”.
2. Psychiatric provider is consulted
    a. Seroquel (quetiapine) is prescribed to decrease “agitation”.
3. Antecedent interventions
    a. Limit demands
    b. Increase proximity
    c. Allow breaks/escape


ONE
WEEK
LATER...

What happened?

- Staff wake client to begin morning routine.
- Joseph screams when staff touch him, while clutching his abdomen.
- Joseph presents with a fever and vomiting.
- According to the team, Joseph has a very high pain tolerance, so pain expression results in immediate ER visit.

Conclusion-What were our results?

Is it behavioral?

What other factors are at play?

- Medical
- Trauma history

HANDOUT

Other resources

https://www.accessbehaviortrainings.com/category/all-products

Access Behavior Trainings

12 Indications that a behavioral pattern may be the result of a psychiatric condition:

Checklist

- ☐ The behavior occurs in all environments; it's not exclusive to specific settings.
- ☐ Behavioral strategies have largely been ineffective.
- ☐ The individual doesn't appear to have control over their behavior.
- ☐ There are changes in sleep patterns; increased, decreased, or disturbed sleep.
- ☐ The individual is experiencing excessive mood or unusual mood patterns.
- ☐ There are changes in the individual's appearance and a decline in their independent living skills.
- ☐ The behavior occurs in all environments; it's not exclusive to specific settings.
- ☐ The person may start to show signs of hallucinations, such as staring to the side corners and does not appear to track conversations.
- ☐ There may be changes in eating patterns such as eating less or more.
- ☐ The individual has a history of a psychiatric disorder that was in remission.
- ☐ There is an acute onset of the behavior.
- ☐ There is an unusual change in behavior patterns, such as significant change from baseline behavior.

www.AccessBehaviorTrainings.com

Fletcher, R. J., Cheplic, M., St. Croix, J., Baker, D., & Farr, J.M. (2022). Mental health approaches to intellectual/developmental disability: A resource for trainers (2nd ed.). National Association for the Dually Diagnosed.

Part 2: Brainstorm!

Case INVESTIGATIONS

GROUP 1

“A person who is usually calm becomes agitated, refuses meals, and starts pacing throughout the day.”

What potential questions can and should we ask to better investigate?

How will these questions and answers guide the treatment team?

GROUP 2

“A person who does have challenging behaviors has an increase in behavior-longer meltdowns and increased physical aggression.

RESULTS OF CASE STUDIES

Case 1

Case 2

Takeaways (TLDR)

So what did we just say??

- *Most* situations ARE “behavioral” in that a behavior is occurring that is influenced by the environment and maintained by consequences, BUT many require multi-discipline and team approaches.
- Ruling out medical is complicated and often limited by resources.
  - Complicated does not mean impossible!

- *Start with the basics! (Maslow’s hierarchy)*
- *Consider changes, frequency, and potential patterns. Don’t make this assumption without data to back you up!*
- *Does the behavior really need “fixing”??*