

# Coping with Behavior along the Continuum of Recovery

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# Objectives

- Identify challenging behaviors that can be disruptive in any setting
- Identify strategies for behavior management for the inpatient setting
- Identify strategies for behavior management in a post acute or home setting

# Thank you....

There are many who have experience with this topic and we appreciate your perspective but please hold questions and comments until the end of the presentation



# Priority for Recovery

Behavioral and emotional issues significantly affect interactions with others and the ability to develop and maintain social relationships.



# A B C – Go back to the basics

- A = Antecedent
- B = Behavior
- C = Consequences



# Let's talk behavior 1st

While the A-B-C s occur in this order, we are going to talk about Behaviors first.

- What are the behaviors we see as problematic?
  - Yelling, general anger, cussing, sexual comments or touching, gets frustrated easily, depressed, cries
  - Combative, aggressive or any violent behavior
  - Any behavior jeopardizing safety of the patient or those around them

# Behavior

- What a person DOES
- Not how they are feeling – not emotions
- Behaviors can be “good”, “bad” or “neutral”
- Don’t focus solely on negative behaviors
- Remember to “Catch them doing something good”
- Behaviors will be different in the hospital setting vs. community setting
  - They can become more sophisticated as their skills and abilities improve.

# Behaviors vs. Emotions

## **Behavior**

- Behavior is what a person DOES
- Action not emotion
- The acting out person controls this

## **Emotional State**

- Emotions are the feelings
- It's OK to feel mad, frustrated, sad, angry, depressed, bored
- It's not OK to yell, cuss, hit, destroy property...



# Behavioral Changes Post TBI

- Depression
- Mood swings/Lability
- Impulsivity and Disinhibition
- Intermittent Explosive Disorder
- Physical Aggression
- Self injury
- Perseveration
- Confusion
- Inappropriate sexual behavior
- Hoarding
- Paranoia
- Decreased sensitivity to others
- Immature focus on self
- Intrusive behavior/lack of boundaries

# Stop it before it starts

These issues combined with all the other changes or effects of TBI (physical, medical, communication, sensory, psychosocial) increase the likely occurrence of maladaptive or problematic behaviors.

Addressing these behaviors in inpatient rehab can help curb them in a post acute or home setting.

# Affects everyone

Maladaptive or problematic behaviors can be exhausting, frustrating and/or traumatic for everyone involved.

Staff, family, friends, caregivers, peers as well as the acting out person.



# When a behavior occurs....

- Debrief and gather information
  - who was there, what were they doing?
  - what time of day, what was the weather?
  - what was happening around the area
  - where was the person before the incident?
  - Did s/he miss meds, meal, therapy, visit, rest?
  - was there noise, lights, news?

# Get the Perspective of the Person

- Wait until the person acting out is back in emotional and physical control and then ask:
  - What just happened \_\_\_\_\_?
  - What do you think caused you to \_\_\_\_\_?
  - I heard you yelling and cussing. What was it that set you off?
  - Try to listen for and seek out possible Antecedents to the behavior

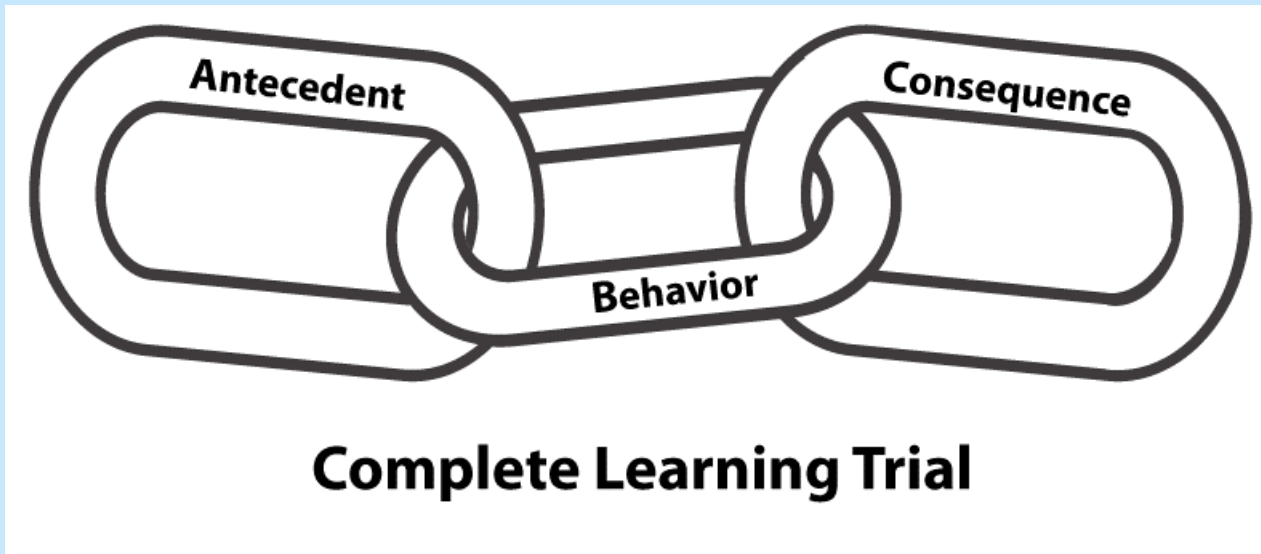


# Antecedent

- Precipitating factors
- What is happening before the behavior
- What the environment is like

What are some factors that may contribute to behaviors?

# Track and Record Behaviors and Antecedents



# Maladaptive Behavior Grid

Behavior indicating use of grid: \_\_\_\_\_

\_\_\_\_\_

**\*\*IF PT IS EXHIBITING THE INDICATED BEHAVIOR, ADD COMMENT BELOW (Include date, time and name/title). \*\*\*\*\***

**KEY:**

**Shade in box** = behavior PRESENT

**X** = behavior ABSENT

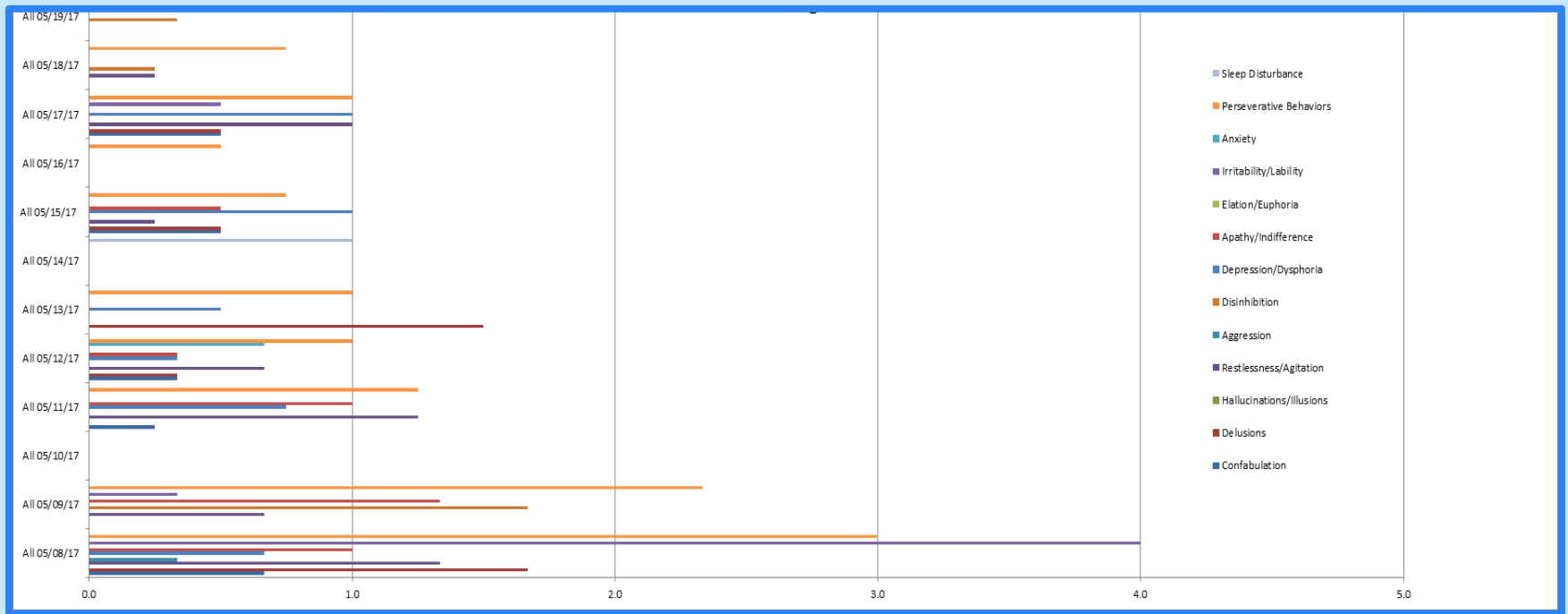
**NA** = Not Available

**\*No boxes should be blank\***

Date: Time							
0700							
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# Analyze Results as a Team



# Control versus no control

## No Control

- Weather
- Prior events
- Behavior of others
- Phone ringing
- Fatigue, hunger or comfort of others

## Control

- The noise level
- Our response to situations and behaviors
- Our voice (tone, volume, cadence)
- Our body language
- Our behavior
- Anticipate needs (hunger, fatigue...)
- Anticipate Situations (seating, late meal)

# Hospital Environment

- Easier to control the environment
- Structure
- Routine
- Staff consistency
- Team effort
- Have a plan and communicate it
- Consider keeping tracking grid in the patients room so they can see progress and participate

# Community Environment

- Behaviors can change or play out differently
- Depends on the environment
- Environment is different – antecedents could be different
- Re-tracking might be needed
- Substance abuse is a risk

# Tools for Structure

- Low Stimulation Guidelines
- Therapeutic Rest
- Behavior Plans and Protection Plans
- Planners
- ADL Checklists
- Transfer Sheets
- Activity Kits
- Redirection Stations
- T-Zone

# Rest Breaks

- Gives patients a chance to rest in the middle of the day
- Helps with fatigue issues in afternoon
- No nursing or any other cares during this time
- Educate everyone in hospital must be educated (EVS, Foo Service)



# ADL Checklist

## **Nathan AM Routine:**

Change shirt

☐ Change underwear

☐ Change pants

☐ Change socks

☐ Put on shoes

☐ Go to sink....

☐ Brush teeth

☐ Wash face

☐ Shave

☐ Deodorant

☐ Eat Breakfast

☐ Check Planner

- Cover with plastic and check off with dry erase marker

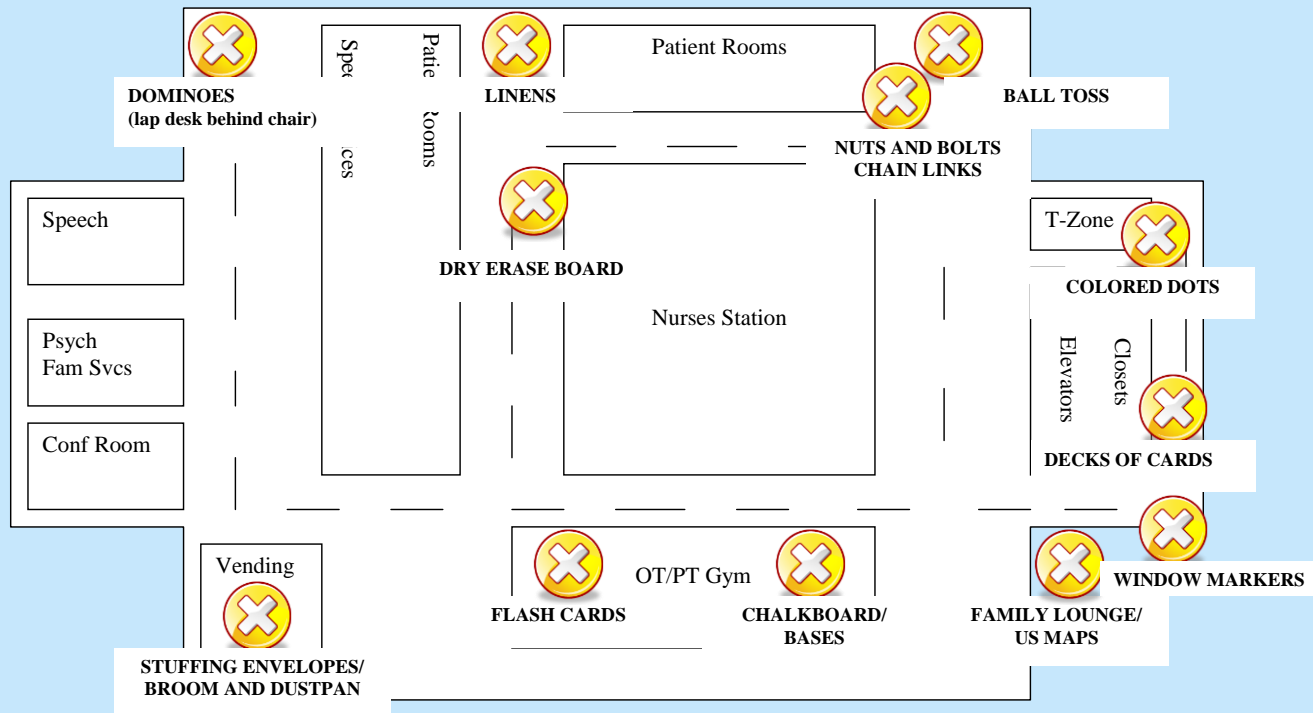
# Activity Kits





# Redirection Stations

## ACTIVITY STATIONS



# Planners/Memory Aids

- Planners
  - Planners help track therapy appointments and help them anticipate their day
  - Planners can be used to facilitate the structure, routine, and consistency that is learned inpatients and can carry over to when the patient is at home
  - Refer the patient to their planner throughout their day instead of telling them where to go
  - Use technology as appropriate (phones, calendars, etc)



# Consequences

- What we as family, staff, survivor, friend do in response to behavior (reaction)
- What others around the acting out person do
- How the environment changes after the behavior
- THIS WE CAN CONTROL

# When behavior persists....

- What is the #1 consequence most likely to encourage a behavior to persist?
- ATTENTION
- Whether the behavior is “good” or “bad” attention will encourage it.
- Encourage positive behavior with praise, eye contact, smile, laugh, interact, praise, listen, thank you, reward
- Step in and encourage the positive, even neutral behavior. Too often we want to “let sleeping dogs lie.”

# Effective consequences for behaviors

- Active Ignoring
- Redirection
- Setting Limits/Giving Choices
- Reward or Point System
- Ask them to take a break before it starts

Take a break if you need one!

# Keys for behavior plan success

- Keep it simple. Focus only on 1-3 behaviors.
- Prioritize the behaviors that are most critical.
- **Be consistent.** Everyone needs to do and say the same thing. Use a script for consistency.
- Get input and agreement from everyone including the acting out person
- Know what is a “get to” or reward for that person (praise, money, activity, TV, games)
- Always plan to reward positive behavior with positive consequences.

# Active ignoring

- Used with annoying or mildly disruptive behaviors such as repetitive questions or comments, pouting or seeking attention.
- Ignore the behavior not the person
- Let them know what you are doing





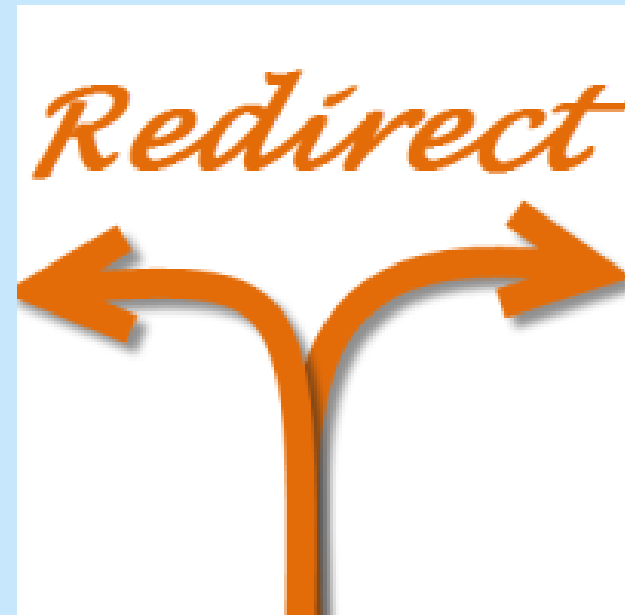
# Choices are better than commands

- Give choices. “Here is what happens when you stop the behavior or here is what happens when you continue the behavior”
- Must be clear, concise and simple.
- Reasonable and enforceable.
- State the positive consequence first.
- Your voice is key. Tone. Volume. Cadence.



# Redirection

- Create a distraction (through comment or task) to divert attention elsewhere
- Important to be able to “read” the anxiety or escalating behavior to avert crisis
- Intervene in a timely manner
- Know what is meaningful or enjoyable to the person



# As a caregiver, be flexible

- In order to give choices, you have to have choices ready
- Have 5-10 ideas for different activities in order to quickly redirect
- You might not be able to meet the therapy goal today that you planned on
- If your session isn't successful, go back to the patient later and ask them why

# Ask the patient to take a break

- Frequently used as a consequence when setting limits
- Not meant to be a “Super Nanny” naughty stool or “sit in the corner” time out.
- It is a strategy that we all use
- This is meant to be a technique for teaching a strategy for the acting out person to use before behavior gets out of control
- With consistent cueing and direction, the person can learn to use this tool of his own



# Behavior Plans

## Prevention Plan

### **Behavior Plan for 206:**

Please do not approach him on his left.  
Please inform him before you touch him.  
Please do not turn on the overhead lights.

### **Behavior Plan for 207:**

Refer to planner for weekend homework  
Use 2 staff members for all personal cares for safety  
Supervise at all times  
If the patient escalates, redirect to a different activity

## Consequence Plan

### **Plan for 206:**

If he starts yelling, make sure he is safe and quietly leave the room. Do not draw attention to the yelling.

If yelling or spitting occurs in therapy areas, calmly push patient back to his room, make sure he is safe, and then leave him alone.

Cell phone use allowed only between 7pm and 9pm each day – it must be supervised and can be restricted if yelling or spitting occurs throughout the day.

# **Prevention Plan or Antecedent Modification Plan**

- Part of your Plan of Care for Service Providers in the community
- In the home setting and community services, make this an agreement with those involved (person with BI, family, friends, caregivers, etc.)
- Write it down and be sure everyone is on the same page
- This is created from the information you acquired during the "debrief" session

# Examples of Prevention Plan

- Arrange the table so a wheelchair can more easily fit under the table.
  - (Decrease frustration with mobility issues that leads to cussing and yelling)
- Keep the TV in living room off between 3:00 and 6:00pm. Can watch in his room.
  - (Decrease the noise and crowd that leads to explosive behavior )
- Play instrumental music during meals.
  - (Avoid the singing along that upsets others)
- Keep the corner seat open for Debbie to sit there. Redirect others away from that seat.
  - (Avoid discomfort of sitting with sun in her eyes)
- Have the small table set up with Magic Mosaic prior to Patrick's arrival.
  - (Avoid wondering behavior)
- Remind Linda of the smoking rules prior to leaving on the outing and again when we arrive at site.
  - (Minimize verbal outbursts when she is told not to smoke)
- Keep food out of sight until ready to serve.
  - (Avoid compulsive overeating)
- Observe for anxious behavior such as tapping foot, rocking, twisting hair. Redirect with conversation, music or art project. Move to a different area.
  - (Avoid escalating behavior, yelling, cussing, elopement)

# Behavior Response Plan

Target Behavior	Response to Behavior	Debrief After
Yelling, cussing, insulting	<p>(Set Limits)            "If you stop yelling you can continue to watch TV with us. If you continue yelling, you will need to do it in your room"</p> <p>Praise good response            "Thank you for stopping the yelling. It's nice to watch TV with you"</p>	<p>-What provoked behavior?            -Was the behavior directed at any one person or thing?            -Anything unique about the environment?            -Did she respond to the directive and stop?            -Did she            -Anything we could do differently/better?</p>
Asking and repeating questions multiple times. (not disruptive to others)	<p>First, answer the question and write the answer on a note in front of her.            Second, refer to note and let her know repeats questions will be ignored.            Ignore repeated questions.</p>	<p>-Was there someone specific the questions were addressed to?            -Did she seem to genuinely want an answer?            - How long did you ignore?            -Did the questions eventually stop with ignoring?            -Anything we could do differently/better?</p>
Repeated questions that become disruptive to others	<p>After we've done the above, set limits.            "If you stop repeating your questions, you can continue playing the game. If you continue to ask the same questions, you will need to take a 10 minute break in your room."</p>	<p>-Did setting limits work?            -Did you follow through with taking a break if needed?            -Did she go to her room?            -Anything we could do differently/better?</p>



# Rewards and Points

- Focus on positive. Earn points vs. lose points.
- Earn points for targeted positive behaviors
- Track behaviors to accumulate points for reward or “get to”
- Review at least daily
- Keep fresh and meaningful to client

# A word on communication

- These tools are only as good as the caregiver's communication
- Establish consistent way to communicate with everyone that might interact with the client
- Whether in the acute care setting or at home, this behavior management techniques can help
- We want to start good habits with behavior early in healing process

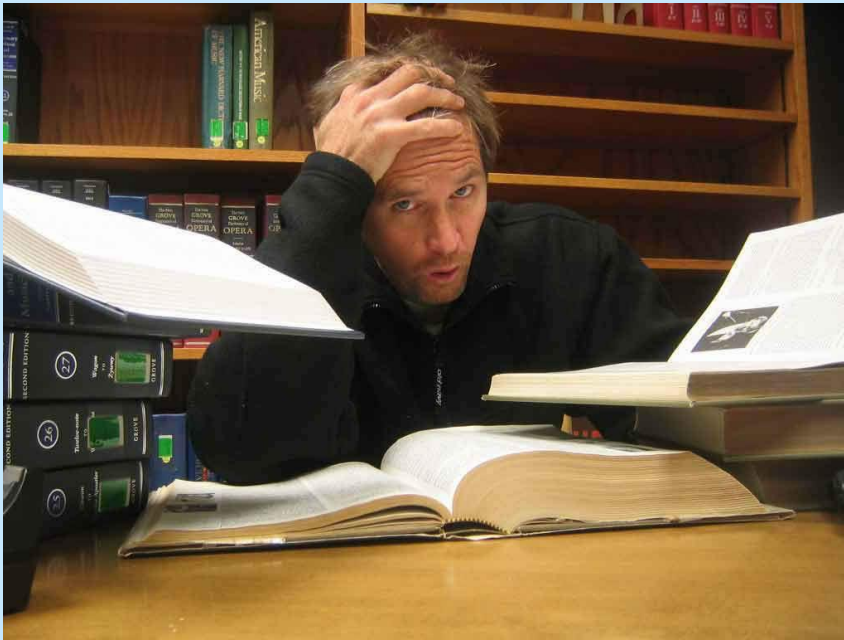
# Communicate the Plan



# Memory considerations

- Patients with brain injury frequently have memory issues. Please consider these when making behavior agreements
- Procedural and Error-Free Learning
  - They need consistency, structure, and routine to facilitate brain healing.
  - They should have a highly structured environment with limited room for errors.
  - They can remember routines through procedural learning
    - doing things the same each time can help them remember – like riding a bike

# Declarative versus Procedural Learning



# Safety

- Patient safety and staff safety are priority
- Sweep room regularly for sharps or other escape tools
- Document thoroughly:  
Sleep patterns,  
agitation triggers, etc
- Families need education



# Not Really a Cane!





# Keep yourself safe

- Caring for patients with behavior with brain injury can be unpredictable and at times dangerous.
  - Keep yourself safe!
- Caring for patients with behavioral issues is emotional and mentally challenges.
  - Take care of yourself!



# Hospital vs. Community

- Once the patient is not in a hospital, the environment is much harder to control
- Routines must be reestablished and altered as needed
- Be aware of new triggers that could become antecedents
- Behavior plans and consequences need adjusting

# In Conclusion

- Behavior
- Resources
- Support – it is out there!

# Questions?

Thank you for caring!

# References

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