Serving persons with behavioral issues after brain injury: Contemporary Approaches

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SOME REHABILITATION SERVICE STATISTICS
• 335 hospital, community, and home-based ABI programs in United States
• 199 self-report a “behavioral intervention” service specialty
• 98 self-report a “pediatric” service specialty or program type
• The percentage of programs reporting behavioral or pediatric specialty has not changed dramatically since 1994
*derived from BIA Directory of Services 2001

PURPOSE
• Understand Contemporary Rehab. and Behavioral Themes
• Understand Behavioral Sequences and the Importance of Windows of Opportunities in Providing Support
• Use Personal Intervention and Other Approaches
• Achieve Meaningful Outcomes
SOME BEHAVIORAL ISSUES AFTER ABI

- Diminished awareness of difficulties
- Predictable topics/situations that produce upset
- Tendency to rationalize or blame others for problems
- Tendency to perseverate during upsets
- Others “walk on eggshells”
- Diminished problem solving skills under stress
- Difficulty receiving “corrective” feedback
- Resistance to traditional rehabilitation agendas
- Behaviors that produce risk to self or others
- Post injury experience with “Behavior Management”

SOME CONTEMPORARY REHAB. THEMES

- Promote Independence
- Interdependence
- Community Inclusion
- Self-Determination
- Active Treatment
- Social Capacity Building

SOME CONTEMPORARY THEMES IN BEHAVIORAL INTERVENTION

- Outcome Driven
- Proactive / Non-Intrusive
- Person Centered
- Self-Managed
- Interactional
- Transdisciplinary
SOMEBASESOFBEHAVIORALINTERVENTION

• Thoughts, Feelings and Actions are “things”
• “Things” happen for a Reason…they are caused
• Sometimes we can change “things”
• We make decisions whether behavior is “good” or “bad”
• There are two main ways to change “things” (Stop old or Start new)
• Contemporary Themes influence Practice

SOMEFACTORSTHATMAYINFLUENCEHUMANBEHAVIOR

• Learning History (Pre and Post Injury)
• Neurological predispositions
• Cognitive/emotional status
• Biochemical predispositions
• Social/environmental context
• Existing contingencies
• “Momentum”

WHENTHE“HEATCOMESON
THEREAREFOURGENERALWAYSTHAT
PEOPLECANRESPOND…:

1. ESCAPEORAVOID
2. WITHDRAWOR“FREEZE”
3. GETEMOTIONAL
4. PROBLEM-SOLVE

* ACTING ANY OF THESE WAYS MAY SERVE TO MAKE A DIFFICULT SITUATION LESS DIFFICULT
* THE PROBABILITY OF 1, 2, & 3 ARE IMPACTED BY AN INDIVIDUAL’S ABILITY TO PROBLEM-SOLVE
RECIPROCITY GOES BOTH WAYS

RECIPROCITY IS AN ONGOING EXCHANGE OF SIMILAR INTERACTIONS.
(THERE ARE TWO TYPES OF RECIPROCITY)
1. ATTACK - ATTACK / NEGATIVE
   (“EYE FOR AN EYE”)
2. REINFORCE - REINFORCE / POSITIVE
   (“YOU SCRATCH MY BACK AND I’LL SCRATCH YOURS”)

Eye For An Eye
Will Make the Whole
World Blind

Gandhi

APPROACHES TO BEHAVIOR CHANGE
ONE WAY

<table>
<thead>
<tr>
<th>Focus</th>
<th>Single Behavior</th>
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</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Reduce Inappropriate</td>
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<tr>
<td>Style</td>
<td>Reactive</td>
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<td>Consequence (After)</td>
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### Approaches to Behavior Change

<table>
<thead>
<tr>
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<th>One Way</th>
<th>Another Way</th>
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<tbody>
<tr>
<td>Focus</td>
<td>Single Behavior</td>
<td>Complex Sequence</td>
</tr>
<tr>
<td>Goal</td>
<td>Reduce Inappropriate</td>
<td>Increase Appropriate</td>
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<td>Empower Participant</td>
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<tr>
<td>Flavor</td>
<td>Impersonal</td>
<td>Mutually Reinforcing</td>
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### Changing Behavior

Having an impact on the things that happen before or after behavior

1. Discouraging “old ways” of behaving after they occur (Reactive Approach)
2. Removing certain causes as behavior is happening (Passive Approach)
3. Encouraging new ways of behaving when the causes show up (Proactive Approach)

### Treatment Approaches

- Philosophical Stands and Commitments
- Residential Array or Continuum
- Interactional Style / Proactive De-escalation
- Integrated Staffing and Service Delivery
- Personal Intervention Training
- Goal Setting Activities
- Functional Cognitive Rehabilitation
- Performance Monitoring
- Risk Management / Com. Access Review
STANDS AND COMMITMENTS OF A PROACTIVE APPROACH

- Emphasis on Positive/Mutual Reinforcement
- Avoidance of methods based on punishment, extinction, or escape-extinction learning operations
- Minimal medication regimens and no PRN’s
- Least restrictive treatment (no fooling!)
- No mechanical restraint or exclusion/seclusion
- Keep participants involved in the life of their community
- Treat all participants with respect and dignity (no matter what…)
- Include “stands” as a part of quality assurance measures

THEMES OF PROACTIVE REHABILITATION

- Create pathways to obtain preferences
- Establish “type 2” reinforce-reinforce reciprocity
- Establish problem solving skills in difficult situations
- Increase probability of problem-solving by maintaining low arousal
- Graduate exposure to more difficult situations to enhance experience of success

INTERACTIONAL “DON’TS”
(interacting with confused and agitated)

- DON’T WITHDRAW
- DON’T OVERLY COMFORT
- DON’T OVERLY CORRECT OR DIRECT
- DON’T RESTRICT
INTERACTIONAL “DO’S”  
(interacting with confused and agitated)  
- GET YOURSELF ORIENTED  
- DEVELOP A CHARACTERISTIC INTERACTIONAL STYLE  
- GRADUATE EXPOSURE TO ENVIRONMENT, OPPORTUNITIES, REHAB. EXPECTATIONS  
- ENCOURAGE SAFE EXPLORATION  
- DISCOVER PREFERENCES  
- LEARN TO “LISTEN”  
- BOUNCE BACK QUICKLY FROM PROBLEMS  
- REACH AGREEMENTS  

Components of Active Treatment Interactions  

P         Positive  
E         Early  
A         All  
R         Reinforce  
L         Look  

PEARL  

McMorrow & Kirkpatrick, 94  

SOME BEHAVIORAL DE-ESCALATION PROCEDURES  

RESPONSE PRIMING  
REFLECT AND REASSURE  
STIMULUS CHANGE (X2)  
INTERSPERSED REQUESTS  
FOCUSED REDIRECTION  
REINFORCER RECALL  
TOPIC DISPERAL  
FUNCTIONAL REPLACEMENT  
BEHAVIORAL MOMENTUM
COMPONENTS OF A PERSONAL INTERVENTION PLAN

An individualized compensatory strategy for managing emotions and behavior in difficult life situations

• LIST PREDISPOSING FACTORS
• LIST EVENTS OR ANTECEDENTS TO UPSETS
• IDENTIFY SEQUENCE OF UNWANTED BEHAVIOR
• LIST DESIRE REPLACEMENT BEHAVIORS
• IDENTIFY SUPPORT NEEDED FROM OTHERS

A Simple Personal Intervention Plan for ________________________

This Plan is intended to assist you and those who may help you to learn more about yourself and get better at managing your emotions and behaviors when the going gets tough. Consider it as a representation of ways you have responded in the past and a new start on ways you may use in your future.

1. I am likely to have a bad day when...
   (List at least three situations that may produce a “Bad day.”)

2. I am likely to get upset when...
   (List at least three situations that may produce upset for you.)

3. When I get upset, I notice a sequence that starts with ____________ and may end with ____________.
   (Make a list from the first sign to other things that do or could occur.)

4. When I notice that a difficult situation is coming or when I begin to get upset, I tell myself or to others...
   (List the steps you need to take.)

5. Other people can help me by...
   (Identify who you need to help and list what you need them to do.)

WHAT IS PERSONAL INTERVENTION?

1. An individualized plan for managing one’s emotions and behaviors in difficult situations.

2. A contemporary way of teaching behavioral self-management and providing support for persons who are learning.

3. A compensatory strategy for persons who have difficulty problem-solving in high arousal conditions.
PRIMARY BEHAVIORAL PRACTICES INVOLVED IN PERSONAL INTERVENTION TRAINING

• Mutual reinforcement between therapist/teacher and participant
• Observation and recording of situational events and behavioral sequences (functional assessment)
• Direct Instruction in creation of the Plan
• Graduated Exposure to increasingly more challenging situations
• Prompting and Cueing
• Behavioral Relaxation
• Positive Reinforcement for use of desired replacement behaviors
• Reinforced Practice in increasingly natural settings

PERSONAL INTERVENTION AT A GLANCE

NOW IS TIME FOR                  NOW IS TIME FOR
High                Active Treatment                          Risk Management
AND
Personal Intervention

A
R
O
U
S
A
L

An escalating sequence of behavior

(From McMorrow, 1994)

KEYS TO SUCCESS WITH PERSONAL INTERVENTION

1. Create mutually reinforcing relationship with participant
2. Include participant in all creation steps
3. Establish interest/commitment to change
4. Capitalize on existing/natural skills
5. Identify powerful reinforcers for success
6. Promote exchange and requests for reinforcement
7. Enlist all persons who may provide support
8. Track and widely communicate positive results
9. Adapt Plan as necessary to incorporate new information
10. Share the joy of human service “successes”
PERSONAL GOAL SETTING

• OUTCOME DRIVEN REHABILITATION
• TREATMENT PLANNING
• ENHANCING PARTICIPANT INVOLVEMENT
• WEEKLY GOAL SETTING AGENDA

• ANTICIPATED BENEFITS
  • Enhance planning/organization skills
  • Increase utilization of support
  • Social skills
  • Improved self monitoring/evaluation
  • Increased Mood

Components of Performance Monitoring (DATA)

• Identify Useful Information
• Easy to Record
• Includes Desired and Unwanted Behavior
• Includes Several Dimensions of Behavior
• Permits Episodic Functional Assessment
• Easy to Review
• Creates Basis for Feedback Loop
• Creates Context for Treatment Goals
• Permits Programmatic Review

FUNCTIONAL OUTCOME AREAS

• Residential Living Status
• Level of Independence / Supervision
• Behavioral / Emotional Status
• Community Participation
• Level of Awareness
• Vocational / Educational Endeavors
• Amount Involvement in Voc. Or Education
• Self-Managed Health
• Intimacy / Relationships
• Quality of Life
A Suggested Reading

*Getting Ready to Help: A Primer on Interacting in Human Service*

Martin J. McMorrow, MS
Brookes Publishing
2003
www.brookespublishing.com

Thank You

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