Behavior Modification across the Continuum

Allison O'Mara, Psy.D.

Rehabilitation Psychologist

Center for Transitional Neurorehabilitation (CTN)

Barrow Neurological Institute

Outline

1. Behavioral modification: Basic Principles
2. Behavioral Problems: Acute Phase
3. Behavioral Problems: Outpatient
4. References

Objectives

Statement of Objectives:

- Participants will be able to describe the basic components of behavioral reinforcement and modification.
- Participants will be able to state at least three strategies rehabilitation professionals can implement to manage behaviors.

Behavior Modification: Basic Principles

Preface

- The Importance of Context: Creating a Trusting Relationship
  - Trust is developed through honest, caring, consistent relationships
  - Important to provide a comfortable, nonjudgmental atmosphere
  - Allow individuals to discuss their concerns, even if they do not appear logical

Antecedent

(Overstimulating room)

Behavior

(Outburst)

Consequence

(Removed from room-*reinforcing*)

Behavior Modification: Concepts

Understanding behavior

- 1. What is contributing to the behavior?
  - Triggers (antecedents)
    - Internal (pain, fatigue, hunger, pain, low self-esteem)
    - External (frustration with task, interaction with particular individual, stimuli)

Behavior Modification: Concepts

Understanding behavior

- 2. What is reinforcing the behavior?
  - Immediately follows the behavior

Behavior Modification: Concepts

Understanding behavior

- 3. Recognizing verbal and nonverbal signs
  - Pacing, fidgeting, voice raising in volume, decreased attention to task, difficulty maintaining eye contact

Behavior Modification: Concepts

Modifying Consequences

- Positive reinforcement: Increases desired behavior with reward, attention, praise
- Negative reinforcement: Increases desired behavior by removing noxious stimuli
- Punishment: Decreases behavior with unpleasant consequences that follow undesirable behavior. *Less effective than positive reinforcement*

Behavioral Problems: **Acute Phase**

- Time, onset, and duration can be **unpredictable**
- Behavioral problems can **vary** significantly in individuals with TBI
- May include:
  - Restlessness and agitation
  - Temper outbursts
  - Socially inappropriate behaviors
  - Noncompliant behaviors

Behavioral Problems: Acute Phase

Causes

- Neurological disruption and cognitive deficits associated with the TBI
- Confusion
- Poor Memory
- Limited reasoning
- Important to keep in mind organicity!
- Modification vs. management

Behavioral Problems: Acute Phase

Interacting with Individuals with Acute TBI:

- Speak slowly, briefly, and clearly
- Try to be direct in what you are communicating
  - The fewer words the better
- Frame it in a positive way that includes the desired behavior
  - "Don't get up" vs. "let's stay put"
- Avoid disagreeing as this can increase agitation
  - Instead, redirect attention to another topic

Behavioral Problems: Acute Phase

Agitation and Restlessness

- Three lines of treatment
  - Environmental Management
  - Physical Restraints
  - Medication

Behavioral Problems: Acute Phase

Agitation and Restlessness: Environmental Management

- Minimize stimuli
  - Reduce extraneous noise (television, conversations)
  - Pull curtains
  - Reduce number of visitors at any one time
  - Consider seeing patient in a quiet area for treatment
  - Modify your behavior (e.g., speak calmly, slowly, with low voice, gentle physical contact).
  - Be mindful of your body language

Behavioral Problems: Acute Phase

Agitation and Restlessness: Physical Restraints

- Posey vest (least restrictive)
- Enclosure bed
- Wrist and ankle restraints

Important to note that these carry risks such as causing increased agitation, possible injury to patient, can create feeling of hostility

Behavioral Problems: Acute Phase

Agitation and Restlessness: Medication

- Sedatives (buspirone; lorazepam)
- Propranolol and other beta blockers
- The patient's mental status is usually affected to some extent

Behavioral Problems: Acute Phase

Noncompliance

- Determine **what/why** (e.g., pain, fatigue) and identify ways to adapt
- Explain activity to the individual
  - Ensure they know what to expect
- Redirection
  - Suggest an alternative activity
- Provide choices to increase sense of autonomy

Behavioral Problems: Acute Phase

Temper Outbursts

- Remain calm
- Remove obvious stimuli, direct patient away
- Don’t attempt to reason with the individual
- Discuss behavior after the temper outburst has subsided
- Practice antecedent control (intervene before outburst occurs)
- Keep in mind safety awareness

Behavioral Problems: Acute Phase

Key Points

- Remember:
  - Don’t take behavioral outbursts personally
  - Focus on how to manage your own behavior and creating an environment that supports the individual
  - Focus on minimization, not complete extinction to manage expectations and frustration (doing it less is success/progress)

Behavioral Modification: Outpatient

Individual Behavior Plans

- Include strategies and interventions designed to address specific issues
- Take into account the individual's strengths and weaknesses
- Scripts are often incorporated
  - Written instructions that direct therapists working with the person with brain injury
- Addresses antecedents and consequences
- May use verbal instructions, visual cues, modeling

Behavioral Modification: Outpatient

Individual Behavior Plans

- Identify reinforcers/rewards that are specific to the individual
  - Primary
  - Secondary
- Important to provide reward at the time the behavior occurs

Behavioral Modification: Outpatient

Individual Behavior Plans

- Feedback
  - Important as the individual may not have insight into what happened and why
  - Keep it simple and direct
  - Process is viewed as a learning opportunity
  - Can assist in developing self monitoring skills

Behavior Modification: Outpatient

Tips for Behavior Plans

- Include the individual with TBI in all phases to increase motivation
- Behavior targets should be clearly identified and defined
- Alternative behavior to be reinforced must also be clearly identified and defined
- Time and reinforcement should be defined, with focus on positive reinforcement
- The plan should be carried out in all contexts
- The plan should include opportunities for feedback
- Frequency should be tracked to provide feedback to individual and to assess effectiveness of the plan

Behavioral Modification: Communication Pragmatics Logs

Patient's Professional Behaviors Log

Goal – Consistently demonstrate appropriate social and professional behaviors

Goals	Avoid

• Appropriate nonverbal communication
  ○ Appropriate eye contact
  ○ Smiling
  ○ Nodding when in agreement
  ○ Appear to be listening- pulled up to desk
  ○ Keep stress ball out of down and low
	• Not making eye contact during conversation
	• Staring at others
	• "checking out"
	• Avoid distracting hand movements/summonsing

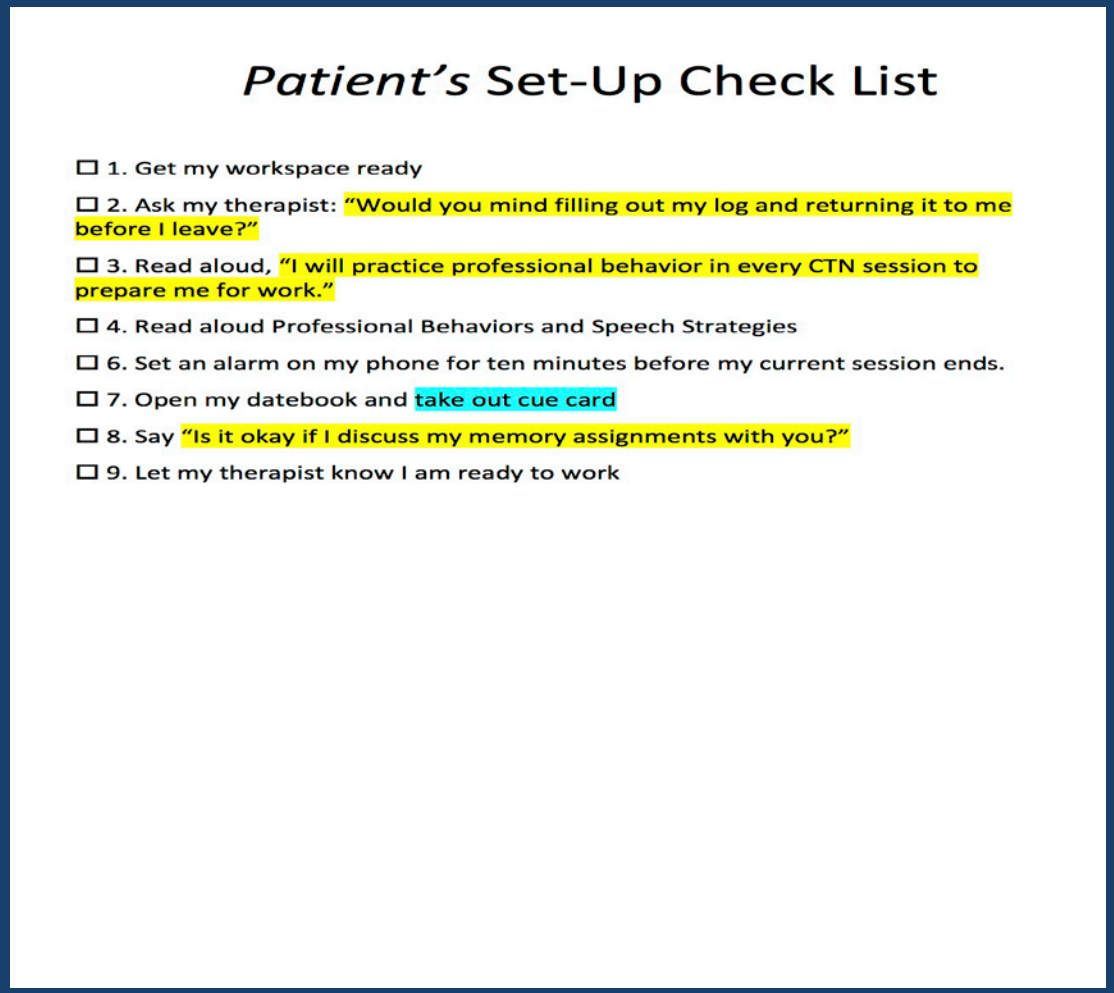
• Take turns in conversations equally, be a good communication partner	• Egocentric topics • Over-questioning others • Using a condescending or arrogant tone
• Be open and receptive to feedback and new ideas • Follow recommended protocols/no rule breaking	• Inflexibility • Negotiating
• Participate in social conversations in mature/business-like manner	• Being part of inappropriate conversations/jokes • Teasing • Juvenile or suggestive comments • Overuse/Inappropriate use of sarcasm
• Stay on topic, know what to share and when to share information • Know your audience	• Getting off topic or switching topics • Sharing information that's not right for the setting • Oversharing information • Avoid giving feedback to therapists
• Be prompt and prepared for sessions	• Tardiness

Behavioral Modification: Communication Pragmatics Logs

Patient's Communication Log **Date:_____**

Session /time	What went well	What needs to improve	Initials
8:15-9:00			
9:00-9:45			
10:00 - 10:45			
10:45-11:30			
11:30-12:15			
Milieu			
Lunch			
1:15-2:00			
2:00-2:45			
2:45-3:30			

Behavioral Modification: Procedural Checklists



Patient's Set-Up Check List

☐ 1. Get my workspace ready

☐ 2. Ask my therapist: "Would you mind filling out my log and returning it to me before I leave?"

☐ 3. Read aloud, "I will practice professional behavior in every CTN session to prepare me for work."

☐ 4. Read aloud Professional Behaviors and Speech Strategies

☐ 6. Set an alarm on my phone for ten minutes before my current session ends.

☐ 7. Open my datebook and take out cue card

☐ 8. Say "Is it okay if I discuss my memory assignments with you?"

☐ 9. Let my therapist know I am ready to work

Behavioral Problems: Probation Letter as a Therapeutic Tool

Date

Name
Address

Re: CTN Program Probation

Dear Name:

This letter is in follow up to your meeting with on date, regarding expectations for your continued participation in the CTN Work Re-Entry Programs. As discussed with Dr., you are being placed on CTN program probation secondary to concerns about rate of progress toward goals, follow through, and preparedness for therapies.

As discussed in the meeting on date, the following problems have been identified by the CTN therapists:

1.

2.

Based on your probation, effective date, there is a four week period for which you will be monitored.

As Dr. has explained to you, probation is used as a therapeutic tool to help you to be successful in the vocational rehabilitation process, through making clear to you goals and expectations for your CTN program participation, setting objective achievement criteria, and holding you accountable for your performance in the program. Dr. discussed with you behaviors which you must consistently demonstrate to continue your participation in the CTN program. These include the following:

a. Consistent follow through with CTN recommendations in order to meet agreed upon goals, including datebook assignments, completion of homework, etc.

b. Consistent attendance..

c. .

Behavioral Problems: Outpatient

Final thoughts

- Consider the organicity and the impact of the injury
- Keep in mind the patient's premorbid functioning
  - Personality factors, educational background, style of coping
- Reach out to the rehab/neuropsychologist

References

Beatty, C. (Year, month, date published). Interventions for Behavioral Problems After Brain Injury. Retrieved from www.brainline.com

Novack, T. (Year, Month Date Published). Management of Behavioral Problems during Acute Rehabilitation of Individuals with TBI. Retrieved from www.brainline.com

Pace, G., Dunn, E., Luiselli, C., Cochran, R., & Skowron, J. (2005). Antecendent interventions in the management of maladaptive behaviors in a child with brain injury. *Brain Injury*, 19:5, 365-369.

Prigatano, G. (1999). *Principles of Neuropsychological Rehabilitation*. New York, NY: Oxford.

Schlund, M. & Pace, G. (1999). Relations between traumatic brain injury and the environment: feedback reduces maladaptive behavior exhibited by three persons with traumatic brain injury. *Brain Injury*, 13:11, 889-897.

Thank you!