

Managing Aggressive Youth



Nikki Powell, PsyD, BCBA-D



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

My Background

- Clinical Psychologist
 - Board Certified Behavior Analyst – Doctoral
 - Specialized Experience:
 - Autism / Intellectual Disabilities
 - Severe Behavior Disorders
 - Inpatient Psychiatry
-

Nationwide Children's Hospital

- Opened first pediatric inpatient psychiatry unit December 2014
 - 16 beds, 3-17 yo
 - Accept ASD / ID patients
 - Accept severe challenging behavior
 - Three-pronged leadership: Medical Director, Nursing Manger, BH Manager
-

Main Campus



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Our Experiences

- Patients presenting with the same behavior, need different interventions
- Diagnosis changes conceptualization
- Treatment is different than management
- Managing staff and patient risk is critical
- Intervention flexibility is hard to teach



Our Experiences

- Patients presenting with the same behavior, need different interventions
- **Diagnosis changes conceptualization**
- Treatment is different than management
- Managing staff and patient risk is critical
- Intervention flexibility is hard to teach

Our Experiences

- Patients presenting with the same behavior, need different interventions
- Diagnosis changes conceptualization
- **Treatment is different than management**
- Managing staff and patient risk is critical
- Intervention flexibility is hard to teach



Our Experiences

- Patients presenting with the same behavior, need different interventions
- Diagnosis changes conceptualization
- Treatment is different than management
- **Managing staff and patient risk is critical**
- Intervention flexibility is hard to teach



Our Experiences

- Patients presenting with the same behavior, need different interventions
- Diagnosis changes conceptualization
- Treatment is different than management
- Managing staff and patient risk is critical
- **Intervention flexibility is hard to teach**

Symptoms of Mental Illness

- The focus is often on the DSM / ICD criteria
- Challenging behavior is often a symptom of many diagnoses and experiences
- “Aggressive” behavior is often stigmatizing, even within the mental health field



Mental illness is
nothing to be ashamed of,
but stigma and bias shame
us all.

Bill Clinton



Key Points

- Topography vs. Function
- Understanding Functional Intervention
- Crisis Management vs. Treatment
- Population Differences within Function
- Delaying Imminent Risk Definitions
- Staffing
- Staff Training

Topography

- Topography is IMPORTANT: the form a behavior takes
 - Aggression

hitting, biting, kicking



Topography

- Topography is IMPORTANT: the form a behavior takes

- Aggression

- Disruption / Destruction

throwing items, ripping paper, tipping furniture

DESTROY ALL THINGS



Topography

- Topography is IMPORTANT: the form a behavior takes
 - Aggression
 - Disruption / Destruction
 - Self- Injury



scratching with fingernails, scratching
with objects, self-biting, head-banging



Topography

- Topography is IMPORTANT: the form a behavior takes
 - Aggression
 - Disruption / Destruction
 - Self- Injury
 - Negative Vocalizations

screaming, cursing, crying



Topography vs. Function

- WHAT the individual is doing is not as important as WHY they are doing it.
 - Over focus on ‘what’ leads to crisis management rather than intervention
 - Understanding ‘why’ allows for predicting and proactive response



Vs.

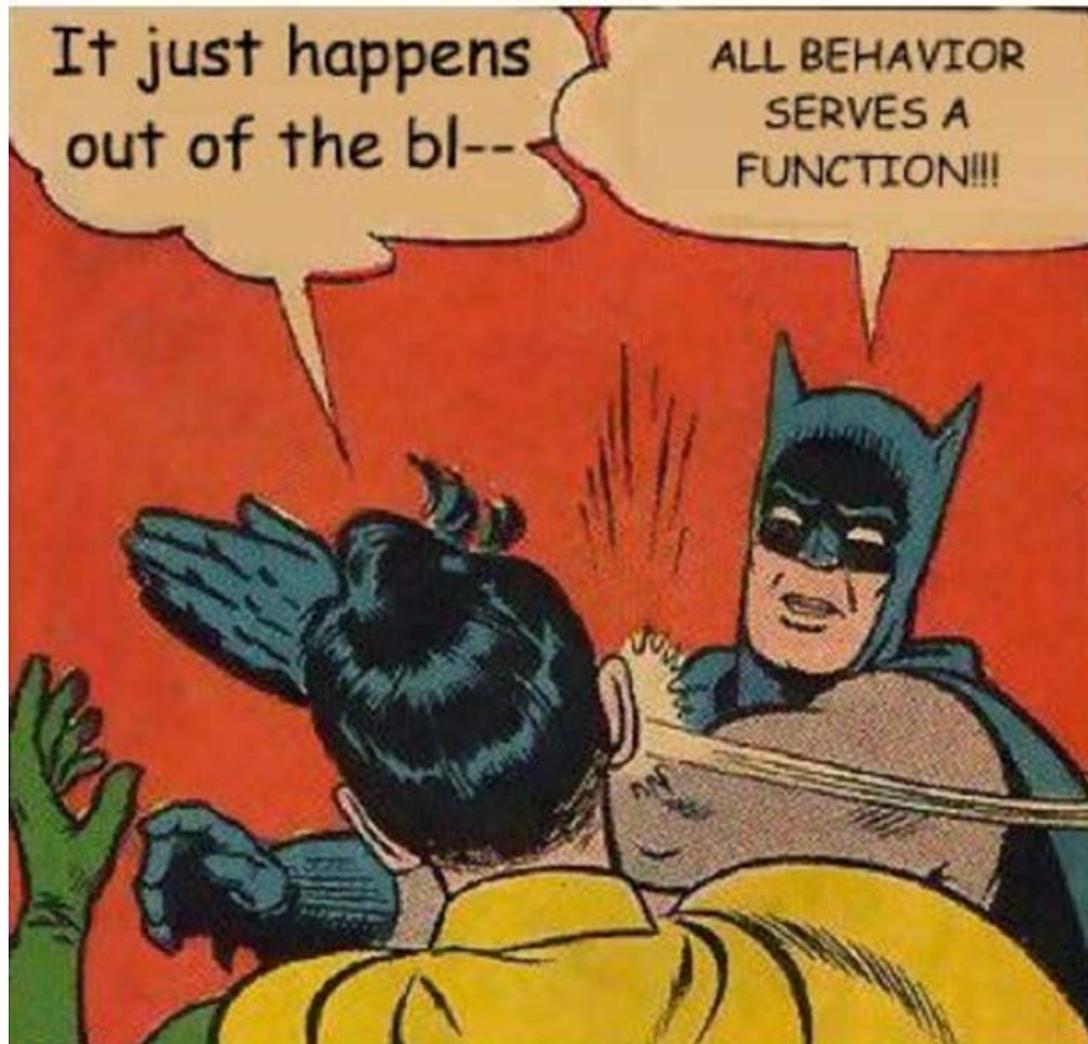


- Real-life Example



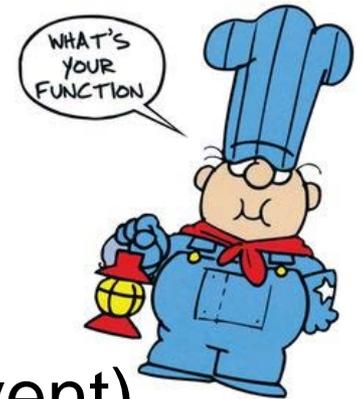
NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Raise your hand if you have heard...



Function

- Function of Behavior: the antecedents that evoke and the consequences that maintain a specific behavioral response
 - Attention
 - Escape
 - Tangible
 - Automatic (antecedent is a private event)



Crisis vs. Intervention

- Ideally: addressing behavior has an impact on future behavior
 - Facilitates improvement throughout hospitalization and beyond
- Reactive response and emergency interventions have limited or *negative* impact on future behaviors

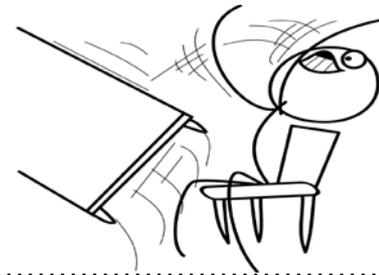
Intervention & Treatment

- Identify the function
- Identify ways to manipulate the antecedent or motivation
- Identify ways to promote alternatives or incompatible behaviors



Example Case: Function

- “Charlie despises going to group. Some days go better than others, but even on the good days, there is cursing and grumbling. On the bad days, there is hitting and punching and table flipping. But every time, it seems clear the goal is to get out of group.”



Intervention & Treatment

- Identify the function
- Identify ways to manipulate the antecedent or motivation
 - “Proactive strategies”
- Identify ways to promote alternatives or incompatible behaviors



Example Case: Proactive

- Group feels long to Charlie, so staff schedule proactive breaks every 8 minutes (he usually makes it 10 minutes before problems)
- Charlie has a hard time waiting, so staff set timers to help Charlie “see the light at the end of the tunnel”

Intervention & Treatment

- Identify the function
- Identify ways to manipulate the antecedent or motivation
- Identify ways to promote alternatives or incompatible behaviors

– “Reinforcement Strategies”



Example Case: Reinforcement

- Charlie usually curses, then kicks out at peers, then finally starts flipping furniture—staff give Charlie “break passes” on top of his scheduled break, using them results in immediate release.
 - Charlie gets down to only 3 break passes the whole day by the end of admission.
 - Not using break passes WITHOUT problem behavior results in “exchanging” the break passes at the end of the day for something Charlie wants.
-

All-Unit Positive Systems

- Motivation
 - Customizable
 - Establishes a “vision” for your unit

 - Critical Factors:
 - Individualized to the patient
 - Unable to be falsified
 - Visual for the patient
 - Exchange / reward customized to patient need
-

Raise your hand if you never let “emotion” inform your impressions...



Felt Like:



Actually:



Data Informs Progress

- It is critical to take data, especially when you are investing in a formal intervention
- Tracking progress allows you to make changes sooner if it's not working
- Tracking progress motivates staff and gives them positive feedback for their hard work

Population Differences

Even the same function might require a different approach with different populations!

Example: behavior targeted at getting someone to attend, help, or display emotion.

**“Attention Maintained
Behavior”**

Example

- Presenting Issue: Bath Salts / Psychosis
- Antecedent: Staff walking into the room
- Behavior: “Roaring,” spitting on floor and watching staff while rubbing in it, throwing pillows
- Reaction?

Example

- Presenting Issue: Major Depression / Hopelessness
- Antecedent: Staff passes in the hallway
- Behavior: Crying intensifies, patient curls up on self, see patient scratching arm
- Reaction?

Example

- Presenting Issue: Autism Spectrum / Intellectual Delay
 - Antecedent: Staff talking with each other
 - Behavior: Starts cussing, makes inflammatory statements, says things like “I am going to live in a cave.”
 - Reaction?
-

Latency to Imminent Risk

- The definition of imminent risk (i.e. now emergency procedures cannot be avoided) is highly **dependent** on staff **confidence and skill**
- Keeping staff safe even while patients are escalated provides **more time to use intervention**, instead of crisis management, procedures

Delaying Imminent Risk

- Protective Equipment
 - Staff worn equipment
 - Keeps grabs and swipes from injuring staff
 - With very delayed kids (who are often “disorganized” aggressors), can allow you to remain with them



Delaying Imminent Risk

- Specialized Training- MCPP
 - When to use behavioral contingencies in an emergency
 - Use of behavioral contingencies routinely for challenging behavior
 - Extensive blocking/evading skills to manage aggression and disruption safely for extended periods without manual holds
- Interested? Contact seth.clark@choa.org

Delaying Imminent Risk

- Appropriate Treatment Spaces
 - If you have room to move away and block, you can delay
 - If you have rooms with limited risk elements (i.e. thrown objects, furniture) you can persist with intervention



Staffing and Training

- Appropriate intervention almost always requires enough people to be successful
- Having specialized teams to manage specialized situations helps with staff flexibility
- Training on the theory and success of applied behavior analysis approaches to reducing challenging behavior gives tools

Thank you for your time!



nicole.powell@nationwidechildrens.org