Presented by Louis Renaud

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Objectives

At the conclusion of this presentation, you should be able to:

– describe challenging behaviour (frequency, duration, intensity)

– identify potential causes of challenging behaviour using a multimodal worksheet

– know the process to develop preventive intervention
Multimodal approach

Adaptation of models by:

Three basic principles

1. Adopt a person-centred approach
   – Improve the person’s quality of life

2. Prevent the onset of severe Severe and Challenging Behaviour (SCB)

3. Act on the causes of SCB
   – Multiple causes
Multimodal process

- Describe the challenging behaviour
- Organize information
- Formulate causal hypotheses
- Develop personalized intervention
- Implement intervention
- Monitoring intervention
- Organize intervention follow-up
Description of severe and challenging behaviour (SCB)

• What is a challenging behaviour?
• **Describe** the behaviour (frequency, intensity, duration)
• Establish the behavioural context
• Determine the behaviour’s strength
• Determine its severity (impact)
The behaviour presents in a context

- in an external context: places, persons, objects, stimuli;
- in a cognitive (internal) context: beliefs, symbols, associations.

A behaviour becomes challenging when it occurs in a context where it is deemed inappropriate.
Severity

- Depends on the behaviour’s **impact** on:
  - the person (physical and psychological health, development);
  - other persons (physical and psychological health);
  - the physical environment;
  - society.

- Depends on the **strength** of the behaviour

- **Frequency**
- **Intensity**
- **Duration**
Definition of SCBs

A challenging behaviour is judged severe when it poses a real or potential danger to the physical or psychological integrity of the person, to others or to the environment, or if it compromises the person’s freedom, integration or social relations.

Multimodal Process

- Describe the challenging behaviour
- Formulate causal hypotheses
- Develop personalized interventions
- Organize information
- Practise intervention
- Organize intervention follow-up
- Follow up on the intervention
Data collection

• Quality of life
  (residential, work, studies, friends, belongings, leisure activities, choice)
• Lifestyle
• Strengths
• Interests
• Discomfort
• Projects
• Services

• Understanding the SCB
  – Interview
  – Free observation, video
  – File
  – Systematic observation
  – Experimental functional analysis

• Knowing the person
# Multimodal worksheet

<table>
<thead>
<tr>
<th>Environment</th>
<th>Physical</th>
<th>Social</th>
<th>Programming</th>
<th>Present features</th>
<th>Psychological</th>
<th>Psychiatric</th>
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<th>Neurological problems</th>
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**Description of the behaviour targeted:**

Antecedents

Central processing

Reinforcement conditions
Instigating factors

**Contributing**
- Increase the probability of a behaviour
- No clear onset and end
- Precede, concurrent and may continue after the behaviour is presented
- Not sufficient to elicit the behaviour
- May be necessary

**Triggering**
- Elicit the behaviour in a given context
- Well-defined onset and end
- Immediately precede the behaviour
- May be sufficient to provoke the behaviour
- Is necessary

**Ambient noise, constant circulation**
- Hits the person next to him more often when there is noise and circulation

**Person sits in “his” chair**
- Hits the person
Instigating factors

**Contributing**
- Variable onset and end
- Precede, concurrent and may continue after the behaviour is presented

**Triggering**
- Well-defined onset and end
- Immediately precede the behaviour

Ambient noise, constant circulation

Hits the person next to him more often when there is noise and circulation

Person sits in “his” chair

Hits the person
Instigating factors

**Contributing**
- Do not suffice to provoke the behaviour
- May be necessary

**Triggering**
- May be sufficient to provoke the behaviour
- Is necessary
### Instigating Factors: Environment

#### Contributing Factors

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#### Triggering Conditions

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#### Reinforcement Conditions

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### Examples:
- Noisy environment
- Confined spaces
- Too bright or not bright enough
- Odours
- Tastes
- Etc.

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Adaptation libre tirée de: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211
### Instigating factors: environment

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**Examples:**
- Physical, verbal abuse
- Arbitrary treatment
- Unfulfilled expectations
- Disrespect
- Authoritarian interaction
- Quality of relationships
- Climate of tension
- Etc.

*Adaptation libre tirée de: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p. 211*
## Instigating factors: environment

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### Contributing Triggers

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### Examples:

- Frequent changes in routines
- Lack of stimulating activities
- Too little/too much structure
- Too few or too many activities
- Inconsistent interventions
- Disliked activity
- Productivity (speed/slowness)
- Too demanding
- Activities too complex
- Frequent staff changes
- Etc.

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# Instigating factors: psychological

## Context 1: Contributing Instigating factors

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## Context 2: Central processing

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## Context 3: Reinforcement conditions

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### Current psychological features

- **Pay**: features
- **Physical health**
- **Medical**
- **Mental health**
- **Psychiatric**
- **Neurological problems**

### Emotions (fear, anger, sadness, joy, psychological pain, anxiety)

- **Physiological aspect**;
  - Heart rate, perspiration, sexual arousal, muscular tension, stress
- **Cognition**

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*Adapted from W.I. Gardner, Ph.D. (2002), Aggression and other Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211.*
Central processing factors (CPF)

CPFs determine how the contributing factors influence the onset or intensity of a challenging behaviour.

– Raise or lower the reaction threshold

– Dimensions
  • Neurological
  • Physiological
  • Psychological

• Confers aversive properties on a neutral or positive event
• Heightens an event’s aversive properties
Central processing

Instigating factors

- Function generally executed by the brain
- Deals with information from the environment and the body to determine the reaction (behaviour)

Behaviour
Distinction between instigating factors and central processing

Integration exercise

Mary is mildly intellectually delayed. She presents with a paranoid personality. She hit Marco after she saw him talking and laughing with Catherine.

What comes before?
What reduces or increases probability of the challenging behaviour?

Identify the challenging behaviour

Neuro. function or experience

External Information

Central processing

Trigger

Contributing factor
Psychological central processing

Present/excess factors

• By their presence or excess, these factors increase the risk of SCB onset.

Deficit factors

• By their functional absence or weakness, these factors increase the risk of SCB onset.

Adaptation libre tirée de : W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges ; Biomedical and Psychosocial Assessment and Treatment, Kingston :NADD Press, p.211
Exercise

Think of examples involving persons you know, identify how a central processing factor changes the function of specific environmental conditions and how this can affect the challenging behaviour.
### Instigating factor: Health

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**Description of the behaviour targeted:**

**Examples:**
- Sensations
- Persistent malaise
- Acute or chronic pain

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*Adaptation libre tirée de: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211*
Central processing: Health

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Possible Central Processing Factors
- Fatigue
- Irritability
- Motivation
- Tolerance level
- Language
- Emotions
- Thoughts
- Communication

Adaptation libre tirée de : W.J. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges : Biomedical and Psychosocial Aspects ; Biomedical and Psychosocial Assessment and Treatment, Kingston :NADD Press, p.211
Link between diagnosis and cause

- Obesity
- Special diets (due to chewing problems, nutrition, behaviour)
- Endocrine disorders (ex.: hypo, hyperthyroidism, hypoglycemia, diabetes)
- Gastrointestinal disorders (ex.: reflux, constipation and hemorrhoids, diarrhea caused by intolerances to lactose, gluten, casein)
- Mouth/dental disorders (ex.: cavities, abscess)
- Dermatological disorders (ex.: infections, skin disorders)
- Cardiovascular disorders (heart disease, high blood pressure)
- Respiratory disorders

- Neurological disorders (ex. epilepsy, cerebral palsy)
- Sensory disorders (ex. visual, auditory problems, etc.)
- Muscle and bone disorders (ex. arthritis, scoliosis, spinal injury, etc.)
- Genito-urinary disorders (ex. kidney disease, urinary tract disorder)
- Respiratory disorders (ex. asthma, pulmonary disease)
- Severe allergies
### Instigating factors: Mental health

**Examples:**
- Sensations, discomfort, pain
- Emotions
- Persistent self-talk

**Examples of triggers:**
- Belief or perception related to the mental health problem (hallucination, delirium)

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**Context 1**
- **Instigating factors**
  - Contributing
  - Triggering

**Context 2**
- **Central processing**

**Context 3**
- **Reinforcement conditions**
  - Addition (+)
  - Subtraction (-)

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**Environment**
- Physical
- Social

**Programming**
- Present features
- Deficit skills or features

**Psychological**
- Physical health
- Medical
- Mental health

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Adapted from: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211
Central processing: Mental health

- Anxiety disorders (43%)
- Attention deficit/hyperactivity (29%)
- Bipolar disorder (24%)
- Clinical depression (19%)
- Psychosis (9%)

* Diagnostic psychiatry study involving persons with severe and profound mental retardation (Connor and Posever, 1998)

Instigating factors
- Sensations
- Psychological state, Emotions
- Persistent self-talk
- Belief or perception related to the mental health problem (hallucination, delirium)

Central Processing Features
- Fatigue
- Irritability
- Motivation
- Tolerance level
- Language
- Emotions
- Thoughts
- Communication

Description of the behaviour targeted:

Environm...
Instigating factors: Neurology

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Contributing factor examples:
- Sensations
- Discomfort
- Pain
- Psychological state, emotions

Examples of triggers:
- SBD part of a neurological syndrome or disorder
- Cognitive or perceptual features related to the condition
Central processing: Neurology

Neurological diagnosis related to causes
• Tourrette’s
• Autism
• Syndromes
  • Downs
  • Prader-willi
• Williams
• Fragile X
• Smith Magenis

Central Processing Features
• Fatigue
• Irritability
• Motivation
• Tolerance level
• Language
• Emotions
• Thoughts
• Communication
• Hypo /hyper sensitivity

Description of the behaviour targeted:
_________________________________________________
### Treatment: Physical, mental and neurological features

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</tbody>
</table>

- **Physical**
- **Social**
- **Program**
- **Present features**
- **Deficit skills or features**
- **Physical health**
- **Medical**
- **Mental health**
- **Psychiatric**
- **Neurological problems**

---

**Description of the behaviour targeted:**

---

**Treat illness or reduce its impact**

Adaptation libre tirée de : W.J. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston :NADD Press, p.211
Treatment: Physical, mental and neurological health

Physical health:
- Illness

Mental health:
- Medication
- Psychotherapy
- Medication
- Psychotherapy

Neurology:
- Neurological problems
- Modify the environment

Reduce impacts:
- Medication
- Diet
- Exercise
- Observation
- Pain
- Symptoms
Consequences

- Identify the behaviour
- What follows the behaviour?
  - Occur AFTER the behaviour
  - Types of consequences:
    - Stimulus (thing, activity, relationship)
    - Cognition
    - Intrinsic

Integration exercise

Peter receives a Coca-Cola after he finishes work every day.

Helen tells herself that she did a brilliant job repairing her radio.

Jack presses his thumb into his eye.
Reinforcement conditions

- Reinforcement makes stronger
- Increases probability
- Maintains frequency

• Is defined by its effect on behavior

Integration exercise

The educator gave Noëlla an opera ticket for completing her tasks throughout the week.

- Identify the behaviour
- What happens AFTER?
- Has the behaviour increased or maintained?
Multimodal worksheet

<table>
<thead>
<tr>
<th>Context 1</th>
<th>Context 2</th>
<th>Behaviour</th>
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</tr>
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**Environment**

**Physiological**

**Behavior**

**Program**

**Psychological**

**Present features**

**Deficit skills or features**

**Medical**

**Mental health**

**Psychiatric**

**Neurological problems**

**Neurological**

---

Lois is deaf and virtually blind. She does not seem sensitive to touch. She often presses her finger into her eye.

Adaptation libre tirée de: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211
Multimodal process

- Describe the challenging behaviour
- Organise information
- Formulate causal hypotheses
- Develop personalized intervention
- Organize intervention follow-up
- Implement intervention
- Monitoring intervention
Your turn now
FUNCTIONAL ANALYSIS
Objectives

• Identify the possible causes of the behaviour (ABC)
  – Conditions that trigger the onset (BEFORE)
  – Maintenance conditions (AFTER)

• Based on systematic observation
  – Experimental behaviour analysis (EBA)
  – Applied behaviour analysis (ABA)
Functional analysis

• **Experimental Observation**
  – Test causal hypotheses
  – Directly manipulate conditions
    • Control the context
    • Control combinations
    • Control specific aspects
  – Rigorous observation
  – Direct link with the intervention

• **Natural Observation**
  – Test causal hypotheses
  – Select factors to observe
  – Observe their “natural” occurrence
  – Reduce the influence of the observer
  – Observe in a natural setting
  – Link with hypotheses
Functional Analysis in the Natural Environment
First level of analysis: basic frequency distribution

How frequent are:

• the various challenging behaviours?
• various antecedents or consequences?
Interpret data

Frequency of maladaptative behaviours over a 55-day class period

N = Comportements

- Throws himself on the floor
- Kicks
- Throws objects
- Pinches
- Pulls hair
- Scratches (elsewhere)
- Scratches (face)

2002-2003
2001-2002
Interpret data

All deviant behaviours

- Pulls caregiver's hair: 4
- Bites his hand: 40
- Hits himself in the head: 8
- Hits himself in the ear: 31
- Grunts: 2
- Hits a peer: 6
- Screams: 7
- Pushes caregiver: 17
- Pulls off caregiver's glasses: 1

N = Behaviors
Interpret data

Frequency of contributing and triggering factors for self-injury
(March 19 to May 4, 2003)

- Noise
- Agitation
- Refusal
- Criticism
- Mother-visit
- Desire
- Request
- Medical appointment
- Departure of peer
Interpret data

Antecedents
March 17 to June 21, 2000

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>224</td>
</tr>
<tr>
<td>Fatigue</td>
<td>159</td>
</tr>
<tr>
<td>Transition (activity/place)</td>
<td>63</td>
</tr>
<tr>
<td>Refused his request/requirement</td>
<td>33</td>
</tr>
<tr>
<td>School (or bus)</td>
<td>25</td>
</tr>
<tr>
<td>Change in routine</td>
<td>20</td>
</tr>
<tr>
<td>Waiting</td>
<td>11</td>
</tr>
<tr>
<td>In-car</td>
<td>11</td>
</tr>
<tr>
<td>Hunger</td>
<td>9</td>
</tr>
<tr>
<td>Pain</td>
<td>3</td>
</tr>
<tr>
<td>Respite</td>
<td>1</td>
</tr>
</tbody>
</table>
2nd level of analysis: Two-way table

Determine the frequency of an event as it relates to another event

– Behaviour x in relation to antecedent y
– Antecedent x in relation to antecedent y
– Behaviour in relation to consequences
## Example of two-way table

<table>
<thead>
<tr>
<th></th>
<th>Beh. 1</th>
<th>Beh. 2</th>
<th>Beh. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ant. 1</td>
<td>✓✓✓✓✓</td>
<td>✓✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ant. 2</td>
<td></td>
<td>✓✓</td>
<td>✓✓✓✓✓✓✓</td>
</tr>
<tr>
<td>Ant. 3</td>
<td>✓✓✓✓✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ant. 4</td>
<td>✓✓✓✓✓✓✓</td>
<td>✓✓</td>
<td></td>
</tr>
</tbody>
</table>
Behavior x hour

Determine the frequency of each behaviour for every hour of the day
Interpret data

Frequency of episodes of serious aggression in relation to the time of day

January to December 2002

Frequency
# Functional analysis in the multimodal worksheet

<table>
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**Physical**

**Social**

**Programming**

**Environment**

**Present features**

**Psychological**

**Deficit skills or features**

**Medical**

**Physical health**

**Psychiatric**

**Mental health**

**Neurological**

**Problems**

---

Description of the behaviour targeted:

---

Formulation of causal hypotheses
Multimodal process

- Describe the challenging behaviour
- Organise information
- Formulate causal hypotheses
- Develop personalized intervention
- Organize intervention follow-up
- Monitoring intervention
- Implement intervention
Explanatory hypotheses

- Possible explanation of the behaviour
  - May include several interacting factors
  - Stems from the multimodal worksheet

Hypothesis must be confirmed or ruled out
Peter hits himself because it allows him to avoid doing the dishes.
### Simple hypotheses

<table>
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**Environment**
- Physical
- Social
- Programming

**Psychological**
- Present features
- Deficit skills or features

**Medical**
- Physical health

**Neurological**
- Neurological problems

---

When asked to leave the bathroom, she begins to scream.

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*Adapted from W.I. Gardner, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211*
When asked to stay calm after he hears screaming, he hits the person screaming.
When asked to stay calm after he hears screaming, he will hit you in order to escape to a quieter place.
Planning an intervention
Three components of intervention

Active prevention: 25%
Preventive management: 25%
Treatment: 50%
Preventative Management
Preventative management

Context 1: Instigating factors
- Contributing
- Triggering

Context 2: Central processing

Context 3: Reinforcement conditions
- Addition (+)
- Subtraction (-)

Environment
- Physical
- Social
- Programming

Psychological
- Present features
- Deficit skills or features
- Physical health
- Medical
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- Psychiatric
- Neurological problems

Change the instigating factors

Description of the behaviour targeted:

Adaptation libre tirée de : W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges ; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211
preventative management:
Instigating factors

1. Remove them, if possible
2. Modify them to reduce the impact
3. Program conditions that support alternative behaviours
4. Improve lifestyle

Alternative to medication, aversive intervention or physical control
Examples

1. Eliminate instigating factors

- Remove strong stimuli
- Prevent access to specific areas where strong stimuli are present
- Stop requests
Examples

2. Modify instigating factors

- Change the way the person is approached
- Change the way requests are made
- Tolerate slow reaction time
- Give short and simple explanations
- Modify programs and demands based on the presence of other instigating factors
Examples
3. Program favourable conditions

• Alternative behaviours
  – Set up conditions that elicit alternative behaviours

• Behaviors or states antagonistic to the SBD
  – Increase the structure of activities
  – Include rest and relaxation activities

• Provide non contingent reinforcers
4. General interventions on the environment

• Providing a good quality of life can help prevent, reduce or eliminate challenging behaviour.
Quality of life

• Providing a good quality of life can reduce or eliminate challenging behaviours.

**Quality of life indicators**
- A place to call home
- A social network
- Relationships based on reciprocity
- Satisfying emotional and sexual life
- Communication
- Valued social role
- Active and useful role in the community
- Exercise of rights
- Range of skills
- Meaningful and enriching lifestyle
- Good health
Positive Approach
(Fraser, D. & L’Abbé, L., 1993)

• Opt for a overall intervention approach
• Show interest in the person and his/her well-being
• Approach the intervention with values and attitudes that reflect consideration for the person
• Promote respect and reciprocity
• Ask for real involvement and foster a self-critical ability
Examples of conditions likely to influence the onset and persistence of challenging behaviours

(Fraser & L’Abbé, 1993)

- Poor social relations
- Unsatisfying emotional life and gratification climate
- Unsatisfying lifestyle
- Few opportunities to play a valued social role
- Negative social perception
- Poor understanding of how the person functions stemming from a lack of knowledge of his/her clinical profile
Link to a multimodal analysis

Feels protected & safe

Enjoys friendships & love relationships

Plays important role at work or in an activity

Access to activities or reinforcing stimuli
- Vacations and special occasions
- Participation in and access to community activities

Personal dignity and privacy respected

Expresses choices, preferences;
Enjoys a sense of control over his/her life;
Exercises rights.

Good health

Description of the behaviour targeted:

Environment

Physiological

Social programming

Psychological

Present features

Deficit skills or features

Medical

Psychiatric

Neurological

Neurological problems

Adaptation libre tirée de: W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behavioral Challenges; Biomedical and Psychosocial Assessment and Treatment, Kingston: NADD Press, p.211
Positive overall outlook

• A proper analysis is not complete without considering these general factors.

• An SCB may lead to improved and preventative environmental conditions for other clients.
Active prevention
Describe the precursors for each level.

The preventative intervention must be carried out. Use separate lines for successive modifications to the intervention.

Effective date of each intervention
Developing an Active Management Plan

• Identify precursors signs/behaviours.

• Group the precursors signs into levels of escalation for example:
  – Interrogation/agitation
  – opposition/panic
  – intimidation/aggression
Active prevention

• Change the environmental conditions and the person

• Rapid effect on the escalation process:
  – De-escalation
  – Crisis intervention
    • Aims to reduce escalation
## Level of Precursor Signs & Responses

<table>
<thead>
<tr>
<th>Level 1:</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial precursor signs/behaviours;</td>
<td>▪ Remove any provoking conditions</td>
</tr>
<tr>
<td>• Noticeable increase or change in behavior; physical, verbal or psychological.</td>
<td>▪ Offer support (ex: reassure the individual, smile, offer to help)</td>
</tr>
<tr>
<td></td>
<td>▪ Actions to be applied (ex: bring the person to quiet area, use soft tone of voice)</td>
</tr>
<tr>
<td></td>
<td>▪ Action to be avoided (ex: invading personal space)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2:</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild increase in precursor signs/behaviours; (warning signs)</td>
<td>▪ Be directive; set limits, redirecting the individual, offer choices.</td>
</tr>
<tr>
<td>• Defensive or oppositional behaviours, the beginning phase of lose of rationality; ex: questioning authority, threatening behaviours.</td>
<td>▪ Remove any provoking conditions.</td>
</tr>
</tbody>
</table>
# Level of Precursor Signs & Responses

| **Level 3:** Serious precursor signs/behaviours; | **Response:**  
| - acting out behaviour with difficulty to redirect the individual. | - Ensure safety by organizing the physical environment by reducing potential danger.  
| | - If the person does not respond to past intervention and/or does not return to a calm state provide alternative means to self-regulation. |

| **Level 4 or last level:** Crisis situation; | **Response:**  
| - Loss of control which can result in a physical acting out episode. | - Staff need to take control of the situation.  
| | - Protect and continue to ensure safety and security for all involved. |
Example of an active prevention plan
## Active Management: Level 1

**Precursor signs/behaviour**

- Red in the face.
- Begins to perspire.
- Non responsive to simple questions.
- Paces up and down the halls/room, with ears plugged.
- Plays with light switches and door knobs.
- Giggling for no apparent reason.

**Staff Response**

- Always use a calm tone of voice, with appropriate volume when speaking to Dylan.
- Bring to quite room with preferred activities.
- Take a non threatening supportive stance with posture relaxed arms and hands to the side of your body. Do not cross your arms over your chest.
- Do not get in his personal space maintain a 4 to 5 foot distance between you and him.
- Ask him how he is… ask him what activities he did today. By doing this you are being supportive, redirecting his thoughts and possibly determining the trigger of his mood.

**Noticeable increase or change in behavior; physical, verbal or psychological.**

- Remove any provoking conditions
- Offer support (ex: reassure the individual, smile, offer to help)

**Possible triggers**

- Noticeable increase or change in behavior; physical, verbal or psychological.
- Take a non threatening supportive stance with posture relaxed arms and hands to the side of your body. Do not cross your arms over your chest.
- Do not get in his personal space maintain a 4 to 5 foot distance between you and him.
- Ask him how he is… ask him what activities he did today. By doing this you are being supportive, redirecting his thoughts and possibly determining the trigger of his mood.
<table>
<thead>
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<th>Precursor signs/behaviours</th>
<th>Staff Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 2</strong></td>
<td></td>
</tr>
<tr>
<td>- Can’t sit or attend to anything for longer than 2 – 3 minutes</td>
<td></td>
</tr>
<tr>
<td>- Begins to rip his clothing.</td>
<td></td>
</tr>
<tr>
<td>- Asks “why” in reply to regular routine and activities.</td>
<td></td>
</tr>
<tr>
<td>- Scratching or pinching himself</td>
<td></td>
</tr>
<tr>
<td>- Mild increase in precursor signs/behaviours; (warning signs)</td>
<td></td>
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<tr>
<td>- Defensive or oppositional behaviours, the beginning phase of lose of rationality;</td>
<td></td>
</tr>
<tr>
<td>1.) Going for a walk</td>
<td>2.) Computer activity</td>
</tr>
<tr>
<td>2.) Computer activity</td>
<td>3.) Helping the staff to do a task, change of environment</td>
</tr>
<tr>
<td>3.) Helping the staff to do a task, change of environment</td>
<td>4.) Workshop task</td>
</tr>
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<tr>
<td>- Do not get in his personal space maintain a 4 – 5 foot distance between you and Dylan.</td>
<td></td>
</tr>
<tr>
<td>- Minimize verbal demands; Do not use more then 3 to 4 words at a time. Allow time for Dylan to process the information, do not repeat your demand.</td>
<td></td>
</tr>
</tbody>
</table>
Active Management:

**Precursor signs/behaviour**

**Staff Response**

- If observing any of these behaviours administer a PRN. (2mg of Ativan, as prescribed by Dr. Davis, 2007)

  Say:  
  "I can see that you are not feeling well. Nothing seems to be helping you, take this PRN it will help you relax. For now go and relax in your room" Go check on him in 30 minutes.

- If Dylan requests a PRN he is telling you that he is not doing well administer a PRN

**Level 3**

- Breaths through his mouth and teeth – flared nostrils, eyes widen.
- Loud screeching sound.
- Moves towards others with speed and agility in a threatening manner (hand raised).
- Slams doors
- Swears at others continuously.

- Switch staff: by replacing the individual who has been dealing with Dylan with another staff on shift.

- If Dylan does not respond to past intervention and/or does not return to a calm state provide alternative means to self-regulation.

- Ensure safety by organizing the physical environment by reducing potential danger.
**Active Management: Level 4**

**Precursor signs/behaviour**

- Staff Response
  - Secure the environments remove all other individuals from the space. Assure that everyone is safe.
- Level 4
  - Is looking at you but non responsive.
  - Pinches others
  - Hits others
  - Bites others
  - Becomes destructive
  - Kicking

- Always use a calm neutral voice when speaking with Dylan.
- Maintain at least a 6ft distance between you and him.
- Increase client staff ratios 2:1 do not leave staff alone with Dylan at this level.
- If needed apply the team control position as taught in NVCI training.

- If Dylan is a threat to himself and others, and continues to escalate call 911 tell them that you have an intellectually handicapped male who is in crisis and is a danger to himself and others. Make sure that you tell them that he has received a PRN and is continuing to escalate.

- Make sure to send a copy of all medications, emergency information sheet hospital and Medicare cards. Caregiver should accompany Dylan when possible.

- CALL LA PERMANENCE 514 891 0900.

- Crisis situation;
- Loss of control which can result in a physical acting out episode.

**Staff need to take control of the situation.**
- Protect and continue to ensure safety and security for all involved.
Active Management: Recovery / Stabilization

- Decrease in physical and emotional energy
- Regaining of rationality

Precursor signs/behaviour

- Breathing Normal
- Face returns to natural colour
- Face no longer tense
- Responsive to questions about state “are you ok?” he will reply “fine”

Staff Response

- Give physical contact indicating that everything is ok (a hug, a pat on the shoulder, a gentle rub on the back)
- Redirect Dylan to a pleasurable task (computer time, music in his room)
- Do not review the incident

Recovery/Stabilization

- Debriefing procedure
- Assist the individual to stabilize
- Staff response depends on individuals’ need.

• Decrease in physical and emotional energy
• Regaining of rationality

Assist the individual to stabilize
# Treatment: Physical, mental and neurological features

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## Environment
- Physical
- Social
- Program

## Present features
- Physical health
- Mental health
- Psychiatric problems
- Neurological problems

---

Treat illness or reduce its impact

---

Adaptation libre tress de : W.I. GARDNER, Ph. D. (2002), Aggression and other Disruptive Behaviors; Biomedical and Psychosocial Assessment and Treatment, Kingston :NADD Press, p.211
Treatment: Physical, mental and neurological health

**Physicial health**
- Illness

**Mental health**
- Medication
- Psychotherapy

**Neurology**
- Neurological problems

**Treat**
- Modify the environment

**Reduce impacts**
- Medication
- Diet
- Exercise
- Observation
- Pain
- Symptoms
- Medication
- Psychotherapy
- Modify the environment
THE END

Thank you for your participation