Respite Care: Understanding Challenging Behavior in Children

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Presented by:

Kate Loving, B.C.B.A., Educational Director - The Joshua School
Kate Loving recently took a new position as the Educational Director for the Joshua School, which is a school that serves students with Autism Spectrum Disorder (ASD) and developmental disabilities. For the previous seven years, Kate worked for the Colorado Department of Education as an ASD Specialist, where she provided coaching and consultation to districts around the state. Over the past four years Kate has worked with districts around the state of Wyoming in implementing evidence based practices for students with ASD and ID. Kate is a BCBA, and in her private practice she specializes in working with young adults with ASD and significant behavioral and communication needs.

Kristen Kaiser, MA – JFK Partners and The Joshua School (TJS)
Kristen Kaiser joined TJS in 2015 as Director of Strategy and Development. She is responsible for assisting the Executive Director in operations at the three TJS campuses, and operational/regulatory compliance. She works with the development team on grants and overseeing development activities. She also provides staff and parent training on effective team communication. Prior to joining TJS, Kristen has and continues to serve as LEND Family Discipline Director at JFK Partners, UC Denver School of Medicine. There she has spent nine years in training multidisciplinary professionals in the LEND program on disability and the family experience. She also has developed and implemented family support programming for families newly diagnosed with autism spectrum disorder at JFK and with the University of Wyoming WIND program. Kristen has served on a number of interagency committees, including CANDO and the Colorado Department of Education Autism Task Force.

Brian D. Tallant, L.P.C., Program Director – Intercept Center, Aurora Mental Health Center
Brian Tallant is Program Director and a Licensed Professional Counselor at the Aurora Mental Health Center in Aurora, Colorado. Brian manages Intercept Center, which is a collaborative program between the Aurora Public School District and Aurora Mental Health Center. Intercept provides day treatment and mental health outpatient services to children who have a dual diagnosis and their families. Brian has been a clinician for over 25 years, working with adults and children who have developmental disabilities. Brian served on the National Association for the Dually Diagnosed Board of Directors for 8 years, and is a contributing participant in the National Child Traumatic Stress Network’s IDD Expert Panel. Brian provides training nationally and internationally on the topic of dual diagnosis.

If you have any questions about this training or the handout, please contact ejamieson@eastersealscolorado.org or dina.johnson@ucdenver.edu

For information on future trainings in this series, and other trainings and events through JFK Partners, please visit www.jfkpartners.org and click on Events. Archived webinars will be posted here: http://www.ucdenver.edu/academics/colleges/medicalschool/programs/JFKPartners/educationtraining/Pages/Archived-Webinars.aspx.
Behaviors: The What

Addressing challenging behavior comprises the following questions, which are addressed in this handout:

- How do we think about behavior
- What can we do to change behavior
- How do we talk about behavior with family members
- How do we cultivate resilience in our work as a respite provider

But first, what is behavior? Behavior comprises all the following elements, despite the fact that behaviors may seem to be “out of the blue” or “for no reason”:

- Has meaning for the individual
- Serves a function
- Is learned
- Is related to specific preliminary events and consequences in the immediate environment

The ABC’s of behavior:

<table>
<thead>
<tr>
<th>Antecedent (A)</th>
<th>Behavior (B)</th>
<th>Consequence (C)</th>
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<tbody>
<tr>
<td>Any event that occurs before the behavior occurs</td>
<td>Any observable action of the individual</td>
<td>Stimulus changes that follow the behavior and occur contingent of the behavior</td>
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Functions of Behaviors: The Why

The functions of behavior – why does it happen?

- Gain access to tangibles
- Gain access to attention

- Escape/avoidance
- Sensory/automatic

Within the behavioral health field, behaviors can also be connected to:

- Neglect and Trauma
- Disorganized attachment
- Mood disorders - chemical imbalance
  - Anxiety
  - Depression
  - Bipolar disorder
- Attention Deficit Hyperactivity Disorder
- Psychosis (thought disorders)
  - Auditory/Visual/Tactile Hallucinations
  - Delusional or dissociative thinking
Finally, behavior can be related to caregiver inconsistency, for example if the caregiver is experiencing mental health issues, or the burden of fear and/or guilt.

Avoiding Challenging Behaviors

There are many steps that can be taken to create a structured environment and interaction style that will be less likely to trigger challenging behaviors.

Visual Supports

Visual supports can help create structure to avoid/remedy challenging behaviors:
Behavior Map
Antecedent (Proactive) Based Interventions

- Arranging the environment
- Schedules/routines
- Structuring time
- Enriching the environment
- Using highly preferred items to increase interest and motivation
- Issuing warnings about upcoming transitions and expectations
- Prompting communication (help, no)
- Teaching coping/calming strategies

Consequence Based Interventions

- Reinforcement: Give access to favorite toys or items, foods, activities or attention: Consult with parents
- Varying the level of attention you provide for both expected and unexpected behaviors, contingent on a positive or expected behavior
- Redirection

Behaviors: Family Impact and Communication

Along with strategies on how to address behavior, it is also important to consider how we communicate with caregivers and families about challenging behaviors. Behaviors may be impacting a family’s ability to communicate, and Studies have shown that families of a child with DD can have a compromised quality of life (Lee, Harrington, Louie, & Newschaffer 2008), and that raising a child with developmental disabilities can be very difficult regardless of severity of symptoms (Pottie & Ingram 2008). Families who have a child diagnosed with DD are dealing with a number of stressors within the family, as well as outside pressures when trying to establish systems of support for their child (Twoy, Connolly, & Novak 2006). Children with DD are significantly less likely to attend regular community activities, school or spiritual services. Parents are also more likely to have a host of concerns around bullying, challenges with learning, and overall achievement (Twoy, Connolly, & Novak 2006). These challenges may put the family members at risk for increased stress, mental health challenges (Estes et al. 2009), anxiety and depression (Benson 2010), and decreased well-being (Benson 2012).

Identifying risk and protective factors for families is vital in order to impact these mental health outcomes (Benson 2012) (Ekas, Lickenbrock, & Whitman 2010) (Hastings and Brown 2002). Interestingly, social support was one of the most influential predictors of well-being and adjustment among parents raising a child with DD (Benson 2012). Maternal perceptions of social support are related to both increased sense of competence and decreased depression (Weiss 2002). What all this means is that your interaction with families can make a real impact! There are programming and resources available from JFK Partners, along with other organisations across the state, to provide support to families. Please reach out to the event organizers for more information.
DD and the Grief (or Coping) Cycle

Gilbert M. Foley, Professor of School-Clinical Psych at Albert Einstein School of Medicine developed this grief cycle for parent of a child with a disability. This model of grief is re-occurring, comes up again and again, often during times of transition or can be triggered from a single event. These phases are somewhat artificial, not everyone can identify with all of them, and we don’t always experience them in this order. But this is a helpful way to conceptualize feelings many parents see and experience over and over again.

**Impact on Communication**

*Disequilibrium phase:* can be a very emotional response, or lack of response

*Acknowledgement:* can be that caregiver is questioning diagnosis, need for services, etc.

*Recovery:* can be very active in setting up supports and services, in fight mode or defensive

*Maintenance:* can be generally feeling good about where their child is, supports and services in place and making progress, more open to new or difficult information

**Grief Triggers in Home Setting**

- Talking about challenges
- Behavior
- Using Strategies, evidence of disability

- Community outings
- Upcoming school meetings/IEP
Family/Caregiver Communication

Dignity is a birthright - how we talk about an individual and their behavior matters. We always want to assume competence with individuals - no matter their functioning level, use an age appropriate tone. Be thoughtful when discussing behavior in front of a child, try to discuss behavior with caregiver away from child.

Stay away from judgemental language! Families can be emotionally triggered by judgemental language about behaviour. Avoid words and phrases using aggressive, annoying, non-compliance, manipulative. Instead use language that describes the child’s behaviour, instead of assuming intent, e.g. kicking, biting, crying, eloping or leaving the area, not responding to direction. Always try to talk about the child’s positive work and behaviour, before addressing the difficulties.

Ask caregivers and parents questions about their children – they are the experts. You can ask caregivers for ideas on reinforcers and motivators, along with learning triggers for challenging behavior. Here are some examples of questions you could ask a caregiver during an informal intake with families:

- Can you give me a few ideas for strong motivators or rewards?
  - e.g. certain foods, activities, electronics usage, outings, sensory activities.
- Any strategies that work really well?
  - e.g. visual schedules, giving two clear choices, redirecting, first/then language.
- Any particular triggers for behavior?
  - e.g. loud noises, transitions from one activity to another, losing a game.

Resilience

Rational Detachment

The ability of staff to maintain control of their own behavior in the presence of acting-out behaviour (Crisis Prevention Institute)

One's ability to rationally and objectively consider all of the factors that lead to dysregulation in order to emotionally detach from the situation, regulate one's self, and manage behavior effectively (Brian Tallant)
Levels of Resilience

**Physical resilience:**
- Getting medical treatment when needed
- Maintain a reasonably healthy diet
- Getting adequate sleep

**Psychological resilience:**
- Developing and utilizing healthy relationships in your life
- Getting psychological help when you need it
- Purposeful time-off
- Challenge your internal dialogue or “self-talk”

**Physical**
- Limiting toxins to a reasonable level
- Routine purposeful movement of your body

**Psychological**
- Meditation and mindfulness
- Creative & expressive arts
- Soothing sensory experiences
- Professional development
Spiritual resilience:

“With spiritual self-care, one size does not have to fit all. Nor do the benefits. Taking care of your spiritual side can mean being more connected to the present moment, aware of what is important and what is not so important in life, connected to other people in a meaningful way, being guided by God, or a Higher Power. Basically, being connected to a greater meaning and purpose in life.“

(2015 Dr. Gary R. McClain PhD)

Every single world philosophy has something to say about pain and suffering.

Wherever two or more are gathered... Joining a church, synagogue, mosque, temple, or other spiritual community brings you into contact with people who share your spiritual values, who can help you to deepen your day-to-day experience of spirituality and provide emotional support. Belonging to a spiritual community does not have to have a religious affiliation, but may be a collection of people who have a common bond in the human experience.

Embracing compassion and compassion satisfaction:

- Celebrate your personal strengths as well as all the evidence that you are human and not superhuman
- And then do the same for the other people in your life. Replace judgment with acceptance. Remind yourself: we are all in this world together
- Reframe exhaustion as accomplishment
- Embrace the nobility of your work
- Just because something happens does not mean something is wrong

Framework for resilience planning:

Prevention activities - World view: guilt/responsibility issues, personal safety, resolving one’s own traumas, etc. Health behaviors: Sleep, nutrition, exercise, alcohol/substances

Soothing activities - Meditation, guided imagery, pleasure reading, yoga, reflection, hot baths, etc.

Discharge activities - Exercise, griefwork, massage, music, body therapies, art, yelling at hockey games, etc.

Professional support activities - Supervision, training, reading, consultation, de-briefing, caseload management, connecting with co-workers around + aspects of work, etc.

Social support activities - Friendships, socializing, family support, emotional support, instrumental support, etc.

Inspiration/re-charging activities - Spirituality, time w/children, vacation, time in nature, etc.