Behavior Challenges

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Transition to adult service

• Have your team assembled!
• Service Coordinator is key player in obtaining needed services (e.g., behavior specialist, day program, etc)
• Regular contact with team to address needs and plan for prevention
• Guardianship
Treatment

• Know function of problem behavior, and how to respond
  • Reinforce appropriate alternatives
  • Teach replacement communication
• Make sure to include the individual in planning if able
  • Behavior contracts
Treatment

- As child gets older, prevention becomes more of the focus (along with skills building)
  - Schedules
  - Change in environment
  - Have an “enriched environment”
    - Continual assessment is done to ensure that needs are met
Treatment

- Some strategies that can be done with those under 18 will require county approval once 18
- Know the Behavior Support Rule.
  - [http://codes.ohio.gov/oac/5123:2-2-06#:~:text=Behavioral%20support%20strategies%20that%20include%20restrictive%20measures,-(A)&text=Effort%20is%20directed%20at%20creating,choices%20that%20yield%20positive%20outcomes](http://codes.ohio.gov/oac/5123:2-2-06#:~:text=Behavioral%20support%20strategies%20that%20include%20restrictive%20measures,-(A)&text=Effort%20is%20directed%20at%20creating,choices%20that%20yield%20positive%20outcomes)
Mental Health concerns

• Many individuals with IDD/ASD also have mental health concerns that may impact behavior
• Teaching emotional regulation is important for this, but also everyone benefits
• Work on teaching coping skills that work for the individual
• Work with doctor/psychiatrist for medication management if necessary
  • This person then becomes part of the ‘team’
Building Blocks of Coping

Communication:
• Basic vs. complex
  – Happy, angry, sad
  – Comfortable, uncomfortable
  – Disappointed, frustrated, jealous
• Expressing feelings
• Communicating need for support
  *availability of a support person
What to do to minimize or prevent a significant behavior

• Preventative strategies (e.g., daily exercise, daily meditation, consistent routines, etc…)
• Looks for signs of impending behavior/mental health status change (i.e., changes in sleep, eating, activity level, interests, primary facial expression)
• Modify Environment
• Modify Expectation
• Communication with team (includes prescribers)
What to do when engaging in significant behavior

• Follow the behavior plan if able to do so safely
• Use De-escalation strategies if behavior plan is not working, or cannot be done safely
  • Validate feeling
  • Keep space, limit people (have help ready if possible)
  • Stay calm
• Reinforce the replacement behavior if possible
Crisis

• Have a crisis plan in place
• This should be discussed and agreed upon before crisis occurs
• Preventatively: get to know your neighbors and get to know your emergency services precinct
• Crisis Alerts, Patient Snapshots, First Responder Cards
NCH resources

• Behavioral Health Pavilion (BHP) opened this year
  • Includes Psychiatric Crisis Department (PCD) and other options
    • If injuries or medical concerns, still go to ED
  • Most services are for 17 or under
  • The IDD inpatient unit can take older if necessary
NCH resources

- Recommended to call the crisis line first and they will alert PCD which can help prep
  - NCH Crisis Line: 614-722-1800
Netcare

- 199 S. Central Ave. Open 24 hours, everyday.
- 18 and older
- Assessment Services M-F 8 – 3:30
- Emergency Response Services - 24/7
- DD Clinician – Crisis Alerts
- Crisis Services
- CSU/Miles
Premise Orders

- Information that is shared with police officers when responding to a call.
- Only linked with one address not by person’s name
- Template can be altered for important information that will help officers when responding
- Must be concise because officers need to read it quickly
Mobile Crisis Unit

- Mobile Crisis Response Unit = CPD – 614 645 4545
- Community Intervention/Diversion Unit = Sheriff’s Office – 614 525 3333
- Prevents unnecessary incarceration/hospitalizations
- Quick access to MH and AoD treatment information
- Provides follow up care to bridge gaps
Advocate

- Be the squeaky wheel!
- Gaps in service will continue to exist if we do not speak up
Questions