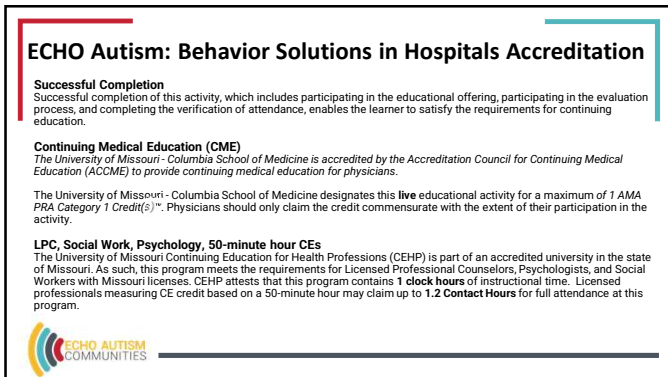




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ECHO Autism: Behavior Solutions in Hospitals

Relevant Financial Relationship Disclosures

Current ACCME (Accreditation Council for Continuing Medical Education) rules state that participants in CE activities should be made aware of any relevant affiliation or financial interest in the previous 24 months that may affect the planning of an educational activity or a speaker's presentation(s). Each planning committee member and speaker has been requested to complete a financial relationship reporting form for the ECHO Autism: Behavior Solutions in Hospitals

Speaker Disclosures:

Kristin Sohl, MD,FAAP receives support:

- Cognoa Behavior Health – research support
- Quadrant Biosciences – medical science collaborator

All relevant financial relationships for the presenter(s) have been mitigated.

No other speaker or planning committee member has a relevant financial interest



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Overview

- Changing the Culture
- How Behavior Develops
- Behavior as Communication
- Functions of Problem Behavior
- Understanding Pain vs Agitation



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Changing the Cultural Mindset about Challenging Behavior

- Help staff shift from thinking about behavior as a "problem" to seeing it as the child is in distress and needs support.
- To help the child change their behavior we have to change our reaction to the behavior. We must first understand how we might be contributing to the problem.
- Children do not have purposeful intention to do wrong, hurt others or to ruin your day. It is important for staff to recognize when they may be personalizing the behavior rather than recognizing it as distress in the child.

We don't solve behavioral challenges when we blame the child or family



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How Does Challenging Behavior Develop?

- Most challenging behavior is learned.
- Challenging behavior may occur when:
 - The individual experiences frustration of an unmet want/need.
 - Trial and error through play, curiosity or trying to solve a problem.
- When challenging behavior is followed by what the individual wanted or something they like, it is more likely to occur again.
- In neuro-typical individual, language eventually replaces the problem behavior. In autism, that may not reliably happen.

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What we know about behavior...

- Challenging behaviors combined with agitation typically start out of frustration and the need to **communicate** something that is causing stress.
- These behaviors continue to occur when:
 1. The stress continues
 2. The behavior is successful in getting a need met, and therefore becomes a learned behavior
- We manage behavior best when we ask these questions:
 1. What is this person want/need/feel?
 2. How am I/the environment contributing to this stress?
 3. How can I best meet the need/relieve the stress?
 4. When behavior persists with solid intervention strategies, how will we evaluate and address what else could be going on?

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Behavior as Communication

- 70% of children presenting for treatment of SIB, use this form of behavior as communication (Iwata, et al., 1994)
 - The primary function of the behavior is to gain access to/communicate for an environmental reinforcer (escape, attention, tangible, etc.)
- Others engage in the behavior due to an antecedent such as pain or discomfort, or as a continuum of stereotypic/compulsive behavior
 - In this situation, the behavior may have no discernable environmental trigger

OR

 - The patient may present with the same functions as above but have a much shorter fuse than when at their baseline or have more difficulty calming than usual.

**** Caregiver input is critical in figuring this out**

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The Same Behavior with Different Meanings


- **Trigger:** "It's time to put the iPad away"
- **Immediately Identifiable Function:** Tangible (Access to the iPad)
- **Maladaptive Response:** Tantrum when caregiver tries to transition child off the iPad
- **Adaptive Response:** "Can I have more time on the iPad?" "When can I use the iPad again?"

• **Patient #1:** Parent reports this is a common challenge.

- Intervention: Add in visual scheduling, use a timer to help with transition; plan to transition to another preferred activity or at least not something non-preferred; teach child to ask for more time with their communication system, etc.

• **Patient #2:** Parent reports they usually transition with minimal upset, and they are surprised with the level of distress.

- Utilize the same interventions as patient #1.
- Also consider what other factors may have contributed to this shortened fuse: pain, fatigue, fear/distrust, etc.




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4 Functions of Behavior are Universal to All


- **Function = Why**
- Understanding function drives intervention

The four common functions of behavior:
"Everybody E.A.T.S."
Escape, Attention, Tangible, Sensory



somecards.com

1. **Escape:** Using behavior to avoid or end situations or events that are non-preferred, scary, painful, or otherwise unwanted.
2. **Attention (or Relationship Seeking):** Using behavior to gain the attention of others. Individuals may seek a specific kind of attention (verbal, physical, or both)
3. **Tangible:** Using behavior to gain access to items or activities that they would like to access or when they don't want to give up access to the item/activity
4. **Automatic:** Behavior driven by internal needs for sensory input, behavioral regulation, or pain attenuation. These behaviors can appear to occur "out of the blue" because the need is hidden to us and internal to the person



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Information Gathering is Critical

What is the Impact of the behavior?

What is the Intensity and Frequency of the Behavior?

Severity of injury, destruction or disruption

Use this to drive urgency and safety interventions

Assessment of the Behavior

What triggers the behavior?

How do others respond? What helps and what makes it worse?

Where/when/with whom does the occur and/or not occur?

Medical factors – does the individual feel ok?


Used to understand the behavior and build change the environment/care

Build an intervention plan based on strengths

Identify Strengths and Needs:

Skills to build on for effective intervention (communication, coping, leisure, behavioral regulation, independence)

Use to build individualized intervention strategies



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To Reduce Problem Behavior

- To reduce problem behavior, we must reduce the stress on the individual. To do that identify the function and triggers and:
 1. Teach a replacement behavior that will help the individual use a positive behavior that will meet the same need as the problem behavior.
 2. Identify and address causes of distress, especially internal causes that might be related to medical issues, pain/discomfort, behavioral dysregulation, etc.
 3. Teach coping strategies and build tolerance for stress we cannot fully reduce (address fear/anxiety).
- Medications may take the edge off, but they are not a miracle cure for problem behavior
- Medical conditions and mental health conditions must be identified and addressed.



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Pain Assessment: Individualized

- Learn the individual's response to pain upon admission to the hospital/entry into care.
 - **Caregiver input is critical to this assessment.**
 - Low, typical or high tolerance for pain/discomfort?
 - How do they show pain/how do you know they don't feel well?
 - Are they able to communicate pain? If so, how?
 - If there is a high tolerance, it is very common to have a very strong reaction once pain is expressed. Once it is realized, we are often behind.
 - Those with high pain tolerance or significant challenges to expressing pain may require proactive pain management vs reactive pain management



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Is this Pain-based or Behaviorally-based?

- Baseline behavior when healthy is important to understanding pain-based behavior.
- Sudden onset of significant self-injury or aggression with high distress is often related to pain/discomfort – or occasionally, seizures.
- A child with chronic behavior challenges who is presenting with a shorter-than-typical (for them) frustration tolerance may be experiencing pain or discomfort.
- It is important to avoid treating pain that presents as problem behavior with medication targeted for agitation.



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Pain Management

- Proactive or reactive pain management depends on the individual's ability to communicate effectively and how they express pain.
- De-stimulate the environment. Pain often reduces tolerance for environmental stimulation.
- Use comfort measures in addition to pain medication:
 - Warm/cold compresses
 - Change in positioning/activity expectations
 - Distraction and preferred sensory input (individually based)



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Resources:

- **Functional Behavior Assessment for People with Autism: Making Sense of Seemingly Senseless Behavior, Second Edition (Topics in Autism)** by Beth A. Glasberg and Robert H. LaRue
- **Functional Assessment and Program Development for Problem Behavior: A Practical Handbook 3rd Edition** by Robert O'Neill, Richard Albin, Keith Storey, Robert Horner, & Jeffrey Sprague
- **Functional Communication Training for Problem Behavior 1st Edition** by Joe Reichle & David P. Wacker (Author)
- An Introduction to Behavioral Health Treatment (Toolkit from Autism Speaks) <https://www.autismspeaks.org/sites/default/files/2018-08/Behavioral%20Health%20Treatments.pdf>



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M Pediatrics
 School of Medicine
 University of Missouri

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