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Happy People Don’t Act Out:
Looking at the Whole Picture

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Happy People Don’t Act Out: Looking at the Whole Picture

Dr. Karen Baker, Psychologist
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Building blocks to Happiness

- A new way of looking at the individual
- A new look at the system of support
- A new way of looking at yourself

What’s the brain got to do with it?

- Neurodevelopmental Framework:
  Understanding individuals in terms of developmental level

- A multimodal approach develops appropriate supports based on a biopsychosocial model

Neurodevelopmental Foundation

- Differences in the brain cause:
  - Learning differences
  - Sensory differences
  - Behavioural difficulties
  - Memory problems
  - Frontal lobe differences (Executive functions)
  - Etc.

Behaviour does not exist in isolation: it is related to:

- History/Experience
- Medical
- Psychological/Psychiatric
- Central nervous system dysfunction
- Social
- Environmental
- Emotional
- Ability/Understanding/Learning
- Crisis

Our responses are key to developing positive supports

- We make attributions about behaviour
- Do we personalize these attributions?
- Do we expect too much? Not enough?

- Our attributions may lead to secondary problems
Values and values clashes (Malbin 2011)

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<td>Feelings: Dysmaturity</td>
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Unhappy = Secondary Problems
- If expectations too high
- If supports not appropriate
- If illness not recognized
- If bored

Secondary behavioral symptoms
- Easily tired, fatigued
- Anxious
- Lonely, isolated
- Shut down; flat affect
- Fearful, withdrawn
- Depressed
- Frustrated, short fuse, angry
- Aggression
- SIB

Tertiary Problems
- Loss of housing
- Mental health issues
- Hospitalization

YELLOW BLUE ORANGE
BLACK RED GREEN
PURPLE YELLOW RED
ORANGE GREEN BLACK
BLUE RED PURPLE
GREEN BLUE ORANGE
Changing Attitudes: Changing Attitudes: Professional Shift

From To
• Won’t • Can’t
• Stopping behaviour • Preventing problems
• Changing people • Changing environment
• Is a problem • Has a problem

Problem Solving
• Problem Identification
  ◦ Observe, gain information
  ◦ Check your attitude
  ◦ Consider the goals of behaviour change and the barriers
• Consider solutions
  ◦ Think about adding something to a person’s life rather than controlling behaviour

Philosophy of Positive Systems Philosophy of Positive Systems Approach
• The underlying philosophy of PSA is that every individual functions within a system, and behavioural change cannot occur without first considering all aspects of that system and its synergistic effect (i.e. – the individual affecting the system and the system, in turn, impacting on the individual).

Systems issues
• We cannot change the way that a person behaves without having a thorough understanding of the system that that person functions in.
• We are often able to change behaviour simply by changing the environment and the way that we interact with that person – as opposed to trying to change the individual (e.g. – through behaviour modification techniques).
• This is a much less intrusive and positive approach to changing human behaviour – and, often, much more successful in terms of achieving enduring changes that generalize to various situations.

BioPsychoSocial Assessment
• Look at ALL factors that may affect someone or influence their behaviour
• Behaviour as a symptom
• Vulnerabilities
• Identify and alter the conditions that create or cause these behaviours

I: Bio
• Medical factors
  ◦ Syndromes
  ◦ Illness
  ◦ Pain
  ◦ Neurological factors
  ◦ Medication reactions
  ◦ Psychiatric diagnosis
2. Pain & Illness

- Indicators may be verbal reports, quality of speech (tone), crying/moaning, facial expression, guarded behaviour, holding/grabbing body areas, frequent bathroom visits, holding mouth/throat, irritability, agitation, respiration, pallor, flushing, sweating, muscle tension, fatigue, swelling, disordered thoughts, confusion, withdrawal, apparent fear

Pain & Illness

- Don’t ignore
- Observe, Document, Investigate
- Symptoms of Pain & Illness which are not addressed may lead to self-injurious, aggressive, destructive, agitated or withdrawal behaviours

3. Medication Reactions

- Tardive Dyskinesia
- Neuroleptic Withdrawal Symptoms
- Neuroleptic Malignant Syndrome
- Drug induced Psychosis
- Anxiety
- High Blood Pressure
- Lethargy/Fatigue
- Incontinence
- Nausea
- Dizziness
- Weight Gain

4. Other Physiological Conditions

- Anemia/Low Iron
- Hearing/Vision Impairments
- B12 Deficiency
- PMS/Menopause
- Folic Deficiency
- Allergies
- Hormonal Imbalance
- Arthritis

5. Neurological

- Examples:
  - Seizure Disorder
  - Frontal Lobe Disorder
  - Acquired Brain Injury
  - Stroke
  - Brain Tumour

Il Psycho

- Factors intrinsic to the individual
  - Personality
  - Skills
  - Learning styles
  - Developmental level
  - Interests
  - Likes
  - Dislikes
  - Syndrome driven behaviour
III. SOCIAL

- The SOCIAL in Bio-Psycho-Social refers to Environmental and Social factors such as
  - Housing
  - Relationships
  - Support
  - Meaningful Activities
  - Autonomy
  - Environmental stressors/support

Housing
- Any areas of risk? (e.g. poor air quality, steep stairs, poor lighting, busy street, etc.)
- Is it accessible for the person?
- Is it overcrowded or allows adequate living space?
- Is there provision for privacy?
- Is there space for leisure?
- If there are behavioural or safety issues, have modifications been made for safety and security?
- Compatibility of roommates

Relationships
- Does the person have a network of friends?
- Does he/she get along with workmates and housemates?
- Does he/she maintain contact with family?
- Does he/she receive respect?
- Does he/she have appropriate social interaction skills – understand social boundaries?
- Does he/she have an intimate relationship?

Relationships & Rapport

Studies suggest that success with challenging behaviours is largely due to the "special bond" or close relationship between caregiver and the individual.

Consistency = trust

Support
- Is physical/environmental support adequate based on the person's needs and abilities (e.g. transportation, meal prep, etc.)?
- Is emotional support adequate based on the person's needs and abilities?
- Does the support address the person's interests/wishes/choices?
- Does the support address any disorders/conditions adequately?
Meaningful Activities

- Does the person have regular meaningful activities to engage in such as employment, volunteer activities, educational activities, stimulating activities?
- What is meaningful?
- Does the person have enjoyable leisure activities and opportunities?
- Boredom and/or lack of meaningful activities can lead to behavioural or emotional/self-esteem difficulties

Stimulation

Research has shown us that exposure to fun and stimulating activities and positive reinforcement can have a significant impact on reducing negative behaviours

Autonomy

- Does the person have autonomy within a supportive framework?
- How can we help the individual make appropriate choices?
- Is he/she provided with information at his/her level to reduce stress/misunderstanding?
- Does he/she have materials needed for autonomy (e.g. ambulation devices, visuals, etc.)

REMEMBER

NEVER assume the individual is choosing not to behave in an appropriate manner

BUT ...

that the individual MAY NOT have the skills in the first place

Non Compliant? Willful disobedience?

- Performance deficit
  - Assumes that the individual has the skills
  - Assumes that the individual is choosing to act inappropriately
  - Value judgements/blame, punish

- Acquisitions deficit
  - Understand that the individual may not have the skill or may not be able to generalize to other situations
  - Teach the skill, practice in many situations/locations

Tips for teaching

- Don’t assume that because you showed/told that the individual can do it
- Practice in many environments
- Aim for overlearning
- Use different modalities
- Model appropriate behaviour
- Be positive!
- Eavesdropping technique
- Planned ignoring
Principles of Positive Reinforcement

When working with a challenging individual, the amount of positive feedback and interaction should far exceed what you would normally expect to see (at least 10x the amount).

Guidelines for Positive Reinforcement

- Be immediate
- Be consistent
- Be specific
- Be sincere
- Reinforce effort
- Vary the reinforcer
- Give it time
- Always respect
- If the reinforcement does not work it is not reinforcing!

Adapted from Hingsburger, 1996

WHAT TO DO?

- Take a close look at the history for that person
  - family, institutional life, previous trauma
- Define who the person is
  - their strengths and their needs

WHAT TO DO?

- What areas of their lives are currently creating problems for them or for others?
- Listen!!!
- Can solutions, re-inforcers and engagement activities be found in their strengths?
- Teach skills!!!

If strategies don’t work: don’t try harder, Try something different!!!

Malbin, 2006

Last, but Most Important

- Happiness breeds Happiness
- Happiness is an antecedent to positive behaviour, Hingsburger
- Positive health
Agency/ Team Support

- Debrief success
- Put praise on the agenda
- Affirmation
- Sharing
- Positivity

- Hingsburger, 2011

You

- Take care of yourself
- Educate yourself and others
- Pick your battles
- Maintain own interests and hobbies
- Have patience
- Surround yourself with positive people
- Don’t sweat the small stuff

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Prepared by Karen Baker, PhD


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