Managing Disruptive Behavior in the Home and School Settings

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Introductions

Heather Korbmacher - Mom; Founder Courageous Educational Services, LLC - Educational Consultant/Coach, Parent Advocate; Certified Right Response Trainer

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Jan Tona - Mom; Pediatric Occupational Therapist, Educational Psychologist, Researcher, and Clinical Associate Professor and OT Program Director at the University at Buffalo
Objectives

1. Identify potential antecedent triggers that may be impacting your child and strategize ways to minimize triggers including use of sensory strategies and routine modification to reduce behaviors.

2. Identify consequences that may be reinforcing behaviors in your child and strategize ways to minimize these reinforcing consequences.

3. Understand our experience of stress and how it impacts others and learn basic principles of de-escalation.

4. Identify resources and supports in your family and community to maximize safety in your home during exacerbations.
# PANS Exacerbation Response Plan

**Child's Name:** ___________________________  **Plan for:** ___Home ___School

**Date:** ________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some challenging behaviors for this child?</td>
<td></td>
</tr>
<tr>
<td>Are these Behaviors, Symptoms, or a Combination of 3oth?</td>
<td></td>
</tr>
<tr>
<td>What are some possible purposes for challenging behaviors for this child?</td>
<td></td>
</tr>
<tr>
<td>What are some possible antecedents for this child?</td>
<td></td>
</tr>
<tr>
<td>What are some possible reinforcement consequences for this child?</td>
<td></td>
</tr>
<tr>
<td>Can these be modified at this time?</td>
<td></td>
</tr>
<tr>
<td>What are some ways you might avoid antecedents to reduce likelihood of the behavior?</td>
<td></td>
</tr>
<tr>
<td>What are some sensory challenges for this child?</td>
<td></td>
</tr>
<tr>
<td>What stimuli tend to be a trigger for this child?</td>
<td></td>
</tr>
<tr>
<td>What calming stimuli might you introduce to this child?</td>
<td></td>
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</tbody>
</table>
Challenging Behaviors or Neurological Symptoms

Challenging Behaviors
- Rituals
- Separation anxiety
- Aggression
- Rage
- Opposition

Either/Or
- Food restriction
- Aggression
- Sensory issues

Neurological Symptoms
- Tics
- Emotional lability
- Motor abnormalities

What are some challenging behaviors for your child?
Differentiating among neurological symptoms and learned behaviors

- Difficult process requiring discernment
- **Input from medical AND mental health care team**
- May change over time (emotional lability may begin as neurological symptom, but may result in learned behaviors after crisis point has passed)
## Behavior Serves a Purpose!

### In general

<table>
<thead>
<tr>
<th>Purposes of challenging behavior</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a desired object or event</td>
<td>●</td>
</tr>
<tr>
<td>Tangible</td>
<td>●</td>
</tr>
<tr>
<td>Intangible (attention)</td>
<td>●</td>
</tr>
<tr>
<td>Sensory</td>
<td>●</td>
</tr>
<tr>
<td>Avoid a situation</td>
<td>●</td>
</tr>
<tr>
<td>Escape an undesired situation</td>
<td>●</td>
</tr>
</tbody>
</table>

### In PANS

<table>
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<tr>
<th>Purposes of challenging behavior</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a desired object or event</td>
<td>●</td>
</tr>
<tr>
<td>Object of obsession</td>
<td>●</td>
</tr>
<tr>
<td>Compulsion or Ritual</td>
<td>●</td>
</tr>
<tr>
<td>Avoidance/ phobia</td>
<td>●</td>
</tr>
<tr>
<td>Anxiety especially separation</td>
<td>●</td>
</tr>
<tr>
<td>anxiety</td>
<td>●</td>
</tr>
</tbody>
</table>

What are some possible purposes for difficult behaviors for your child?
Antecedents

Situations that tend to precipitate undesirable behaviors

- Chaotic environment
- Stress at home
- Change in routine

Circumstances that trigger behaviors

- Pain
- Sensory modulation
- Obsessive thoughts
- Inability to complete compulsion or ritual

What are some possible antecedents for your child?
Reinforcing Consequences

INCREASES the likelihood of a behavior being repeated

- Positive Reinforcement - Reinforcement by adding something (ex: getting a reward; getting candy)
- Negative Reinforcement - Reinforcement by removing something. (ex: Aspirin stops a headache; compulsion removes anxiety)

What are some possible reinforcement consequences for your child?
## Changing Behavior

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPICALLY</td>
<td></td>
<td>In children with PANS exacerbations</td>
</tr>
<tr>
<td>To change a behavior</td>
<td>1. Remove antecedent</td>
<td>Remove antecedent - Limited as medical condition cannot be easily removed</td>
</tr>
<tr>
<td></td>
<td>2. Replace the behavior with a more acceptable</td>
<td>Replace the behavior - Limited during extreme exacerbation; More successful</td>
</tr>
<tr>
<td></td>
<td>one that achieves the same outcome</td>
<td>during remission</td>
</tr>
<tr>
<td></td>
<td>3. Stop reinforcing the behavior</td>
<td>Stop reinforcing the behavior - Difficult for us to see how we are</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reinforcing the behavior in the moment; May take objective input</td>
</tr>
</tbody>
</table>
Removing Antecedents

1. Change of location or activity
2. Avoid HALT (Hungry, Angry, Lonely, Tired)
3. Pain (ex: save difficult tasks for after headache meds)
4. Sensory

What are some possible antecedents that may be impacting the behavior?
Sensory Antecedents

- 80% have sensory defensiveness during PANS exacerbation (Calaprice et al 2017)
- Sensory input is cumulative throughout the day
- Sensory overload can lead to a sympathetic nervous system reaction
  - Fight or flight response
  - Red ears
  - Increased blood pressure/heart rate
  - Aggression

What are some sensory challenges for your child?

From: Tona, J. 2017
Stimuli to Avoid - In General

<table>
<thead>
<tr>
<th>Loud Sounds</th>
<th>Competing sounds</th>
<th>Odors - even “pleasant” odors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light touch</td>
<td>Scratchy clothing</td>
<td>Seams, Tags</td>
</tr>
<tr>
<td>Fluorescent lights (sound/flicker)</td>
<td>Visual confusion</td>
<td>Bright lights</td>
</tr>
<tr>
<td>Fast movements</td>
<td>Wet, sticky, slimy textures</td>
<td>Incandescent lights (glare)</td>
</tr>
</tbody>
</table>

What stimuli tend to be a trigger for your child?
Add Calming Stimuli

In general →
Deep pressure is easier to tolerate than light touch.
Dry, rough textures are easier to tolerate than wet or sticky.
Self imposed stimulation is easier to tolerate than stimulation received from others/environment.

What calming stimuli might you introduce to your child?
When will they engage with this stimuli?
# Add Calming Stimuli

<table>
<thead>
<tr>
<th>Deep Pressure</th>
<th>Weighted blanket or vest (5-10% body weight)</th>
<th>Self-imposed massage</th>
<th>Dry, rough textures for food or touch (ex: granola; dry rice bin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proprioception (muscle sense)- Heavy work</td>
<td>Lifting weights</td>
<td>Exercise, walk, jog, run</td>
<td>Lifting/carrying about 10% body weight</td>
</tr>
<tr>
<td>Slow, rhythmic movement (ex: rocking chair, swing)</td>
<td>Warm blanket</td>
<td>Specific music</td>
<td>Neutral or pleasing odors</td>
</tr>
</tbody>
</table>

What calming stimuli might you introduce to your child? When will they engage with this stimuli?
Managing Crisis

Behavioral Crisis: A behavioral problem that exceeds the resources available

Resources: Money, Time, Attention, Skills, Knowledge

Management: Increase resources to decrease crisis frequency
Resources for Crisis Management

- Family and Friends
- Trusted Neighbors
- Community Supports: Mental Health Professionals, Medical Providers, Police, School Personnel
- Paid Supports: Child Care, House Cleaning
- Systems: Education, Safety Plan

What supports can you rely on to help you get through an exacerbation? Are there possible supports you have not utilized yet?
Stress Response During Crisis

Common emotional reactions

- Panic, Fear
- Disappointment, Helplessness
- Anger, Annoyance
- Confusion, Embarrassment

Common physical reactions

- Tightness in stomach and/or chest
- Increased heart rate/blood pressure
- Lump in throat
- Sweaty palms
- Headache
- Muscular twitching; Adrenaline rush

How do you know when you are stressed?
Skills for Crisis Management

Assess & Adapt Self

- Thinking
- Paralanguage
  - Calm & neutral facial expression
  - Eye contact
  - Relaxed body posture
- Stress Level
- Do I see the situation through the perception of the child?

Assess Others

- Level of escalation
- Safe/Unsafe
- Self Control

How do you adapt yourself to meet the needs of your child experiencing stress?
Skills for Crisis Management

Your Response

- Active Listening = giving undivided attention in a genuine effort to understand the other’s point of view
- Empathizing = appreciating the other’s problem or feeling without experiencing the same emotional reaction
- Validation = communicating that you hear the other and want to help them
Triggers to Avoid

- Avoid the terms “Calm down” and “You need to…”
- Avoid the words “No”, “Not” or any contraction of “Not” (i.e. don’t, shouldn’t)
- Avoid threatening the consequence of a misbehavior
- Avoid blaming/shaming or rehashing the incident in front of your child
- Avoid minimizing or contradicting
- Avoid arguing or engaging in a power struggle
- Avoid restarting the confrontation by immediately demanding emotionally difficult actions

What triggers do you want to avoid?
Basic Principles of De-escalation

- Rule of 5: use short, simple words and phrases
- Time: give the person time to cope
- Space: give the person breathing room to minimize the pressure or demands
- Redirect: shift the person’s thoughts or actions to more productive and alternative ways to cope
- Choices: give or suggest options that allow the person to have control over the situation
- Open a Door: give the person a way out, to save face or minimize embarrassment
- Problem Solve: help the person identify solutions to manage themselves
- Silence: use silence to help de-escalate the situation
- Derail: determine when it is necessary to stop the escalation due to health and safety concerns
## Using Restraint

**Restraint should NEVER be used to**
- Punish
- Teach a lesson
- Prevent non-harmful behavior

**Restraint should ONLY be used**
- Following institutional guidelines
- To protect the aggressive child or others
- By individuals who are well-trained in technique
- Safely – with constant monitoring of the child
- As little as possible and rarely
Hostility Curve

Handled Poorly

Handled Well

From: Davis, 2016
Moving Beyond Crisis

As your child’s PANS exacerbation subsides and your child begins healing, slowly change expectations

- Reintroduce Antecedents
- Teach alternative thought and behaviors (CBT)
- Reinforce more functional/ successful behaviors
- Future planning such as WRAP plan

(http://mentalhealthrecovery.com)
resources

Mental Health First Aid https://www.mentalhealthfirstaid.org


Wellness Recovery Action Plan (WRAP) http://mentalhealthrecovery.com

WRAP workbook - for yourself or your child

PANS Safety Plan
https://docs.google.com/document/d/1ARCZdBo0CTjV0GWov5jLBxdrDyZp1au41gbr6YvWpYo/edit?usp=sharing
References

