

How Outcomes Can Be Improved by Recognizing What Underlies Challenging Behaviors

- ▶ It is essential to identify what is causing a behavior **before** responding to it
 - Misdiagnosis leads to inaccurate or inappropriate response



Comparing FASD, ADHD and ODD (D Dubovsky 2002)

	FASD	ADHD	ODD
Behavior	Does not complete tasks		
Underlying cause for the behavior	<ul style="list-style-type: none"> •May or may not take in the information •Cannot recall the information when needed •Cannot remember what to do 	<ul style="list-style-type: none"> •Takes in the information •Can recall the information when needed •Gets distracted 	<ul style="list-style-type: none"> •Takes in the information •Can recall the information when needed •Chooses not to do what they are told
Interventions for the behavior	Provide one direction at a time	Limit stimuli and provide cues	Provide positive sense of control, limits, and consequences

Comparing FASD, ADHD and Conduct Disorder Dubovsky (2003)

FASD	ADHD	Conduct Disorder
May hit others	May hit others	May hit others
<ul style="list-style-type: none"> -someone told them to -misinterpret intentions of others -may sense bump as attack -may respond from history of abuse 	<ul style="list-style-type: none"> -frequently an impulsive act 	<ul style="list-style-type: none"> -plan to hurt others -misinterpret intentions of others as attack or impending attack
Deal with misinterpretations at the time; 1-to-1 support	Behavioral approaches to address impulsivity	Consequences; cognitive behavioral approaches

A Strengths Based Approach to Improving Outcomes

- ▶ Identify strengths and desires in the individual
 - What do they do well?
 - What do they like to do?
 - What are their best qualities?
 - What are your funniest experiences with them?
- ▶ Identify strengths in the family
- ▶ Identify strengths in the providers
- ▶ Identify strengths in the community
 - Include cultural strengths in the community



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Reduce stimuli in the environment
 - Their room
 - School settings
- ▶ Use softer lighting, colors, and sounds
 - Avoid fluorescent lights
- ▶ Be consistent in routines such as bedtime and mealtimes
 - Be specific



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Review rules and directions repeatedly
 - Check for **true** understanding
- ▶ Be consistent in appointment days and times, activities, and routines
 - Prepare the person for any changes in routines, personnel or appointment times often
 - Work with the person to set reminders on their cell phone or other device



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Encourage the youth to ask questions any time they are not sure about something
- ▶ Repeatedly role play situations the person may get into, modeling how you would like her to respond
- ▶ Much repetition due to damage to working memory



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ If consequences need to be used, they should be immediate, related to what occurred, and finished preferably within the same day
- ▶ **Any time you need to tell someone “you can’t” you must also say “but you can”**
- ▶ *Utilize a positive focused system rather than a reward and consequence system*



A Positive Focused System

- ▶ Utilize a true strengths based approach
 - Identify strengths and abilities
 - Focus on building strengths and abilities
- ▶ Consistently tell the person what she or he does well and is good at
 - This is an ongoing process
- ▶ Point out small accomplishments
- ▶ This does not mean ignoring challenging behaviors



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Use literal language
 - Do not use metaphors, similes, or idioms
 - Do not use vague terms that could be misunderstood
 - Ensure the person understands what you are saying
- ▶ If you joke with the person, let him or her know you are joking
- ▶ Point out when others are joking with the person
- ▶ Teach the person to check out whether someone is kidding or serious



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Point out misinterpretations of words and actions when they occur
 - Especially in terms of reading words and actions of others
- ▶ Think about what age the behavior feels like



Modifications to Approaches for Individuals with FASD

- ▶ Identify signs that the youth is beginning to get stressed or anxious
- ▶ Identify one or two things that help him or her calm down when he or she gets upset
- ▶ Identify when the youth is beginning to get upset
- ▶ Encourage him or her to do what helps him/her calm down at that moment
- ▶ Point out when you see the youth starting to get upset and say "why don't you ..."



Modifications to Approaches for Individuals with Brain Based Disorders Such as FASD

- ▶ Find something that the child likes to do and does well (that is safe and legal) and arrange to have him or her do that regardless of behavior
- ▶ Be fair rather than equal
- ▶ Use sign language
- ▶ Create a “chill out” space
- ▶ Use person first language



Person First Language

- ▶ “He’s a child with FAS” not “he’s an FAS kid”
- ▶ “She is a woman with a substance use disorder” not “she’s a substance abusing woman”
- ▶ “He is a child who has been adopted” not “he is an adopted child”
- ▶ “She is a child with Autism” not “She is an Autistic child”
- ▶ “He has been in jail” not “He’s an ex-con”
- ▶ “He has an addiction” not “He is an addict”
- ▶ “Ms. Smith” not “mom”



Additional Interventions to Consider

- ▶ Art therapy
 - Identify creative talents of the individual
- ▶ Movement and dance therapy
- ▶ Cultural traditions and rituals
- ▶ Animal assisted therapy
- ▶ Exercise
- ▶ Use modified motivational interviewing



Motivational Interviewing

Miller and Rollnick (1991)

- ▶ Key Concepts
 - Ambivalence
 - Readiness to change
 - Resistance
 - Relapse
 - Microskills
 - Strategies



Microskills

Miller and Rollnick (1991)

- ▶ Ask open-ended questions
- ▶ Listen reflectively
- ▶ Affirm
- ▶ Summarize
- ▶ Elicit self-motivational statements



General Principles in Motivational Interviewing

Miller & Rollnick (1991)

- ▶ Express empathy
- ▶ Develop discrepancy
- ▶ Avoid arguments
- ▶ Roll with resistance
- ▶ Support self-efficacy



Five Stages of Change

Prochaska & DiClemente (1984)

- ▶ Precontemplation
- ▶ Contemplation
- ▶ Preparation
- ▶ Action
- ▶ Maintenance



Stages of Change



Development of Aggression and Affect Regulation

Landy & Peters (1992)

- ▶ Birth to 12 months
 - First manifestations of aggressive behaviors
 - Beginning of self-management of tension
 - Infant uses multiple sensory modalities
 - Earliest interactions between the child and the caregiver are critically important



Manifestations of Difficulties in Affect Regulation

Landy & Peters (1992)

- ▶ Birth to 12 months:
 - Extreme irritability
 - Lack of organized behavior towards objects and people
 - Shows insecure attachment to primary caregivers
 - Unpredictable displays of affect
 - Intense affect at times of stress and frustration

Role of the Caregiver in Affect Regulation

Landy and Peters (1992)

- ▶ Birth to 12 months:
 - Helps the infant achieve regularity
 - Provides the infant with learning experiences
 - Establishes a sense of trust through consistent caregiving
 - Provides a positive emotional tone

Development of Aggression and Affect Regulation

Landy & Peters (1992)

- ▶ 12 to 24 months
 - Increase in physical aggression
 - Child can show full range of emotions
 - Increase in the capacity to utilize language and pretend play
 - Caregiver encourages the development of symbolic expression of anger

Manifestations of Difficulties in Affect Regulation

Landy & Peters (1992)

- ▶ 12–24 months:
 - Only uses sensory–motor modes to express anger
 - Delayed development of pretend play and language
 - Lack of ability to delay gratification
 - Disintegration of behavior in response to limit setting
 - Inability to separate without extreme anxiety

Role of the Caregiver in Affect Regulation

Landy and Peters (1992)

- ▶ 12–24 months:
 - Encourages the development of the symbolic expression of anger
 - Teaches the child to recognize and label a wide range of feelings
 - Begins to set structure and limits
 - Predictability allows the child to separate

Development of Aggression and Affect Regulation

Landy & Peters (1992)

- ▶ 24 to 36 months
 - Peak in aggression in response to limit setting at about 30 months
 - More elaborate use of language and play
 - Increasing ability to express aggression verbally & in more socially acceptable ways
 - Recovers more spontaneously from tantrums

Manifestations of Difficulties in Affect Regulation

Landy & Peters (1992)

- ▶ 24–36 months:
 - Remains unable to control anger and physical aggression
 - Short attention span
 - Inability to play alone or with others for more than brief periods of time
 - Delays in impulse control
 - Lack of empathy and prosocial behaviors

Role of the Caregiver in Affect Regulation

Landy and Peters (1992)

- ▶ 24–36 months:
 - Continues to encourage play and the use of language
 - Accepts and labels the full range of effects
 - Provides structure and limits
 - Predominance of positive emotions in interactions with the child

Development of Aggression and Affect Regulation

Landy & Peters (1992)

- ▶ 36 to 60 months
 - Drop in physical expression of aggression
 - Child begins to regulate his/her own actions
 - Increasing social perspective
 - Responds to limits and follows rules much of the time

Manifestations of Difficulties in Affect Regulation

Landy & Peters (1992)

- ▶ 36–60 months:
 - Cycle of anger → acting out → rejection is evident
 - Continues to regress in times of stress and frustration
 - Inability to delay gratification
 - Inability to utilize symbolic play
 - Difficulty learning new activities

Role of the Caregiver in Affect Regulation

Landy and Peters (1992)

- ▶ 36–60 months:
 - Continues to model prosocial behavior
 - Displays appropriate empathy for sad and negative feelings
 - Encourages the child to function independently within structures and limits
 - Supports child in his/her efforts to control anger

Final Thoughts to Keep in Mind

- ▶ We want to help people succeed
 - “Whatever it takes” is an important attitude
 - Ask the question “what does this person need in order to be successful (function at his or her best) and how do we help him or her achieve that
- ▶ We need to foster **interdependence**
- ▶ It’s essential to “really care”
