

Understanding Aggression and Self-Injury: Medical Approaches and Best Support Practices

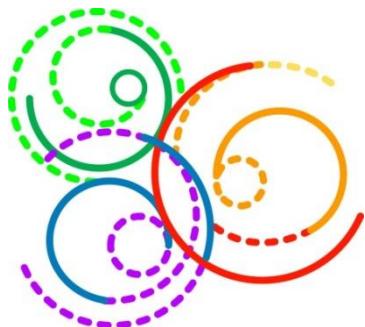
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Disclosure

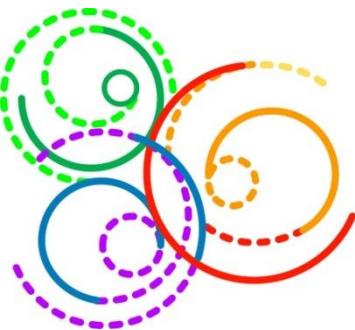
I have no financial I have no relationships with commercial interests.

Thanks to the **Special Hope Foundation, Shaw Family Fund, Redwood Coast, Golden Gate, Far Northern, North Bay, Alta California, and San Andreas Regional Centers**





Community is for everyone

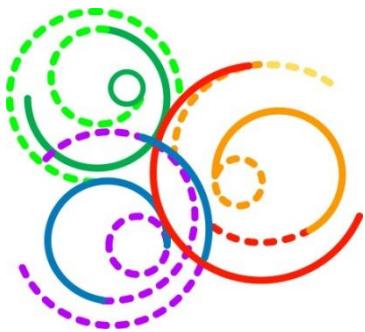


Objectives

- List best practices for working with non-traditional communicators
- Describe a systematic approach to evaluation of a change in behavior or function.
- Describe a strategy to help supporters learn to manage aggression and self-injury

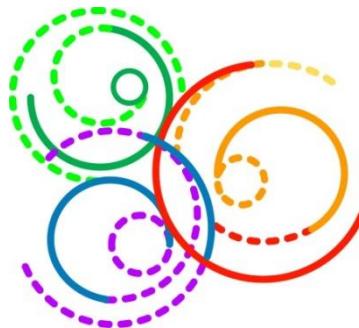
Ms. A is a person with cerebral palsy. She is non-verbal. She keeps hitting her head on her wheelchair. Her caregivers don't know why and are concerned that this may cause an injury.





The first thing you should try is:

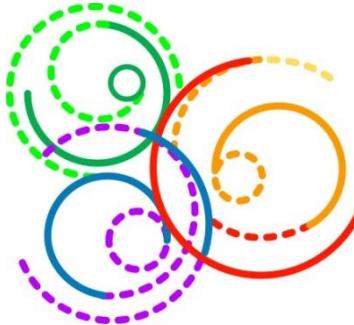
- A. Hold her head gently every time she bangs, until she stops trying.**
- B. Try to give her something else to do, like handing her a favorite object.**
- C. Explain why head-hitting is a bad idea, and remind her by saying "Stop!" or "No!" each time she hits herself.**
- D. Praise or reward her for increasingly longer periods of not hitting herself.**
- E. Evaluate why she is banging her head.**



What is the best initial strategy to make a diagnosis?

- A. Ask a direct caregiver
- B. Review old records
- C. Perform functional behavior analysis
- D. Skip history and rely on physical exam and tests instead
- E. Get a history directly from the patient





For a person with limited expressive communication the best initial strategy is:

- A. Proceed as usual starting with an open ended question
- B. Simplify your language to match their expressive ability
- C. Slow down your speech and increase your volume
- D. After expectantly waiting, if they don't respond, ask in a different way
- E. After getting consent, speak to their caregiver

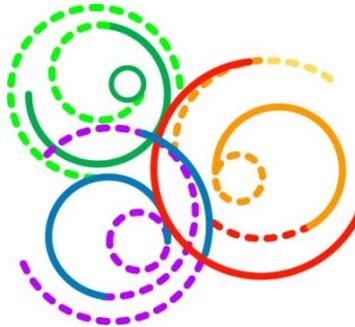


What other ways do people communicate?

- Body language/gesture
- Facial expression (caution with interpretation!)
- Written/Braille
- Vocalizations (caution with interpretation!)
- Behaviors (caution with interpretation!)
- Pictures/art/icons
- Augmentative and alternative communication
- Pointing to a letter board



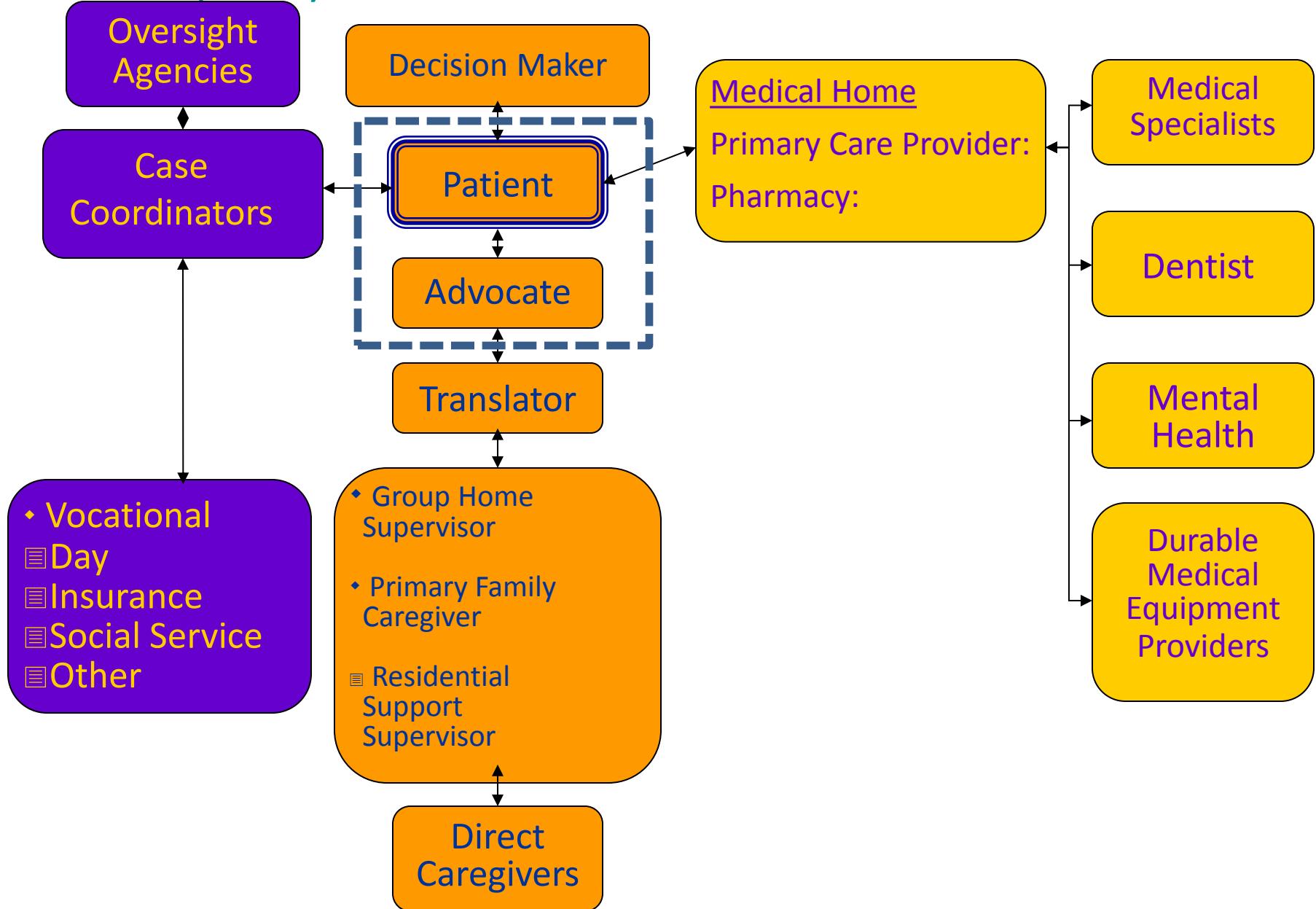




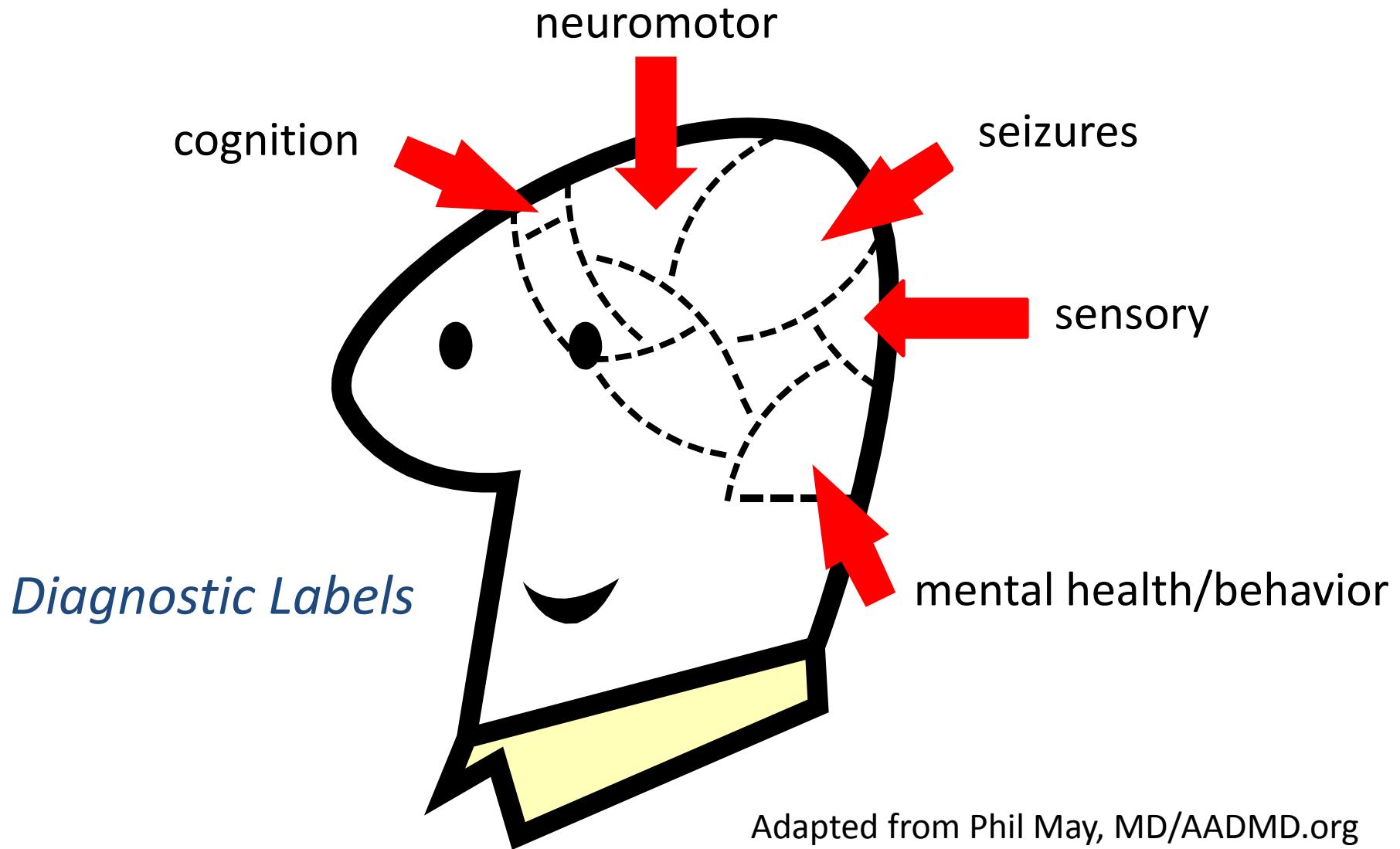
Communication is the Foundation of Patient Care

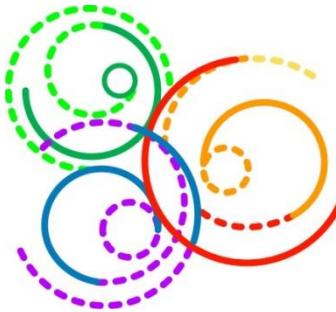
- Everybody communicates; find a way
- As with all people assume they are intelligent and competent until they prove otherwise!
- Speak normally (tone, volume, speed) unless asked to do otherwise.
- Be patient – almost all non-traditional communication methods are extremely slow.
- Don't fill the “silence” while the other person is composing a thought with more of your own speech; allow both parties to say a reasonable amount.

Interdisciplinary Health Care Team



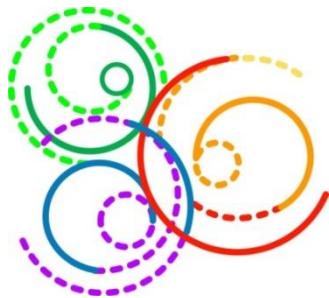
Neurodevelopmental Profile





What changed?

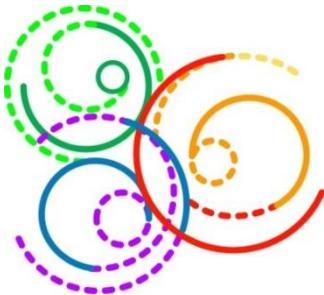
- Ability to communicate
- Activity level
- Behavior
- Confusion/Orientation to time, place and person
- Diet
- Mood
- Movements
- Sensitivity to sound, sight or touch
- Skills
- Strength, steadiness, energy
- Skin
- Sleep
- Stool or urine
- Vital signs



HURTS

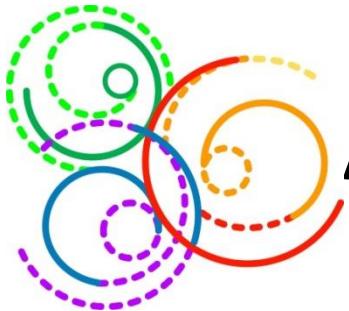
- H**ead— headaches and closed head trauma, dental problems, vision or hearing loss
- U**rinary tract—urinary tract infections, obstruction, and kidney stones
- R**eflux—dysphasia, esophagitis
- T**hyroid
- S**eizures/**S**ide Effects—especially psychotropic and seizure medicines

Crisis Prevention & Response in the Community. Washington, DC:
American Association on Mental Retardation; 2002:243-256.



Behavior can also signal....

- Abuse or psychosocial stressors
- Escape or avoidance of demands
- Increase in arousal or self-stimulation
- Means of accessing preferred activity or objects
- Mental illness
- Need for social attention
- Psychosocial stressors
- Pursuit of power and control
- Reduction of arousal and anxiety
- Substance abuse
- Movement disorder/impulsivity
- Sensory sensitivities

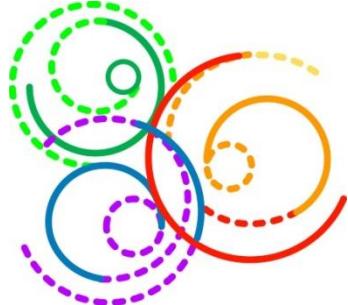


Atypical pain behavior

- Sensory integration
- Communication
- Atypical affect
- Understanding how to get help
- Learned helplessness
- Difficulty identifying sensation as pathological
- Social skills problems with communicating to appropriate person in appropriate timeframe

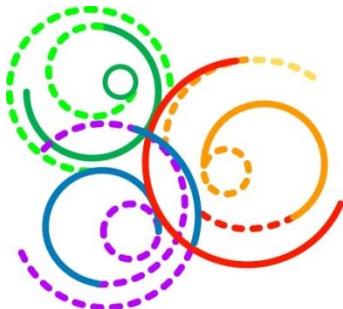
Clarissa

Illustration by Tomoko



Respecting Agency

1. Hurt vs. injury
2. Hazard vs. risk
3. Unusual vs. violation of rights of others
4. Respect natural movements and behaviors
5. Interpret behavior developmentally



Meltdown vs Tantrum

- Overwhelmed
- Reactive mechanism
- Continues without attention
- Safety may be compromised
- Fatigue
- Not goal dependent
- May need assistance to gain control
- Want directed
- Goal/Control Driven
- Audience to perform
- Checks engagement
- Protective mechanisms intact
- Resolves if goal is accomplished



Managing a Behavioral Crisis

The S.C.A.R.E.D. method

- **Safe**
- **Calm**
- **Affirmation**
- **Routine**
- **Empathy**
- **Develop intervention plan**

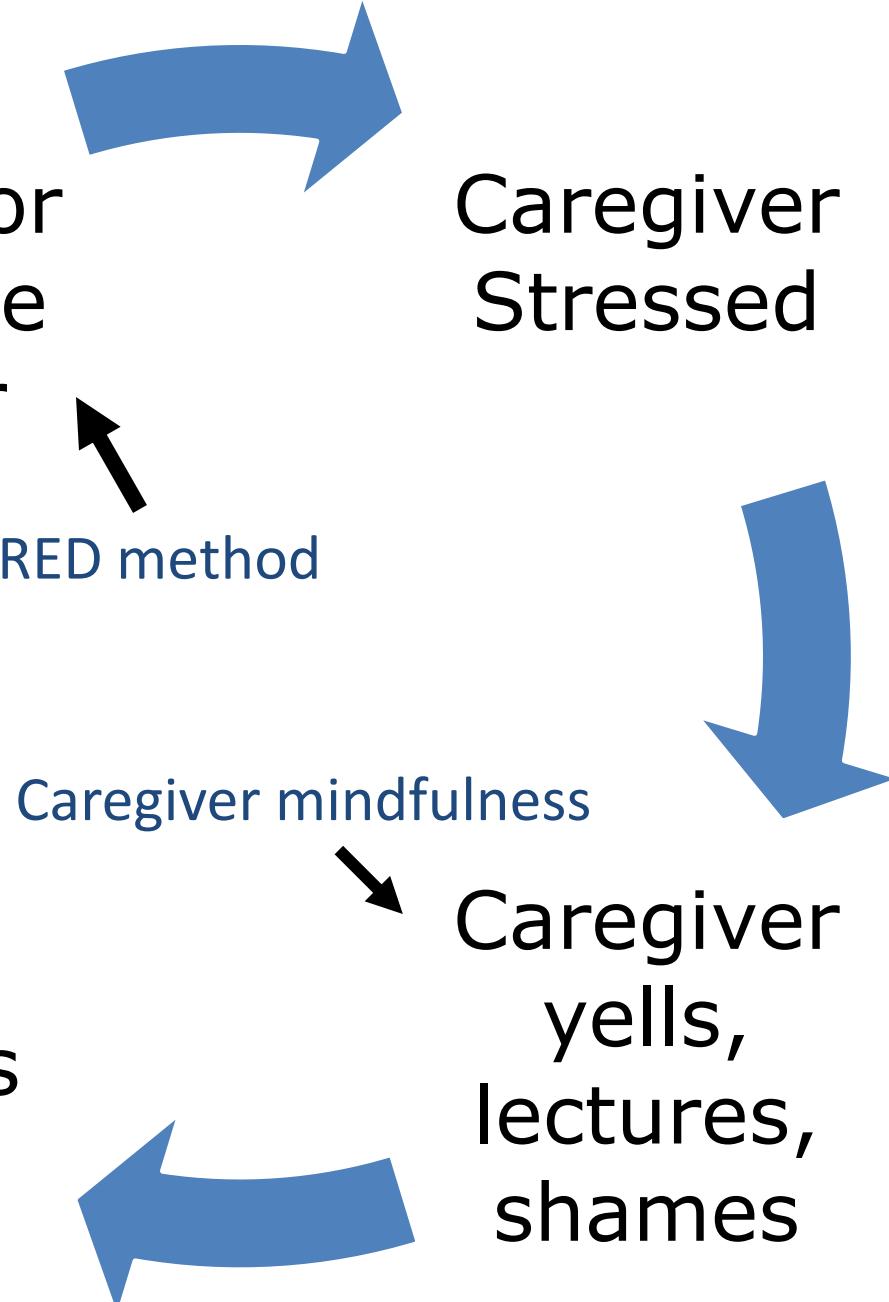
Self
injurious or
aggressive
behavior

Caregiver
Stressed

SCARED method

Anxiety
increases

Caregiver
yells,
lectures,
shames



Behavior
aversive
to
caregiver

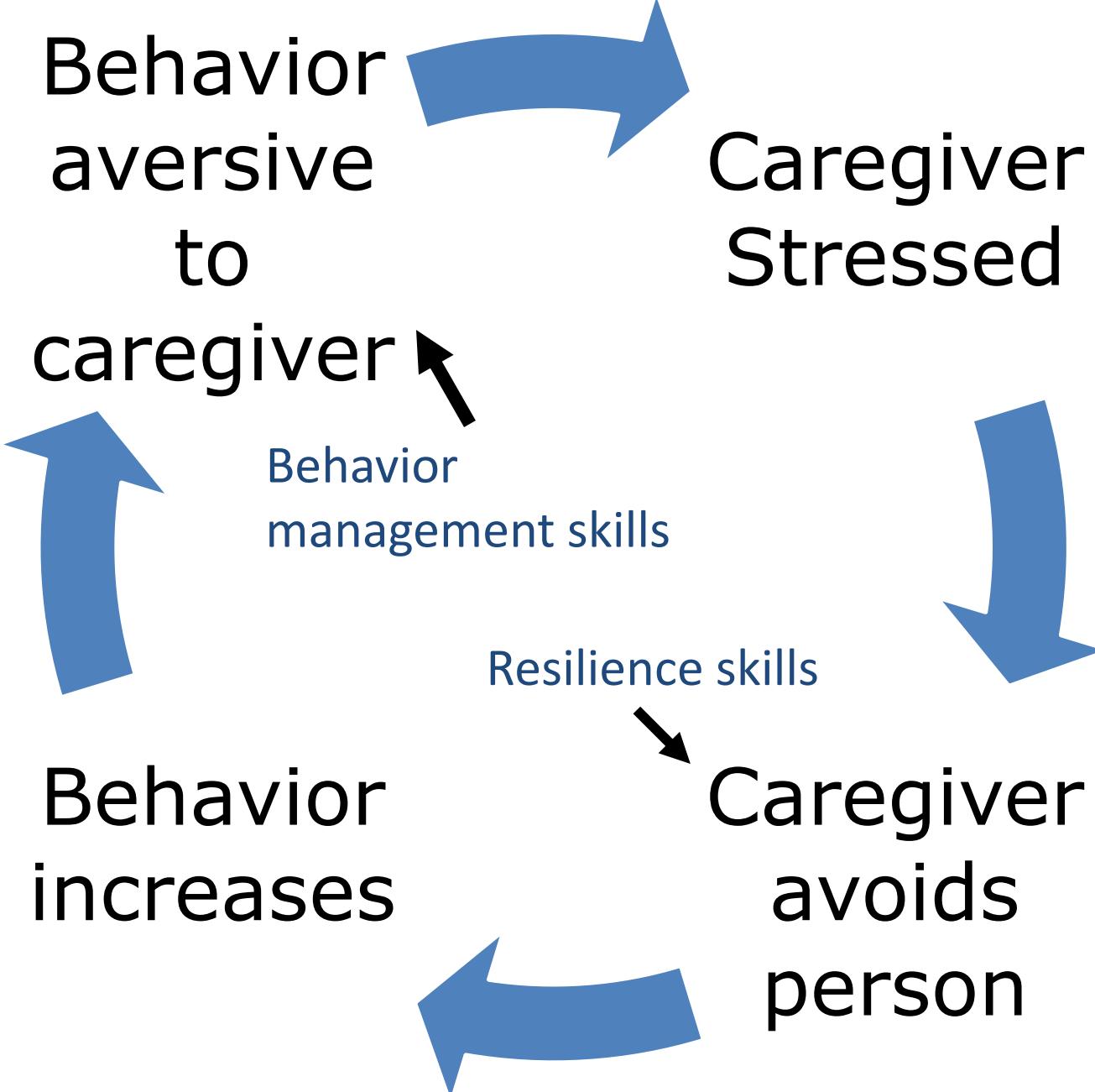
Caregiver
Stressed

Behavior
increases

Caregiver
avoids
person

Behavior
management skills

Resilience skills



Social Environment

low
attention

challenging
behavior

caregiver
attention
stops

caregiver
attention

behavior
stops





Contact the CART
Services Team for
Help with differential
Diagnosis or resources

Thank You

- Kenneth Robey, Matheny Medical and Educational Center for video on liberator, yes/no, and chief complaint
- Lenae Crandall, H.E.E.D. for Rapid Prompting Method video
- Elizabeth Grigsby, Consumer Advocate, Golden Gate Regional Center