DE-ESCALATION OF BEHAVIORAL DYSCONTROL EPISODES AFTER ACQUIRED BRAIN INJURY

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THANK YOU

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OBJECTIVES

1. Describe interventions that can reduce episodes of dyscontrol
2. Detail how to prepare for an episode
3. Understand the goal of handling an episode
4. Explain responsibilities during an episode
5. Explain staff management after an episode

Disclosures

Non-Financial
Board of Directors – United States Brain Injury Alliance

Financial
Presenter – MedBridge
Book Author – Oxford University Press
Book Author – CRC Press
Book Author – Lash and Associates Publishing

THERAPY IS SUPPOSED TO WORK BY....

TECHNIQUE

PROVIDE INFORMATION

THEORY

INFORMATION CHANGES WAYS OF THINKING
CHANGE IN THINKING CAUSES CHANGE IN BEHAVIOR
HOWEVER... BECAUSE OF COGNITIVE ISSUES...

PERSONS WITH BRAIN INJURY:
MAY STRUGGLE TO EXPRESS THINKING
THINKING MAY NOT CHANGE DUE TO COGNITIVE DEFICITS
CHANGE IN THINKING MAY NOT CHANGE BEHAVIOR

TO OVERCOME THIS MUST ATTEND TO COGNITION

SKILL BUILDING TREATMENT

TECHNIQUE

TEACH ALTERNATIVE BEHAVIORS

THEORY
MORE EFFECTIVE BEHAVIOR WILL REPLACE OLD INEFFECTIVE BEHAVIOR
HOWEVER... BECAUSE OF COGNITIVE ISSUES...

CANNOT LEARN NEW SKILL
PERSEVERATE ON OLD BEHAVIOR
FORGET TO DO NEW SKILL
DISTORT NEW SKILL

ERRORLESS LEARNING

CONTINGENCIES AFTER THE FACT
HAVE WEAKNESSES:

THE EXPERIENCE OF FAILURE IS FRUSTRATING
COGNITIVELY FAILURE TRAILS CAN INTERFER WITH SKILL BUILDING

ERRORLESS LEARNING CUES AND PROMPTS BEFORE ERRORS SO PERSON ALWAYS WORKS AT LEVEL THEY CAN HANDLE

See Mark Ylvisaker, PhD

THEORY BEHIND CONTINGENCIES

TECHNIQUE
MANIPULATE CONSEQUENCES
THEORY
BEHAVIOR CHANGES IN RESPONSE TO CONSEQUENCES
DIFFICULTIES AS APPLIED TO BRAIN INJURY

ISSUES
FORGET BEHAVIOR
FORGET CONSEQUENCES
REBEL AGAINST CONSEQUENCES
CONSEQUENCES TOO WEAK
DO NOT ACT IN OWN BEST INTEREST

CONSEQUENCES

Specify the rules
Specify the exact type of reward schedule
No inconsistencies between staff
Like a real economy can get legalistic disputes about debts, ambiguities, theft, hide behavior, blame others

NEUROPSYCHOSOCIAL INTERVENTION

DO NOT TRY TO CHANGE PERSON TO FIT WORLD
CHANGE ENVIRONMENT (OTHER PEOPLE AND PHYSICAL WORLD) TO FIT THE PERSON
PHENOMENOLOGY OF DYSCONTROL

- KAROL

CREATING THE NEUROPSYchosocial Environment

Staff are the treatment must run the script accurately adapt to the needs of the person
GENERAL PREPARATION

KNOW ENVIRONMENT
KNOW WHAT CAN BE A WEAPON
WEAR CORRECT CLOTHES
KEEP REASONABLE DISTANCE
NOT LET PERSON STAND OVER YOU
KNOW HOW WILL BLOCK BLOW

TRAINING

DE-ESCALATION TECHNIQUES
PHYSICAL RELEASES
TEAM RESPONSES
POLICIES

UNDERSTAND YOUR GOAL

DE-ESCALATE
NO ONE IS HURT
UNDERSTAND YOUR GOAL

NOT TRY TO BE RIGHT
  (DO NOT GET EGO ENGAGED)
NOT WIN POWER STRUGGLE
NOT GIVE INSIGHT
NOT THERAPEUTIC INTERACTION

HANDLING AN EPISODE

ASSESS ENVIRONMENT
VISITORS PRESENT
CLIENTS PRESENT
TOO FEW/MANY STAFF
ESCAPE ROUTES
ACCESS CONTROL
WHO IS IN CHARGE
ONLY ONE PERSON TALKS

HANDLING AN EPISODE

MONITOR STIMULUS VALUE
STAY CALM
VOICE PITCH AND VOLUME
CHOICE OF WORDS
FACIAL EXPRESSION
NO LAUGHING
EYE CONTACT
GESTURES
SPEED OF MOVEMENT
**AVOID TRAPS**

- Insisting you are right
- Threatening
- Bluffing
- Promising the undeliverable
- Lying

**HANDLING AN EPISODE**

**DO:**
- Let client vent
- Ignore challenges
- Allow silences
- Give choices
- Get away from audience
- Invite to sit down
HANDLING AN EPISODE

SAY:
“Tell me what is happening.”
“What can I do to help?”
“You may have a reason to be upset. What should we do together?”

SAY:
“You may be right. Can we talk about this?”
“This isn’t working. What else can we do?”

WAS ANYONE HURT?
GET THEM CARE
DECOMPRESS AND RELAX
SHARE STAFF FEELINGS
PLAN FOR NEXT TIME

AFTERWARDS