Example: Serena

Recently Serena's homeroom teacher, Ms. Grafton, went to talk with Serena's case manager. According to the teacher, Serena had been very difficult to work with that day. Because of a sixth-grade field trip in the afternoon, all sixth grade classes were following the "B schedule" in the morning, which meant that all classes were shortened, and afternoon academic classes started first thing in the morning. As classes were beginning, Ms. Grafton explained the schedule changes to Serena, but Serena wouldn't go to her math class; she insisted it was time for here social studies class. Ms. Grafton said Serena "wouldn't listen to reason" and had a real temper tantrum. She pushed all the materials off the table in front of her, reached out to hit the teacher, and swore at the teacher. Ms. Grafton took Serena into the hall and Serena calmed down. The teacher then let Serena do some social studies alone while the other students were in math class. Because of her behavior, Serena was not allowed to go on the field trip to the botanical gardens that afternoon. Serena's mother was upset because she had taken off work to accompany Serena on the field trip with her class.

Ms. Grafton said "I'm tired of these outbursts; they happen at least once a week. I have been very patient with Serena, but no student can swear at me or hit me. Something has to be done"

1. What is the problem stated in observable, measurable terms?

2. How often does the behavior occur? With what intensity? For how long?

3. What slow and fast triggers influence Serena's behavior?

Slow triggers:

Brain injury factors:

Other slow triggers:

Fast triggers:

4. What consequences might influence whether Serena's behavior occurs again?

5. What functions does the behavior serve for Serena?

Example: Jerry

Jerry's core teacher, Ms. Walters, has been feeling better about her work with Jerry and his progress since the last IEP team meeting. The case manager gave her some resources about TBI that were helpful, and brainstorming with others about how to meet Jerry's needs provided her with some new ideas. She liked the music teacher's suggestions about letting Jerry help decide what level of participation he could tolerate each day. Ms. Walters adapted the idea for her own classes. For example, she now asks Jerry to help decide how much independent work he can complete before asking for help and what reward he would like to work toward. Jerry sets a goal that he marks on his paper. He is getting better at setting a realistic expectation for himself and getting the reward he chooses. He usually chooses to play a game of Trouble with Ms. Walters after lunch. Also, in the last two months Ms. Walters has used several strategies to help Jerry interact more with other students.

However, Jerry's interactions with peers have caused a new set of problems. Jerry's behavior with the other kids in his class and with other children on the playground is often inappropriate. In particular, he has initiated "kissing games" on the playground with the fourth and fifth grade girls. The girls let Jerry kiss them, and then they laugh and run away. Ms. Walters has talked to Jerry, but the games have continued. Today, the principal called her because he had received a phone call from the parent of a second grade girl. The mother was concerned because the girl reported that Jerry tried to kiss her and pull up her dress on the school bus. The principal wants Ms. Walters' assurance this won't happen again.

1. What is the problem stated in observable, measurable terms?

2. How often does the behavior occur? With what intensity? For how long?

3. What slow and fast triggers influence Jerry's behavior?

Slow triggers:

Brain injury factors:

Other slow triggers:

Fast triggers:

4. What consequences might influence whether Jerry's behavior occurs again?

5. What functions does the behavior serve for Jerry?

Example: Serena

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Ms. Grafton said "I'm tired of these outbursts; they happen at least once a week. I have been very patient with Serena, but no student can swear at me or hit me. Something has to be done."

1. What is your goal? What do you want Serena (or others) to do?

2. What triggers, consequences, and functions of behavior would you address?

3. What targets of intervention would you identify?

4. What specific strategies would you use?

A. Antecedent strategies

B. Strategies to increase appropriate behaviors

C. Strategies to decrease inappropriate behaviors

D. Communication and group strategies

E. Self-management strategies

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1. What is your goal? What do you want Jerry (or others) to do?

2. What triggers, consequences, and functions of behavior would you address?

3. What target(s) of intervention would you identify?

4. What intervention/strategies would you use?

A. Antecedent strategies

B. Strategies to increase appropriate behaviors

C. Strategies to decrease inappropriate behaviors

D. Communication and group strategies

E. Self-management strategies

Interventions Across Stages of Recovery. *These stages represent a typical pattern for students recovering from serious (moderate to severe) TBI. Remember, however, that each student's recovery pattern may be unique.*

Stage of Recovery	Interventions Most Likely to Succeed
Early *The student may display agitation, confusion, extreme impulsivity, and very slow information processing. Student may not tolerate stimulation. During this stage the student is usually still in a hospital or rehabilitation setting.*	**Antecedent interventions** are most appropriate. Control the environment to provide as little unnecessary or aversive stimulation as possible. Sometimes, however, necessary stimulation, such as physical therapy and medical treatments, must be provided and can cause the student to display challenging behaviors. Encourage **appropriate behaviors** through positive reinforcement of appropriate behaviors. Use **redirection** to reduce inappropriate behaviors. Use **repetition** and try to **anticipate** the student's needs and responses. The student will not remember the consequences of behavior and is unlikely to learn new positive behavior.
Middle *The student may display disinhibition, continued impulsivity, limited attention, difficulty with new learning, and unawareness of deficits. Behavioral demands may be great. During this stage students often return to the school setting.*	Continue use of **antecedent interventions**. Avoid challenging behavior by creating a school environment, curriculum, and instruction that facilitate the student's performance. **As the student's memory and attention improve**, increase appropriate behavior by **teaching new skills and behaviors,** by using **consequence control strategies** such as positive reinforcement of appropriate behavior, and by introducing **group strategies**, such as social skills groups. **Be sure the student is able to connect the behavior and the consequence and to remember consequences** (such as planned rewards). Pay attention to generalization of skills across settings, including home. The student is probably not yet ready to use self-control strategies, but might benefit from some **group strategies**.
Late *The student may display lasting cognitive, sensory, or other deficits. Attention and learning increase, but likely are still below normal. Awareness of deficits may result in depression, frustration, anger, and risk-taking. During this stage the student is typically in school.*	Continue use of **antecedent strategies**. Increase use of **consequence control strategies** if student is able to remember consequences. Stay focused on positive consequences (positive reinforcement). Introduce **self-management strategies** such as self-monitoring, self-evaluation and self-reinforcement, and **group strategies** such as support groups and social skills groups. Generalize interventions to settings outside of school, such as community recreation and work sites.

DISINHIBITION

Example
The student uses inappropriate language in classes.

Limitations or Factors that May Influence Behavior

- Neurological changes leading to reduced behavioral control
- Reduced self-awareness and self - monitoring skills
- Reduced ability to read social cues
- Reduced tolerance for frustration
- Limited behavioral repertoire
- Inability to discriminate among settings and people

Sample Interventions

- Teach the student what words are unacceptable
- Brainstorm acceptable alternatives with the student; make a list
- Provide opportunities to practice alternatives
- Role-play appropriate responses
- Reinforce appropriate language
- Teach difference between public/private settings
- Reduce frustrations/hassles
- Avoid reinforcing inappropriate behavior
- Provide structure to help student self-monitor
- Teach other students how to react

IMPULSIVITY

Example
The student raises his/her hand immediately as the teacher begins to ask a question.

Limitations or Factors that May Influence Behavior

- Neurologic deficits learning to reduced impulse control
- Reduced ability to listen and reflect
- Reduced self-monitoring skills
- Anxiety
- Strong associations between stimuli and response

Sample Interventions

- Develop physical or verbal cues to help the student wait
- Provide practice in role plays and real settings
- Warn the student that a question is coming
- Rehearse specific questions and answers in advance
- Teach the student a sequence of steps to take before raising his or her hand
- Provide physical support for waiting
- Reinforce appropriate behavior

AGGRESSION

Example
The student hits other students on the playground and in the lunchroom.

Limitations or Factors that May Influence Behavior

- Reduced ability to filter internal and external stimuli
- Agitation in highly stimulating environments
- Reduced ability to read social cues and intentions
- Limited means of gaining social attnetion or interaction
- Inability to self-monitor
- Reduced problem-solving skills
- Limited behavioral repertoire

Sample Interventions

- Evaluate communicative intent of behavior; what is the student trying to say?
- Teach alternative forms of communication; for example, teach appropriate ways to approach others or to join in activities
- Determine antecedents or consequences of behavior
- Identify cues of escalating behavior
- Examine specific traumatic brain injury related deficits, for example, cognitive, perceptual, physical; do they influence behavior?
- Use peer modeling and role playing
- Reduce stimulation

Provide structured activities with adult supervision

CONFRONTATIONAL BEHAVIOR

Example
The student refuses to attempt an activity.

Limitations or Factors that May Influence Behavior

- Lack of confidence
- Lack of comprehension of task demands
- Delayed response time
- Lack of awareness of need to complete tasks
- Influence of prior experience (either a similar task or an unrelated experience that just took place
- Physical discomfort

Sample Interventions

- Be sure task demands match the student's abilities
- Set clear, reachable goals; ensure success
- Break tasks into small steps
- Provide an extrinsic reward
- Begin the activity with other students; reward them
- Allow the student adequate transition time
- Give the student choices
- Avoid power struggles; do not argue with the student
- Examine conditions in settings in which the student is more successful; what helps?

WITHDRAWAL

Example
The student refuses to participate in small group activities.

Limitations or Factors that May Influence Behavior
- Lack of confidence
- Awareness of deficits
- Difficulty handling the pace or stimulation of the group
- Fear of embarrassment
- Uncertainty about the role or task demands

Sample Interventions
- Carefully define or limit role and task demands
- Allow the student to observe the group
- Include a member of the student's "circle of friends" in the group)
- Create individual goals for the student that may differ from goals for other members
- Provide adult or peer support
- Examine factors (such as noise, pace, physical proximity) that may affect the student)
- Educate other members of the group about roles and procedures
- Use the MAPS process

EGOCENTRICITY OR INSENSITIVITY

Example
The student makes unkind remarks to others.

Limitations or Factors that May Influence Behavior
- Inability to take others' perspectives
- Limited insight
- Reduced awareness of others' feelings
- Poor cognitive problem-solving
- Need for attention
- Inability to interpret subtle feedback

Sample Interventions
- Teach appropriate social remarks
- Provide practice, role plays, modeling
- Provide peer or adult coaching
- Provide scripts for some situations
- Reinforce appropriate behavior
- Provide direct feedback about impact of social communication
- Draw on the support of a 'circle of friends"
- Provide support for peers

Adapted from Corbett and Ross-Thomson (1996)

Summary of Medications for Children With Challenging Behaviors

NOTE: This list is not intended to be complete. New medications continually become available. Consult with a physician or school nurse about other medications and possible side effects.

Behavior	Medications	Possible Side Effects
Hyperactivity/ Inattention	Ritalin (methylphenidate) Dexedrine (dextroamphetamine) Cylert (pemoline) Adderall (dextroamphetamine/amphet-amine)	Reduced appetite Stomachaches, headaches Insomnia Rebound effects (increased hyperactivity when medication is discontinued) Irritability, sadness (when these occur, children are usually given a lower dosage or taken off the medication) Liver toxicity (effect of Cylert, not Ritalin, Dexedrine, or Adderall) May exacerbate tics
Anxiety	Xanax (alprazolam) Librium (chlordiazepoxide) Klonopin (clonazepam) Valium (diazepam) Ativan (lorazapam)	Drowsiness, sedation, lethargy Slowed speech, mental confusion Impairment of motor abilities, unsteadiness Amnesia Extent of effects depends on dosage Dependence develops when taken for a long period of time. When removed, symptoms for which the drug was prescribed return, possibly with greater intensity
	Ambien (zolpidem) BuSpar (buspirone)	Some drowsiness Upset stomach Restlessness Headaches
Depression	Tofranil (imipramine) Norpramin (desipramine) Pamelor, Aventil (nortriptyline) Elavil (amitriptyline) Anafranil (clomipramine)	Sedation Dry mouth Constipation Weight gain Heart racing (if this occurs, dosage may need to be lowered or medication removed) Increases or decreases in blood pressure There have been reports of sudden death in children taking desipramine

Behavior	Medications	Possible Side Effects
Depression (cont.)	Wellbutrin (bupropion)	Restlessness, insomnia Dry mouth Anxiety Weight loss Seizures, psychoses (rare)
	Prozac (fluoxetine) Zoloft (sertraline) Paxil (paroxetine)	Nausea Minor difficulties with sleep, restlessness, insomnia Headache Dry mouth Sweating Feeling jittery, nervous, or anxious Rare cardiac complications Virtually no medically serious side effects There have been reports of self-destructive and suicidal behavior in adults taking fluoxetine, though research has not supported this as an effect of the medication
	Nardil (phenelzine) Parnate (tranylcypromine)	Dietary restrictions include foods containing tyramine (a by-product of fermentation). Foods with tyramine include cheese, wine, beer, liver, and some beans Medicinal restrictions include adrenaline-like drugs found in nasal sprays, anti-asthma medication, and cold medicines Interaction with these products causes an increase in blood pressure, severe headaches, vomiting, and possibly death Weight gain
Bipolar Disorder	Lithium	Nausea and gastrointestinal complaints Slight tremors Lethargy, muscle weakness Metallic taste Dehydration Possible effects on thyroid gland, including hair loss, dry or rough hair, rashes, and hoarseness (this may be an indication to lower the dosage) High concentrations can yield coma, renal failure, cardiac arrhythmias, and death Blood levels must be closely monitored

Behavior	Medications	Possible Side Effects
Bipolar Disorder (cont.)	Tegretol (carbamazepine) Depakene (valproic acid, valproate)	Lethargy, drowsiness Headache Changes in sleep pattern Dizziness, blurred or double vision Gastrointestinal disturbances
	Catapres (clonidine)	Fatigue, drowsiness Headache**,** stomachache Dry mouth Dizziness Lower blood pressure Depression
Psychoses Aggression	Clozaril (clozapine) Haldol (haloperidol) Loxitane (loxipine) Mellaril (thioridazine) Moban (molindone) Navane (thiothixene) Prolixin (fulphenazine) Risperdal (risperidone) Stelazine (trifuloperazine) Thorazine (chlorpromazine)	Sedation Lower seizure threshold Weight gain Dry mouth Blurred vision Skin flushing Tardive dyskinesia (uncontrollable body movements) Parkinsonian side effects (tremors, drooling, muscle spasms). There are drugs to treat such side effects (e.g., Cogentin (benztropine) or Benadryl (diphenhydramine)) Rapid heart beat Reduction in white blood cell count
Aggression Post-Traumatic Stress Disorder	Inderal (propanolol) Lopressor (metoprolol) Corgard (nadolol) Tenormin (atenolol) Visken (pindolol)	Lower blood pressure Nausea, vomiting, diarrhea Fatigue

Brian McKevitt, 7/99

Guidelines for Understanding Stages of Challenging Behavior and Stages of Support

Stages of Challenging Behavior	Stages of Support
ADAPTIVE:	REINFORCE:
Mood is even Relaxed posture Ability to concentrate Normal facial expression Even breathing Interactive	Positive attention Praise Promote positive activities Provide incentives for adaptive behaviors Be vigilant to life situations that could cause tension/distress
TENSION:	RESPONSIVE:
Change in breathing Facial expression Eye contact Decreased concentration Muttering Voice tension Argumentative Withdrawal	Increase attention -Creative talking strategies -Review precursors -Empathy -Therapeutic touch Give Space -Lower or change expectations -Provide diversions
EMOTIONAL DISTRESS:	DIFFUSION:
Yelling Swearing Threats Pacing Increased movements Decreased rational thinking	Decrease or stop talking Focus on challenging behavior Neutral presence Use talking to contain behaviors Respect positioning
PHYSICAL DISTRESS:	SAFE BOUNDARIES:
Aggression Destruction Self-Injury	Proceed from least to most restrictive supports 1. Remove self and others 2. Practice self-protection 3. Protect the person from self-injury 4. Provide safe physical support
RECOVERY:	TALK OUT:
Tension is released Normal breathing Normal posture Embarrassment Crying Withdrawal Remorse	Reflect on the confrontation -Explore precursor -Discuss better ways to deal with precursors -Offer support -Enforce consequences if warranted Provide closure -Smile, handshake, positive statement -Help return to adaptive lifestyle

Community TIES Program, Waisman Center (1999)