BCBAs in Dementia Care: Clinicians to Manage Challenging Behavior

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What Do Behavior Analysts Do?

- Conduct assessments
- Develop plans and programs, set goals
- Implement plans and programs, collect data
- Train others

Behavior Analysts DO NOT Prescribe Medication

Behavioral interventions have been proven to be SAFER and MORE effective than medication at treating the symptoms of dementia
What is a BCBAs role in dementia care?

BCBAs create behavior plans that:
• Reduce difficult behaviors
• Improve quality of life
• Increase engagement (activities, social)
• Reduce or eliminate the need for medication
• Reduce occurrences of medical conditions that affect behavior such as UTIs, dehydration, and constipation
• Reduce problem behaviors that interfere with caregivers’ ability to provide caregiving
• Teach alternative ways for the person to communicate his/her wants and needs

What are some behaviors that someone with dementia may exhibit?

• Wandering
• Aggression
• Emotional/Verbal Outbursts
• Non-compliance (caregiving, medications, medical treatment)
• Inappropriate sexual/social behavior
• Hoarding
• Repetitive statements/vocalizations

Function Over Form

• All behaviors occur for different reasons
• BCBAs treat the reason (function) NOT the form (what it looks like)

Example:
• A person may hit you to get out of showering (Escape) OR a person may hit you to get you to talk to them (Attention)
• The behavior is the same (hitting), but occurs for different reasons

Must know the function before we can treat the behavior
What are the 4 functions of behavior?

- **Attention**
  - Social attention from other people
  - Can be positive attention (preferred conversations, compliments, praise, getting help) or negative attention (reprimands)

- **Access** to something (e.g., get an item, activity, location, etc)

- **Escape/Avoidance**
  - The person gets out of doing something or avoids having to do something they don’t want to do
  - Examples: not having to shower, not having to talk to people, not having to get dressed, not having to go outside

- **Automatic**
  - Non-social
  - This means the behavior does not require another person. The behavior itself is reinforcing.
  - Examples: Scratching an itch, taking pain reliever to get rid of a headache

Define ABC data and state the purpose for collecting ABC data

- ABC data are used to determine the function (reason) a behavior is occurring

- ABC stands for:
  - **A**ntecedent - what happens immediately before the behavior
  - **B**ehavior - the behavior of interest
  - **C**onsequence - what happens immediately following the behavior

- In order to collect ABC data, one must observe the behavior of interest and write down the ABCs.

**ABC EXAMPLES**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>No lights, no people</td>
<td>Wander</td>
<td>Access to people</td>
</tr>
<tr>
<td>Look at calendar</td>
<td>Walk to Activity Room</td>
<td>Access to highly preferred activities</td>
</tr>
<tr>
<td>Instruction “Take Shower”</td>
<td>Refuse shower (verbal or physical)</td>
<td>Get out of shower</td>
</tr>
<tr>
<td>Exercise class</td>
<td>Yell at instructor</td>
<td>Out of exercise</td>
</tr>
</tbody>
</table>
Behavior Interventions

- **Non-Contingent Reinforcement (NCR)**
  - Provide the consequence on a schedule BEFORE the behavior occurs
  - This reduces motivation to engage in the behavior
  - Example: Screaming occurs once per hour for attention. Provide attention every 30 or 45 minutes.
    - Rationale: Give the person attention before they need to scream to get attention
  - Example: Wandering occurs to obtain information. Give the person the information regularly throughout the day (before they ask for it).
    - Rationale: Giving the person information throughout the day reduces the need to wander to get that information

- **Visual Supports**
  - Adding cues to the environment
    - Signs, pictures, labels, calendars, clocks
  - Example: Wandering occurs to obtain information (e.g., what day is it, what is the time)
    - Post information in words and pictures in the person's environment
  - Example: Urinating in the sink to relieve unpleasant feeling of having to urinate
    - Post signs for the bathroom in salient locations in the environment

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ABC + Function Examples

- A: No lights, no people
- B: Wander
- C: Access to people

Instruction: ’Take Shower’

- Refuse shower (verbal or physical)
- Get out of shower

- Walk to Activity Room
- Access to highly preferred activities

- Instruction: ’Take Shower’
- Wash, dry, close

- Escape

- Val on instructor
- Out of exercise

- Escape

- Access / Attention

- Exercise class

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Behavior Interventions

• **Manipulate Response Effort**
  • Make tasks less effortful
  • Example: Person doesn’t change clothes because it is too difficult/too many steps (therefore avoids having to get dressed).
  • Hang clothes/outfit on outside of closet to make it easier to get dressed.
  • Example: Person doesn’t seek out food or drinks when hungry or thirsty
    • Uncover drinks and food and place them within easy reach to make it easier to eat and drink.

• **Environmental Enrichment**
  • Adding preferred things to the environment to increase certain behaviors (e.g., socialization, activity engagement, drinking water, etc)
  • Example: Person does not drink water and gets recurring UTIs
    • Place water cups around person’s environment (around their room, in common areas). Don’t assume the person will seek out drinks on their own.
  • Example: Person stays in room and sleeps all day
    • Enrich environment with preferred activities depending on the person’s unique interests. Don’t assume the person will seek these out on their own.

• **Differential Reinforcement**
  • Reinforcing behavior you want to increase while removing reinforcement for behavior you want to decrease
  • Example: Person yells to get attention
    • Do not provide attention when yelling. Only provide attention when the person is not yelling.
  • Example: Person makes inappropriate sexual comments to caregivers
    • Have caregivers only talk to the person when they are communicating appropriately.
    • Have caregivers ignore inappropriate sexual comments.
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