

Rationale : Meridell's Neurobehavioral Units

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Agenda

- The Neurobehavioral Units at Meridell
 - Patient population: brain disorder + psychiatric
 - Two types of brain disorder: frontal & temporal-limbic
 - The Neurobehavioral Milieu: Basic elements
- Discipline
 - Positive Discipline
 - Collaborative Problem Solving
- Diagnosis: Cognitrace & Neuropsychology

Success with High Risk Children and Adolescents

- SEEING DIFFERENT PATIENTS?
 - High-Risk due to early brain complications
 - Not head injury rehabilitation
 - Not aggressive delinquent
 - Not just severe psychiatric
 - Psychiatric kids with early, mild, brain disorders
 - More impulsive, irritable, explosive, moody
 - Early brain problem makes psychiatric issue worse

“NEURO” PROGRAM

- **USE DIFFERENT ASSESSMENTS**
 - QEEG with ERP, Neuropsychology Testing
- **USE DIFFERENT THERAPIES**
 - More behavioral, less verbal, more action -based
- **USE DIFFERENT THERAPEUTIC MILIEU**
 - Less stimulation, slower pace, no confrontation
- **USE DIFFERENT DISCIPLINE**
 - Positive discipline mostly; avoid punitive approach

Approach to Misbehaviors

- **DIFFERENT THERAPEUTIC MILIEU**
 - Same as used for brain injury programs
 - Low stimulation, no confrontation, positive discipline, less insight oriented therapy, more behavioral therapy
- **USING DIFFERENT DISCIPLINE**
 - Positive Discipline
 - Collaborative Problem Solving
- **DIAGNOSIS IS DIFFERENT TOO**
 - Brain assessments plus psychiatric

Patient Population

The “Neuro” approach is:

Not suited for delinquent misconduct

Not designed for premeditated aggression

Not suited for “normal” discipline or milieu

“Neuro” approach is for:

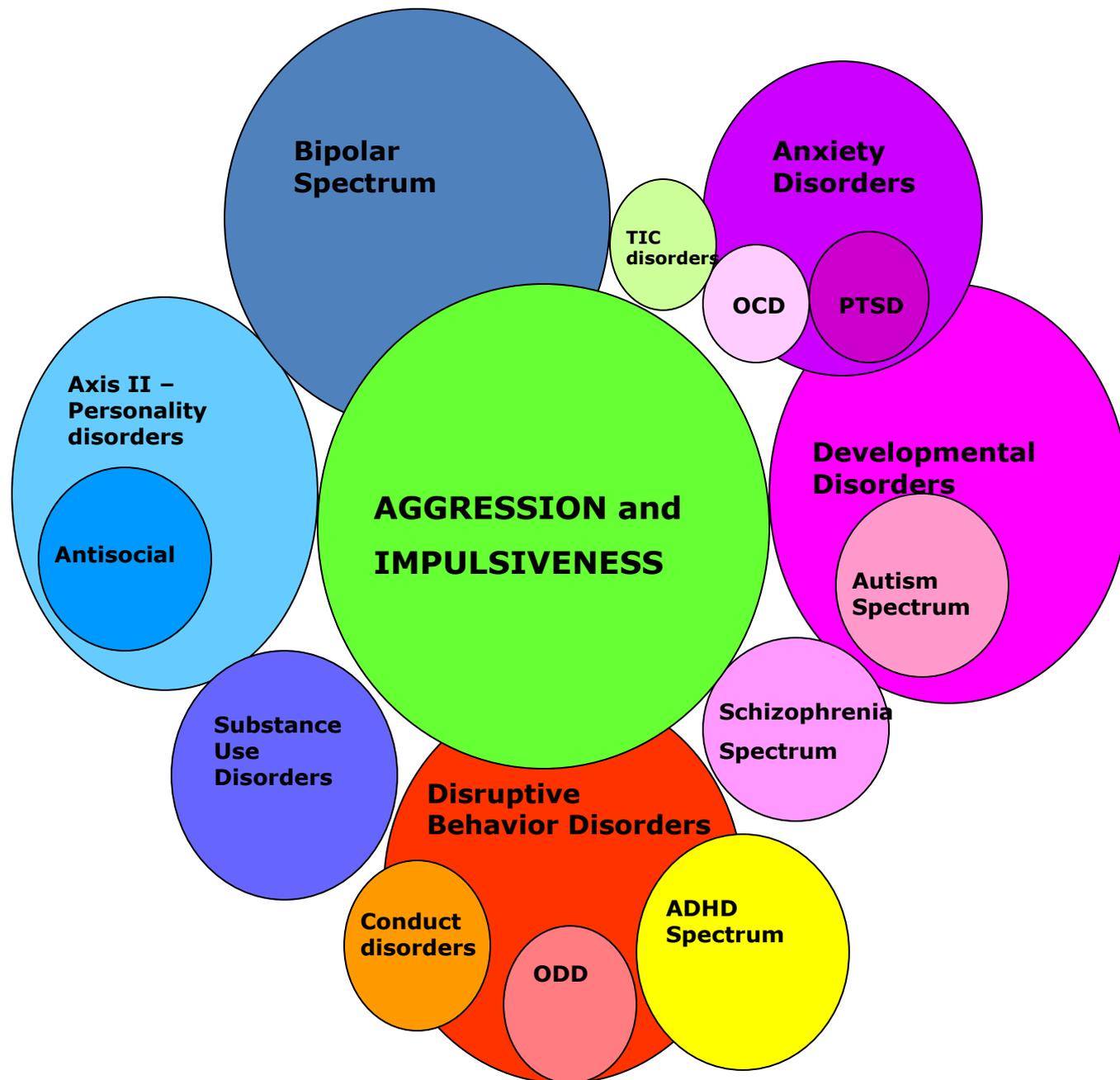
Impulsive, irritable, moody kids that have both a psychiatric problem & a mild brain disorder

Case #1: Age 6

- BORN 2 weeks premature, complicated birth
 - Age 10, depressed, multiple medications, suicidal,
- SYMPTOMS of “Neuropsychiatric Kid”:
 - Impulsive, irritable, moody, suicidal, aggressive
- Admit Meridell: Neuro Unit
 - QEEG suggests target meds to temporal lobe
- PLAN: “Neuro” milieu (less stimulation, positive discipline, avoid confrontations, slower pace, shorter sessions), Positive Discipline, Cog/Beh. Therapy

Case #2: Age 15

- Neonatal seizures; language delay
 - Explosive temper, oppositional, hyperactive, suicidal, aggressive, poor school grades
 - Age 15, irritable, aggressive, mood swings
 - Admit Meridell: abnormal ERP in frontal lobe; Neuropsychology shows poor language skill
- Plan: “Neuro” milieu & Cog/Beh Therapy
 - ERP suggests medication directed to frontal lobe
 - Use Positive Discipline approach; Play Therapy



Change is Increasingly Rapid

- **Diagnosis** keeps changing
 - In the 21st Century, brain scans of many types will become common in Psychiatry/Psychology
- **Treatment** keeps changing
 - Psychiatry is turning into Neuropsychiatry
 - Psychology is turning into Neuropsychology
- **Discipline** keeps changing
 - “Getting tough” is turning into Positive Discipline

The Neurobehavioral Milieu

- Low stimulation, no confrontation, positive discipline, less insight oriented therapy, more behavioral therapy
- Softer, slower, PREVENT overstimulation
- Same milieu as for brain damaged groups
- DO NOT GET INTO THEIR FACE
- DON'T GET EXCITED WHEN THEY DO
- CALM, QUIET, PREDICTIBLE MILIEU

Two Types of Brain Disorder

- **FRONTAL**
 - This is where the brain's "brakes" are kept
 - Damage here results in a very impulsive kid
 - Impulsive misbehavior
 - Impulsive aggression
 - No planning
 - Not premeditated
- **TEMPORAL-LIMBIC**
 - This is where the brain's emotions are kept
 - Damage here results in a very short tempered kid
 - Irritable, moody
 - Explosive aggression
 - Tantrum-like
 - Out of control

“Neuro” Discipline

- POSITIVE DISCIPLINE

- Use positives first
- Tell what to do
- Not what to stop doing
- Praise compliance
- Try again and again
- Never ignore good kids
- “Response cost”
 - Mild , brief, consequence

- COLLABORATIVE PROBLEM SOLVING

- Is a consequence needed?
- Consider skill deficit!!!
- Find pattern of rages.
- When calm:
 - Ask “What’s up?”
 - How can we fix this?
 - Collaborate with kid
 - Problem solve with kid

“Neuro” Diagnosis

- COGNITRACE
 - EEG
 - QEEG
 - ERP
 - Auditory
 - Visual
- Locate brain disorder
 - Plan medication that will go to that brain location
- NEUROPSYCH
- Find Skill Deficits
- Find Skill Strengths
 - Sensory
 - Motor
 - Cognitive
 - Perceptual
 - Language
 - Attention
 - “Executive” skill

History of Positive Discipline

- 19th Century:
 - “Spare the rod and spoil the child” is the rule
- Early 20th Century:
 - Permissiveness endorsed by some “experts”
- Late 20th Century
 - Behavior Modification: use rewards & punishments
- Early 21st Century: **Expect Rapid Changes**
 - Diagnosis is changing rapidly
 - Discipline is also changing rapidly

What is Positive Discipline?

- The term “Discipline” is sometimes used to mean strict punishments for misbehavior
 - In fact, the term comes from 13th Century Old English (e.g., The Canterbury Tales by Chaucer)
 - “Discipline” means to teach, not to **punish**.
- Positive Discipline means use positives first
 - For troubled teens, punishments create “escape” behavior such as telling lies, or hiding misbehaviors
 - Severe punishments may be counter productive

Positive Discipline; Step 1

- 1. **USE POSITIVE DISCIPLINE FIRST**
- Tell them what to do
- Not what to stop doing
- And use eye contact to increase chances of compliance
- If they comply, praise, praise, praise
- If not, tell them again, and again, and again

Positive Discipline: Step 2

- **MILD/BRIEF CONSEQUENCES**
- Only if positive discipline fails, after several tries, do you use negative consequences
- However, only mild or brief negatives
- Do not try a “once and for all” negative
- Mild consequence is called “Response Cost”
- It costs something to be noncompliant
- Then redirect again: What to do next time

Why not get tough?

- Because it's less effective with troubled teen
 - Severe or prolonged punishments for **troubled** teens can provoke depression, aggression, or runaway.
- Think of what we do with toddlers...
 - All toddlers misbehave...they have to learn
 - We tell them what to do, and praise compliance
 - If misbehaviors are frequent ,we use “time-out”
 - “Time-Out” is mild, brief “response cost”

What About an Irritable Toddler?

- Most good parents know the difference:
 - Misbehavior is a social learning issue
 - Praise good behavior, use “time-out” for misbehavior
 - Irritability is a mood that may cause misbehaviors
 - Find cause and fix it; do not try to punish it away
- Example:
 - Child repeatedly testing limits? Use “time-out”
 - Child is irritable? Use checklist: is child hot?, cold?, hungry?, thirsty?, wet?, dirty?, tired?, sick?

How About Troubled Teens?

- Teens are not toddlers. We expect more self-control, more compliance. However....
- Troubled teens may be:
 - Irritable, oppositional, defiant, depressed
 - **You can't punish away irritability.**
 - But, you still can't be permissive either
- The strategy is find the problem and fix it.
- In the meantime, use Positive Discipline.

What about **tough** love?

- Love is necessary; tough love not so much.
 - Troubled teens are often irritable, impulsive, moody
- Punishment does not improve irritability
- Punishment does not improve moodiness
- Punishment does not work for impulsive teens
 - “Impulsive” means acting without thinking about consequences (including prior punishments)

Use Positive Discipline First?

- **YES!** The first approach should be positive
 - Tell them what to do, not what to stop doing
 - If they comply, praise them (or use some reward)
 - If they don't comply, tell them again (no threats)
 - Always get eye contact before giving directives
 - Don't scream, or threaten, just repeat directive
 - Only if non-compliant after multiple attempts
 - Then use a RESPONSE COST (e.g., mild punishment)

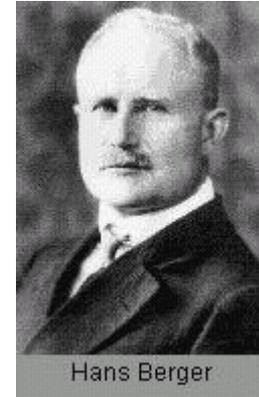
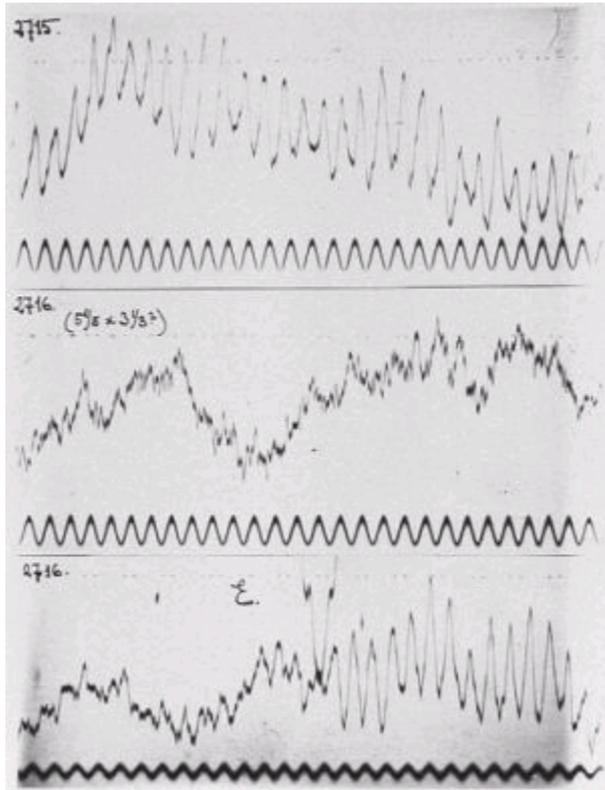
What is “Response Cost”?

- Any mild or brief negative consequence
 - \$1.00 reduction in their allowance
 - Lock up their computer for one hour
 - Ground them (to the house) for 2 hours
- “Response Cost” is not so severe as to produce instant compliance; just to show displeasure
 - Positives (e.g., praise, rewards) are the major tool
 - Response Cost is just a backup tool

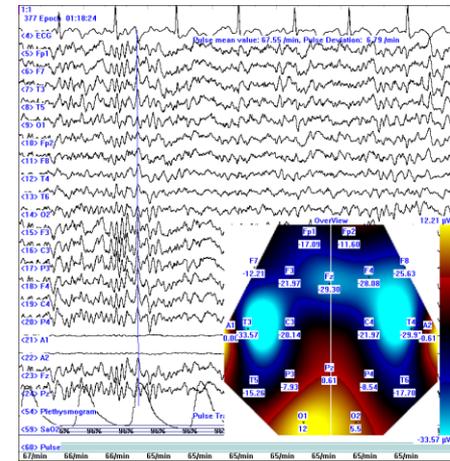
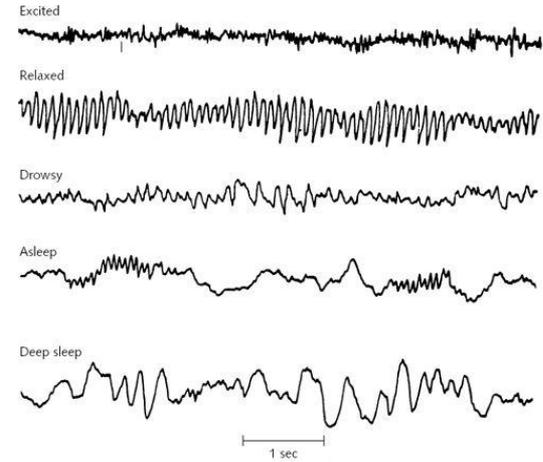
Brain Function Tests

- Neuropsychological testing
 - Cognitive, perceptual-motor, memory, etc.
 - For planning - discipline, education, therapies
 - Use in neuropsychiatry includes selection of meds.
- EEG, QEEG
 - Electrical waveforms
 - Also used to select medications.
- fMRI, SPECT, PET, Gene MAPPING
 - Future use in diagnosis and treatment planning.

1929 Hans Berger Invents EEG



EEG & QEEG



Where Does Positive Discipline Fit Into Neuropsychiatry?

- Use positive first
 - Tell ‘em what to do
 - Not what to stop
- If positives fail-
 - Mild, brief
 - Response Cost
 - Then redirect
- PRAISE compliance
- Reward compliance
- Law/order is good
 - But punishment can't be your only tool
- Love needed too
 - But it may not always be enough

If **all** you have is a **hammer**:
Everything starts to look like a **nail**

- LAW AND ORDER?
 - Necessary, but...
 - It can't be your **only** tool

POSITIVE DISCIPLINE:

80% PRAISE

- **20% MILD CONSEQUENCES**

- **COLLABORATIVE PROBLEM SOLVING**

An **alternative** to using rewards and punishments....

Find **skill deficit**:

problem-solve together

Who Uses Positive Discipline?

- **Parents**

- Parent training programs today use mostly positives

- **Schools**

- More and more schools are using positive discipline

- **Hospitals**

- Psychiatric
- Neuropsychiatric
- Brain Injury Centers
- Pediatric Units
- Juvenile Justice Units
- Neurological Units
- State facilities

Books

- Positive Discipline for Teenagers
 - Jane Nelson & Lynn Lott
- Your Defiant Teen: 10 Steps to Resolving Conflict and Building Relationships
 - Russell Barkley
- Positive Discipline in the Classroom
 - Jane Nelson, Lynn Lott, and Stephen Glenn
- Collaborative Problem Solving
 - Ross Greene and Stuart Ablon