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
Axis II - Personality disorders

Bipolar Spectrum

Anxiety Disorders

Developmental Disorders

Antisocial

AGGRESSION and IMPULSIVENESS

Disruptive Behavior Disorders

Substance Use Disorders

Conduct disorders

ODD

ADHD Spectrum

TIC disorders

OCD

PTSD

Autism Spectrum

Schizophrenia Spectrum

Adapted from Connor, D. In: Aggression and Antisocial Behavior in Children and Adolescents: Research and Treatment. New York, NY, Guilford Press, 2002
Change is Increasingly Rapid

• **Diagnosis** keeps changing
  – In the 21\textsuperscript{st} 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 teens:
  – 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 at 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
Gene Maps
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