



VITAL2015

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Reducing Violence and Building Skills: The Role of a Behavior Support Team in Psychiatric Care

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AMERICA'S
ESSENTIAL
HOSPITALS



The Journey

BEHAVIORAL HEALTH - KINGS COUNTY HOSPITAL

- 236 Acute inpatient beds
- 8,000 CPEP visits/year
- 47,800 Mental Health visits/year
- Huge Chemical Dependency program includes detox, OTP, rehab clinic, 25 bed residential program
- BH Primary care visits \approx 4,580 /year
- Inpatient admission/discharges \approx 4,275 /year
- Innovative programs: KOT, Early Episode Unit, BHPCC, Recovery Center, ICST, Peers, RARC, CPA Programming, BST

THE BURNING PLATFORM

- Death of a patient in the psychiatric ER
 - » Consent agreement with DOJ
 - » Regular site visits by DOJ
- The system needed a build up from the foundation
 - » New policies needed to be written
 - » Communication needed to be improved
- Safety was the number one priority

TO ENHANCE COMMUNICATION & SAFETY

- SBAR communication was built up
- Crisis Management Unit (CMU) was created
 - » Unit staff assumed clearly defined roles during a crisis:
 - Greeter
 - Observer
 - Point Person
 - Runner
 - Communicator
 - Staff Supporter

CHALLENGING BEHAVIOR

- Early identification of patients who may need more
 - » Frequent visits to CPEP
 - » Special Incident Review Committee (SIRC)
 - List of repeated incidents by patient
- To integrate the information with the interdisciplinary team
 - » Structured morning report
 - » 30 minute hand off meeting in the afternoon
- For patients who needed even more, referral to the Behavior Support Team (BST)

The Behavior Support Team

BEHAVIOR SUPPORT TEAM (BST)

- Created in 2010 as a response to DOJ mandate
- Directed by a neuropsychologist
- Staffed by 1 Behavior Analyst, and 2 Cognitive Behavioral Psychologists, and one Occupational Therapist
- In late August 2012
- New director (BCBA)
- Between September 2012 and May 2013 staff turn over
- By January 2014, team is fully staffed with different composition

BST COMPOSITION AND SCOPE

- Serves all inpatient units (205 beds)
 - » 4 Behavior Analysts (+ Director)
 - » 3 data collectors
 - » 1 nurse
 - » Externs (Psychology and Behavior Analysis)
- Provides
 - » Individualized Behavior Plans (IBP)
 - » Contracts
 - » Engagement Schedules
 - » Token reward systems
 - » Behavioral training

TARGET RESPONSE CLASSES

- Physical aggression
- Hitting, punching, SIB, spitting
- Property destruction (breaking computers, punching wall)
- Verbal aggression (threatening, name calling)
- Hyper-sexualized behaviors (public masturbation, exposure)
- Treatment refusals (non-adherence to medication, isolative behaviors)
- Other (defecating /urinating in public, inserting small objects in body cavities, pica)

INDIVIDUALIZED BEHAVIOR PLAN

Kings County Hospital Center INDIVIDUALIZED BEHAVIOR PLAN

Patient: _____

MR#: _____

Unit: _____

Date: _____

Target Behaviors

- Physical aggression
- Sexual comments (toward staff)
- Sexual touch (of staff)

Function of Behaviors

- To get access to medication
- To gain attention from staff

Replacement Behaviors

- Requesting pain meds without violence
- Talking to staff without sexual comments

Triggers

- Being disrespected/teased
- Being given time limits
- Not being given something he wants

Warning Signs

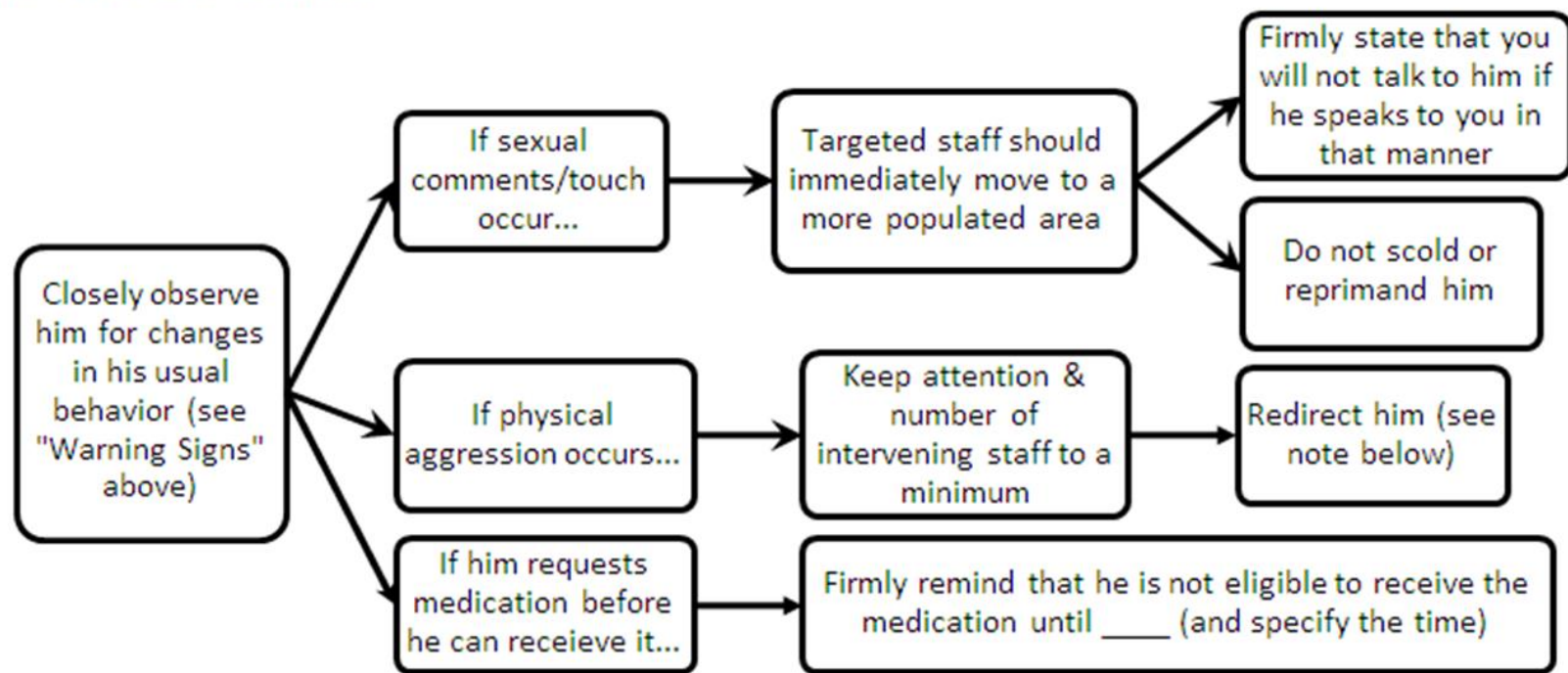
- Pacing
- Laughing to himself
- Jumping, climbing, or punching the air



Coping Strategies

- Time alone
- Reading a magazine
- Table games (Connect 4)

Recommendation Flowchart:



Other Recommendations:

- No female staff should go into his room alone. Make sure you are accompanied by another staff member.
- Female staff members should avoid being in secluded areas on the unit alone with him. If this cannot be avoided, announce to another staff member (while he is present) that you will return within a specific time period. Staff should immediately seek out the staff member if they do not return within that amount of time.
- If sexual comments occur, distraction can also be used by immediately changing the topic of conversation to something less sexual (if possible, a topic that he mentioned previously).
- Suggest an alternative activity, rather than giving him the item/activity he wanted (if he was requesting one).

DATA COLLECTION PROCESS

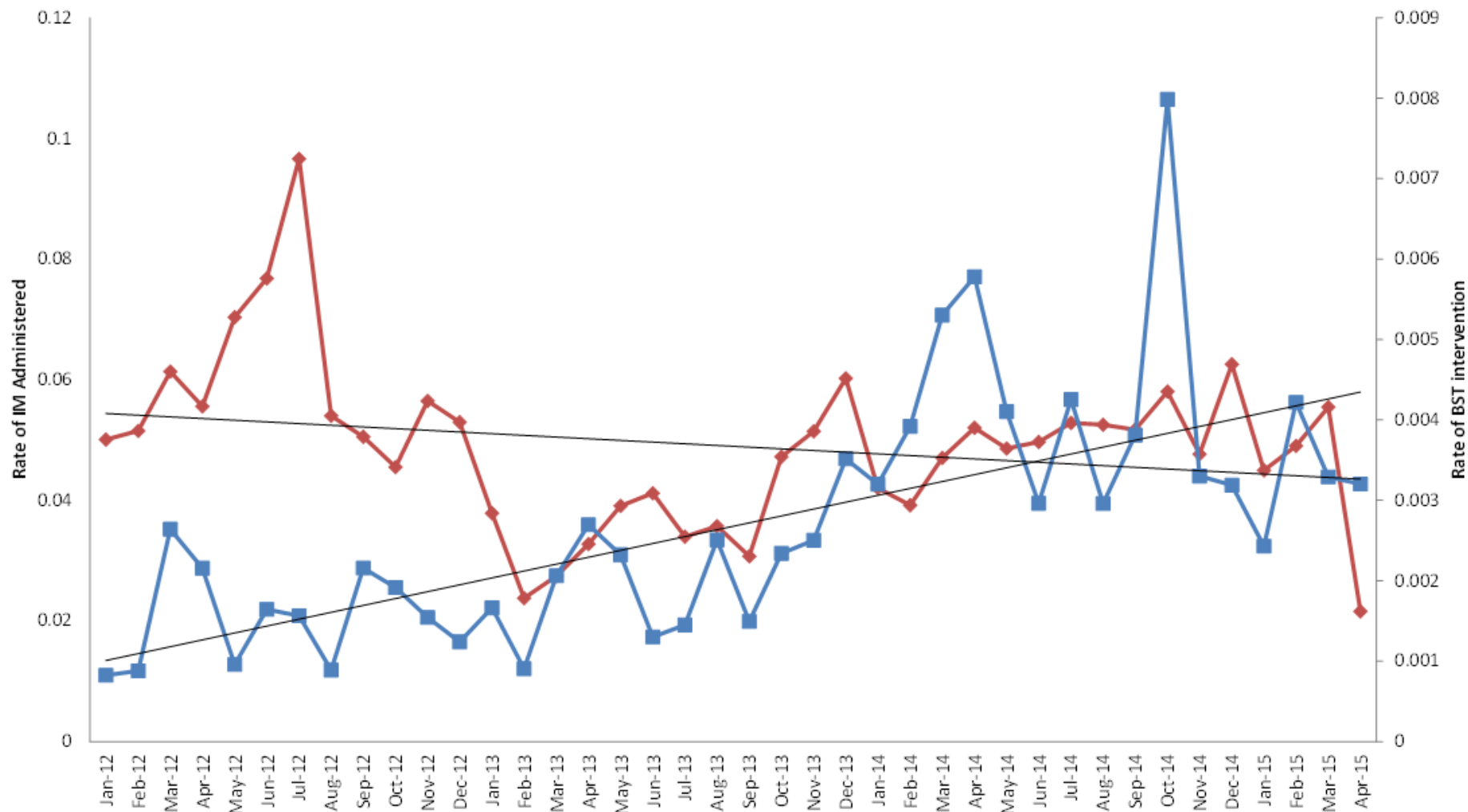
- Three data collectors work from 7AM to 9PM
- Observations for each patient are scheduled throughout the day, among the three data collectors, using data sheets:
 - » ABC
 - » Frequency
 - » Duration
 - » Momentary Time Sampling (MTS)

A DATA DRIVEN ORGANIZATION

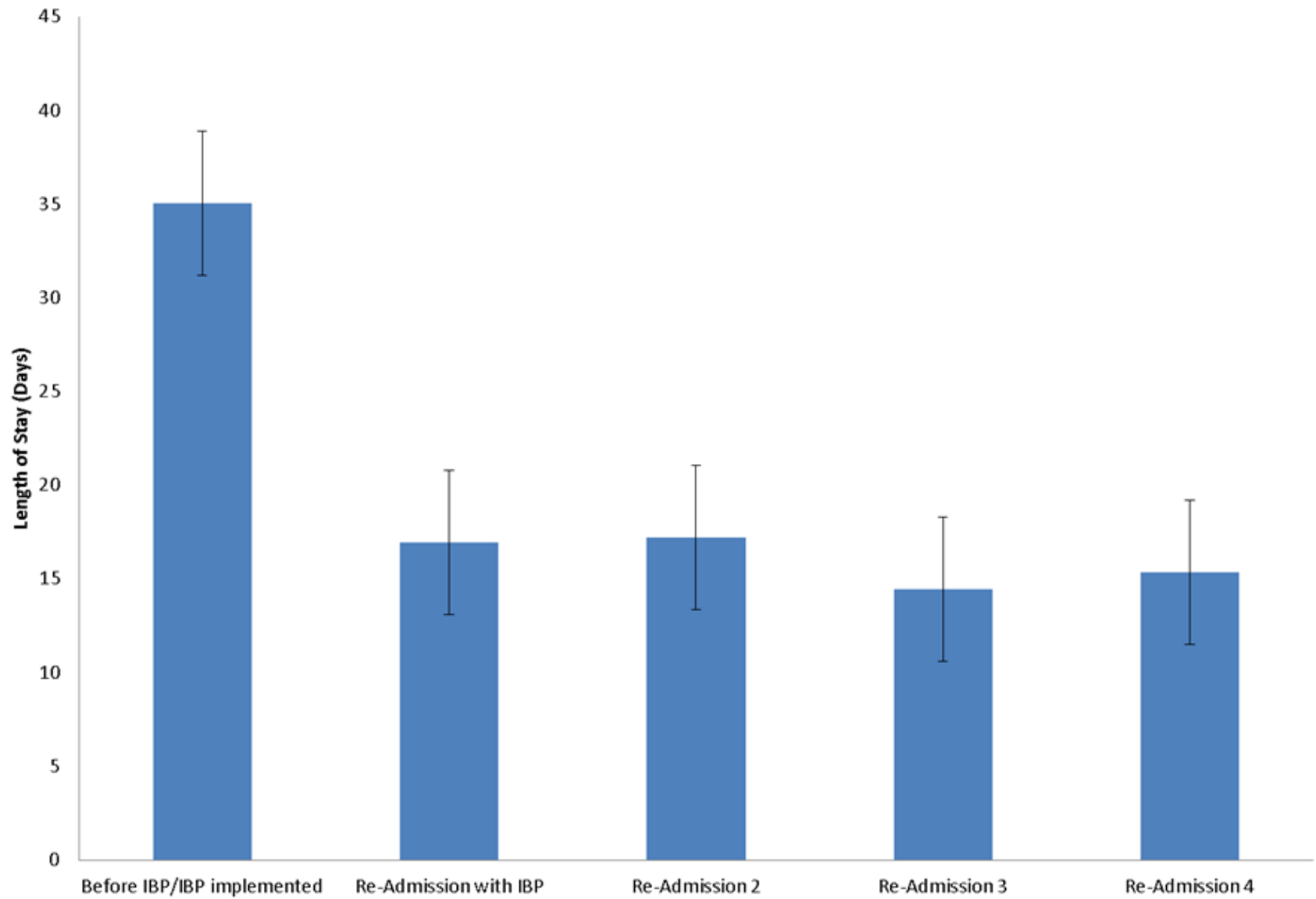
- The Behavioral Health department at Kings County Hospital routinely monitors several indicators such as:
 - » Length of stay
 - » Readmission
 - » Incidents
- A great interest in understanding the variables that affect aggression and the use of restrictive interventions

IM and BST intervention per patient days

◆ STAT IM
 ■ BST Int
 — Linear (STAT IM)
 — Linear (BST Int)



Average LOS Across Admissions



Case Study Using Social Skills Training

CASE STUDY

- 37 year old female
- Long-standing serious mental illness
- Schizoaffective / Bipolar Type
- Lives at home with her mother

TARGET BEHAVIORS

- Dancing provocatively and singing loudly in hall
- Crying loudly and carrying on about her deceased brother (who she thinks she is married to)
- **Physical Aggression** - hitting/biting/kicking
- **Property Destruction** - breaking computers, banging on plexi-glass, etc.

BEHAVIOR ESCALATION CHAIN

- Pacing back and forth in front of nurses' station → Requesting items from safe → Crying → Accusing staff of stealing her items → Property destruction → Verbal/physical aggression

TRIGGERS

- Peers taunting her or picking on her
- Saying that her deceased brother is actually deceased (she thinks he is alive and they are going to be married)
- Discussing her daughter or visitation with her daughter
- Denying a desired tangible item

FUNCTIONAL BEHAVIOR ASSESSMENT

Attention:

- » Crying, dancing / singing in hall, verbal aggression

Tangible:

- » Demanding items from safe / property destruction

Escape

- » Physical aggression - including biting, hitting, kicking

COPING SKILLS

- Cuddling with a stuffed cat
- Talking to preferred staff members and doing activities with these staff members
- Listening to music
- Writing letters in her notebook

ALTERNATIVE REPLACEMENT BEHAVIOR

- Asking for a coping strategy (listening to music, journaling)
- Writing letters to her daughter or calling her on the phone

BEHAVIORAL INTERVENTIONS

First and Second Admission	Third Admission
<ul style="list-style-type: none">• Reinforcement of Alternative Behaviors (DRA/DRO),• Offering soothing items when upset• Offering alternatives when desired tangible cannot be given.	<ul style="list-style-type: none">• Reinforcement of Alternative Behaviors (DRA/DRO),• Offering soothing items when upset• Offering alternatives when desired tangible cannot be given.➤ Added social skills training.

BEHAVIORAL RECOMMENDATIONS

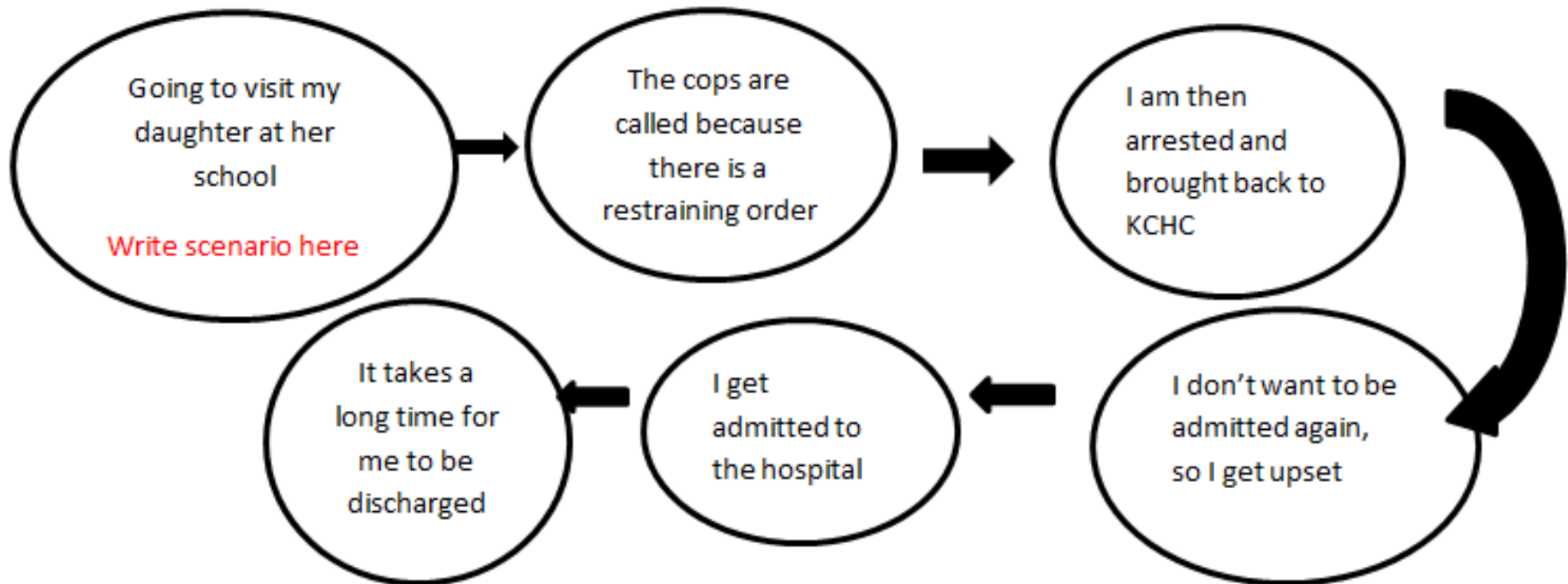
1. Check-in's once per hour, and get her involved in an activity
2. Differential reinforcement
 - » give attention and praise if engaging in non-target behaviors, dancing/singing/crying/yelling behaviors put on extinction.
3. **When she is demanding tangibles**, provide property list and let her know when items can be given.
4. **When the behavior begins to escalate (crying, pacing in the hall)**,
 - » one staff member with a good rapport should intervene and offer coping tool.
 - » **It was very important that during these crises times that a MALE staff approach her, she had been observed to become more hostile with female staff during these types of situations

ENGAGEMENT SCHEDULE

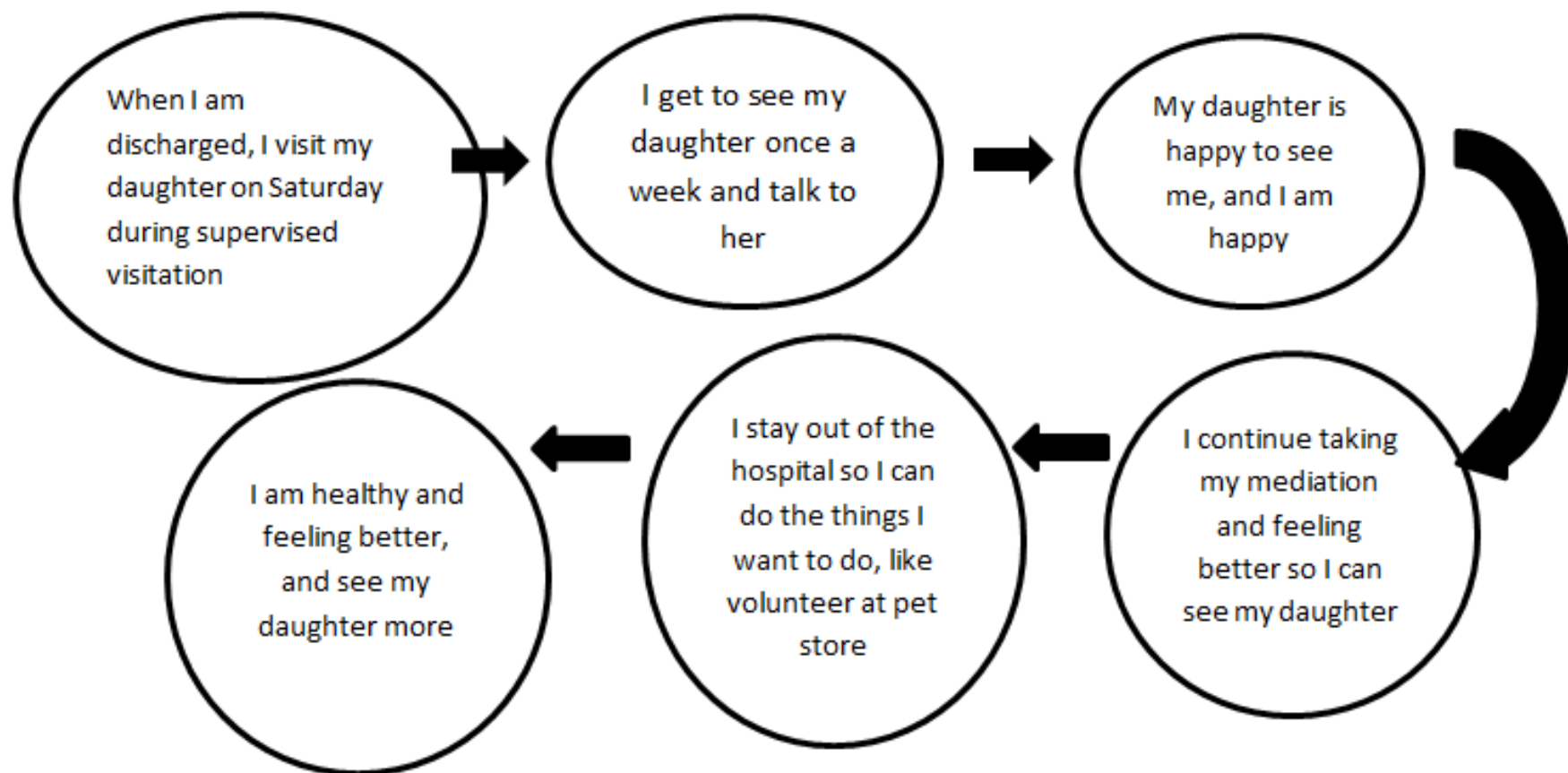
Time	Name	Outcome
8:00 am		
8:30 am		
9:00 am		
9:30 am		
10:00 am		
10:30 am		
11:00 am		
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12:00 pm		
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Example of completed form

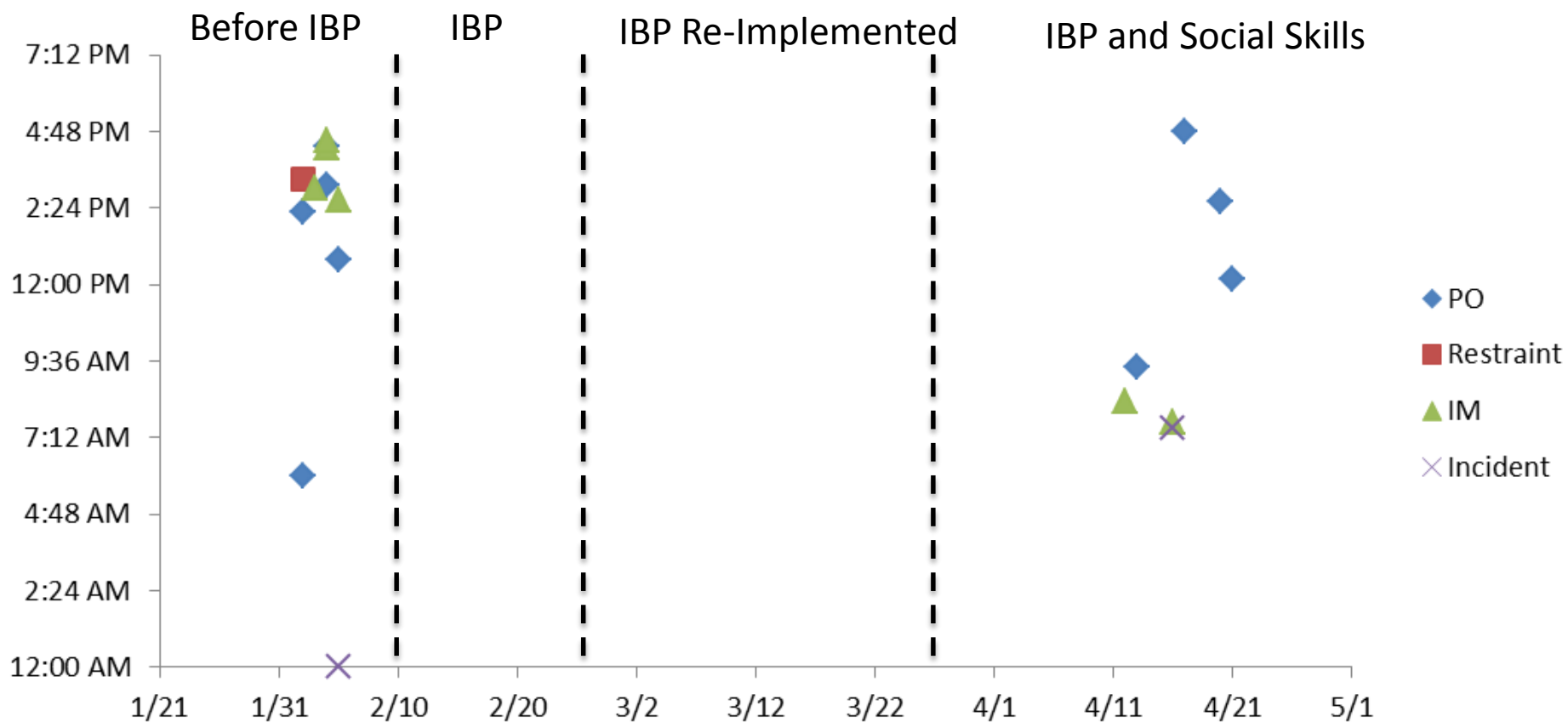
Scenario A= Behaviors that will lead to re-admission/staying at hospital longer.



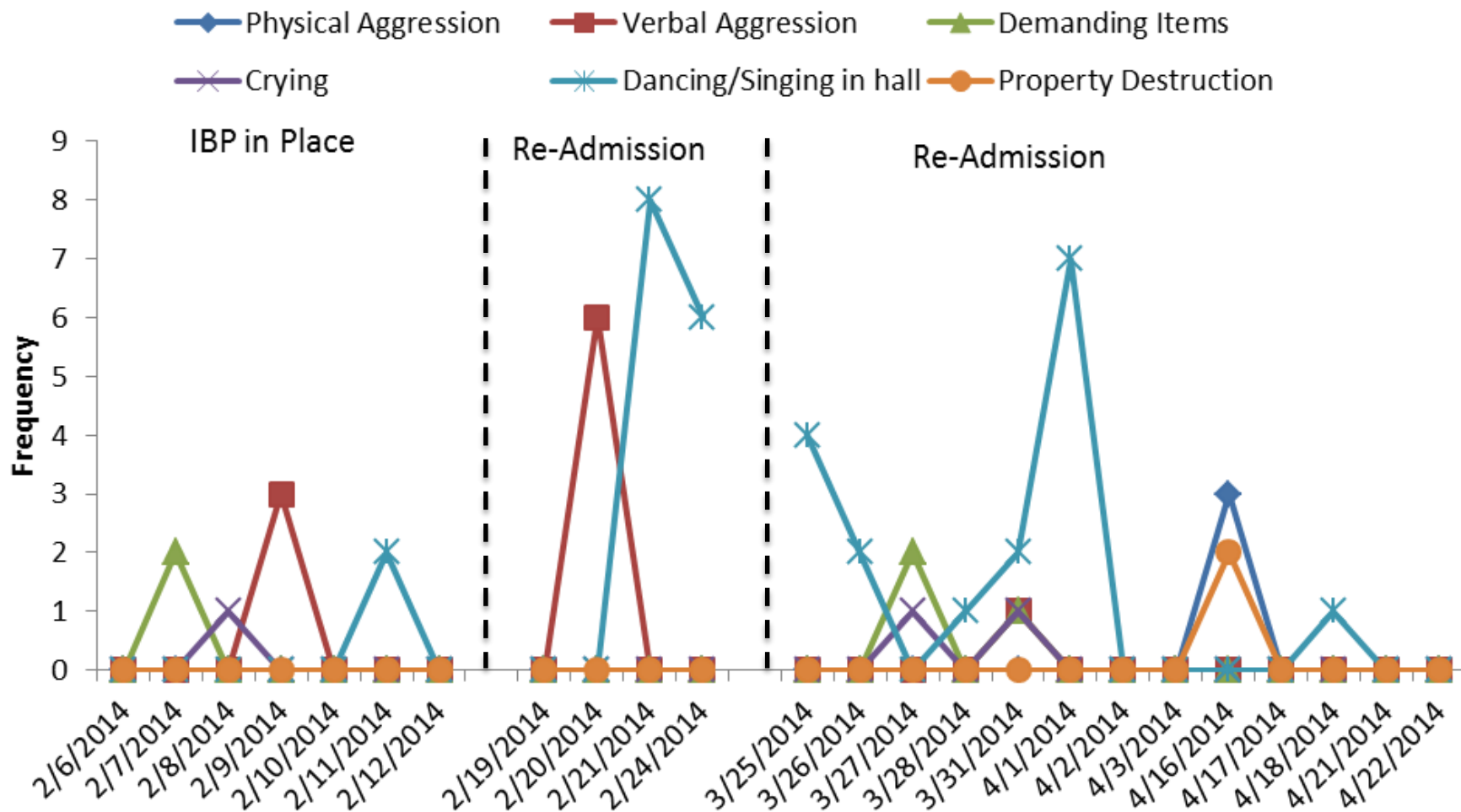
Scenario B= Behaviors that will help stay away from hospital/ get discharged faster.



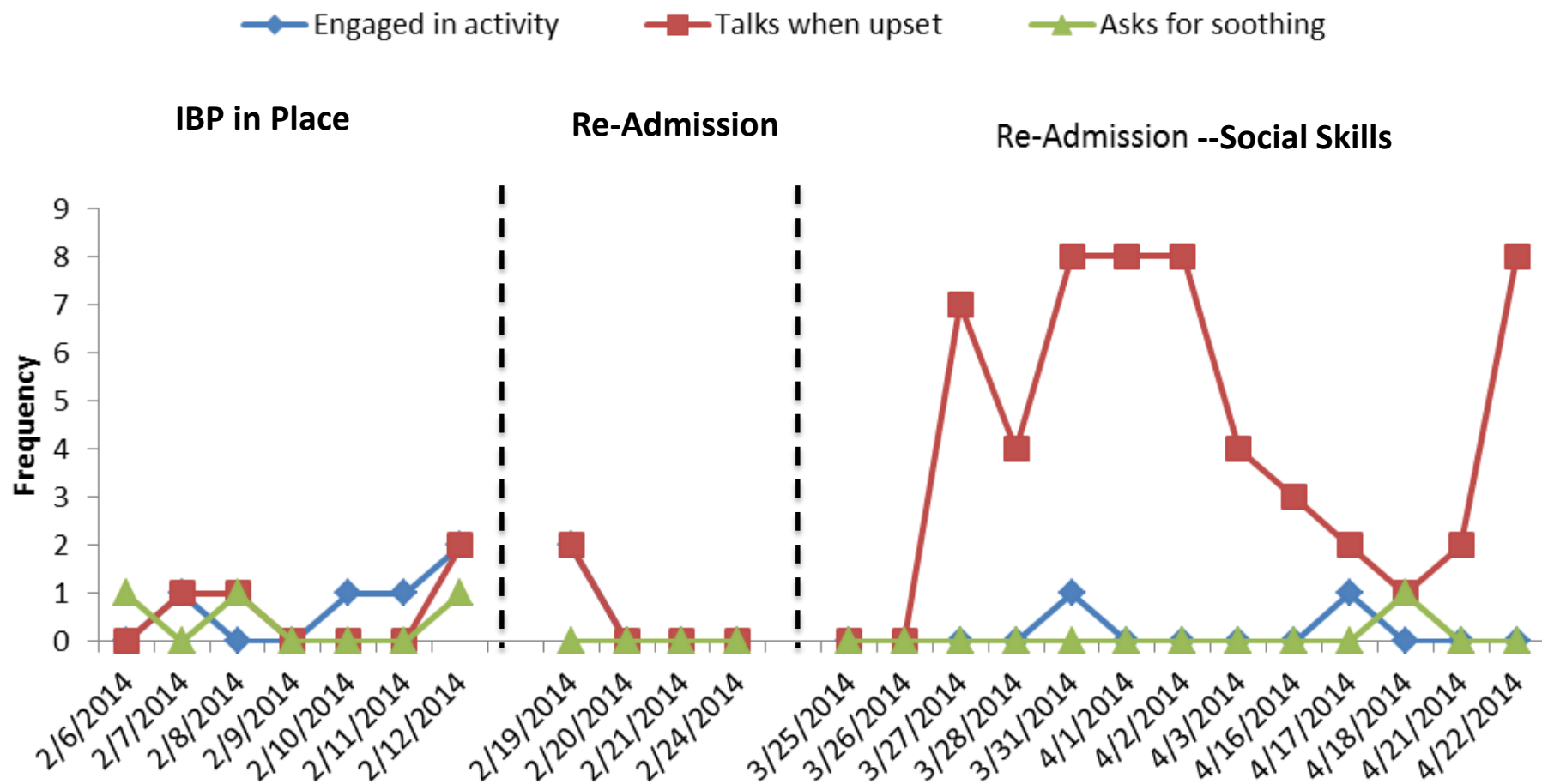
TRIGGER ALERT GRAPH



TARGET BEHAVIOR GRAPH



ALTERNATIVE REPLACEMENT BEHAVIORS

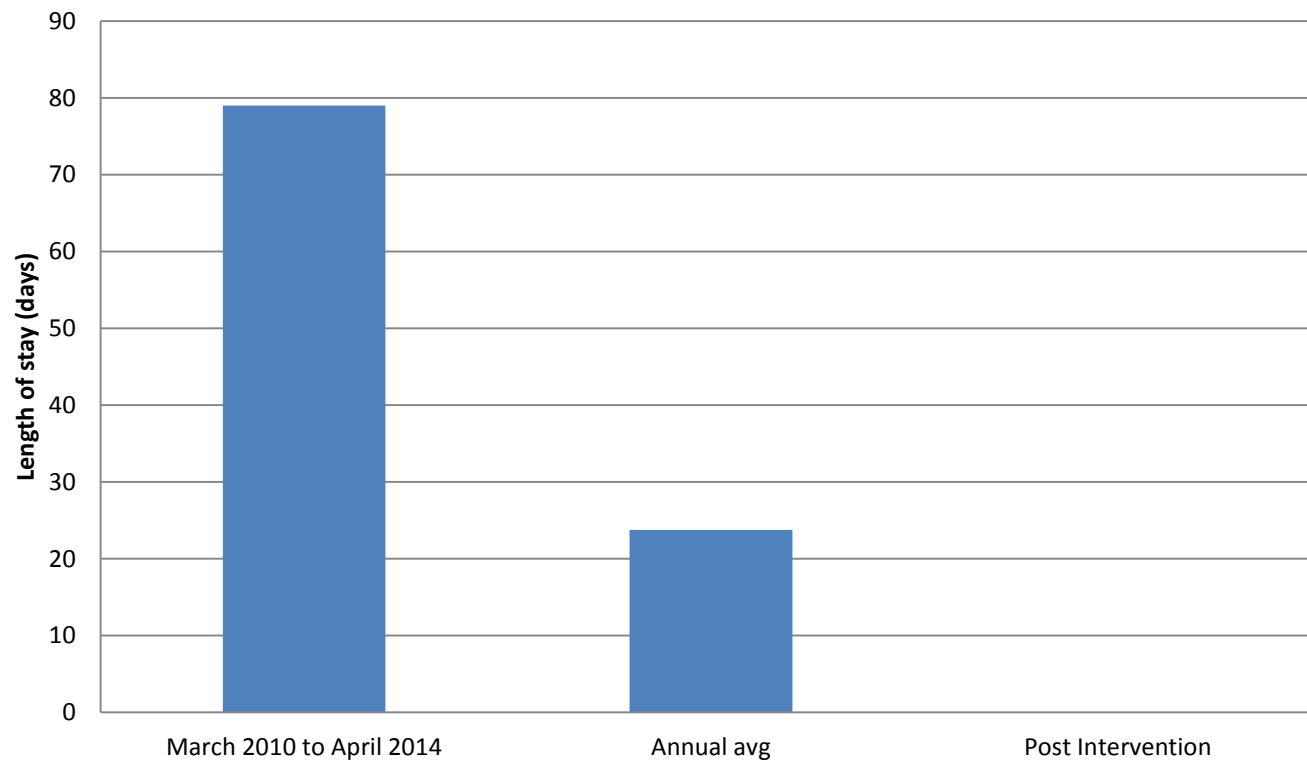


SUMMARY OF RESULTS

- Before IBP:
 - 8 restrictive interventions (i.e., stat intramuscular medication injections, 4 point restraints, and manual holds) were used.
- After IBP:
 - Target behaviors decreased to 1 or less instances per observation and restrictive interventions decreased to zero levels.
- 3rd Admission (IBP and Social Skills):
 - Substantial increase in alternative replacement behaviors and no further restrictive interventions were needed.
- Behavioral interventions in acute psychiatric settings:
 - decrease the occurrence of problem behaviors and restrictive interventions
 - increase pro-social alternative replacement behaviors that can be generalized to settings outside of the hospital.

THE LASTING EFFECTS

KCHC Inpatient Utilization (days)



LASTING EFFECTS – OTHER HOSPITALS IN THE COMMUNITY

KCHC and Other Hospital Utilization (Days)

