FUNCTIONALLY BASED PSYCHOSSOCIAL INTERVENTIONS FOR DISRUPTIVE BEHAVIORS

	Attention	Escape	Tangible	Sensory
How can you identify it?	Client will look around before engaging in the behavior, as if to see if anyone is watching. He/she may smile/smirk just before the behavior. After the behavior people usually come to comfort, redirect, contain. At times you may see the behavior **escalate with audience** that may be a sign that something else is maintaining the behavior. Check for escape or tangible.	Usually the behavior will happen following a demand placed on the client. That demand can be a simple question (i.e. what is your name, what brought you here, can I contact your family), it can also be a request for a change in activity (let's go to another room; can I take your vitals; it's time for medication) When the behavior escalates the patient usually says "leave me alone", "get away from me", etc.	Usually the behavior stops when some concrete item/activity is offered to the patient (food, computers, gym, change of roommates, talk to doctor, admission, discharge, **medication**). At times the client will state clearly the conditions: "I will break this place till…" "give me meds before I…"	This is the only type of behavior that will happen even if the client is alone. It may be a result of internal stimulation. When it happens around other individuals, the client will not give eye contact either before or during the behavior. The behavior seems to happen when the client is "bored".
What interventions work?	Providing regular interactions before the behavior usually prevents the behavior from happening altogether. **Ignoring the patient will only make the behavior more intense.** From PMCS: ventilation, active listening, work well in de-escalating	Letting the client know that he/she can ask you to leave or ask for a break if the topic of the discussion becomes too difficult for him/her. Make sure to let them know you will give them a few minutes and you **will come back**. Be patient and break the tasks so that the demand/effort is reduced. From PMCS: Reassurance, distraction work well in de-escalation.	Letting the patient know what active behaviors you need to see in order for the desired item to be earned, e.g. "as soon as you lower your voice I will call your doctor", "when we see that you are able to ___ then we can get you ___". Make sure to offer alternatives, and to frame the negatives in a positive way. Instead of saying "you can't be discharged today" say "you will be discharged as soon as ___ (state the criteria) From PMCS: distraction and fogging work well as de-escalation techniques.	Enriching the environment may decrease the "need" for the behavior to occur, so provide environmental stimulation as a prevention: - Radio, TV, games - Sensory modulation tools - Engagement For de-escalation, sometimes the technique "point-look-say", when you guide the client to point at things around, look at them, and describe the item, helps the client be oriented to reality and distracted from internal stimulation.
Skill to be learned	The individual will need to learn to request attention in a socially adaptive way, such as using someone's name, requesting company, requesting someone to listen to him/her.	The individual will need to learn to request for breaks, and to learn to tolerate difficult topics, transitions, etc.	The individual needs to learn how to request items/activities in a socially adaptive way. Also, he/she needs to learn to wait and to tolerate "no".	The individual needs to learn how to deal with internal stimulation or how to request activities/entertainment.