Providing Care in the Clinic for Non-verbal Patients

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Learning Objectives

• Review the role of the family as an important member of the care coordination team, and barriers to this
• State the difference between a developmental approach to language acquisition and one based upon the function of language
• List three ways non-verbal patients might communicate
• Explain the important role of reinforcement when interacting with patients
• Explain why reinforcing a challenging behavior is acceptable in the context of a response class hierarchy
• Identify skills patients need to acquire to participate in and cooperate with their health care
Family as a Member of the Care Coordination Team

- Families may be in stages of grief—regardless of how old the child is
- Important information and instructions should be provided in writing as well as orally
- Families can work with their child using the Doctor’s Visit task analysis (more on that later)
Speech/Language: Developmental vs Functional Approaches

• Traditional Speech/Language Therapy employs a developmental approach to the development of communication
  – Increasing mean length of utterance
  – Increasing vocabulary
  – Increasing the scope of detail in communication

A Functional Approach to Language Development

• The Analysis of Verbal Behavior
  – Based on the work of BF Skinner
  – “Verbal” is not the same as “vocal”

• Approaches the development of language from a functional perspective
  – Requests (mands)
  – Labels (tacts)
  – Intraverbals (non point-to-point)
  – Echoics (imitation)
Three Ways a Non-Verbal Child Might Communicate

• “Acting Out”
• Vocal Speech
• Icons (eg Mayer Johnson symbols)
  – Laminated in a communication book, or
  – On a device such as an iPad
How You Might Communicate With a Non-Verbal Patient

• Symbols (on iPad or other)
• Spoken Word
• Modeling/Demonstration
• Building a Positive Learning History/Stimulus Pairing

Never Underestimate the Value of a Fabulous Waiting Room:
Stimulus Pairing 101
What is Reinforcement and Why Do We Care?
Isn’t Reinforcement Really “Bribery” to Get Individuals to Do Something?

- No! Bribery is given *before* the target behavior

- Reinforcement happens after the target behavior, with the intention that the behavior will be repeated as a result of the learning history

- Do not confuse this with allowing an individual to sample some items to determine their value to the individual, as in a preference assessment
Response Class

A group of responses (behaviors) of varying topography, all of which produce the same effect on the environment (Cooper, Heron, Heward).
Response Class Hierarchy

Ordering of responses within a response class based upon their probabilities of occurring.

Interfering Behaviors

• Sometimes called “problem behaviors,” “challenging behaviors” or “maladaptive behaviors”

• “Maladaptive” is really incorrect: these behaviors are actually almost always very effective, efficient and functional for the client
CHILD's Levels of Agitation

- Crisis phase—PBSP was not followed, or failed due to variables in play
- Maintain safety of CHILD, staff/caregivers and peers
- Do not attempt to teach at this level—this is not a "teachable moment"
- This is a Critical Incident; Complete Critical Incident Report, and convene a Collaborative Problem Solving meeting as soon as possible to analyze what went wrong. Revise PBSP accordingly.
- Provide break; re-direct to a preferred activity
- Increase schedule and value of R+ for the absence of escalating behavior
- Examine antecedents to behavior.

NCVs at low volume, calm facial expression, happy, smiling, compliant

CHILD is happy and calm! Provide lots of reinforcement while working together. (NCVs=Non-communicative vocalizations)

Be aware that crowded, noisy or hot environments are difficult for CHILD and may trigger escalation in agitation.
Inserting a New, Pro-social Response into a RCH

Example: Jason → “I don’t want to talk about it right now.”
Key Journal Articles


Some Skills Patients Need to Benefit from Health Care

- Step on the scale and remain for data
- Permit height measurement
- Permit practitioner “hands on”
- Permit invasive equipment
  - Blood pressure cuff
  - Tongue depressor
  - Reflex hammer
  - Stethoscope
  - Otoscope
  - Thermometer, etc
- Permit blood draws
- Take Pills upon request
- Ingest liquid meds
- Remain still
- Say “ahhh”
- Take deep breaths upon request
- Identify body parts
- Identify good and bad feelings
Task Analysis: “The Doctor Program”

• Basically, play “Doctor”
• Desensitizes the patient to routine healthcare procedures
• Families and community caregivers can practice
• Offers an opportunity for stimulus pairing
• Practice should be maintained throughout childhood

The “Do” Statements

• Do include a wide variety of engaging toys in the waiting room and exam room that will appeal to a variety of developmental levels and physical abilities
  – Consider music, iPads
• Do train all staff to offer reinforcement often for the absence of challenging behavior—not just at the end of the encounter
• Do take the patient into the exam or procedure room on time
  – Unpredictable wait times are anxiety provoking and confusing to the patient,
  – Stressful for the caregiver
  – Contribute to an undesirable Learning History
The “Do” Statements

• Do give instructions and information to caregivers in writing as well as orally.
  – Caregivers are distracted and stressed during visits

• Do remember some patients with developmental disabilities can be very literal thinkers

Rainman: Don’t Walk
Questions?
Comments?
Stories?

For More Information

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