

# LAKEVIEW CASE STUDY

## *AGGRESSIVE YOUTH AT HOME*

Mandy was referred to a State Hospital due to an increase in aggressive behavior. She remained at the hospital for 6 months prior to admitting to Lakeview Neurorehabilitation Center. She was referred for evaluation of cognitive, psychological, and academic status to aid in educational and treatment planning.

Mandy had behavioral, cognitive and functioning problems since the onset of severe intractable seizures at age 5. The seizures were so severe that some resulted in respiratory and/or cardiac arrest. The decision was made at age 6 that Mandy needed a left temporal lobe resection to stop these recurrent unmanageable seizures. Unfortunately, she suffered a stroke post operatively. Her mother reported that after the surgery everything had changed, from the way she talked to the way she walked, to her personality in general. The surgery was partially successful and resulted in fewer, less intense seizures. At the age of 10 a vagal nerve stimulator was placed but the seizures continued.

Mandy's aggression at home consisted of spitting, scratching, biting, running away and attacking her mother. Other aberrant behaviors she engaged in included smearing feces, volitionally urination when upset, and biting her tongue as a form of self-injury. She was also having visual, auditory and somatic hallucinations. There were reports that Mandy was hearing multiple voices and one on them told her to kill the family pet bird. Mandy was also suffering from short-term memory deficits and did not recall many of her behavioral episodes.



### **FUNCTIONAL BEHAVIORAL ASSESSMENT:**

A functional behavioral assessment is a systematic attempt to identify possible relationships among social, affective, and environmental events and the occurrence or non-occurrence of behavior(s) of interest. In Mandy's case we first conducted a descriptive analysis based upon; (a) caregiver interviews, (b) rating scales, (c) checklists, and (d) anecdotal information from communication books and student records. Her behavioral data was gathered and assessed using (a) scatter plots, (b) antecedent-behavior-consequence (ABC) charts, and (c) interval sampling procedures. This information was used to generate hypotheses of behavioral function. We then conducted a functional analysis through the systematic manipulation of antecedent and consequence events that were hypothesized in the previous step as being functionally related to the problem behavior. Our analysis indicated tangible reinforcement and escape were the prime functions of her aggression and elopements. We then tested out successful interventions which lead to the following recommendations:

- 1) A daily schedule with consistent limits should be developed and followed across both the residential and school environments.
- 2) A structured, predictable routine with frequent access to preferred items/activities should be developed.
- 3) A reinforcement schedule to allow access to preferred items or activities based on the presence of wanted pro-social behaviors (i.e. asking permission to go outside, etc.).
- 4) Frequent reminders of expectations.
- 5) Frequent review of her schedule, particularly before times of transition.

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## NEUROPSYCHOLOGICAL EVALUATION:

A selective neuropsychological battery, (testing Psychometric Intelligence, Language and Verbally-mediated Reasoning, Visual-spatial and Constructional Skills, Attentional Capacity and Processing Speed, Learning and Memory, Academic Achievement, and Adaptive Functioning), was chosen in order to improve Mandy's ability to tolerate the examination given her documented neurological deficits. Sessions and testing times were customized to match Mandy's abilities to attend and cooperate. From these tests our neuropsychologists recommended:

- 1) That Mandy will require 24-hour supervision in order to maintain safety. In addition to supervision, she requires an environment with sufficient structure to facilitate learning, intensive intervention to manage behavioral problems, and medical management.
- 2) Increasing her safety awareness should be a primary goal of her educational and behavioral treatment. Direct teaching of skills should be combined with opportunities for practice (i.e., community integration). Assistive technology could also be used to facilitate learning and monitor safety (i.e., door alarms that cue her to wait at the door before leaving). She has successfully utilized a GPS tracking anklet while at this facility, and other options could be explored.
- 3) Language and memory skills are a considerable barrier to her learning. Strategies to improve learning can include breaking down concepts into smaller parts, using a variety of modalities (e.g., visual, auditory, tactile), and frequent rehearsal. She successfully utilizes a strategy to address word-finding difficulties (i.e., trying to describe the item when she cannot name it), and this could be reinforced to increase the likelihood of continuing this skill.
- 4) Her very significant problems of attention and variability in performance across time raise questions about possible sub-clinical seizure activity. If not recently conducted, EEG would be of benefit to better understand how well controlled her seizures are.
- 5) Psychopharmacologic assessment is recommended to explore treatment for her problems with attention. Increased performance in this area would assist with impairments in other domains (language and memory).
- 6) Despite a history of reported psychosis, no symptoms have been reported in this setting. If symptoms return, referral for psychiatric evaluation would be of benefit for differential diagnosis (e.g., language-related disorder, attention-seeking behavior, or primary psychiatric disorder).

Mandy's school district and family have implemented many of the recommendations made by her team at Lakeview Neurorehabilitation Center with good result. Family and school staff training was conducted over several days. Her aggression in school is at near zero levels and she is more successful in the classroom as well as at home. Mandy's one-month evaluation was time and treasure well spent according to her school and mother. Further expense, in the form of hospitalization for psychiatric or medical expenses to date, have been avoided. She is currently in the longest period of stable behavior she has had since she was 6 years old. The youth treatment team program is proud of Mandy and standby to assist her school and family in helping Mandy to develop to her fullest potential.

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