

HOW TO DEAL WITH DIFFICULT BEHAVIORS

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KEY POINT

WE'RE ALL IN THIS TOGETHER!!



SYMPTOMS OF MENTAL HEALTH PROBLEMS

- Withdrawal
- Crying
- Constant Complaining
- Significant Weight Loss or Gain
- Statements about Wanting to Die
- Constant Questions
- Loss of Hope
- Family Problems
- Changes in Sleep Patterns
- Increased Fatigue

CAUSES

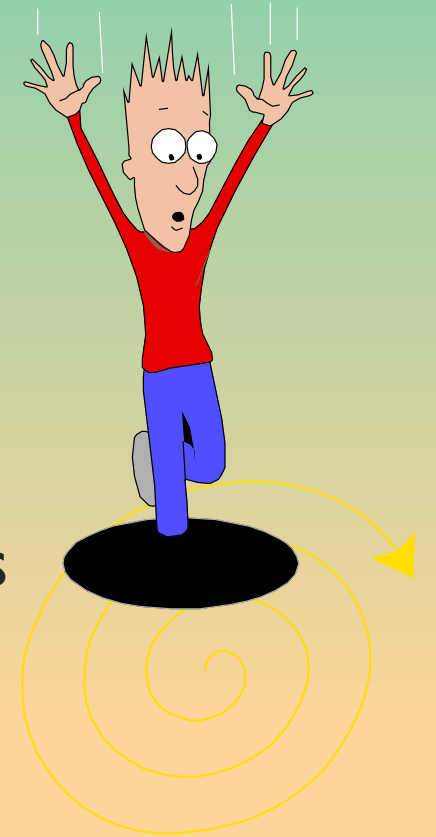
- Mental Illness
 - Psychotic Disorder
 - Mood Disorder (Depression and Bipolar Disorder)
 - Anxiety Disorder
- Substance Abuse and Dependence
- Dementia
 - Stroke
 - Traumatic Brain Injury
 - Dementia of the Alzheimer's Type
 - Substance Abuse Induced Dementia o
 - Other neurological disorders
- Behavioral History

MANAGEMENT

- Understand the history
- Recognize the symptoms and triggers
- Have a plan
- Tell each other the secrets
- Careplan it!!
- Be a person first!
- Stay safe!

HABITS

- Bad behaviors have often become habits to the residents.
- Old interaction patterns are hard to break.
- Repetition is a crucial ingredient in breaking habits and building new skills in residents.



HISTORY, TRIGGERS, SYMPTOMS

- Is the problem behavior linked to a skill deficit?
 - Individuals who lack the skills to perform expected tasks may exhibit behaviors that help them avoid or escape those tasks.
- Does the individual understand the behavioral expectations for the situation?
- Does the individual realize that he or she is engaging in unacceptable behavior, or has that behavior simply become a "habit"?

QUESTIONS TO THINK ABOUT

- Is it within the individual's power to control the behavior, or does he or she need support?
- Does the individual have the skills necessary to perform expected, new behaviors?
- Does the individual have the skill, but, for some reason, not the desire to modify his or her behavior?

QUESTIONS TO THINK ABOUT

- Is it possible that the individual is uncertain about the appropriateness of the behavior (e.g., it is appropriate to clap loudly and yell during sporting events, yet these behaviors are often inappropriate when watching T.V.)?
- Does the individual see any value in engaging in appropriate behavior?

EVERY PROBLEM BEHAVIOR HAS A PURPOSE (AT LEAST TO THE RESIDENT)

- Attention
- Escape
- To gain tangible items
- Express feelings
- Communicate
- Anxiety Reduction
- Control

Residents learn that problem behavior is an effective way, sometimes the only way, of getting others to interact with them.

Residents may never have learned positive ways to attain attention – poor social skills.

BY GIVING ATTENTION, YOU ALSO GIVE...

- A higher level of physical contact with others.
- A way to attain more social contact from staff and adults.

ESCAPE

(Example) Resident asked to get dressed.

- Behaviors: biting, hitting, yelling, scratching, accusing others.
- Purpose of behavior may be to escape from getting dressed.
- Staff may stop making demands on the resident because the staff may want to avoid these behaviors and avoid “setting the resident off”. This is not helpful to the resident and the resident is naked or wears the same clothes over and over

GAIN ACCESS TO TANGIBLE ITEMS

- Items such as: preferred activities, food etc.
- Behaviors: outbursts, self-injury, biting etc. **“TEMPER TANTRUMS”**
- The resident may have learned in the past that if they have maladaptive behaviors the tangible item will be reinstated.

(Example) A parent may give a child a toy back after the child has engaged in head banging in order to sooth the child.

EXPRESSION OF FEELINGS

- The Resident may not know how to identify feelings.
- The Resident may not be able to express feelings due to stroke.
- The Resident may have low frustration tolerance.
- The Resident may be impulsive.

THE SAME BEHAVIORS MAY BE USED TO ACHIEVE MANY DIFFERENT GOALS

- Residents may learn which staff which behavior works best with and in which situation.
- Residents may act differently with the Director of Nursing, Aides, the Social Worker, Administrator, PT and OT.
- They know how to push your buttons (AND...whose buttons they can push!)

KNOW THE TRIGGERS

(DIFFERENT FOR EVERY INDIVIDUAL)

What usually happens just before the behavior occurs?

- When resident cannot get his needs met immediately.
- When resident does not want to do something.
- When resident wants attention from the staff.
- Staff orders the resident to do something rather than ask him what he wants.
- The resident feels others are disrespectful toward him and he will "shut down".

FUEL ON THE FIRE

(THINGS WE DIDN'T KNOW WE WERE DOING AS STAFF)

- Staff may dwell on certain issues too long.
- Staff may try too hard to change everything about a resident all at once.
- Staff may ignore warning signs.
- Staff may have short fuses themselves.
- Staff may stick with counterproductive strategies
- Staff may be stressed and frustrated about work, finances, schedules etc.

DECREASING PROBLEM BEHAVIORS

- Intervene with the resident before the maladaptive behaviors occur (Identify precursors).
- Determine the purpose the problem behavior serves.
- Actively listen to the residents.
- Validate residents feelings.
- Build rapport
- Let the residents know you are there to help them.

GENERAL PRINCIPLE #1:

1. Speak to the resident as an adult. Never use baby talk or patronizing terms.
2. Give one instruction at a time and repeat if necessary.
3. Break complex activities into simple, easy to follow steps (e.g., “Take the spoon,” “Stir”).
4. If indicated, ask questions that can be answered with a yes or no.

GENERAL PRINCIPLE #2:

1. Call the resident by name, then touch the resident and establish eye contact to get the resident's attention before giving instructions or moving the resident. **Use touch gradually and touch in socially respected areas of the body (arms, hands, shoulder). **Know if that individual is comfortable with touch!**
2. Utilize ingrained social mannerisms and phrases (handshake to begin and end a session).
3. Expect poor recall, instead look for recognition (don't ask them to remember your name - reward that they know you).

GENERAL PRINCIPLE #3:

1. Repeat instructions; reward any positive movement or effort.
2. Never argue, shout or use fear to get the resident to understand you. Distract and redirect rather than confront.
3. Even if you do not understand the words they are trying to communicate, reaffirm that you understand the emotional message they are communicating (“you are frustrated,” “you're safe now”). ****Use positive body language to convey this.**

GENERAL PRINCIPLES #4:

1. Use physical cues or show them what to do rather than use verbal cues.
2. Tell them what you want them to do ("come here") rather than what you do not want them to do ("don't go in that room").
3. Wait for the resident to give a response, for it may take the resident a while to encode and perform the task. Reward any positive response.

BEST (OR AT LEAST *BETTER!*) PRACTICES

- Attention—Julie wants attention and yells continuously in the living room.
- Escape—Nicholas refuses to come back inside and constantly tries to leave the building. He is hitting and cussing.
- To gain tangible items—Darla doesn't want to brush her teeth but she does want her doll. She screams and pulls at her hair and bites at you as you try to help her with her teeth.
- Express feelings—Jim sits in the corner and mumbles to himself and occasionally throws things around his room.
- Communicate—Dave points and yells out but you can't understand him. He only calms down with the housekeeper.
- Anxiety Reduction—Melba cries all day and nothing you seem to do fixes it.
- Control—Alicia follows the nurses around all day, demanding her cigarettes and threatening to call state if she doesn't get them. She doesn't have any more money for cigarettes until next month.

KEY POINTS TO KEEP IN MIND

- Flexibility and tolerance of frustration are skills.
- How you perceive and understand the resident's maladaptive behaviors is directly related to how you will ultimately respond to it.
- If you responds to the resident in an inflexible, angry manner, you increase the likelihood of meltdowns, fuel adversarial interactions with residents, and reduce the likelihood of improving the residents inflexibilities and explosiveness.

MORE KEY POINTS 😊

- Power struggles with residents are not productive or lead to any meaningful positive change in behaviors.
- Inflexibility (resident) + inflexibility (you) = meltdown (maybe both of you!)
- When stuck in a red haze of anger, frustration, and inflexibility, residents will respond better if they perceive you as potential helpers, rather than the enemy.
- Create a user friendly environment and concentrate on more of the antecedents to behaviors than behaviors (outbursts, meltdowns).

CONCLUSION

- Residents were people first (and they still are!)
- People have rights, purpose, needs, feelings, and issues (we all do!)
- Remember the golden rule(s)
 - --If you can't say anything nice about someone, don't say anything at all
 - --Do unto others as you would have done to you
 - --Life is short—do your best, every day, to make someone else's day **AMAZING!**