

Managing Challenging Behaviors

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Behavior Management

- ▶ Many factors can contribute to the development of challenging behaviors. When a behavior occurs, it needs to be evaluated. The sooner action is taken, the better the outcome. If behaviors are left untreated or unmanaged, they can become more intense and harder to manage and/or change as the time goes on.
- ▶ There are a number of behavior management strategies that can be used to effectively manage behaviors. Most times, this involves managing an underlying physical or mental health condition in addition to using behavioral interventions and educational supports.
- ▶ It is important to **prevent** a behavioral crisis whenever possible.

Conditions that can cause challenging behaviors

- ▶ **Psychiatric Conditions:** Schizophrenia, Anxiety, Depression, Bipolar Disorder, ADHD (Attention Deficit Hyperactivity Disorder), Autism Spectrum Disorder, Conduct Disorders.
- ▶ **Neurological Conditions:** Dementia with Behaviors, Alzheimer's Disease, Stroke, Parkinson's, TBI (Traumatic Brain Injury), Intellectual Disabilities.
- ▶ **Medical/Physical Conditions:** Infection, UTI-*especially in the elderly*, Fever, Constipation, Pain, Hunger.
- ▶ **Know your patient/resident!** Things that a person has experienced in the past may contribute to challenging behaviors. Examples include: a history of violence/abuse (domestic, child, sexual, PTSD).

Other Potential Causes of Behaviors

- ▶ **Strengths and Limitations** can affect what a person is able to do and not able to do, which can lead to behaviors. Examples include: poor judgment, impaired cognition, lack of impulse control, pain threshold, sensory abilities, motor skills, lack of empathy.
- ▶ **Cultural, Racial, Gender, and Other Factors** include: preference of a female vs. male caregiver or visa versa, transgender, cultural preferences as to who can provide care to a person.

Types of Behaviors

- ▶ **Disruptive Behavior:** this is a type of behavior that interferes with functioning, participating, and learning, but is not harmful. Examples include: yelling, disrobing, repetitive verbalizations, urinating on the floor.
- ▶ **Dangerous Behavior:** this is a type of behavior that can be harmful. Examples include: slapping, light head banging, kicking, throwing things, elopement, threatening self harm.
- ▶ **Very Dangerous (Potentially Lethal) Behavior:** this is a type of behavior that has a high likelihood to cause serious harm. Examples include: cutting, suicide attempts, choking, hitting or kicking someone very hard.

Environment

Create a Safe Environment

- ▶ Remove objects that could be dangerous including decorations, hairbrushes, clipboards, mops, brooms, tools, hot beverages, pencils, pens, silverware, chairs, furniture, hand sanitizer, cleaning solutions.
- ▶ Routinely check areas and be aware of potential safety hazards.

Be Aware of Your Environment

Make sure to provide a safe and therapeutic environment by:

- ▶ Minimizing overstimulation or disorganization:
- ▶ Ex) **loud, irritating noises** such as TV, other patients/residents, staff chatter, outdoor noises.
- ▶ Ex) **crowded times, places** such as shift change, nurses' station, meal times, group therapy or activities, doctor/nurse practitioner rounding.
- ▶ Ex) **cluttered environment** such as common areas/hallways, newspapers, magazines, wheelchairs, walkers, lifts, equipment.

Safety Tips

BE AWARE AT ALL TIMES!

- ▶ Know your surroundings; what's going on around you.
- ▶ Know where your exits are.
- ▶ Pay attention to body language, tone of voice, other signs of agitation.
- ▶ Always assume that aggression can happen even when it doesn't seem likely.

Dress Safely

- ▶ Avoid wearing loose items like necklaces, dangling earrings, lanyards, stethoscopes.
- ▶ Minimize pockets (pockets are easy to grab ahold of).
- ▶ Don't wear heels, open toed shoes, or slip on shoes.
- ▶ Be aware of what is on your clothing, making sure it could not be over stimulating or offensive.

Approach

- ▶ Approach a person slowly and let them know your intent. Ex) "Hi Mrs. Smith, it's Susie your nurse for today, I'm here to assist you to the bathroom."
- ▶ Don't reach or lean in front of a person.
- ▶ Make sure to position yourself so that you can get away if needed. Always position yourself between the patient and an exit.
- ▶ Stay out of arm's reach, unless **absolutely** necessary.
- ▶ Lower yourself at the knees or bend at the hips when speaking with someone who's eye level is lower than yours- **DO NOT** hover over someone-this is a dominant position.

Approach

- ▶ If you have to sit, sit on a chair or stool, not on the floor (this is a vulnerable position).
- ▶ Use a chair without arms so you don't get trapped.
- ▶ If you can, position your chair to the side of the person or across the table from them.
- ▶ Stay out of a person's "bite zone" also be aware if the person you are caring for has a history of biting as a behavior.
- ▶ Avoid hugging or getting close enough for the patient's face to be near you.
- ▶ Hold a person's hand or arm with your hand underneath.

Staff Behaviors and Reactions-Be Aware!

- ▶ Be aware of **YOUR OWN** behaviors and reactions!
- ▶ We all have stress and frustrations in our personal lives and at work. The patients we care for can do things that the calmest person may find irritating, intimidating, or insulting. It is important to be respectful and maintain their dignity **at all times**. Maintain respect and dignity when the patient is engaging in very challenging behaviors such as swearing, insulting, threatening (verbally or physically), being combative, using abusive language.
- ▶ We **CANNOT** "take it personally!" This is our job as caregivers for behaviorally challenging patients.

Staff Behaviors and Reactions-Be Aware!

- ▶ Say "please" and "thank you"
- ▶ **DO NOT** "bark" orders or nag
- ▶ Be clear when communicating
- ▶ Be careful with humor-this can be effective to motivate a patient in some cases, but can also be insulting to a patient
- ▶ **Facial Expressions:** Keep them calm, neutral, confident, positive
- ▶ **Posture:** Be aware of your posture, don't cross your arms or stand over a patient. Maintain a confident posture, but not an intimidating posture

Staff Behaviors and Reactions-Be Aware!

- ▶ Be aware of how you approach your patient- most people are more comfortable being approached from the side than front or behind.
- ▶ Maintain personal space/boundaries
- ▶ Turn your side rather than front to the person to appear less intrusive
- ▶ Move at a moderate pace to portray calm

Reinforcement of Behaviors

- ▶ ***When the consequence strengthens the behavior (whether it be a positive or negative behavior) that it follows, the behavior is more likely to occur in the future.***
- ▶ **Negative example:** A patient continues to stand up unassisted, staff run to the patient. The patient wants attention, so the patient will continue to stand up.
- ▶ **Negative example:** A patient wants attention when staff is attending to another patient, the patient yells, staff provide the patient with attention, the patient will continue to yell.
- ▶ **Positive example:** Ask a patient to stand up, they do, you say "Thank you."

Examples of Reinforcement

- ▶ **Social:** Praise, a pat on the shoulder, conversation, spending quality or 1:1 time
- ▶ **Activity:** fun time, phone time, courtyard, walk down the hallway, alone time, music
- ▶ **Physical:** snack, candy, chocolate, coffee, soda, choice of T.V. show, alone time with T.V.

Positive Reinforcement

- ▶ **Reinforcement-** strengthening a behavior following a specific consequence.
- ▶ Reinforcing positive behaviors will make it more likely that those behaviors will occur more often.
- ▶ Reinforcement should be immediate-right after or during the behavior that you want to increase.
- ▶ Make sure to have the person's attention when you reinforce a behavior; be enthusiastic and genuine.
- ▶ Your attempt to reinforce the behavior will not be effective if the person doesn't notice.

Positive Reinforcement

- ▶ Talk specifically about what the person did **right-DO NOT** talk about what they **stopped** doing.
- ▶ Make sure you know what would be a good reinforcement for each specific person.
- ▶ Make reinforcements vary.
- ▶ **Consistency is very important**-make sure that all caregivers know and follow the same interventions.

Differential Reinforcement

- ▶ Reinforces positive behavior instead of challenging behavior. The goal is that the challenging behavior will happen less often. In order to be effective, this has to be done **consistently** and **effectively**.
- ▶ **First**, identify the challenging behavior and define it. Ex) sighing, yelling, tapping pencil.
- ▶ **Second**, provide praise and other reinforcement when the person is **not** engaging in the challenging behavior.
- ▶ **Third**, withhold attention and other reinforcement when the challenging behavior occurs.

Differential Reinforcement

- ▶ Specify a positive alternative behavior- this is what you want the patient to do instead of the challenging behavior.
- ▶ Provide reinforcement when the challenging behavior is **not** happening and when the positive alternative behavior **is** happening.
- ▶ You can use neutral prompts for the positive alternative behavior. Use brief, neutral verbal cues, a point prompt, or you can model the behavior that is desired. Minimize attention, stay calm when using a neutral prompt. If the desired behavior occurs, make sure to reinforce it.

Differential Reinforcement

- ▶ **Example:** If you want the patient to sit quietly and engage in a coloring activity instead of banging their hand on the table, you can neutrally prompt the patient by sitting quietly and coloring. Do not give the patient attention when they are banging their hand on the table. When the patient begins to sit quietly and color, **THEN** provide reinforcement by saying "Thank you for sitting quietly and coloring a picture with me."

Challenging Behaviors

- ▶ The behavior may get worse before it gets better. When reinforcements are withheld, the challenging behaviors may initially increase. To limit this, make sure to provide the reinforcements frequently. The reinforcement needs to happen more often than the challenging behavior. Staff have to be consistent in never reinforcing the challenging behavior. **For example**, if you want a patient to stop tapping their pencil, don't say "Please stop tapping your pencil" instead say "Thank you for sitting quietly" when the patient stops tapping their pencil.

Differential Reinforcement

- ▶ Withhold attention from the patient when they are demonstrating a challenging behavior, but **DO NOT** ignore them. Differential Reinforcement involves withholding attention and other reinforcements when a patient engages in a challenging behavior. While doing this, just wait without making any dramatic changes in your own behavior. Don't say "I'm not going to pay attention to you when you do that!" Don't do anything to show irritation or any other emotion. While you are doing this, you still need to be aware of what your patient is doing and whether or not you need to intervene at any time for safety reasons.

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Behavior Support Plan

- ▶ Make sure to include in the behavior support plan for how and when the differential reinforcement should be used. This will ensure that all staff are consistently providing the same interventions which will allow the differential reinforcement to prove to be more effective.

Triggers to Dangerous Behavior

- ▶ A "trigger" is what happens before the concerning or challenging behavior.
- ▶ It is important to pay close attention to the "triggers" that lead to the challenging behavior as this allows us to prevent or head off a crisis situation.
- ▶ Document and keep track of the "triggers" for each patient so they can be included in the patient's behavior support plan.
- ▶ Usually, the "trigger" happens just before the behavior does, sometimes there may be a delay.

Examples of Triggers

- ▶ Overheard Conversations
- ▶ Loud Noises
- ▶ Asking the patient to wait
- ▶ Teasing
- ▶ Crowded Environments
- ▶ Boredom
- ▶ Crisis behavior may be prevented by eliminating the trigger or helping the patient respond more appropriately.
- ▶ Ex) If a patient escalates when being teased by a peer, assign the peer to a different location, or reinforce when the patient responds to the teasing by talking to a staff member instead of escalating.

Common Signals of Escalating Behaviors

- ▶ **A behavioral signal is a behavior that a patient may exhibit before the more serious behavior.**
- ▶ **Example:**
- ▶ Pacing up and down the hallway threatening others and then assaulting the nearest staff member.
- ▶ **Other examples include:**
- ▶ Foot tapping
- ▶ Mumbling
- ▶ Rapid breathing
- ▶ Change in tone of voice

Signals of Escalating Behaviors

- ▶ Identifying signals can allow staff to intervene early, before the patient's behavior escalates further. Not all crisis situations will start with a clear behavioral signal, whenever possible, we should look for these signals to try to identify them so we can intervene early and appropriately.

De-Escalation

- ▶ When we encounter situations with our patients that we think may escalate to a crisis situation, we need to attempt to de-escalate the situation to help the agitated patient exhibit a more calm and safe behavior.
- ▶ **Examples of situations that may require de-escalation:**
- ▶ Sue has been agitated all morning and just knocked over a chair.
- ▶ Mike always gets upset and starts yelling when the fire alarm goes off, the fire alarm just went off.
- ▶ Patty is sitting in the corner rocking and mumbling to herself and telling everyone to stay away from her.

De-Escalation

- ▶ **The goals of de-escalation include:**
- ▶ Maintaining the safety of the agitated patient and all other patients.
- ▶ Avoid making the situation worse or making the patient more agitated.
- ▶ Help the patient to decrease the intensity of the crisis behavior.
- ▶ Avoid reinforcing crisis behaviors, so they do not become more likely to occur in the future.

De-Escalation

- ▶ When a patient is agitated, it may be because they need or want something. If this is why the patient is exhibiting a challenging behavior, then an appropriate intervention would be to try to help the patient understand that there are more effective ways to get what they need or want.
- ▶ If a patient is agitated, you can ask them what they want or need by saying "What do you want?" "What can I help you with?" "Tell me what you need."
- ▶ Give the patient time to respond, repeat the question if necessary.
- ▶ If the patient responds appropriately, provide them with praise. Say "Thank you Sara for letting me know you want something to drink."

De-Escalation

- ▶ Make sure to be responsive to the patient when they make appropriate requests when they are calm. If we are more responsive to the patient when they are agitated than when they are calm, we will reinforce the agitated behavior.
- ▶ If a patient is demonstrating an agitated behavior, you can suggest for the patient to do something that they are unable to do while demonstrating the challenging behavior.
- ▶ Ex) If a patient is yelling, offer them a drink.
- ▶ Ex) If a patient is pacing the hallways, ask them to sit in the chair or to walk with you to a certain location.
- ▶ Ex) If a patient is banging their fist on the table, ask them to color.

De-Escalation

- ▶ Make sure to praise compliance.
- ▶ Even if you did not direct the behavior, reinforce it. The patient may engage in an acceptable behavior on their own.
- ▶ Sometimes, the best intervention may be to monitor a situation and provide the patient with space and time.
- ▶ If you have tried other interventions, and everything you have tried has increased the patient's agitation, consider just waiting.
- ▶ Make sure to clear the area, remove other patients and potentially dangerous objects.
- ▶ Monitor the patient, while maintaining your own safety, provide the patient with space.
- ▶ Don't reinforce the patient's behavior, do not talk to them, do not provide eye contact, do not respond to their negative behavior.
- ▶ If the patient becomes more calm, then you can try some of the other de-escalation techniques that have been discussed.

Resources

- ▶ Safety-Care, Version 5.5, 1997-2013, QBS, Inc., Quality Behavioral Solutions to Complex Behavior Problems.

Presenters

Sojourn at Seneca Senior Behavioral Health Hospital

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Sojourn at Seneca Senior Behavioral Health Hospital

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Accepting voluntary and involuntary patients.

Identifying and Referring Patients for Senior Psychiatric Care

Symptoms to look for:

- Depression
- Suicidal ideation/gestures/attempt
- Assaultive behavior as a result of psychiatric disorder
- Hallucinations
- Tearfulness
- Anxiety
- Insomnia
- Mood disorders
- Multiple complaints
- Personality changes
- Decreased appetite
- Delusions
- Feelings of hopelessness
- Isolation
- Impaired reality testing
- Evidence of symptoms and/or behavior reflecting significant risk or danger to self, others or property
- Acute onset of inability to cope with stressful situations
- Unable to comply with prescribed health regimens
- Unable to maintain basic care/health regimen due to psychiatric condition
- Abrupt change in behavior

Information needed for referral/admission:

- History & Physical
- Face Sheet
- Medication List
- Copy of Medicare and/or Insurance Card
- Recent labs
- Copy of picture identification
- 48 hours of nurses notes
- Any psychiatric history or assessments
- Guardianship/Healthcare POA papers if applicable

Tests needed for referral/admission:

- CBC
- BMP
- UA
- CXR – if indicated
- EKG – if indicated
- CT head without contrast – if indicated

Patients must be medically cleared prior to admission.

Please contact the hospital at 567-207-2230 with any questions.

About Sojourn at Seneca Senior Behavioral Health Hospital

Sojourn at Seneca Senior Behavioral Health Hospital provides treatment in a fully licensed acute care hospital setting. Features of Sojourn at Seneca include:

- Confidential placement and discharge
- Mental and medical conditions are treated
- Safe and monitored environment
- Private rooms
- Individualized treatment planning
- Regular team conferences
- Family and significant others involvement in support and education
- Psychiatric treatment specially designed for older persons; allowing treatment in the least restrictive environment, group and private therapy venues, specially trained clinical and support staff
- Medication management
- Medicare and private insurance accepted

Sojourn at Seneca Senior Behavioral Health Hospital has earned The Joint Commission's Gold Seal of Approval® for Hospital Accreditation by demonstrating continuous compliance with its performance standards. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care.



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