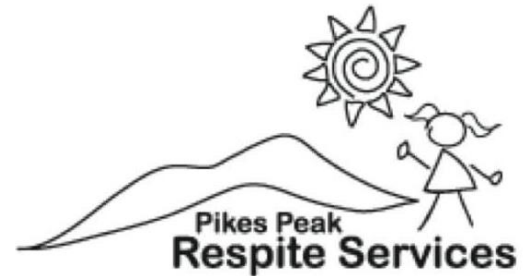


PPRS Training: Challenging Behaviors



PPRS Training on Challenging Behaviors

It is Pikes Peak Respite Services (PPRS) policy to understand, recognize, and assist individuals with challenging behaviors in order to keep the those receiving services and others safe. PPRS staff members will receive training during orientation and training on specific Crisis Prevention Intervention Strategies. Staff will implement the challenging behavior programs and show competency in the CPI strategies before working unsupervised. Documentation will be kept in each staff personnel file.

1. How do behaviors come into being?

Our behaviors are our response to the environment. Typically, behaviors are driven by the need to survive, they are ingrained in us. Examples would be the ability to get food, ability to make relationships, ability to get basic needs met, ability to gain and accept love. Individuals at all developmental stages develop behaviors to attain what is needed for survival.

Individuals with disabilities often face the challenge of language/communication deficits so behaviors can become extreme in order to express wants and desires. Often times individuals have had to act in extreme ways to get attention, needs met and to be acknowledged.

Imagine having sensory integration disorder, being in a strange environment, not able to regulate everything you are seeing, smelling, hearing and feeling while everyone else is functioning like everything is “normal”- well things aren’t “normal” and you need a few moments to process your environment, how might you react if at that moment caregivers are placing expectations on you?

Imagine being very thirsty from medications and not being able to communicate that you are dehydrated, how might you get someone’s attention? Empathy is important! Look at what purpose the behavior may be serving.

2. Crisis Prevention Intervention (CPI) Info Capsule

Ten Tips for Crisis Prevention

A crisis can be defined as a moment in time when an individual in your charge loses rational, and at times even physical, control over his or her own behavior. This can be very challenging and anxiety producing for those responsible for intervening. Due to the chaotic, unpredictable nature of a crisis, it is vital that staff stay calm and proceed with a plan.

These crisis moments do not sprout into being without roots; there are almost always warning signs that let you know an individual's behavior is escalating. By following the tips listed here, you can often intervene before the crisis becomes dangerous.

De-escalation Strategies for Adults

- **Empathic listening and validation of feelings**
 - * You can believe that they believe what they are saying while questioning the facts of the situation
- **Appropriate limits with concrete ideas**
 - * "I cannot talk to you when you are yelling/cursing...I need you to stop and take a deep breath (or 2) and then we can talk. Can we take a minute to walk around your room/house/yard, and then we can talk"?
- **Problem solving**
- Model **concrete behavioral examples** and do the coping/regulation strategies with them if possible
- Coping skills
 - * "what can you do right now to feel better?"
 - * "what do you like to do?"
 - * "What does your therapist tell you to do when you feel this way?"
- **Make a plan for next time** "X" happens
- Get **collateral information** to understand the situation
 - * "Can I talk to X for a minute?"

De-escalation Strategies for Children/Families

- **Outline the expectations for the situation.** Tell them what you want them to do rather than what you do *not* want them to do.
- **Concrete language.** "safe hands, safe feet" Common terminology.
- **"First, Then"** e.g. First, take a deep breath, Then, we can talk. First, show safe hands, Then, we can problem solve.
- While it can be helpful to let the individual vent about their problem, **it is also important to know when to stop them as they may continue to persevere and escalate.**
- **Coping skills:** take space, play with a fidget, deep breathing, etc.
- **Communication skills:** e.g. "I-statements"- I feel (emotion) when (situation) because (reason).
- **Ask them to repeat back what you just said to ensure they understood the directive.**
- **Implement structure.** E.g. use a schedule and/or a timer. Similar to "First, Then" prompt. Use visuals.
- **Validation/empathic listening**

3. CPI teaches:

- **Be empathetic.**
 - Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention to them.

- **Clarify messages.**
Listen for the person's real message. What are the feelings behind the facts? Ask reflective questions and use both silence and restatements.
- **Respect personal space.**
Stand at least 1.5 to 3 feet from person who is acting out. Invading personal space tends to increase the individual's anxiety and may lead to acting-out behavior.
- **Be aware of your body position.**
Standing eye-to-eye and toe-to-toe with a person in your charge sends a challenging message. Standing one leg-length away and at an angle off to the side is less likely to escalate the individual.
- **Ignore challenging questions.**
When a person in your charge challenges your authority or a facility policy, redirect the individual's attention to the issue at hand. Answering challenging questions often results in a power struggle.
- **Permit verbal venting when possible.**
Allow the individual to release as much energy as possible by venting verbally. If you cannot allow this, state directives and reasonable limits during lulls in the venting process.
- **Set and enforce reasonable limits.**
If the person becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer choices and consequences to the acting-out individual.
- **Keep your nonverbal cues nonthreatening.**
The more an individual loses control, the less that individual listens to your actual words. More attention is paid to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.
- **Avoid overreacting.**
Remain calm, rational, and professional. Your response will directly affect the person's behavior.
- **Use physical techniques only as a last resort.**
Use the least restrictive method of intervention possible. Physical techniques should be used only when individuals are a danger to themselves or others. Physical interventions should be used only by competent/trained staff. Any physical intervention may be dangerous."
(crisiprevention.com)
- **Avoid over repeating your requests.**
Remember, to give the individual time to process your request, regulate and make the right choice, constant repeating can add more frustration.

4. Crisis Prevention Intervention Strategies to Employ

Prevention Strategies

- **Pay attention to behavioral warning signs**

Behavioral signals can provide awareness regarding someone's interventions. Pay attention to cues that may indicate distress or discontent.

- Significant changes in someone's normal behavior or routines.

- Sudden changes in expression, physical activity, or posture.

- Dramatic increase or change in voice, volume, or tone.

- Expressions that communicate extreme anger or distress.

- Communications of despair and hopelessness.

- Body posture that is intimidating or threatening.

- Verbal or physical threats.

- **Use verbal and nonverbal techniques to defuse hostile behavior.**

- Speak slowly and calmly with a soft voice

- There are times when ignoring the behavior is appropriate, if the client is not hurting themselves or has the potential to hurt others, ignoring can be effective. Individuals repeat behaviors because it has worked sometime in the past- use this time to educate the client on how to appropriately get your attention.

- Direct the client with what the "right" thing to do is... For example: "Hands down" "Put your hands down"

5. Pikes Peak Respite Services Basic Self Defense

If a client escalates safety is first. Remove escalating client from the area of other clients or remove all other clients from room of escalated client.

1. How to position yourself with an escalating individual:

- 1) Remember the vulnerable parts of your body—all on your front-side and stand sideways to a client that is escalating and may become aggressive.

- 2) If you have long hair and it isn't up already- tuck it into the neck of your shirt.

- 3) Be aware of body mechanics- most joints only move two ways.

- 4) Ask yourself: Where is my body positioned?

If someone bites: the process is similar to someone pulling your hair, if you are being bitten, go towards them with the body part being bitten. What causes the most damage is the pulling away with clenched teeth, try to keep any pulling away with teeth clenched. Reaction is also key, try not to react, this may be the attention, even negative, that the person might be searching for.

Often times behaviors can be avoided by: being engaged in activities narrating what is happening- where you are going, what the next meal may be etc....not engaging in power struggles- let there be as many choices as possible.