



MODULE 5

CREATIVE APPROACHES TO
CHALLENGING BEHAVIORS

STRATEGY FOR APPROACHING BEHAVIORS

- There is no one size fits all solution when dealing with behaviors. Different people have different needs.
- Caregivers main responsibility while handling challenging behaviors is to remain clam and supportive.
- To approach behaviors:
 - **STOP** when faced with an unexpected behavior, calm yourself, and focus
 - **IDENTIFY** what caused and triggered the behavior
 - **TAKE ACTION** Each problem has its own solution.



I. STOP



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- When you are faced with an unexpected behavior, take a moment to stop yourself and take a step back from the situation, calm yourself and focus.
 - There is a reason for the behavior. Challenging behavior is a reaction to something that set the behavior in motion.
 - Responding to challenging behavior takes self control and discipline. The best way to respond is to stop before taking action.



- Calming techniques
 - Take a few deep breath, count to ten, separate the behavior from the person, recognize it is not about you, Imagine something that give you a feeling of calm, repeat a positive phrases to yourself like “ I am calm and positive in difficult situation”
- If you can not calm yourself, take some break or ask for help. It is better to walk away for a few minutes and collet yourself than risk reaching and making the situation worse.

2. IDENTIFY



- Figure out what is happening?
- Identify what caused or triggered the problem?
- When you see a change that concerns you, remain emotionally available to the individual.
 - Show genuine interest and concern
 - Listen to what the person is communicating through body language, words and emotions behind their actions.

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- There are some common triggers that may cause the behavior
 - Physical: infection, pain, Medication side effects, dehydration, hunger, thirst, fatigue, recent injury, incontinence, constipation, uncomfortable clothing, reaction to care being given, unmet physical needs.
 - Environmental: too much noise/people, temperature (too hot or too cold), something new to the environment, lack of privacy, too bright/dark, smells, Full moon or sun setting, shift change,
 - Emotional: change in routine, recent big changes/losses, difficulty with family/friends, depression, boredom, anxiety, fear, loneliness, lack of intimacy
 - The perspective of the individual you are caring for is what is important when looking for possible triggers



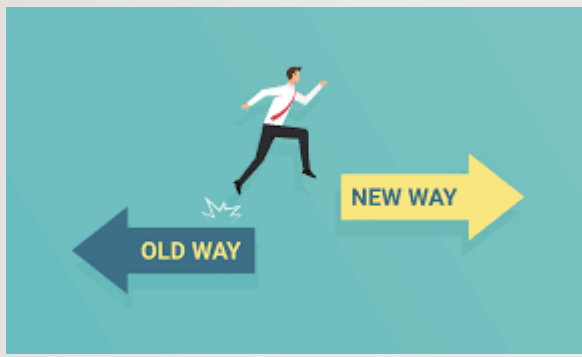
- Other things to look for:
 - What happened just before the behavior started?
 - Where did it occur?
 - What is happening in the person living space?
 - Is this a new behavior?
 - Are there any certain actions that make it worse?

3.ACTION



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- The best way to deal with challenging behavior is to adapt as you go to each unique individual and situation.
 - Respectfully steer the individual away from what triggered the behavior
 - Willing to do something different if what you tried does not seem to be working.

Tips when approaching: Knock. Ask permission to enter a personal space, Smile genuinely, Try to get the person's attention before you talk, Move slowly, avoid sudden movements. Identify yourself and why you are there, Address the individual by the preferred name



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- Minimize or eliminate the trigger
 - Adapt to the individual and their routine. Be aware and observant of subtle details. E.g what kind of things, situations make the individual angry? What pace of activity is comfortable for the individual? Is there anything unique to the individual culture?
 - Give space: give five to ten minutes to the individual to calm him/her down.
 - Reassure: Listen. Let the individual talk about their feeling, Be understanding and sympathetic, Maintain clear boundaries if you are treated with disrespect



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- Soothe and comfort: Slow down your own movements and energy, Try not to show any anxiety or other intense emotions. , Validate the person's feelings, Speak slowly , softly with a low pitch and in a reassuring tone, Offer things you know that can comfort the individual. E.g a cup of tea, favorite show, Reduce distractions or loud background noises as much as possible, Play relaxation or anti-anxiety music or medications
 - Distract or redirect: Offer choices e.g favorite activity (walk), snack or beverage, Change the conversation to something positive, Encourage the person to take several deep breath, Reinforce positive behavior



- Encourage: Listen, Use praise, Reinforce positive behavior, Happy reminders like family pictures, Engage in health behaviors in diet, exercise and socializing with other.
- Protect and support others being impacted by the behavior
- If you need help, get it.
- Self care: you need to replenish your emotional reserves after handling stressful behaviors. This requires self-care. Take time to manage your feelings.

DOCUMENT AND REPORT



- It is good to share what you experienced: what actions you took and what did and did not work.
- writing down what happened and what actions you took-- gives everyone a record.

HALLUCINATION



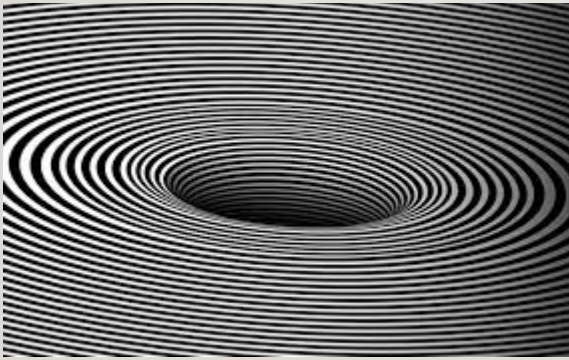
- When someone seems to be hearing voices or sees things that you do not see, stay calm,
- Try to distract by asking the person to do something or by engaging in conversation.
- If the person is hearing voices more and more – may be a sign of relapse.
- Encourage the individual to speak with the health professionals,
- Do not pretend to see or hear what the person hears, but acknowledge what they are hearing. .e.g “I believe you hear another voice even though I do not”

DEPRESSION



- Gently encourage engagement in activities,
- Allow the individual to set the pace,
- Respect the individual emotional and physical limitations.
- May need rest to get well again, Getting outside and doing physical activity of any form gives a sense of accomplishment and boost self confidence,
- Be sure to give positive feedback for all accomplishments

DELUSIONS



- A delusion is a fixed false idea, sometimes based on a misinterpretation of a situation, It is pointless to argue with the client ,
- Acknowledge that you appreciate that the person truly believes what thy are saying, but do not agree with it,
- It is better to help with the distressing emotions she/he is feeling rather than to dismiss the beliefs.

MANIC BEHAVIOR



- Manic behavior patterns include hyperactivity, heightened mood to the point of elation, and overexcitement,
- If an individual has manic behavior, try to be a calming influence,
- Try to slow things down. Talk more slowly, walk more slowly,
- Express your concerns about the actions but be prepared that the individual may not see anything wrong,
- Set clear limits on behavior and take actions when warning signs begin to appear.

SOCIAL WITHDRAWAL



- Withdrawal from family, friends, and activities,
- Gently encourage the individual to participate in everyday activities (eating meals, watching television), but be prepared for the individual to refuse,
- It may be difficult for him/her depending on the stage of recovery,
- Large gatherings or busy group activities may be too overwhelming.

AGGRESSIVE BEHAVIOR



- You do not have to tolerate violent or aggressive behavior,
- The first to do is assess the level of danger,
- If you feel safety is at immediate risk, call 911 for help,
- If you feel the situation is safe, try to find out why the individual is angry,
- The most effective way to calm a person is to encourage them to talk about their anger,
- Acknowledge feeling with comments such as “I can see you are angry” or “I appreciate how you feel, Try not to argue: it could make the situation worse.

APATHY/LACK OF MOTIVATION



- Ask the individual to help with simple tasks or chores and be sure to think him/her when she /he does. You may say something like. “thank you for helping me with the laundry. I enjoyed your company it make the chore much easier
- Regular exercise and mental activity like going for a walk and reading the newspaper can also help
- It is important to move at a manageable pace. Pushing to do too much soon can be overwhelming and may add stress to client life.

SUBSTANCE USE



- Mental disorders and substance use frequently occur together. 50% of people living with a Mental health condition also experience a substance use problem.
- People with a mental disorder are more sensitive to the effects of substances. Substances interfere with the effectiveness of prescribed medications. They can also increase symptoms and risk of relapse.
- Use of substances are linked to increased risk of violence.
- People who have mental disorder and serious problems with substance use are said to have concurrent disorder.

LESSON 9: CRISIS MANAGEMENT



WHAT IS A CRISIS?



- a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress,
 - considering harm to self or others,
 - disoriented or out of touch with reality has a compromised ability to function, or is otherwise
 - agitated and unable to be calmed.
- E.g talking about suicide threats, or threatening behavior, self-injury, alcohol or substance abuse, unstable behavior, eating disorder, not taking psychiatric medication, etc

ADVERTING CRISIS



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- There are things you can do before a situation becomes a crisis.
 - (1) Watch for early signs (changes in sleep, or social activity, suspiciousness, worsening anxiety or mood swing-
 - (2) try to find out what is going on and
 - (3) try to get the person to see a psychiatrist or social worker or case manager if they have one.

CRITICAL RISK FACTORS

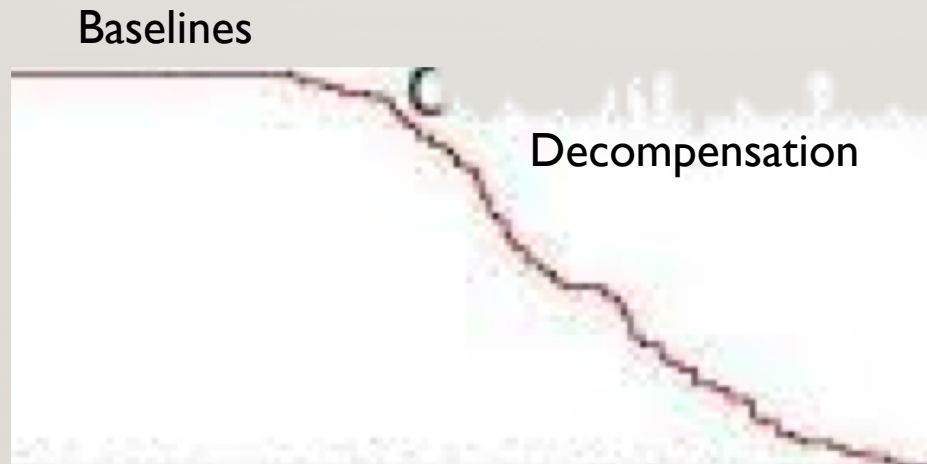
- Has the person made a direct threat or been violent recently? Has the person made any destructive or threatening statements? Has the person intentionally frightened someone? Has the person been stalking or following people? Is the person preoccupied or dwelling on injuries or unrealistic fear? Does the person have a history of anger problems bordering on violent behavior? Has the person been increasingly angry, aggressive or violent over time? Has the person made statements or implied they might have a plan? Has the person made statements or implied they might have a weapon?

WHEN THERE IS NOT IMMEDIATE DANGER

- (1) identify the risk factors and discuss these with people who can be supportive and offer constructive advice
- (2) report and document any information regarding violent or threatening behavior
- (3) prevent violence by paying attention to warning signs, seeking advice from a qualified mental health professional or supervisor.

DECOMPENSATION

- Decompensation is when symptoms of the mental health disorder begin to be more prominent and the person is unable to manage or cope with his or her symptoms. It is the downward slide from the person's baseline that leads to decline in the person's ability to think and carry on with daily activities.



CAUSES:

- stress,
- changes in persons daily activity,
- fatigue,
- illness,
- not taking prescribed medication
- What can be done: talk to the person what he or she is feeling; involve the person in activity; help the person to stay focused, being consistent and non-judgmental, call assistant when needed

DECOMPENSATION SYMPTOMS

- Without intervention, decompensation can lead to relapse
- Symptoms of decompensation are unique to each person. It is important to find out what symptoms the individual has experienced in the past so that you can watch for them.
- Sensory changes (taste, smell, hear, and see); Perceptual changes (person misinterpret what is going on around him/her. More frequent hallucinations and delusions. More paranoid; Emotional changes (feelings are more extreme); Changes in speech (sound different or difficult to understand); Change in socialization (withdraw and stop talking); Cognitive changes (difficulty thinking, seem confused)
- When the client is doing well, talk to him/her about the techniques that have worked in the past so you can be prepared to use them when needed

RELAPSE

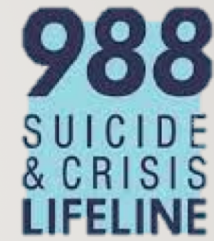
- Relapse: when the symptoms of the illness worsen or when previous symptoms return and are severe enough to require professional intervention.
- To prevent relapse
 - Have mental health manager or other mental health professional for support; Involving family members; Using positive self suggestions to overpower unwanted thoughts; Doing an activity the person enjoys; Walking; Getting adequate rest and sleep
- Causes of Relapse: No apparent cause; The symptoms come and go in cycles; Even with best treatment and support, relapse can still occur.

RELAPSE PLAN OR CRISIS PLAN



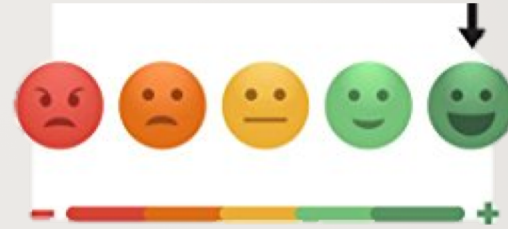
- Relapse plan is prearranged plan for what to do when a person experiences a relapse.
- It include
 - Events or situations that have triggered a relapse in the past
 - Early warning signs the person experienced in the past
 - What has helped the person in the past when the person experienced those early warning signs
 - Who the person wants contracted
 - What each person's role s in the plan

WHEN A CRISIS OCCURS



- If you feel there is danger to any person, either call the crisis center for help in assessing the seriousness of the situation or seek assistance from local law enforcement officer.
- Have the person's medical information on hand. Written information about the person's diagnosis, medications and the specific events or behavior that caused you concern.
- Mental health condition is no one's fault

CRISIS DE-ESCALATION



- De-Escalation is a method to prevent potential violence. Individuals are encouraged to use purposeful actions, verbal communications, and body language to calm a potentially dangerous situation. The action you take to reduce the intensity or of conflict, crisis or a potentially violent situation.
- You can use stop, identify, and action method for de-escalation.
- Give the person your attention, be non-judgmental, focus on feeling (e.g. that must be scary), allow silence, clarify messages, develop plan, use team approach, use positive self-talk, recognize personal limit and debrief

MILIEU CHANGES IN THE ENVIRONMENT

- Milieu changes are changes in the environment in which something occurs or develops.
- Agitation: a state of anxiety or nervous excitement. It comes before aggression. .e.g. Pacing, yelling or making verbal threats or threatening gestures toward others.
- Aggression is hostile or violent behavior or attitudes towards another.



VERBAL WARNING SIGNS OF VIOLENCE

- Threats or boasts of prior violence, confused thinking, bargaining about losing control, increased pitch when speaking, repetitive word use, parroting and/or echoing, forced or strained speech, Nervous laugh, yelling or screaming, non stop profanity, slurred speech, talk of hurting animals



NON VERBAL WARNING SIGNS OF VIOLENCE

- Personal space violation, standing toe to toe, finger pointing, making fists,, face flushing, heavy breathing, flaring nostrils, person refuse any eye contact, someone blocks door/way out



NON CONFRONTATIONAL LANGUAGES

- Early agitation often resolves with supportive non confrontational languages.
- Use the person's name, ask "may I help you?", speak slowly, use restatement for clarification, ask to take notes, paraphrase, use "what" and "we", allow time for reflection, give options, ask for their ideas or solution, use simple words, Maintain appropriate eye contact,

AVOID LANGUAGES OR ACTIONS

- Faking attention, rolling your eyes, making false promises, using jargon, agreeing with someone or taking sides, cutting people off, getting in a power struggle, raising your voice, losing your temper, meeting one-on-one with an angry person, allowing more than one person to talk, arguing, saying “calm down”

SITUATIONAL AWARENESS



- Being aware of what is happening around you in terms of where you are, where you supposed to be and whether anyone or anything around you is a threat to your health and safety.
 - Learn to predict events, identify elements around you, limit situations overload, be aware of time, actively prevent fatigue, limit attention to electronic device and increase attention to your surrounding, use your senses



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- 1. white: someone unaware, unprepared, unconcerned. Normal state of mind when we are in the safety of our own home.
 - 2. yellow: someone who is alert/attentive and calm. Normal state when we are out and about.
 - 3. orange: someone who has heightened awareness directed at potential threat, something is wrong. Start planning. The focus stays on the threat to either advance to red or move back to yellow.
 - 4. Red: aware that a threat/danger exists and immediate action is needed. Run, hid/take cover



DEBRIEFING

- An activity where you evaluate and discuss what happened during the event.
- 6 step technique
- 1. control
- Regain physical and emotional control of your self . Stop, pause, calm yourself
- Are you ready to discuss what happened? What went well? What can be done differently in the future?



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- 2. orient
 - What are the basic facts of the incident? Be nonjudgmental and listen to the perspective of every person who involved.
 - What happened? Who was involved? When did they get there? What was each person's response during the situation?
 - 3. Patterns
 - Look for patterns in cause and responses
 - What trends did each person observe? Are there things that seem to have caused the behavior? Do staff have precipitating factors at play as well? If so what are they?



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- 4. Investigator. What needs to change
 - Brainstorm options of what might be done differently next time, what things you can do to prevent the situation from reoccurring? How can you strengthen or improve individual and team response? What resourced do you have available? What skills can team members practice?
 - 5. Negotiate. Agree on what changes and improvements to make
 - Make a commitment to change, agree on how to respond in the future,
 - 6. Give
 - offer support and encouragement, express trust, confidence and respect for your colleagues.

CRISIS RESOURCES



- If you need to call a mental health professional or the crisis team, remember to stay calm and
 - Give clear, objective examples of how the person's behavior or train of thought is seriously impacting his or her own safety or that of others
 - Give the person's diagnosis and a brief history of the build up to the crisis situation
 - Make sure to get a total picture of the person's mental health relapse
 - If the person has been hospitalized before and appears to need that level of care again, be certain to share this information.

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