**How to Deal with a Resident with Behaviors**  
*The No-Fluff Survival Guide for Nurses in Long-Term Care*

“Behaviors” in long-term care is nurse-speak for a resident whose actions are... let’s say, challenging. These behaviors can range from aggression and yelling to wandering, hoarding, and flat-out refusing care. The key to handling it? Understanding the *why* behind the behavior and responding with skill, not ego.

**🧠 First Rule: Behavior is Communication**

Always remember **behavior is a symptom, not a personality flaw**. If a resident is striking out, yelling, or pacing nonstop, it’s not “just who they are”—it’s likely:

* Pain or discomfort
* Fear or confusion
* Unmet emotional needs
* Medication side effects
* Environmental triggers
* Past trauma being replayed in the present

Approach every behavior like a clinical clue, not a personal attack.

**🚫 Don’t Take It Personally (Even When It Feels Personal)**

When Mrs. J calls you a name that could peel paint off a wall, you need to ground yourself.

* **Stay calm.**
* **Keep your tone even.**
* **Use short, simple instructions.**
* **Walk away if needed and return when calmer.**

**You’re the thermostat, not the thermometer.** Control the room’s emotional temperature.

**🔍 Step-by-Step De-Escalation Plan**

1. **Observe:**  
   What just happened? What triggered this moment?
   * Loud environment?
   * Change in routine?
   * Refused medication?
2. **Validate the Emotion (Not the Behavior):**

“I can see you’re upset.”  
“It’s okay to be frustrated. Let’s take a breath together.”

1. **Redirect:**  
   Shift their attention with:
   * A task (“Can you help me fold these napkins?”)
   * A walk
   * Music, snacks, or something comforting
2. **Give Space if Needed:**  
   Back up (but don’t abandon). Re-approach gently in a few minutes.
3. **Document EVERYTHING:**  
   Include what happened, what you did, and what worked (or didn’t). Your notes protect you *and* help the care team respond consistently.

**🛑 What NOT to Do**

* Don’t argue or reason with someone in a heightened emotional state.
* Don’t corner or restrain unless absolutely necessary and per protocol.
* Don’t make sudden movements or raise your voice.
* Don’t punish behaviors—redirect them.

If you wouldn’t do it to a scared child or someone having a panic attack, don’t do it to a resident with impaired cognition.

**👀 Common Behavioral Types & Tips**

**🚶 The Wanderer:**

* Install alarms, keep them engaged, redirect with purposeful walking
* Use visual barriers like stop signs or painted floor lines

**🗣️ The Yeller:**

* Use a calm, quiet voice
* Approach from the front
* Try distraction (music, conversation, sensory items)

**🙅 The Refuser:**

* Respect autonomy—try again later
* Offer choices: “Do you want your meds before or after breakfast?”
* Don’t force unless it’s emergent

**👊 The Aggressor:**

* Prioritize *your* safety
* Keep other residents out of the area
* Use de-escalation techniques and notify the team

**📦 The Hoarder or Repetitive Doer:**

* Let them do it—safely
* Give them their own drawer or space to "organize"
* Avoid removing items unless unsafe

**🧘‍♀️ Self-Care for the Behavior-Battered Nurse**

* Take your breaks. You earned them.
* Vent to your trusted co-workers—debriefing is *healthy*.
* Ask for support from management if one resident is consistently unsafe.
* Use humor where appropriate (because sometimes all you can do is laugh).
* Remember: You’re doing sacred work.

**Final Word: Respond, Don’t React**

Dealing with resident behaviors isn’t about having all the answers—it’s about **responding with empathy, structure, and a little creative problem-solving**. You are their safe harbor in a storm they can’t control.

Take a deep breath, roll up your sleeves, and handle it like the calm, clinical badass you are.