

## **MODULE III**

### **Challenging Behaviors**

#### **Introduction**

#### To the instructor:

No topic in long-term care has received as much attention as the topic of “difficult behaviors”. Books, videos, training programs and manuals abound on how to deal with the resident who is “aggressive”, “agitated” or “uncooperative” and “non-compliant”.

In clinical practice, the number one reason caregivers request consultation in any long-term care setting is when there is a perceived need to “do something” about someone’s behavior.

This 2 hour session is designed for two purposes: one, to assist the ombudsman in understanding why the challenging behaviors they may encounter, observe, or hear about occur; and two, to help the ombudsman feel confident in their ability to communicate with someone who is withdrawn or non-communicative; is suspicious, mistrustful or paranoid; has delusions or hallucinations; is talking about suicide; is threatening or aggressive; is intoxicated.

The approach in this module is predicated on the belief that the best approach to resolving difficult situations requires more understanding than managing.

There are a few basic assumptions that underlie this approach.

First, all behavior has meaning. It may not be immediately apparent, even to the person who is behaving in a challenging way.

Second, many people, including ourselves, do not always ask directly for what we want or need. Often, what is described as “difficult behavior” is an attempt to get some basic human need for security, control or affection met.

Third, it is easier to change our behavior than to change someone else’s.

#### Goals

Increase personal comfort and confidence in abilities to work effectively with residents with multiple, chronic health problems (both mental and physical) living in adult homes.

Increase ability to advocate effectively *for* and *with* residents with multiple, chronic health problems (both mental and physical) living in adult homes at both the individual and systems levels.

Objectives At the end of this session, the participant will be able to

Describe how all behaviors are communications

Identify environmental and physical problems → challenging encounters

Describe strategies for dealing with challenging encounters

### Methods

Lecture	50 minutes	(in two parts)
Self-assessment worksheet	15 minutes	
Role-play/problem solving exercise	30 minutes	

### Materials

LCD Projector or other A/V equipment

Flip chart

3 X 5 index cards (prepared in advance; give one to each “Louie”/”Louise”)

NIMH booklet on Medications (for homework)

Order in advance from

<http://www.nimh.nih.gov>

NIH Publication No. 02-3929

### Format

Begin with a review of the goals and objectives and present part one of the lecture.

At the end of part one, distribute the non-verbal communication worksheet and ask the ombudsmen to select one word that best captures the feeling of the cartoon faces.

On the reverse side of the worksheet, use their own words to describe the feeling depicted in the photographs. There are no “right or wrong” answers but the expected response is on the instructor’s copy. Once everyone has completed the exercise, encourage the ombudsmen to compare notes and discuss their choice. Agreement underscores the fact that facial expressions are powerful communicators; disagreement underscores the fact that we can’t really know what another’s feeling state is without inquiry.

Take a five – ten minute break then complete the lecture when the ombudsmen return.

At the end of part two, break into small groups for the role-play exercise, which is described in detail in the instructor’s copy.

### Homework

Distribute the medication booklet and ask the ombudsmen to read the sections on mood stabilizers and antipsychotic medication prior to Module IV.