



Mental Health Ombudsman Training Manual

Advocacy and the Adult Home Resident

MODULE III

Challenging Behaviors



Objectives: Part One

- ◆ Describe principles of communication
- ◆ Describe behavior as communication
- ◆ Identify factors → difficult behaviors



Objectives: Part Two

- ◆ Describe common challenging behaviors
- ◆ Describe strategies



About communication

- ◆ 10% is through words or speech
- ◆ 40% is through the tone of voice
- ◆ 50% is through body language



About communication

◆ Thinking: 1,000 -2,000 wpm

◆ Speaking: 100-400wpm

◆ Remembering: <25%



About communication

- ◆ Try to understand
- ◆ Be open-minded
- ◆ Stand in the other's shoes



About communication

◆ EMPATHY

◆ SELF KNOWLEDGE

◆ ACTIVE LISTENING



Communication obstacles

◆ Personal problems

◆ Sensory deficits

◆ Emotional state

◆ Cognitive deficits

- Anger

◆ Hallucinations

- Anxiety

- Depression

◆ Thought disorder

- Paranoia



Communication obstacles

- ◆ Interferences
- ◆ Environmental noise
- ◆ Lack of privacy
- ◆ Lack of perceived power



About Behavior

- ◆ All behavior has meaning
- ◆ Attempt to communicate
 - Need or feeling
- ◆ Effect a change
 - Start or stop



About Behavior

◆ "What needs to change?"

- Environment
- My behavior or attitude
- The resident's behavior



Advocacy and the Adult Home Resident

Challenging Behaviors Part Two



Adult Home Setting

◆ Loss

- of control - decision - making
- of independence
- of autonomy - choices
- of identity



Common Behaviors

- ◆ Rummaging, Pillaging, Hoarding
- ◆ Wandering
- ◆ Irritability
- ◆ Delusions
- ◆ Hallucinations
- ◆ Agitation
- ◆ Lack of cooperation

- ◆ Paranoia
- ◆ Socially unaware behavior
- ◆ Aggression
- ◆ Sexual activity
- ◆ Accusatory behavior
- ◆ Anxiety



Common Behaviors

- ◆ Depression
- ◆ Social withdrawal, apathy



Understanding Behavior

◆ What is the communication?

◆ What needs to change?

◆ Is it a problem?

◆ Whose problem is it?

- Mine
- Resident's
- Administrator
- Family
- Regulatory agency



Agitation

◆ Slapping thighs

◆ Clapping

◆ Yelling

◆ Screaming

◆ Self-referred

- Something is wrong with *me*
- Do something!



Agitation

◆ Individuals with

- Dementia
- Delirium
- Stroke
- Developmental disability
- Brain injury
- Agitated depression



Agitation

◆ Common causes

- Noisy environment
- Pain
- Constipation
- Discomfort
- Infection
- Drugs
- Hearing loss

◆ Make sense of the communication

◆ Offer reassurance

◆ Address the underlying problem



Aggression

- ◆ Hitting out

- ◆ Kicking

- ◆ Pinching

- ◆ Biting

- ◆ Threatening

- ◆ Swearing

- ◆ Other referred

- ◆ **Something is wrong with *you***

- ◆ **STOP! Leave me alone**



Aggression

◆ Individuals with

- Dementia
- Delirium
- Stroke
- Paranoia
- Delusions of persecution
- Developmental disability
- Brain injury
- Intoxication



Aggression

◆ Common causes

- Fear
- Anxiety
- Frustration
- Medications
- Sensory loss
- Crowded or noisy environments
- Abrupt, tense or impatient staff



What helps?

- ◆ Make sense of the communication

- ◆ Stop doing what you're doing

- ◆ Back away

- ◆ Stay calm

- ◆ Communicate in soft, low voice

- ◆ Address the underlying problem



Isolation

◆ Paranoia

◆ Sensory loss

◆ Depression

◆ Substance Abuse

◆ Personality



Communication skills

- ◆ Talking to residents who have
 - Depression
 - Psychosis
 - Difficult personalities
 - PTSD
 - Substance Abuse Disorders
 - Severe Anxiety



Communication skills

◆ Talking with residents who are

- Intoxicated
- Dealing drugs
- Hallucinating
- Not making sense
- Engaging in prostitution
- Verbally abusive
- Exploiting others
- Anxious around other people
- Difficulty organizing thoughts



Set the stage

◆ Consider

- sensory deficits
- level of understanding

◆ Commit to listening

- allow time
- be patient
- private
- quiet

◆ Face-to-face

- perceived lack of power
- fear, anger sadness

◆ Tone, posture, gestures

- Communicate respect



Communication skills

Depression

◆ What helps

- Active listening
- Empathy/Hope
 - ◆ “I know you feel this way now, but you won’t always”
- Engage
 - ◆ “Come to _____ with me today”



Communication skills

Depression

◆ What doesn't

- False cheer

- ◆ "Its not so bad"
- ◆ "Cheer up"

- Personal philosophy

- ◆ "There are people here worse off than you"



Communication skills

Schizophrenia

- ◆ Be patient
- ◆ Signal confidence in recovery
- ◆ Maintain attitude of hopefulness
- ◆ Listen actively



Communication skills

Fearfulness

- ◆ Do not use gestures which threaten
- ◆ Take care with touch



Communication skills

Drug use

◆ Zero tolerance

◆ Undermines treatment

◆ ↑ Risk of exploitation

◆ Advocate for treatment