

Behavior Management Non-Pharmacological Interventions

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**Behavior is a form of
communication.**

Agree

Disagree

Communication

- How much of communication is verbal?
 - Only 10%
- How much of communication is non-verbal?
 - 90%

What does the research say?

- Research shows that approximately 90% of residents in a long term setting are said to have moderate to significant behavior issues.

When is behavior problematic?

- When the behavior causes emotional or physical harm to the individual engaging in the behavior or to others.
- When the behavior prevents the individual or others from optimal functioning.

The background of the slide features a warm, orange-brown color palette. It is decorated with several large, stylized leaf silhouettes in a slightly darker shade of orange, scattered across the surface. The leaves have prominent veins and are oriented in various directions, creating a natural, autumnal feel.

**Give some examples of behavior
you consider to be a problem.**

Most Important Thing To Remember:

- All behavior has meaning and should not be taken personally.
- There is some unmet physical or emotional need behind the behavior.

Reasons For Difficult Behaviors

We need to walk in their shoes...



Possible Reasons

- Physical (hunger, pain, need for the B/R, etc.)
- Loss of independence
- Loss of autonomy and choices
- Loss of identity
- Loss of dignity
- Fear
- Boredom
- Memory loss

What can we do?

- As caregivers, we often react to behavior issues rather than making an attempt to prevent them.
- Attempt to focus more attention on “warning signs” with emphasis on non-verbal messages.

General Non-Pharmacological Techniques

- Make sure physical needs are met
- Empathize!
- Respect the individual
- Actively listen
- Provide reassurance
- Allow choices
- Redirect
- Simplify the environment
- Validate and praise
- Simplify the message
- Outline a plan

Assessment Is Key

- Generate as many explanations for the behavior and involve all parties.
- Eliminate all explanations which beyond doubt do not apply.
- Investigate the ideas that remain through continuous assessment.
- Test explanations that remain to see if the behavior decreases.
- Move on to other explanations until behavior changes.

Remember The ABC's

- A = Antecedents: the activating event or situation
- B = Behavior: careful description of the actual behavior
- C = Consequences: outcomes for the person and others

Plan of Care

- Set a realistic goal for your resident.
- Continuously evaluate and re-evaluate.
- Develop/implement a plan/reward for changes in behavior. Focus should be on positive reinforcement.

Take Care of YOU!!!

- We are sensitive being that we work in a helping profession and we must take care of ourselves.
- We often feel somewhat burnt out especially when trying to manage difficult behaviors. We are only human.
- Sometimes we can lose optimism, humor and hope.

Stress Reduction Techniques

- H.E.A.T. Technique to resolve conflicts

(H.E.A.T. Technique adapted from L. B. Gordon, MSW, LCSW)

- Breathing Exercises
- Muscle Relaxation
- Massage
- Meditation
- Self Talk
- Humor/Laughing
- Exercise

Questions and Discussion

Thank you for your time.

References

- Alzheimer's Association Inc. (2010). Steps To Understanding Challenging Behaviors. Chicago, IL.
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