

**A Guide for Caregivers
in Managing
Challenging Behavior**



**Health Care Association of
New Jersey, HCANJ**
December 2013

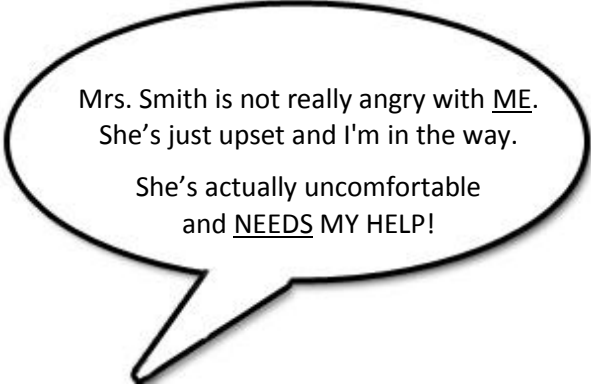
1) Be mindful of YOUR ATTITUDE AND FEELINGS about what is Going On.

- Tune in ... to Yourself!

Are You Calm, Cool, and Collected?

Your Feelings are Contagious.

- Use positive self-talk to get yourself under control and keep yourself there!



Mrs. Smith is not really angry with ME.
She's just upset and I'm in the way.

She's actually uncomfortable
and NEEDS MY HELP!

- REMEMBER switch with another staff member if necessary.

If you can't get your feelings under control—leave the area and ALERT other staff if needed.

2) Keep track of your **BODY LANGUAGE**.

- Move **SLOWLY** and **STEADILY**....**NO SURPRISES**.
- **Make Eye Contact** as much as possible.
- Keep **HANDS** out, where a person can see them, **PALMS UP** and **OPEN**.
- **RESPECT** people's "PERSONAL SPACE."
- **STAND** to the **SIDE** of the person.
- **DO NOT**: **STARE**, **GLARE**, or **CHALLENGE** with Eye Contact.
- **ALWAYS** leave yourself an **ESCAPE ROUTE**.
- **AVOID** standing over the person as this can be threatening.

IF HE OR SHE IS:

- **ANGRY**- stand a few feet away and give them space.
- **CONFUSED**- less distance, use touch after establishing a connection.
- **INWARDLY WITHDRAWN** get closer to the person.



3) THINK about WHAT you say and HOW you say it.

- Be polite and USE his or her NAME.
- SPEAK in short-simple phrases.
- Ask ONE question at a time.
- MONITOR YOUR TONE OF VOICE.
- TALK at Normal Rate, not too fast and NOT TOO LOUD!



- SHOW concern and caring.
- AVOID humor, sarcasm, and insulting remarks.
- REASSURE them that you are here to help.
- **WAIT FOR THEIR RESPONSE and LISTEN CAREFULLY to its meaning.**

**4) Use DIRECTIONS or EXPLANATIONS
APPROPRIATE for the PERSON and
SITUATION.**

**"Mr./Mrs. Smith, let's go to
your room (or a quiet place)."**

**"Tell me what is
bothering you."**

**"How can I help
you be more
comfortable?"**

**"I'm sorry if I upset you.
That wasn't what
I meant to do."**

**It's all right now.
You are safe with me.
I won't let anything
happen to you."**

**5) Listen CAREFULLY to
WHAT THEY ARE SAYING and
TRY to Respond to the Message.**

- STOP doing your task and give them your undivided attention.
- Try to understand what they are upset about.
- Respond to that unmet need or feeling.

• Check for meaning,
“You’re saying that...”



- **DON'T ASSUME** that they have heard or understood you.
 - **AVOID giving advice.**
 - **DON'T try to TELL them WHY THEY ARE WRONG.**
(Don't try to “reason” with them)

6) TRY to CALM or SOOTHE THEM.

- **LOOK AROUND**, remove unnecessary people and noises.
- **MOVE to a quiet place if possible.**

Example: “That does sound upsetting Mr. Jones, let’s go over here where we can talk and solve this together.”

- **GUIDE but DON’T CONTROL.**

Example: “Ok Mrs. Smith, we’ll walk down the hall.”

- **IDENTIFY ANY UNMET NEEDS.** Are they hungry, tired, bored, lonely, or uncomfortable in some way? Any hearing aids, glasses, or dentures missing or not working/fitting properly?

All behaviors are manifestations of unmet needs and a primary part of how the person communicates these needs to you!

- **DISTRACT them by leading to another other activity or topic.** *Example:* “I know you have to get home to your mother, Mrs. Miller, but it seems the car was held up in traffic and will be a little late. Why don’t we get a cup of coffee together while you’re waiting?”



7) REMEMBER TO PROTECT YOURSELF AND OTHERS.

- **LEAVE room or area** if threatened
- **Get out of striking distance** if you sense trouble coming.
Protect yourself with a pillow if you are able.
- **If grabbed by the person**, don't pull away—distract and continue talking until he lets go on his own.
- **Get ASSISTANCE.** Start with asking for help from one person, crowds can make things worse.
- USE PHYSICAL CONTROL **ONLY AS A LAST RESORT!**



8) Resource Page.

When you need help in managing mental health and behavioral crises you can contact Statewide Clinical Consultation and Outreach Program for the Elderly (S-COPE), which is a state funded free-of-charge crisis response service that assists staff and residents within long term care:

- We provide on-site assessments, coaching, consultation, on-site training and off-site regional trainings to help you better manage behavioral challenges within nursing facilities.
- We provide phone consultations, on-site training and access to regional training to help you support residents in Assisted Living.
- We welcome staff from community-based programs for the aged to our regional trainings and annual conference.

**Please call us at our toll-free number
855-718-2699**

9) After A Crisis or Behavior Incident Has Occurred:

It is recommended that a team meeting be held as immediately as possible after an incident or behavior has occurred.

Priority questions and conversation to have are:

- A. What occurred?
- B. When and where did it happen?
Has it happened before?
- C. How long did the event last?
What made it stop?
- D. Was it mild, moderate, or severe?
- E. What parties were involved?
What did they do during the event?
- F. What happened right before the problem?
What happened after?
- G. Why do you think the incident or behavior took place?
- H. **Brainstorm as a team:**
What can be changed in the care plan to decrease the frequency of the behavior?
Can it be eliminated entirely?
Do we need to adjust **OUR** expectations?

10) Take Care of Yourself So You Can Take Care of Others.

Building Resiliency vs. Fueling Compassion Fatigue

Have you or someone you work with been experiencing any or all of the following?

Lowered concentration

Withdrawal from
colleagues and friends

Greater Impatience

Joint and muscle aches

Increase in severity

and number of
medical concerns

Task avoidance

Perfectionism

Detachment

Apathy

Loss of purpose

Sleep disturbances

Depression

Low motivation

Lowered self esteem

Accident prone

These are just **some** symptoms
of **Compassion Fatigue**,
also known as **Secondary Traumatic Stress (STS)**.

11) Counter Compassion Fatigue by Cultivating Resiliency.

Resiliency can be understood as an individual's ability to adapt well during or after traumatic events, stressful situations, threats, or losses. An individual that cultivates resiliency is resistant to compassion fatigue and has a better "bounce back" factor after a crisis. Due to their responsibilities healthcare workers have an increased risk of developing Compassion Fatigue over time, a condition that erodes your ability to feel and care for others.

**To decrease your vulnerability,
take preventative measures:**

- A. Nourish yourself physically** – get enough sleep, eat regularly, exercise to relieve stress and maintain a healthy body. Be wary of using chemicals such as caffeine to 'wake you up' or alcohol to help you 'wind down.'
- B. Remember to release stress** – take a pause for a deep breath, make time for a favorite activity that rejuvenates you.
- C. Utilize social support** from friends, family, and coworkers and carve out time to spend on these relationships.
- D. Celebrate small victories and accomplishments** – focus on the positive! What is one good thing that happened today?

**Health Care Association
of New Jersey, HCANJ**

**Committee on
Changing the Culture of Dementia Care
to Reduce Inappropriate
Use of Antipsychotic Medication
December 2013**