



Navigating Through Challenging Behaviors

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Individual Exercise

See what you know and think about challenging behaviors before starting the class.

Circle “True” or “False” for each of the statements below.

- True False 1. There is very little you can do to prevent most clients’ challenging behaviors.
- True False 2. It takes discipline and hard work to respond and not react to a client’s challenging behavior.
- True False 3. It is your responsibility to control how a client acts.
- True False 4. It is rare that something triggered a client’s challenging behavior.
- True False 5. What you do can sometimes make a challenging behavior worse, not better.
- True False 6. The more you know a client, the better you will be at working with any challenging behaviors.
- True False 7. Look for any health reason for a client’s challenging behavior first.
- True False 8. Never walk away from a client during a challenging situation.
- True False 9. Asking other care team members for help with a challenging situation means YOU have not done your job.
- True False 10. If your first attempt at handling a challenging behavior doesn’t work, try something different.



Introduction

As a long term care worker, there will be times when working with a client requires more effort, skill, and patience on your part because of a client's challenging behavior. The training provides information, tips, and best practices to help guide you through these challenging situations.

Many clients are under a great deal of stress. Clients can be:

- Facing the loss of their independence, dignity, purpose, home, favorite possessions, pets, or friends and family either through death or distance.
- Losing control of parts of their body.
- Living with chronic pain.
- Experiencing many difficult emotions such as fear, hopelessness, anxiety, frustration, uncertainty, or even depression.
- Have a disease or be on medication(s) with side effects that create challenging behavior.

It is unrealistic to think a client can handle this much stress and change gracefully all the time. It takes **a lot of hard work and courage** not to be crabby, bad-tempered, withdrawn, anxious, resentful, angry, and/or impatient at least sometimes.

It is up to a client to control his or her behavior (to the degree possible based on his or her disease or situation). How a client behaves is not your responsibility. But, many times there are things you and other members of the client's care team CAN do to help prevent or minimize a client's slide into negative or challenging behaviors.

You will need additional information outside of what is covered in this training to handle challenging behaviors when the client's disease or condition impacts behavior. Always talk to the appropriate person where you work if you need more information, support, or resources.

Many clients are role models for handling significant life change with dignity and grace.

When Behavior Becomes Challenging

This training focuses on what happens when a client's behaviors moves from negativity to challenging, threatening, or even dangerous. This may be:

- **Verbally** – such as yelling, name calling, blaming, swearing, or sexual advances.
- **Physically** – such as hitting, biting, kicking, grabbing, throwing things, pinching, or spitting.

As a LTC worker, your role is to use a conscious, logical approach to help calm and resolve the situation respectfully and safely. You want to:

- Get to know what triggers a client's challenging behavior. Learn what:
 - Helps prevent it from happening in the first place.
 - Things help stop or minimize the behavior when it happens.
- Remain calm and respond, not react, to the situation.
- Make sure your behavior does not create or intensify the situation.
- Know when YOU need help and should get others involved.
- Keep other care team members updated (documenting and reporting).
- Get medical or other emergency help when it is needed.



Steps to Navigating Challenging Behaviors

There are three main steps that will help you navigate through a challenging behavior.

1. Stop.

- Make sure you are not reacting.
- Get calm and focused.

2. Try to figure out what triggered the behavior.

3. Consciously choose how best to move forward.

- Problems solve possible actions to take.
- Try what you think is the best solution.
- Adapt what you are doing or try something else if it isn't working.

Navigating Through Challenging Behaviors Guidelines



1. Make sure you are not reacting.

Get **calm and focused**.

Look for **what might have triggered** the behavior.

Rule out any health concerns first.

2. Think.

What can you do to help calmly navigate through what is happening?



3. Pick the best solution/action and try it.

Get help if you need it.

If your solution doesn't work — **try something else**.

The more experiences you have as a LTC worker the more you will find yourself following these steps automatically. As with any new skill, you have to practice it to get more comfortable.

Even with experience, dealing with challenging behaviors is unsettling. You may experience feelings of guilt, anger, frustration or be overwhelmed. After a challenging situation is over, you may second guess every step and wonder if you handled things correctly. These are all normal feelings reported by other LTC workers – and part of the reason these situations are considered a “challenge.” Be patient with yourself. Use these steps as a guide.

Remember, you are not alone.

Rely on other members of the client's care team for advice, information, and support.





Individual Exercise:

Briefly describe the most challenging behavior you have experienced with a client? If you are new to caregiving and haven't experienced a challenging situation with a client yet, describe a challenging situation from your own life or another job.

What were some of the emotions you felt when first faced with the situation?

What did you do to get calm so you could focus on handling the situation?



1. Pause, get calm and focus

Most challenging behaviors have a cause or trigger. There is a reason for the behavior. A client's challenging behavior is likely **a reaction** to something that set the behavior in motion. Reacting means the client is unconsciously, emotionally, and possibly impulsively behaving without any thought.

Reactions are emotional actions without thought.

A person who is reacting is often:

Unlikely to:

- Be aware of anything besides what he or she is experiencing.
- Listen or be open to another person's perspective.
- Slow down and think through the consequences of his or her actions.
- Be patient or calm.

Likely to:

- Be consumed with emotion - making it difficult to control the emotion or think.
- Feel justified in the way he or she is acting.
- Be easily provoked into becoming even more emotional.

Being around someone who is highly reactive/emotional is contagious. It can be hard not to get pulled into his or her energy. If YOU begin to react to the situation, you are:

LESS likely to:

- Listen and get the information you need to understand what is actually happening.
- Stay calm.
- Get the situation resolved quickly.



MORE likely to rush in and:

- Become emotionally “hooked in” yourself.
- Provoke the client even further.
- Make the situation worse – not better.

Reacting often makes the situation worse not better

You can’t control the client’s behavior. You can control your response to it. You need to work hard to **RESPOND** to what is happening and not **REACT** to it.

Responding to a situation helps you:

- Not add more fuel to the client’s challenging behavior.
- Look at things more objectively.
- Conserve your own emotional energy.
- Not become defensive, angry, or upset.
- Logically choose the best approach.
- Not make things worse.

You are ready to respond when you(r):

- Breathing is close to normal – not shallow or elevated.
- Are consciously aware that you are thinking – not emotionally reacting.
- Are observing the situation from the outside – not caught in it.
- Have an idea of what to do.

Responding is action with thought.



Individual Exercise

We all have patterns in how we look, feel, and act when we react. Let’s take a closer look at yours.

Think back to a situation where you **KNOW** you reacted instead of responding. This can be at home or work. Examples might be a heated fight, a driver cutting you off on the freeway, or a client throwing his lunch at you.

Describe what happens when you react:

In your **body** (such as tense shoulders, shallow or rapid breathing, clenched fists).

With your **emotions** (such as anger, fear, withdrawal, freeze/get numb).

In your **head** (such as “I can’t stand this,” “Get me out of here”, “what a jerk”)?



There is power in the pause!

Responding versus reacting to a challenging situation takes self control and discipline. The best way to respond, and not react, is to STOP before taking any action (unless someone is in immediate danger).

When faced with a challenging situation, train yourself to:

- **STOP** - even if it's only a few seconds.
- Take two or three deep, conscious breaths.
- Catch yourself reacting - look for your own, personal clue or "reaction signal."



Individual Exercise

Look back at your list above of how you look, feel, and behave when you react. Pick one thing that can serve as your personal "reaction signal". Pick something that you do a lot and is pretty easy to spot once you train yourself to look for it.



Write down your ONE thing.

Practice, practice, practice looking for your "reaction signal" when faced with a challenging situation. You want it to become second nature for you to do so.

When you can easily recognize your reaction signal, you can take the steps you need to become calm and decide how to best handle the situation.

Button pushing

All of us have things, events, people, environments, or types of situations that push our buttons. It is even harder work to respond, stay calm, and not react when your personal buttons are pushed.



Individual Exercise

Make a list of some of the things, events, people, environments, or types of situations most likely to push your buttons!

Being better aware of your personal buttons will also help you know whether you are the best person to handle a situation or should ask for help.

Get calm and focused

There are many ways to get calm and focused. Find what works for you.

- Take a few deep breaths (refer to page 202 in your Learner's Guide for more instruction).



- Count to ten.
- Detach yourself from the emotions of what is happening around you.
- Separate the behavior from the person.
- Recognize it is not about you.
- Repeat a positive phrase or affirmation to yourself such as “I am calm and relaxed in every situation” “I remain calm and positive in difficult situations” “I remain calm and in control under stress.”
- Get a clear picture in your mind of armor surrounding and protecting you from harm.
- Imagine a scene, person, or experience that gives you a feeling of calm.

If you are still unable to get yourself calm and focused, give yourself a brief time-out (if possible in your situation) or ask for help. It is better to walk away for a few minutes and collect yourself than to risk reacting and making the situation worse.

2. Figure out what is happening

Your excellent detective, active listening, and observation skills are needed to figure out what is happening. What caused or triggered the challenging behavior? Remember, most challenging behavior has a reason.

In working with any client, it is always important to:

- **Get to know the client**
 - Learn about his or her:
 - Routines, preferences, and daily rhythms – especially as they relate to needed care.
 - Life history.
- **Be emotionally available**
 - Show genuine interest and concern.
 - Realize that your own personal feelings of stress, personal worries, and time pressures can add to any emotional tension the client is experiencing.
 - Actively listen to the client.

Both of these things are especially important when handling challenging behaviors.

Expressing a Need or Desire

There are many reasons a client may not be able to communicate with words what he or she needs or wants. Clients may not be able to:

- Speak.
- Process things quickly enough to explain what is happening or needed in the moment.
- Understand themselves due to their disease or condition.
- Have the strength to get the words out. For example, he or she may be in too much physical and/or emotional pain.

Sometimes, what you may see as a challenging behavior may be **the only way that client can tell you that he or she needs or wants something**. Here are some examples.



- You are trying to transfer Mrs. Johnson from her chair to her wheelchair to take her to dinner. When you try to put on the transfer belt, she slaps your hands and pushes you away. You try again, she pushes harder. It turns out, Mrs. Johnson needed to go to the bathroom. She was concerned about going to dinner and soiling herself.
- Mr. Adams has rheumatoid arthritis in his hips and back. While helping him get his pants on today, he kicked at you when you tried to get his left leg into his pants. It turns out, Mrs. Adams was in more pain than usual today and what you were doing was making his pain worse.

Always ask yourself: is the client trying to communicate something he or she wants or needs with his or her challenging behavior?



Group Exercise

Take a look at both of the examples listed above. What would the LTC worker need to know or do to understand what was happening in these situations? How would the LTC worker find out the information?

Physical, Environmental, and Emotional Triggers

The following are some common triggers to look for that may be causing the behavior.

There are three main categories of triggers that might cause or worsen a client's challenging behavior. They include:

1. **Physical triggers** such as a symptom of his or her disease or condition, infection, pain, medication side effect, dehydration or reaction to care being given.
2. **Environmental triggers** such as too much noise or people, intrusion into his or her space, temperature (too hot or cold), something unfamiliar being added in the environment, something familiar being removed or moved, or lack of privacy.
3. **Emotional triggers** such as overwhelming feelings because of past or current events or relationships such as the loss of a loved one, loneliness, a fight or disappointment with a relative/friend/another care team member, anxiety, or fear, etc.

The client's perspective is what's important when looking for possible triggers. What has triggered the client's challenging behavior can be very different than what would trigger yours.

Walk in the client's shoes instead of your own.



Look for **physical triggers**

Think about possible physical causes first. This is especially important if you see a sudden change in a client's behavior. Physical triggers can include:

- ☐ Medication side effects or drug interactions. This is especially important when medications are added or stopped.
- ☐ Symptoms caused by the disease or condition.



- ☐ An infection, such as a urinary tract infection.
- ☐ Pain.
- ☐ Dehydration.
- ☐ Hunger or thirst.
- ☐ Fatigue.
- ☐ Recent injury.
- ☐ Incontinence.
- ☐ Constipation.
- ☐ Unmet physical care needs such as needing to go to the bathroom.
- ☐ Uncomfortable clothing.

Although you need to be familiar with common symptoms of infection, dehydration, the client's disease or condition, and medication side effects, your role as a LTC worker **does not include diagnosing medical issues**. If you are concerned about a client's medical symptoms, always contact the appropriate health care person where you work. Get help!



Environmental triggers

- Too cold or too hot
- Lights too bright or too dark
- Too many people, noise, things happening
- Someone or something too close to the client's personal space or things
- New environment or people



Emotional triggers

- Change in routine (especially if the client feels no control over the change)
- Recent big changes or losses in the client's life
- Difficulty with family, friends, other care team members
- Need for attention or to regain a sense of control
- Depression
- Boredom

Other things to look for

The answers to the following questions can help you pinpoint what is happening.

- What happened just before the behavior started?
- Were there other people involved when the behavior occurred?
- What is happening in the person's living space?
- Is this new behavior?
- Are there certain actions that make it worse?
- Is the client trying to communicate a need or desire?
- Is the client getting attention for the behavior?
- Are there any patterns you can see? For example, is there a certain time of day, events such as shift changes, person, substances like sugar or caffeine, or after taking a certain medication that sets it off?





Group exercise

Read the following scenario.

Mrs. Jameson has been at the AFH where you work for six weeks. She is 82 years old, has congestive heart failure, diabetes, and needs help with bathing, a reminder (cueing) to take her medications, transfers, meal preparation, and sometimes dressing.

This morning she told you she was so excited that her daughter was coming for a visit this afternoon that she had a hard time sleeping last night.

Her daughter was two hours late. They took a short drive and stopped to get ice cream. The weather turned cold and they got caught in some heavy rain when they walked back to the car. Mrs. Jameson was cold, wet and had soiled herself. Her daughter had not stopped for Mrs. Jameson to go to the bathroom and dropped her mother off without coming in. Mrs. Jameson also missed her 4 PM medications.

Before dinner, you hear Mrs. Slater, another client at the AFH, pounding loudly on Mrs. Jameson's door and jiggling the doorknob. Just as you get to Mrs. Jameson's door, something crashes against it from inside the room. You knock on the door and tell Mrs. Jameson it is you. Mrs. Jameson yells loudly "Get out, get out, get out." Mrs. Slater continues pounding on the door.

List at least five things that may have triggered Mrs. Jameson's challenging behavior.

- 1.
- 2.
- 3.
- 4.
- 5.



3. Take Action to Handle the Situation Respectfully and Safely

There is no "one size fits all" formula to handle challenging behaviors. What works in one situation may not work ten minutes later. What works with one client may have the opposite result with another. **The best way to deal with challenging behavior is to adapt as you go to each unique client and situation.** This means you must be:

- Constantly aware of what signals the client is giving off.
- Ready to adapt, walk away, soothe, distract, or respectfully steer the client away from what triggered the behavior.
- Willing to do something different if what you tried doesn't seem to be working.

Adapt as you go to each unique client and situation.

Best practices in handling challenging behaviors

The following are some general best practices to help guide you in possible actions to take when faced with a challenging behavior.



➤ Get help

One of your first decisions is whether or not other care team members must get involved. There will be specific policies and procedures the AFH, BH or HCA requires in certain situations. Generally, this will include who, when, and how to get the client medical attention (both physical and mental health), or get other care team members and/or the client's family, friends, or guardian involved.

If you need help, get it! This is especially important when medical or other emergency help is needed.

The safety and well-being of all involved is your top priority. This includes you. Never put yourself in danger.

Finally, **speak up immediately** if you ever feel you are at your own breaking point/limits in dealing with a client's challenging behavior. Talk with your supervisor or another appropriate person where you work. He or she may be able to have another LTC worker temporarily take over with that client, come with you and help work with the client together, or have some other suggestions for how to handle the situation. Sometimes a shift or two away from the situation will give you back the perspective and patience you need to treat the client with dignity and respect.

Never let your frustration lead to the possibility of losing control or harming a client.

➤ Minimize or eliminate the trigger

Do you have an idea of what is causing the behavior? Is there something YOU can do, help make happen, or give the client that will stop or minimize the trigger? Then, do it!

Widen YOUR perspective about what is acceptable in the moment

Adapt and be creative. If meeting a client's need or request has a good chance of minimizing or eliminating the behavior, ask yourself the following questions:

- Does it hurt anyone to do it?
- Are YOU the roadblock because it:
 - Makes you change or adjust YOUR schedule?
 - Might look odd or unusual to others?
 - Requires you to "think outside the box?"
 - Would be easier to do it the "regular" way or at a less busy or unusual time?

➤ Adapt

Look for ways to adapt to the client and his or her routine. This can include:

- Changing when or how he or she receives care.
- Breaking tasks down into smaller steps.
- Taking frequent breaks to allow the client more time to do each step.
- Not doing certain tasks as frequently or doing them at a different time.
- Doing some more prompting or cuing.
- Encouraging independence and choice in even the smallest ways.
- Using assistive devices to their fullest extent.



Observe the subtle details

Getting to know things like what a client likes to eat and when or how he or she wants certain personal care tasks done is one level of what you need to know about a client. There are other, more subtle, details to learn about a client.

Being aware and observant of these subtle details can be even more important when dealing with challenging behaviors. The answer for successfully navigating through challenging behaviors is often in the subtle details of who the client is as a person.

- How do you know when the client likes or doesn't like something?
- What types of things, situations, or people seem to make the client frustrated, anxious or nervous, angry, etc.?
- What pace of activity is comfortable for that client? How do you know when it is too fast or too slow?
- How does the client communicate (both verbally and with body language) what he or she wants?
- Is there anything you can learn about the client's general personality that gives you an overall sense of the best way to work with him or her?
- Is there anything unique to that client's culture that could be contributing to the challenging behavior?

When you get to know some of these more subtle things about a client, you can watch for early warning signs of possible problems. Take action immediately to help the client feel more calm and reassured (reduce or minimize the trigger, give space, calm, distract, reassure, etc.)

You have to have (or learn to have) the patience, desire, and emotional and physical energy to stop and take the time to adapt and work through the client's challenging behavior.

Give space

Ask yourself whether giving the client some space would be best. If it is safe, come back in five or ten minutes. This may give the client time to calm down. Some quiet time for the client may be all it takes to resolve the situation.

Giving space can also mean staying with the client and respecting his or her need for personal space. How much space does the client appear to need around his or her physical body? Is he or she hypersensitive to touch? Movement? Claustrophobic? Is there a particular way you can approach the client that seems less unsettling to him or her? Knowing the answers to these questions can help guide you in how best to approach the client any time, but is especially critical when he or she is highly reactive.

Tips when approaching a client

Pay special attention to how you approach a client. A client's sense that you are invading his or her personal space is a common trigger of challenging behavior. Always:

- Knock. Ask permission to enter a client's personal space.
- Approach a client from the front so he or she knows you are there.



- Smile genuinely.
- Try to get a client's attention before you talk.
- Move slowly. Avoid sudden movements.
- Identify yourself and why you are there.
- Address the client by the name he or she prefers.
- Spend a few minutes talking with the client before providing care. This gives you time to see how the client is doing and gauge if it is safe to proceed with care.
- Explain what you are going to do.

➤ **Sooth and comfort**

- Slow down your own movements and energy.
- Try not to show any anxiety or other intense emotions. They will likely increase the client's reactions.
- Speak slowly, softly with a low pitch, and in a reassuring tone. Make sure the client can hear you if he or she has trouble hearing.
- Offer things you know comfort that client (warm blanket, rocking chair, quiet music, a cup of tea, turning on a favorite TV show, a favorite object).
- Reduce distractions or background loud noises as much as possible. Examples might be turning down the TV, asking others in the room to step out, or turning down the lights. Always ask the client's permission before doing any of these things.
- If touch might be comforting, offer physical comfort such as lightly stroking the client's hand, a hug, or back rub. The appropriateness of comforting touch depends on the client and the policies where you work. If offering comforting touch is allowed where you work, always ask the client's permission first! Make sure you know the client's preferences when it comes to touch and back off immediately if it further upsets him or her.

As a general rule, remember that your body language is your best communication tool. This means it is critical that:

- Your posture, facial expressions, and stance are relaxed and open.
- Your tone is respectful and calm.
- You move slowly.
- You stop what you are doing and focus on the client.
- Your body language matches the words you say to the client.

➤ **Reassure**

- Listen! Let the client talk about his or her feelings. Don't ask a lot of questions at first. Let the client get some of the excess emotions out. Listening helps make sure the client knows he or she has been "heard" by you.
- Be understanding and sympathetic (within reasonable limits – you don't want to reward the challenging behavior). For example, say "It looks to me like you're upset, Sue. How can I help?" This lets the client know he or she is not alone and you are there to help.



It isn't acceptable if you are treated with disrespect or threatened. Set clear boundaries with the client. For example, "Sue, I can see you are upset but this does not mean you can yell at me and call me names. What will help you right now?"

Be careful with your delivery, manner, and tone when communicating things like this. What's important is how the client hears it. The client is much more likely to respond favorably if you sound sympathetic rather than insincere, annoyed, frustrated, or angry.

This is not the time to have a long talk with a client about his or her behavior. Wait until later when the situation is calmer to work through any boundary issues or concerns.

➤ **Distract or redirect**

- Distract the client by offering choices such as a calming or favorite activity. Examples include a walk, offering a snack or beverage, or turning on the TV.
- Change the conversation to something positive that may absorb him or her.
- Encourage the client to take several deep breaths.
- Reinforce any glimmer of positive behavior.

➤ **Encourage**

- Listen, listen, listen!
- Reinforce all positive behavior – no matter how small.
- Encourage a client to keep happy reminders, such as family pictures or treasured keepsakes in plain view.
- Encourage the client to choose healthy behaviors in diet, exercise, and socializing with others. These things are known to support a client's overall well-being (and health).

➤ **Protect and support other clients being impacted by challenging behaviors**

It can be very upsetting for other clients to see or be part of a client's challenging behavior. Remember to stay aware of other clients in the area. Take action to support and protect other clients if they are impacted.



These are just some of the many actions you can take when navigating through challenging behaviors. After thinking through your options, choose one you think has the best chance of working.

If you see it isn't working, don't be afraid to try something else (or get help).





Group Exercise

Read the following scenario.

Mr. Bradley has been at the boarding home for two years. He is sixty three and has cerebral palsy. He needs a LTC worker to help with most of his personal care needs. He is able to grab and hold very lightweight things with his left hand but needs help steadying his arm most of the time. There are several assistive devices that help Mr. Bradley do things for himself – which he prefers.

You have not provided care for Mr. Bradley before. Today you are asked to help Mr. Bradley eat his lunch. His regular LTC workers have both been out sick with the flu the last few days.

The dining area is full and unusually noisy this afternoon. Another LTC worker has brought Mr. Bradley to the table. When you sit down next to him, Mr. Bradley turns his face away from you. He pushes your hand away every time you get near his mouth with the fork. Thinking he may be thirsty, you ask him if he would like something to drink. He does not answer you. Just in case, you go get a cup of water. When you get it near his right hand, he pushes it to the floor.

Brainstorm 3-5 possible triggers for Mr. Bradley's behavior.

- 1.
- 2.
- 3.
- 4.
- 5.

Brainstorm 2-3 possible actions that might help you navigate through this situation.

- 1.
- 2.
- 3.

Decide as a group which action you would try first and why.

Good self care after a challenging situation

As a LTC worker, you need to replenish your emotional reserves after handling stressful situations. This requires good self care. Take time to deal with your feelings.

There are many different ways you can get overloaded or overwhelmed as a LTC worker. It may be physically, mentally, emotionally and even spiritually. When overloaded in one area, use one of the other areas to get back to a better place of balance and well-being. For example, if you are emotionally overloaded after a challenging situation, take a walk (physical), read a favorite magazine (mental), or meditate or pray for a few minutes (spiritual).



Many caregivers find it helpful to talk through what happened with other care team members after a challenging event. This can:

- Help you process what happened and understand and let go of the emotions attached to it.
- Let other care team members share their thoughts and help brainstorm how to work with the client in the future.
- Help reinforce that challenging situations happen to others. It isn't just you.

Remember to guard a client's right to privacy and confidentiality.

Prevent or minimize challenging behaviors

Once the heat of the moment has passed, you will have more time to reflect on what triggered the challenging behavior. This information helps you take steps to avoid these situations from happening again. With more time to reflect, you may see additional patterns or concerns.

Document and report

You will have important information to share with other client team members. Other care team members need to understand and learn from what you observed, what actions you took, and what did and did not work.

There will be policies and procedures for documenting and reporting challenging situations that you must follow. Objectively writing down what happened and what actions you took gives everyone a record. This record will also help make sure you don't forget even small details that, when reviewed again, might reveal important information.

Looking At Specific Behaviors

The information covered in the beginning of this training relates to any challenging situation. The following are some **additional** suggestions to consider when dealing with a specific behavior. More specific information related to dementia and mental health is available in DSHS's Dementia Specialty Training and Mental Health Specialty Training.

Handling a Client's Anger

- Don't take the anger personally. Most of the time, the client's anger is not about you.
- Listen carefully. Allow the client to express the anger before responding.
- Pay attention to the feelings behind the client's actions and words.
- Acknowledge the anger. Let the client know that you realize he or she is angry. For example, "Sara, it looks to me like you are really upset that someone took your favorite pen." Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to." "You're right, these sheets are all wrinkled up."
- Give the client a chance to make decisions and be in control.
- Help the client regain a sense of control. Ask if there is anything that would help him or her feel better. Remember, sometimes that means giving the client some space and coming back later.
- Offer alternative ways to express anger. Examples might include talking through it, drawing pictures or another form of artistic expression, or writing a complaint list.





If the client is unable to control the anger and/or you fear that he or she could be a threat to you or others, get help immediately.

When anger turns to possible violence

We all have an internal alarm system that lets us know when something is off or possibly dangerous. If you feel afraid or have a “funny” feeling, pay attention. Deal with your uneasiness first. Once you do, you will be better able to respond to the situation and ensure everyone’s safety.

- Do not isolate yourself with anyone you think may be dangerous. Keep a safe distance, do not turn your back, and stay seated (at eye level with the other person) if possible.
- Leave the door open or open a closed door, and sit near the door. Be sure someone else is near to help, if needed.
- Don’t let anyone get between you and the door/exit.
- Soothe and calm if possible.
- NEVER touch the client or try to remove him or her from the area. Even a gentle push or holding the person’s arm may be misinterpreted and the client may respond with violence.
- If the situation worsens, find a way to excuse yourself, leave the room/area and get help. *“You’ve raised some good questions. I’ll talk with my supervisor to see what we can do.” “I think I hear someone at the door. Excuse me for a minute while I go see who it is.” “I have to go to the bathroom. I’ll be right back.”* Then, get help.

Pushing, pinching, slapping, kicking, biting

If your safety or that of others is threatened, get away and get help. This kind of situation is not typical, but it can be dangerous.

If your personal safety is not threatened, step back and decide how best to respond. Make clear that this behavior is unacceptable. *“We don’t hit.” “It is not okay to push me.”*

If this is an unusual situation,

- Look for an unmet need or desire first.
- Rule out any possible medical concerns.

If the client sometimes or often pushes, pinches, slaps, kicks or bites:

- Be especially careful how you approach the client (see page14).
- Provide care from the side when you may be a target.
- Follow the client’s general routines and rhythms.
 - Is there a better time of day to do the tasks that lead to challenging behaviors?
Choose the most promising time and location for care.
- Distract and calm before beginning task. For example, spend a few minutes chatting with the client before you begin care.
- Talk with the appropriate person where you work about getting help from a behavioral specialist or other professional.



Handling sexual behaviors

- Sexual behaviors may not be personal or even sexual. The behavior could be how the client is expressing something he or she needs. For example, a man pulling down his pants might need to go to the bathroom – and is not “exposing” himself for sexual reasons.
- Redirect the client into another activity or in a neutral, matter-of-fact manner.
- Ask the client to move to a private location.
- Sometimes a client can get confused by your touch. Explain to the client why you are there in a matter-of-fact tone and move on.
- A client may be involved in a consenting sexual relationship. There may be policies and procedures where you work on how you are to handle these types of situations. Make sure you know what they are ahead of time. If it is the policy where you work, give the couple privacy and come back later.
- A consensual sexual relationship is not possible between you and a client. You can NEVER have any sexual relationship with a client.
- Have a plan and think through how you want to handle sexual situations.

Sexual assault of any kind towards a vulnerable adult (see page 25 of the Learner’s Guide) is abuse and needs to be reported to DSHS and law enforcement.

Disrespectful behavior

- Calm yourself. A natural response to being treated disrespectfully is anger. Learn to recognize and admit to yourself that you are feeling angry (or any other strong emotion you may have in this situation).
- Know your own warning signs. If you don’t feel you can control your emotions, take a “time out” if it is safe and appropriate in the moment. This might be leaving the room for a few minutes, taking a break or walk until you feel calmer.
- Take several deep, relaxing breaths.
- Give clear feedback. Let the client know what he or she has done that was disrespectful and how it makes you feel. Be specific, use “I” statements, and keep your comments brief and factual. For example. "When you use that tone of voice with me, I feel unappreciated and upset."
- Set clear boundaries and communicate politely how you wish to be treated.
- Stay positive. Don’t get drawn in to the client’s negative behavior.
- Listen for what the client might actually be saying behind the disrespectful words. For example, ask the client "What's wrong? Did I do something to offend you? If I did, I'm sorry." This can set the stage to resolve, rather than fuel the situation.
- Identify what, if anything, may be causing or contributing to the behavior.

Anxiety

Chronic illness or disability may make the client more anxious than usual. Symptoms of anxiety might be worrying about small details, constant or unreasonable demands, dizziness, chills, heart pounding, irritability, depression, insomnia and poor concentration.



- Identify if there is anything contributing to anxiety such as too much caffeine, smoking, watching crime shows on television, alcohol or non-prescribed drugs, or medication side-effects. Encourage the client to decrease or stop doing those things.
- Look for the feelings behind anxious demands. For example, a person with breathing problems may demand that windows are open on a cold day because she feels she can't get enough air.
- Use comforting touch if allowed where you work and appropriate for that client. Reassuring the client that things are under control while stroking her hand may help ease the anxious feelings.
- Encourage her to:
 - Breathe deeply.
 - Spend 20-30 minutes doing some kind of deep relaxation per day such as meditation, prayer, deep breathing exercises, or visualization.
 - Get regular exercise.
 - Stay well hydrated. Dehydration contributes to anxiety.
- Try to distract the client's attention and get him or her to focus on something else. Sometimes disrupting the thought pattern is enough to stop the repetitive thoughts that are causing anxiety.





Group Exercise

Have a volunteer explain the situation and challenging behavior he or she wrote down in the exercise on page 3. We are looking for situations where the client was angry, violent, anxious, sexual, or disrespectful.

Volunteer: Guard the client's confidentiality and give the objective facts only – not your opinion. Only describe what happened up until the point you were faced with the situation.

Briefly give some client background such as:

- His or her disease or condition, and level of care needed.
- Any relevant information about the client's current situation that you were aware of at the time.

Describe the challenging situation **as you first entered into it**. Include:

- What you saw and heard.
- What was happening before the behavior occurred (if you know).
- What other people, if any, were involved when the behavior occurred.

Group:

Brainstorm:

- A possible trigger to that client's challenging behavior (at least three to five).
- Several different actions a LTC worker might use to respond to the situation (e.g. calm and soothe, distract, leave the room, etc.) and why those actions might be appropriate for this situation.
- The best action to try first and why.
- What, if anything, could a LTC worker do to prevent or minimize this behavior before it started?

Volunteer:

Briefly describe what action you did take and how it worked. Would you do anything differently in hindsight or after what you have learned in this training?

Repeat these steps using another volunteer's example.





Individual Exercise

1. List one thing you learned in this training that you know you are going to try the next time you are faced with a challenging situation.
2. List one thing covered in this training that you suspect will be **difficult for you to do** when faced with a challenging situation?

What about it makes it seem difficult.

Small Group Exercise

Break into small groups of 3 or 4. Have a volunteer in the group share his or her answers to question 2. Brainstorm some things the person could do to make it feel less difficult. Do the same for each group member.

Conclusion

As you have seen throughout this training, there are many things you can do to navigate through challenging behaviors. The ideas and suggestions from this training can only help if you use them.

