
Working with challenging behaviors

Part 1: Introduction



Self-study course

Course objectives

By the end of this course you will be able to:

- 1) Describe a method of identifying the messages behind challenging behaviors.
- 2) List internal and external factors that may trigger challenging behaviors.
- 3) Describe the ABC model.

Working with challenging behaviors —

Part 1: Introduction

Introduction

Caring for the elderly and people with disabilities can be rewarding, but it can also be demanding and difficult. As a caregiver, you may work with someone who cannot talk to describe his problems or who has other physical, mental or emotional disabilities.

At times, it can be frustrating, particularly when you are caring for individuals who hit, kick, throw objects, resist care, spit, yell, argue, threaten, wander, or display other challenging behaviors.

People who display behaviors like those listed above are often identified as problem individuals. They are seen as a source of danger or distress to themselves and sometimes to other people and caregivers.

Interventions of psychoactive medications and physical restraints are sometimes used. However, psychoactive medications can have negative side-effects and physical restraints can cause serious injuries. There are many other options available.

In order to support the individuals you serve and ensure their health and safety, here are some thoughts and tools to help you to deal with challenging behaviors effectively.

Challenging behavior is a message

Behavior is a form of communication. Just as speaking is a form of communication, a person's actions or behaviors are ways of communicating. It can be an important and helpful tool for understanding a person; what he is thinking or feeling. This communication can be thought of as a behavioral message. These messages can tell you important things about a person and the quality of his life.

Challenging behaviors often result when a basic need has not been met. Instead of verbally communicating a need, the person acts out or uses behavior to “say” it.

For example, a person asking repeatedly to go home may be expressing his desire to find a state of mind where he feels comfortable, secure, loved or needed, rather than a desire to go to a particular place. For this person, loneliness may be the real message.

Here are other examples of the messages a person may be communicating through his behavior:

- I am lonely.
- I am bored.
- I am scared.
- I am confused.
- I have no power.
- I need control.
- I need choices.
- I am in pain.
- I need a quiet place.
- I need help.

Obviously there are many needs that a person may be conveying with his behaviors. A single behavior can mean many things. The important point is that the behavior has meaning. ***It does not occur without reason.***



What is your role?

You need to remember that challenging behaviors should be viewed as symptoms of an unmet need, and your job is to find out what the unmet need is.

The investigation

Check out physical health first. When you observe a new behavior or an escalation of an old behavior, always assume it may be due to a physical health problem first. You should:

- **Review medications.** The person may be experiencing a reaction to a new medication or even to one he has taken for a long time. Look up side effects and drug interactions in your drug resource book or check with the doctor or pharmacist.

- Check to make sure he received the correct medication or correct dose.

Ask questions about his body systems. For example:

- a. Could he be constipated?
- b. Could he have a bladder infection?
- c. Could he be experiencing joint pain?
- d. Could he be having trouble breathing?

Move on to other areas. If you do not identify an immediate physical health problem, explore other possibilities. Of course you will want to speak directly with the resident about the behavior whenever possible. You may need to try some best guesses at what you think might be going on when he is not able to talk with you about his behavior.

Spend time with the person so that you get to know each other better. This is the first and most necessary step in establishing a relationship. The better you know the person you care for, the easier it will be to understand the messages of his challenging behavior and his unmet need(s).

Supporting a person with challenging behaviors requires you to get to know him as a complicated human being influenced by a complex personal history. Knowing a person's life story and developing an honest relationship with the person can often lead to a better understanding of the reason for his challenging behavior.



One way to get to know the person better is to learn his life story. Sometimes challenging behaviors can be triggered when sad memories are unknowingly raised.

For example, if a person lost family members in a boating accident, problems may occur if a caregiver shows pictures of his new boat. It is critical to know about a person's life story. The simple process of collecting information to document the life story can pay off immediately. Talk to family or friends if the person allows.

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What is your role? — continued

The life story assists caregivers to:

- Be able to tell familiar stories and paint a picture of past achievement.
- Honor traditions, including religious values.

More information about the life story can be found in the book *The Best Friends Approach to Alzheimer's Care* by Virginia Bell and David Troxel, *Health Professions Press*, 1997.



Learn the history and patterns of the behaviors

Knowing the history and pattern of a behavior will help you understand what the challenging behavior means. Understanding why it is occurring will guide what you do about it. You can keep a log or diary to record:

- What is the behavior? Describe clearly what the person does or says.
- When did the behavior begin, i.e., how long has it gone on?
- Where does the behavior typically happen?
- How often does the behavior occur?
- How long does the behavior last?
- Is the behavior harmful or dangerous to the person or others?

- Who is present at the time the behavior is displayed?
- What else is happening in the room or area at the time the behavior is displayed?
- When the person is having a difficult time, what helps him to feel better?
- What makes the behavior worse?
- What are the situations/conditions in which the behavior rarely occurs (and can these be recreated or increased in number.)

Using the ABC Model to gather information

The more you know about what happened before, during and after the behavior, the better you can determine why it happened.

You may be able to identify the reason for the behavior by determining what antecedent conditions or triggers may be causing it. You can then figure out ways to meet the person’s needs and prevent the challenging behavior from occurring again.

The ABC model is a tool to help you understand the challenging behavior.

A. Antecedents (or triggers)	B. Behavior to the behavior)	C. Consequences (or reactions and responses
Thelma was in her room watching television. She had been upset for most of the day. A new caregiver (Sue) walked into her room and said, “It’s time to take a bath.”	Thelma screamed and attempted to hit Sue. Sue walked away and	Thelma stopped her behavior.

B – Behavior: First, focus on the B of the ABC, the **Behavior**. The goal is to get a clear picture of the behavior. Describe clearly and objectively, only what you see the person **doing** or **saying**. Avoid terms like tantrum or agitation.

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Using the ABC Model to gather information — continued

A – Antecedent: An antecedent (sometimes referred to as a trigger) is something that occurs **before** a behavior. It can be helpful to shift your attention to the antecedent of the behavior. Triggers can be internal, external or both.

Internal antecedent conditions or triggers refer to what is going on inside the person. These could include: medical and physical conditions (such as pain, infections, hunger), mental illness (such as depression, bipolar disorder), emotional distress (such as fear, anger), social and interpersonal concerns (such as invasion of personal space).

External antecedent conditions or triggers include factors in the physical or social environment such as too many or too few activities, changes in schedule or routine, loud noises, being too warm or too cold, inadequate or poor lighting, crowding, unfamiliar or confusing surroundings, unfamiliar people or caregivers, demands to achieve beyond the individual's abilities, or the person feels he has no control or choices.

If you can focus your attention on the antecedent or trigger, you may be more effective at changing or reducing the challenging behavior.

C – Consequences: Consequences are what happen to the resident immediately **after** the behavior.

- What actions are taken by the caregiver?
- What behavior does the person engage in or stop engaging in?
- What items or situations does the person obtain, escape or avoid?



The following unmet needs may be triggering Thelma to scream and attempt to hit:

- Thelma needs a familiar bath preparation process and procedure. The new caregiver did not follow the familiar routine.
- Thelma needs to choose when to take her bath.
- Thelma needs someone she knows to spend time with her to talk about her frustration and solutions, and someone who knows how to approach her when she is already upset.

ABC model exercise

To assist you in using this ABC model, read the following case study example and answer the questions accordingly.

John's daughter bought a nice recliner for him to sit on in the living room. John really likes sitting in this recliner which gives him a sense of comfort and ownership. It is John's daily routine to sit in his recliner while watching television.

One day John walked into the living room and saw David sitting in his recliner. John became upset and angry. He then started to yell and pushed David out of his recliner. A caregiver came over immediately and asked John to stop. The caregiver offered another recliner for David who agreed to move. John got to sit in his recliner and calmed down.



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ABC Model exercise — continued

Using the situation on page 12, fill in the ABC chart below:

What is the <i>Antecedent</i> to the behavior?	What is the target <i>Behavior</i>?	What are the <i>Consequences</i> of the behavior?

What are the possible unmet needs that may be triggering John’s behavior?

* Check your answer on page 14.

Using this model and focusing on the antecedent will give you some direction in identifying possible unmet needs. Ask yourself, “Is it a physical or environmental situation? Is it about an emotional, social or interpersonal need?” Once you have identified the unmet needs, you may need to make environmental and other changes to help the person and increase his quality of life.

Remember your job is not to control the behavior of others but to create an environment in which the behavior becomes less likely. The only person’s behavior that you really control is your own.

Whose problem is it?

Not all behaviors are problems. Questions you need to ask are “Is this behavior really a problem?” and “Whose problem is it?” It is quite possible the person does not consider the behavior to be a problem or perhaps the problem is with the person’s caregiver.

For example, you have a person who resists bathing. You plan to bathe the person at his scheduled time for a bath or shower, or at a time that fits your schedule.

The first question to ask is why is he resisting? What message is he sending by resisting? What does he gain? Allow yourself to find out more about the resistance.

Another question is whether his refusal poses health risks? If the answer is no, then it is not a big deal for him to skip the bath. You need to have a “so what?” attitude; not becoming upset or excited because care routines are not done exactly as you planned.

This kind of attitude is critically important to prevent challenging behavior. Unless pain or an external factor is the reason the person is resisting, the best idea is to offer a choice or come back later when he may be more agreeable. However, if something has to be done now, for example the person has just had an incontinent bowel movement, there are different ways to get the cleansing done.

The following is another example of a new way of looking at behavior. In this case the problem actually belongs to the provider:

Thelma has dementia. She believes she is getting ready to go on vacation and finds great joy in packing and unpacking her suitcase. The provider likes to see things in neat order. Whose problem is it if Thelma’s room is messy? It is the provider’s problem. The packing and unpacking are harmless and pleasurable activities for Thelma.

When looking at behaviors, always ask yourself: Is this my problem or is it a problem for the person?

Who is taking care of you?

Caregiving requires good physical health as well as strong coping skills to maintain a healthy mental attitude when providing care and services for others. Working with people with challenging behaviors in ways that support their needs and maintain their health and safety is a challenge and requires great skills.



While you are busy taking care of others and meeting their needs during the day or night, you may forget your own needs. For example, you may experience a number of difficult situations throughout the day. You may feel tired and need some rest, you may feel frustrated and have negative thoughts, and you may need support from others.

Educator Jean Clarke says, “A person’s needs are best met by people whose needs are met.” If you don’t take care of yourself, it will be very difficult to support anyone else. Improving your own quality of life will improve the quality of care you provide to others. So take good care of yourself by getting enough sleep, regular exercise and by eating a healthy diet.

When working with individuals with challenging behaviors stay calm, be flexible and know when and whom to call for help when you need it.

When and whom to call for help

Do not be afraid to ask for help when you have a concern, are unsure what to do next, are out of ideas, or when a situation needs immediate attention. You may contact a Contract RN, physician, case manager, licenser, or other medical professionals for assistance.

You may also call the Oregon Department of Human Services for help. The toll-free number is 1-800-232-3020. The contact person and phone numbers are:

Lynda Crandall	503-945-5918
Paul Hsu	503-947-5163
Gini Shaw	503-945-5976
Jeanne Dalton (Oregon State Hospital Geropsychiatric Outreach Team)	503-945-7136

* Page 11, ABC Exercise answer:

What is the Antecedent to the behavior?	What is the target Behavior?	What are the Consequences of the behavior?
John walked into the living room and saw David sitting in his recliner.	John yelled and pushed David out of his recliner.	The caregiver offered another recliner for David who agreed to move. John got to sit in his recliner and calmed down.

What are the possible unmet needs that may be triggering John's behavior?

- John needs to have ownership and control of the recliner.
- John needs to have his routine.
- John needs a caregiver to help him find solutions when someone is sitting in his recliner and he feels upset and angry.
- John and David have a history of problems that needs to be explored.

Appendix

R.E.S.P.E.C.T. — A way to remember

Recognize factors that influence behavior

Empathize and understand feelings and needs

Support approach based on person's needs

Prevent escalation by learning warning signs

Enhance person's abilities and potential

Care about person's preference and needs

Take time to interact with the person

From: Maxfield, M., Lewis, R., and Cannon, S. (1996) Training staff to prevent aggression of cognitively impaired elderly patients during grooming. *Journal of Gerontological Nursing*, 22(1), p.40

Behavior symptom worksheet

Name _____ Date _____

Description of target behavior _____

New behavior _____ or old behavior _____

Is the behavior harmful to the person or others? How so? _____

Date/time of onset _____

Possible associated events/triggers (including physical assessment) _____

Known triggers (ongoing) _____

Frequency of behavior (validated by documentation, e.g., behavior flow sheet)

Identified patterns of the behavior _____

Current medications which may be causing or increasing behavior _____

Helpful interventions _____

Unhelpful interventions _____

Conditions that set the stage for a “good day” _____

Other notes _____

Notes:

This brochure is available in alternate formats.
Call 1-800-282-8096 V/TTY

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