

# Module 20 – Understanding Challenging Behaviors

## Introduction

The individuals that you will provide in-home care for will be dealing with various stressors. Those stressors could include loss of close friends or spouse, the loss of physical ability, or even the loss of social support. It is essential that the home care aide learns how to identify triggers that result in anger and frustration, as well as methods with which to defuse an angry, combative, or agitated patient.

## Objectives

At the end of the module, the nurse aide will be able to:

1. Identify key concepts in aging related to challenging behaviors
2. Explain triggers to challenging behaviors
3. Discuss effective communication and problem solving as related to challenging behaviors
4. Define the home care aide's role in working with angry, combative, or agitated patients

## Instructional Resource Materials

- Power Point for Module 20 – Understanding Challenging Behaviors
- Activities

## Module 20 – Understanding Challenging Behaviors

Slides	Instructor's Script	Notes
<b>Slide 1</b> Title Slide	<b>Script</b> <ul style="list-style-type: none"> <li>• Module 20 – Understanding Challenging Behaviors</li> </ul>	
<b>Slide 2</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• <b>Objectives</b> - At the end of the module, the nurse aide will be able to:               <ol style="list-style-type: none"> <li>1. Identify key concepts in aging related to challenging behaviors</li> <li>2. Explain triggers to challenging behaviors</li> <li>3. Discuss effective communication and problem solving as related to challenging behaviors</li> <li>4. Define the home care aide's role in working with angry, combative, or agitated patients</li> </ol> </li> </ul>	
<b>Slide 3</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• Statistically, Americans are living longer and healthier lives.</li> <li>• According to the U.S. Census Bureau, there were more than 54 million U.S. citizens 65 years and older in 2019.</li> <li>• However, living longer is going to mean an increased risk of chronic illness or disability. Tasks such as grocery shopping, cooking, cleaning/housework, self-care, and even walking can become difficult or even impossible to do alone for an aging person or someone with a disability.</li> </ul>	
<b>Slide 4</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• Developmental tasks in the older population are:               <ul style="list-style-type: none"> <li>○ Adjusting to physical and health issues – this includes changes in strength, body shape, slower movements, and chronic health conditions that may require medical care or attention.</li> <li>○ Retiring and learning to live on a fixed income; some older adults may have identity issues once they retire and leave the workforce.</li> <li>○ Adjusting to the death of loved ones whether it is a partner or a friend; it is hard to cope with the death of a longtime friend/companion.</li> <li>○ Possibly moving to an older adult community or facility and making new friends; older adults may move in with their adult children, bringing a set of issues and adjustments with them.</li> <li>○ Thinking about one's own life and death could be met with fear, excitement, questioning, anxiety, depression, or more; this is a unique experience/feeling and will be different for every patient.</li> </ul> </li> </ul>	
<b>Slide 5</b>	<b>Script</b>	

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	<ul style="list-style-type: none"> <li>• The combination of developmental tasks for the older adult may lead to mixed feelings for the patient.</li> <li>• Feelings of depression, isolation, anxiety, and fear of being alone can be overwhelming to a patient.</li> <li>• These feelings combined with a chronic health issue or a disability may lead to the patient exhibiting some challenging behaviors.</li> <li>• Also contributing to challenging behaviors may be memory loss, frustration, chronic pain or body aches, or medication side effects.</li> <li>• The patient may not mean to exhibit challenging behaviors; they may feel they are justified in their actions given how they feel and what they are going through, or they may not even have a grasp on how their words and actions affect those around them.</li> <li>• There will be times when patients display behaviors you are not expecting when working as a home care aide.</li> <li>• These behaviors may include anxiousness and worry, tearfulness, irritability, demanding behavior, anger, screaming and agitation. The home care aide might have a tough time working around challenging behaviors to do his/her job well and as planned.</li> <li>• It is helpful to know when your patient is starting to become agitated; this may help you with calming him/her down or alleviating the behavior/problem before it gets out of hand.</li> <li>• Signs of agitation to look for include:             <ul style="list-style-type: none"> <li>○ Fidgeting</li> <li>○ Grinding teeth</li> <li>○ Furrowing brow</li> <li>○ Frowning</li> <li>○ Jaw clenching</li> <li>○ Eye rolling</li> <li>○ Hands on hips or crossed tightly</li> <li>○ Pacing</li> </ul> </li> </ul>	
<p><b>Slide 6</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• So how does the home care aide deal with challenging behavior?</li> <li>• First, communication is key.</li> <li>• Part of communication is the ability to be a good listener. By listening to your patient, you may be able to understand the root of the problem. Problem-solving and figuring out what the real issue is will help you deal with the present situation/behavior.</li> <li>• Respect your patient’s right to privacy and independence. Encourage the patient do the things that he/she can do; never force a patient to do a task.</li> <li>• Be sensitive to the fact that your patient may still be adjusting to losing some independence and health.</li> <li>• Always know who to call in case of an emergency – your office administrator, the nurse supervisor, etc. If a</li> </ul>	

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	<p>situation is getting out of hand, stop and call for assistance. Depending on the severity of the event, you may have to call 911.</p>	
<p><b>Slide 7</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Communication with a patient may include verbal de-escalation.</li> <li>• Verbal de-escalation is a method of communication used to calm a potentially hostile encounter.</li> <li>• Verbally de-escalating a patient can be difficult, especially if there is a health issue or some form of dementia present.</li> <li>• Reasoning with a person when they are extremely angry or screaming will be ineffective. Your goal is to stay calm and collected when talking with your agitated patient. Staying calm and collected can be a challenge. It is human nature to fight, flee or freeze when confronted mentally or physically with a threatening situation; however, remain calm and always be a professional.</li> <li>• While staying calm, you must exhibit confidence in what you are saying and what you are doing. Be the authoritative figure in the situation.</li> <li>• Keep your voice low and even.</li> <li>• Do not criticize or talk down to your patient. Do not make jokes about the subject or the patient’s behavior. Such comments are humiliating to the patient and will lead to the patient feeling worse.</li> <li>• Your patient may verbally attack you on what feels like a personal level. This patient is not trying to hurt your feelings, but instead, he/she is lashing out at you simply because you are there. Do not take this personally and do not react to hurtful comments at the time. This can be discussed later with your supervisor.</li> <li>• Instead of thinking the verbal attack is about you, focus on the intention of the patient. By using your problem-solving skills to discover the intention of the patient’s comments, i.e., what the real issue is, you will move your focus from yourself to the patient.</li> <li>• Once you are talking calmly with your patient, wait for breaks in the conversation to talk. Do not speak over your patient. It is important not to try to win the war. Your role is to figure out the patient’s issue.</li> <li>• Do not argue with your patient or try to convince them of something. At this moment, it would be pointless.</li> <li>• Offer alternatives when appropriate and try to offer an activity or place where you feel the patient would be calmer.</li> <li>• Embrace silence. If the patient stops talking, do not press him/her for more. Let the patient stop and work out his/her feelings. More than anything, people want to be heard and understood.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• If your patient appears to keep coming back to an issue, try to clarify what the exact issue is. Focus on feelings rather than judgments. Here are some do's and don'ts:             <ul style="list-style-type: none"> <li>○ DO:                 <ul style="list-style-type: none"> <li>– Remain calm</li> <li>– Isolate the situation</li> <li>– Enforce limits</li> <li>– Listen</li> <li>– Be aware of nonverbal cues</li> <li>– Be consistent</li> </ul> </li> <li>○ DON'T:                 <ul style="list-style-type: none"> <li>– Overreact</li> <li>– Get in a power struggle</li> <li>– Make false promises</li> <li>– Fake attention</li> <li>– Be threatening</li> <li>– Be condescending</li> <li>– Use jargon that the patient may not understand</li> </ul> </li> </ul> </li> </ul>	
<p><b>Slide 8</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Activity #1 – Directives Exercise</b></li> <li>• Directions on the activity sheet: Have students get in pairs. Students will take turns giving directives to each other. The student will refuse to do what the other student has asked. Have fun with it – let them shout at each other, threaten to call their supervisor, etc. Do not forget about non-verbal communication sighs and rolling of the eyes. Practice effective communication and verbal de-escalation skills. Take turns. Use this as a time for class discussion: How do you feel about this? What felt good, what worked? What felt bad, what did not work?</li> <li>• Now have students discuss their own experiences dealing with difficult behaviors. How did they handle the situation? What was the outcome? Looking back, what did you do well and what would you do differently?</li> </ul>	
<p><b>Slide 9</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• How your physical presence is interpreted by your patient will make a difference.</li> <li>• Be at the same eye level; do not turn your back on your patient.</li> <li>• Stand a good distance away from your patient and stand at an angle; that way you can step to the side if the patient comes forward. Do not approach your patient or try to touch him/her.</li> <li>• Do not stare down your patient. It is okay to look away from your patient's eyes but be sure to keep some eye contact so that the patient knows you are listening.</li> </ul>	
<p><b>Slide 10</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Getting to the real reason for challenging behaviors is key. Is this an attention seeking method? Is the behavior</li> </ul>	

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	<p>due to a medication side effect or a physical issue? The patient may be in pain and has yet to verbalize that pain, instead lashing out and becoming angry.</p> <ul style="list-style-type: none"> <li>• Always report all changes in your patient's behavior. Did you realize that a simple urinary tract infection can cause a patient to have an altered mental status or an elevated blood sugar could cause agitation?</li> <li>• As the home care aide, you should learn to adapt to your patient's emotional needs. Have you noticed that this behavior occurs a certain time of the day or a certain day of the week? This information is important for the nurse to know. Remember to report all your findings.</li> <li>• Learn what triggers the patient's behavior and try to work around that issue. Try different approaches and be patient and respectful.</li> <li>• Review the care plan. Talk to the nurse involved about other types of therapy such as pet therapy, art therapy, music therapy; participating in a soothing activity could help your patient with feelings of depression or isolation. Discuss these with your supervisor if you discover your patient has an interest in something.</li> <li>• Your patient may be taking a lot of medication. Medications can react with one another and cause severe and adverse side effects. As we have stressed in other modules, you might be the first person to see the changes in your patient, so it is important to report any changes or problems to your supervisor.</li> </ul>	
<p><b>Slide 11</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Activity #2 – In what situation would YOU react with anger?</b></li> <li>• Directions on the activity sheet: Have each student write down one situation where he/she would react with anger. Now write down one thing that calms his/her anger and one thing that increases the anger.</li> <li>• Compare the anger triggers and calms/increases statements. Are there commonalities? Differences? Discuss as a class.</li> <li>• <b>Faculty: relate this to how these things could also be triggers for patients.</b></li> </ul>	
<p><b>Slide 12</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Handout #1 – Do's and Don'ts of Communication and Dementia from Alzheimer's San Diego.</b> Here are some words to use when communicating with a person living with dementia. Think about using these phrases before you respond to the person. These types of responses may prevent escalating behavior by the person.</li> </ul>	
<p><b>Slide 13</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Just like anyone else, your patients are going to have good days and bad days. Maintaining your composure</li> </ul>	

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	<p>and treating your patients with respect, even if at that time it does not feel like they are respecting you, will help you to work with a challenging patient. Report all occurrences of challenging behaviors to your supervisor. A team approach is the best way to get control of challenging behaviors.</p>	
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