



TEACHING PLAN

To use this lesson for self-study, the learner should read the material, do the activity and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson.



LEARNING OBJECTIVES

Participants will be able to:

- List causes of behavior problems.
- State common triggers of agitation behavior.
- Make changes in the environment to reduce agitation behavior.
- Implement ways to overcome behavior problems.
- Identify psychosocial care and opportunities to provide it.



LESSON ACTIVITY

Give each participant a card with a need or feeling written on it. For example: “anger,” “sadness,” “hunger,” “need to urinate,” “thirst,” “pain,” “lost,” “wet,” “cold,” “hot,” “lonely,” “self esteem.” Play the game of Charades, with each participant taking a turn at acting out what is on his or her card and other participants guessing what the person is trying to portray. You could divide participants into teams if you want to increase the competition.

Or ask participants to think of a time when they were feeling upset but weren't able to put words to their feelings. Ask them to talk about how they acted. Were other people able to see that they were upset, even though they didn't say anything to that person about it? If so, how? You will probably receive answers such as, “I looked depressed or mad,” “I was stomping my feet and slamming doors,” or “I refused to do my work.” In other words, in some way, their behavior changed because there was something going on inside them that they weren't able to talk about.

Following either activity, point out that people who are disabled, suffering from dementia or unable to communicate well must find other ways to get what they want. Usually their needs, thoughts and feelings are expressed through their behavior. Many of our patients face challenges due to limited social interactions and are challenged with low self esteem due to their disabilities. It is our job as caregivers to try to determine the underlying cause of the behavior—what is our patient trying to tell us by this behavior – and to help them identify ways to change any negative psychosocial concerns.



TEACHING PLAN

To use this lesson for self-study, the learner should read the material, do the activity and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson.



LEARNING OBJECTIVES

Participants will be able to:

- List causes of behavior problems.
- State common triggers of agitation behavior.
- Make changes in the environment to reduce agitation behavior.
- Implement ways to overcome behavior problems.
- Identify psychosocial care and opportunities to provide it.



LESSON ACTIVITY

Give each participant a card with a need or feeling written on it. For example: “anger,” “sadness,” “hunger,” “need to urinate,” “thirst,” “pain,” “lost,” “wet,” “cold,” “hot,” “lonely,” “self esteem.” Play the game of Charades, with each participant taking a turn at acting out what is on his or her card and other participants guessing what the person is trying to portray. You could divide participants into teams if you want to increase the competition.

Or ask participants to think of a time when they were feeling upset but weren't able to put words to their feelings. Ask them to talk about how they acted. Were other people able to see that they were upset, even though they didn't say anything to that person about it? If so, how? You will probably receive answers such as, “I looked depressed or mad,” “I was stomping my feet and slamming doors,” or “I refused to do my work.” In other words, in some way, their behavior changed because there was something going on inside them that they weren't able to talk about.

Following either activity, point out that people who are disabled, suffering from dementia or unable to communicate well must find other ways to get what they want. Usually their needs, thoughts and feelings are expressed through their behavior. Many of our patients face challenges due to limited social interactions and are challenged with low self esteem due to their disabilities. It is our job as caregivers to try to determine the underlying cause of the behavior—what is our patient trying to tell us by this behavior – and to help them identify ways to change any negative psychosocial concerns.



THE LESSON

Review the material in the lesson with participants. Allow for discussion.



CONCLUSION

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.



TEST ANSWERS

1. communication
2. g
3. True
4. False
5. False
6. True
7. True
8. environment
9. True
10. False

BEHAVIOR MANAGEMENT & PSYCHOSOCIAL CARE

What Is a Person Trying to Communicate Through Behavior?

Experts say that all types of behavior are forms of communication. Behavior problems surface for many reasons. If you can identify the reason for the behavior, you can handle the problem better.

Common causes of behavior problems include:

- Fatigue
- Medications
- Frustration
- Dementia/Alzheimer's/other brain disorders
- Established behavior patterns
- Anxiety
- Depression
- Pain

Many times, dysfunctional behavior increases at the end of the day as stress builds and the person becomes tired. Pacing and wandering are clues that tension and anxiety are building. Certain stressors can trigger agitated behaviors.

Ignoring agitation behaviors is one of the worst things you can do. Try to discover the problem that is prompting the behavior, and fix the problem if you can.

Common triggers of agitation behavior in patients with dementia

- **Fatigue.** Sudden or frequent changes in environment. Sameness and routine help to minimize stress.
- **Responses to overwhelming environmental stimuli.** Excessive noise, commotion or people can trigger agitation behavior. Large group activities can be disturbing.
- **Pain.** Increasing pain may trigger agitation. Observe patient for facial grimaces, avoiding moving extremity, guarding or moving away from touching area all these are signs of pain.
- **Excessive demands.** Caregivers and family must accept the fact that the dementia patient has lost and continues to lose mental functions. Pushing these patients to improve their capabilities will only cause stress.

Dealing with challenging behavior is never easy. Caring for a patient with dementia, Alzheimer's or other brain disorders poses many problems for caregivers. Keep an open mind and be patient. If one strategy doesn't work, try another.

Dealing With Common Behavior Problems

Angry/agitated behavior

- Determine whether medications are causing adverse side effects.
- Observe patient to see if they have any pain.
- Reduce caffeine intake.
- In severe cases, and as a last resort, medication may be prescribed to keep a dementia patient calm.
- Reduce outside noise, clutter or number of persons in the room. Keep objects and furniture in the same places.
- Help the confused person by making calendars and clocks available.
- Familiar objects and photographs may offer a sense of security and a reminder of pleasant memories.
- Gentle music, reading or walks may help an agitated patient.
- Do not try to restrain a patient during an outburst.
- Keep dangerous objects out of reach.
- Acknowledge the patient's anger over the loss of control in his or her life. Say that you understand the person's frustration.
- Distract with a snack or an activity.
- Eliminate choices. Instead of asking, "What would you like for lunch? Soup or a sandwich?" say, "Here's a sandwich."
- Allow the person to forget the troubling incident. Confronting a confused person may increase anxiety.

Repetitive phrases and actions

- Avoid reminding the patient that he or she just repeated the same phrase or asked the same question. Ignoring the repeated phrase or question may work in some cases.
- Agitated behavior or pulling at clothing may indicate a need to use the bathroom.
- Do not discuss plans until immediately prior to an event.

Paranoia

- Explain to family members that suspicious accusations are part of the illness.
- Check out paranoid behaviors with the patient's doctor.
- If the dementia patient says money or an object is missing, assist him or her in locating it. Avoid arguing. Try to learn his or her favorite hiding places.

Wandering and pacing

- A person who paces incessantly may burn off too many calories. Also, pacing may turn into wandering. Provide inviting places for the pacer to sit and relax.
- Locking patients in their room or restraining them in a chair is inappropriate. Implement activities and adjust the environment to relieve agitation.
- Put away items such as coats, purses or eyeglasses. Some patients with dementia will not wander without taking certain personal articles with them. If they can't find them, they won't leave.
- Provide for regular exercise and rest to minimize restlessness.
- Dark-colored mats placed in front of doors may prevent the patient from stepping outside. Black or dark blue areas may look like holes in the ground to a patient with dementia, prompting the person to avoid the area.

Hoarding or gathering

- Provide the patient with a safe place where he or she can store items, such as a canvas bag.

Incontinence

- Assist patient to bathroom every two hours (or ask family members to do so).
- Limit fluid intake in the evening before bedtime.
- Place a commode at the bedside at night.
- Use signs to indicate which door leads to the bathroom.

Sleep disturbance or nighttime agitation

- Make sure the living quarters are safe—put away dangerous items and lock the kitchen door.
- Try soothing music.
- Keep the curtains closed to shut out darkness.
- If hallucinations are a problem, keep the room well lit to decrease shadow effects that can be confusing. Remove shadowy lighting, televisions, dolls, etc.
- Use medications as a last resort.

Communication

- Maintain eye contact to help keep attention.
- Use short, simple sentences.
- Avoid negative sentences such as, “Don’t go outside.” Instead say, “Stay inside.”
- Speak slowly and clearly.
- Encourage the patient to talk about familiar places, interests and past experiences.

Adjusting the person’s surroundings or activities can help. Some simple, basic interventions can be used to ease agitation behaviors.

- **Music therapy.** Some studies have proved that playing calming music can lead to a decrease in agitation. Music may be played during meals, bath or relaxation.
- **Exercise and movement.** Light chair exercises can help to maintain function of limbs and decrease problem behaviors.
- **Activities.** Look for activities that the patient enjoyed in the past.
- **Socialization.** Human interaction is essential for people with Alzheimer’s disease. Large groups won’t be effective, but a volunteer can converse, reminisce or engage in activities with a patient. Sometimes videos are good for patients with advanced dementia because the video can mimic a conversation or a sing-along.

Modifying the environment is a simplified approach to managing agitation behaviors.

Behavioral Problems Especially Common in Children

Children misbehave for many reasons. They may be seeking attention or act out because they are lonely or frustrated. They may be scared. There may be conflict with family or caregivers. Since children mirror their parents’ behavior, established behavior patterns developed at home will be used wherever they are.

Adults expect children to do as they are told the first time. However, many children require several requests before they comply. Children will learn there is no reason to comply unless positive reinforcement is provided. Negative consequences following compliance only reinforce noncompliant behavior.

Negative consequences may bring about a temporary change in behavior but will not change attitudes. Negative consequences, such as writing sentences 50 times, sitting in time-out or verbal correction, will worsen the negative attitude that underlies the misbehavior unless negative consequences are combined with positive reinforcement once the child complies.

As children grow, positive behavior is maintained because the child has developed an internal value system, knowing the difference between right and wrong. In the long run, children behave properly because they want to, not because they are forced. As one grows into adulthood, positive behavior is not maintained through threats of punishment. Adults have learned positive attitudes on which they base their behavior.

Suggestions

- Let the child know when a behavior is not acceptable. In order to stop the behavior, a time-out may be necessary. Then, when the child behaves in an acceptable manner, use positive reinforcement.
- Stay cool and calm. Don't lecture or embarrass the child.
- Stress that the child's behavior is the problem, not his personality.
- Help the child identify acceptable behavior in place of the problem behavior.
- Sometimes it is appropriate to give the child a choice. Say, "You have a choice. You may sit at this table and eat quietly, or you may go to your room without lunch. It is your choice."
- Help children learn that even though they may be angry, they cannot express that anger by hurting others. Encourage them to put their feelings into words. When children fear for their safety, or when their self-esteem is threatened, they replace powerlessness with aggression.
- Allow abused children to make choices. A predictable environment is essential for abused children. Inform them of daily routines and let them know when changes will occur. They strive for attention, so give them positive reinforcement for improvements or accomplishments.

PSYCHOSOCIAL CARE

Psychosocial care is care that enhances the mental, social, spiritual and emotional well-being of patients, families and caregivers. It includes areas such as self esteem, adjustment to illness or disability, intellectual stimulation, social functioning and relationships, communication and sexuality.

We can assist our patients by providing psychosocial support along with the physical care we provide.

Self Esteem

Self esteem is a person's feelings of own worth or ability. Often patients with physical or mental disabilities are challenged with feelings of low self esteem. Home Health Aides can help patients by encouraging them to do as much of their own care as possible and praising them for any accomplishments.

Social Functioning and Relationships

Social contact is a basic human need. People who are isolated from others have a higher risk of depression, anxiety, low self esteem, a mental disorders and physical illness. Giving patients opportunities to maintain existing social relationships and develop new ones may be the most important thing we can do to meet psychosocial needs.

The following are some suggestions for encouraging social relationships:

- Talk with the patient about any hobbies or activities they used to enjoy. Help them to identify ways to participate in the activities. Assistive devices or special accommodations may be necessary. Work with your supervisor to see if occupational therapy evaluation is available.
- Help patient identify others who have the same interests. This could be through online groups or local events.
- Provide opportunity for visitors or family time. Arrange care needs around times that visitors are able to come to the home. Don't let routines interfere with social interactions
- Assist patient with using technology to communicate with others. Have telephones within easy access. Demonstrate how to increase the volume on phones or use speaker phones. Assist the patient with programming frequently called numbers in their phones. If patient is unable to type help the patient install a voice recognition program that translates words to type.
- Recognize and value the uniqueness of your patients. Everyone enjoys being recognized by others. Be generous with praise and verbal reward.

Intellectual Stimulation

People also need stimulation of their minds. Audio books, large print books, videos, television shows, movies, music and the internet are all good sources of intellectual stimulation. Encourage your patients to challenge themselves to set goals and work on achieving them.

Sexuality

The fact that a patient is ill, disabled or elderly does not necessarily mean he or she no longer has a need for sexual expression. Adults have the right to determine their sexual activities within the limits of appropriate behavior. Adults of any age or physical condition that choose to be in consensual sexual relationships must be given privacy, protection and support to fulfill this need.

TEST

Behavior Management & Psychosocial Care

Name _____ Date _____ Score _____

Directions: Fill in the blank with the correct answer, or circle the correct answer. (Seven correct answers required.)

1. Behaviors are forms of _____.
2. Common causes of behavior problems include:
 - a. Fatigue.
 - b. Medications.
 - c. Established behavior patterns.
 - d. Conflicts.
 - e. Frustration.
 - f. Dementia/Alzheimer's.
 - g. All of the above.
3. Many times, dysfunctional behavior increases at the end of the day.
True or False
4. It is best to ignore agitation behaviors.
True or False
5. It is wise to restrain a patient during an outburst.
True or False
6. Sameness and routine help to minimize stress in dementia patients.
True or False
7. A patient who paces incessantly may burn off too many calories, thereby requiring additional caloric intake to maintain good health.
True or False
8. A simplified approach to managing agitation behaviors is to modify the _____.
9. You can increase a patient's feeling of self esteem by encouraging him/her to participate in their care.
True or False
10. Visitors should schedule their time around the needs of the patient and caregiver.
True or False