

**DEALING WITH CHALLENGING
BEHAVIORS OF RESIDENTS AND CLIENTS
SESSION #103**

AGING SERVICES OF MINNESOTA

**WEDNESDAY, FEBRUARY 8, 2012
12:30-2:00 PM**

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Customer Service with Residents

Residents...

Are individuals with names and feelings and lifetime history.

Are people not to argue with.

Are the reasons I have a job. They pay my salary.

Are not interruptions of my job...they are the reason for it.

Are the most important people I come in contact with at work.

Are people just like me.

Are people that I need to listen to.

Are people that can teach me about myself.

Types of Strategies

Self

Staff

General

Specific

Common “Medications” In Healthcare Facilities

TYPE	SIDE EFFECT PROFILE
CHEMICAL: <i>The type in med carts</i>	Positive/Neutral/Negative
ENVIRONMENTAL: <i>Building, Space, Noise</i>	Positive/Neutral/Negative
INTERACTIONAL: <i>People to people</i>	Positive/Neutral/Negative

Dealing Effectively with Behavior Problem Residents

What is Behavior Problem?

- A behavior problem is in the *Eye of the Beholder*.

Causes of Behavior Problems:

- Adjustment reaction (Recent loss)
- Schizophrenia
- Environmental Mismatch
- Physical Disorder
- Depression
- Stress
- Personality Disorders
- Dementia
- Drug Interaction
- Pain
- Power Struggles
- Anger

General Strategies:

- Anticipate Problems
- Team Approach
- Give Choices versus Orders
- Know your Resident (social, personality, and medical history)
- Understand and Explore the Resident's View of the World
- Rule out Medical Problems
- Structure Leisure Time
- Reinforce Appropriate Behaviors
- Be Proactive versus Reactive
- See the Problem as Interesting
- Pace and Lead
- Be a Good Listener
- Recognize Small Successes
- No Threats be Respectful
- Do Not Judge or Moralize
- Do Not Personalize Behavior, Threats, etc.
- Set Realistic and Practical Goals
- Emphasize the Positive
- Minimize the Negative
- Stay Calm
- Validate Resident's Feelings (reflective listening)
- See Professional Consultation

CRITICAL INCIDENT

(Resident A Hits Resident B)

NEW METHOD

OLD METHOD

**Call Critical Incident
Interdisciplinary Team Meeting**

Call Physician

Questions

1. Antecedents to behavior
2. Potential causes (triggers)
3. Acute/chronic
4. Resident's cognitive level
5. Mental illness related
6. Medical cause (electrolyte imbalance, drug interaction, drug toxicity, UTI, pain, dehydration, etc.)
7. Who should be notified about the incident (family, physician, Adult Protection, OHFC, etc.)
8. What did the resident get out of this behavior
9. What was the staff's response

Options

1. Medications
2. Restraints
3. Hospitalization
4. Discharge

Individual Treatment Plan

1. Psychologist involved?
2. Environmental strategies
3. Staff education strategies
4. Resident strategies
5. Programming
6. Review and trouble shoot Individual Treatment Plan.

UNIT AGGRESSION CATEGORIES

NON AGGRESSIVE	INTERMITTENT AGGRESSIVE	FREQUENT AGGRESSIVE
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

DIRECTIONS: Put each resident that lives on your unit into one of the categories (Non Aggressive, Intermittent Aggressive, Frequent Aggressive). Use these categories in strategic planning for your unit.

RESISTANCE TABLE

Rate on a scale 0 - 10 with 10 being the worst (use group to get scores)

Resident Name	Bathing	Dressing	Grooming	Med. Compliance	Eating	Toileting	Therapy	T.R.	Wandering	Verbal Aggression	Physical Aggression							Global
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
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Things to Remember:

- We can lead a horse to water but cannot make the horse drink.
- Most Americans do not follow doctor's orders.
- 76% of Americans do not take antibiotics as prescribed by their doctor.
- We need to accept our powerlessness and the need to control others.
- People can resist as a way to establish a boundary.
- Explore if resistance is related to fear, denial, cost, dysfunction, power struggle, lack of knowledge/information, different value system, ageism, not time to digest to reality of the current situation.
- People tend to overestimate their capabilities.
- Dependency and cod liver oil are highly correlated. Might be good for you but you do not like it.

Strategies:

- If services are truly needed – adult protection may need to be contacted.
- Make request in a concerned and respectful manner.
- Give information – Educate.
- Use those with influence – pastor, family, friend, doctor, etc.
- Avoid those with influence.
- Document/document/document/document.
- Back off and try later.
- Be proactive regarding the expectations of your facility. Create a handout that outlines what the triggers may be that signal the need for extra services.
- Learn how to use the healthcare system – it is very complicated.

John E. Brose, Ph.D. Licensed Psychologist

Dr. John E. Brose is the owner and director of Associated Clinic of Psychology (ACP), Minneapolis, MN.

ACP employees and 110 clinicians provide behavioral health services to various clinical populations in their five outpatient clinics within the Twin Cities area. ACP also provides services to nursing homes, group homes, assisted living facilities and personal residences.

Dr. Brose's career has predominantly focused on interaction between medical and psychological issues. He is considered a pioneer and leading national authority on aging and behavioral health issues. He also lectures locally and nationally on a regular basis and has received many awards.

Dr. Brose is an avid sailor, horseman, and plays guitar in the local classic rock band; Marris Attacks.