# BEHAVIOR MANAGEMENT: COMPONENTS & APPROACHES

Please write down on 1 notecard at least 1 question related to Behavior Management – These will be collected shortly after the start of the Program

Objectives

- Review and Discuss components of Behavior management / Behavioral Health

- Panel discussion and conversations on unique approaches for Behavior Management

- Case Studies
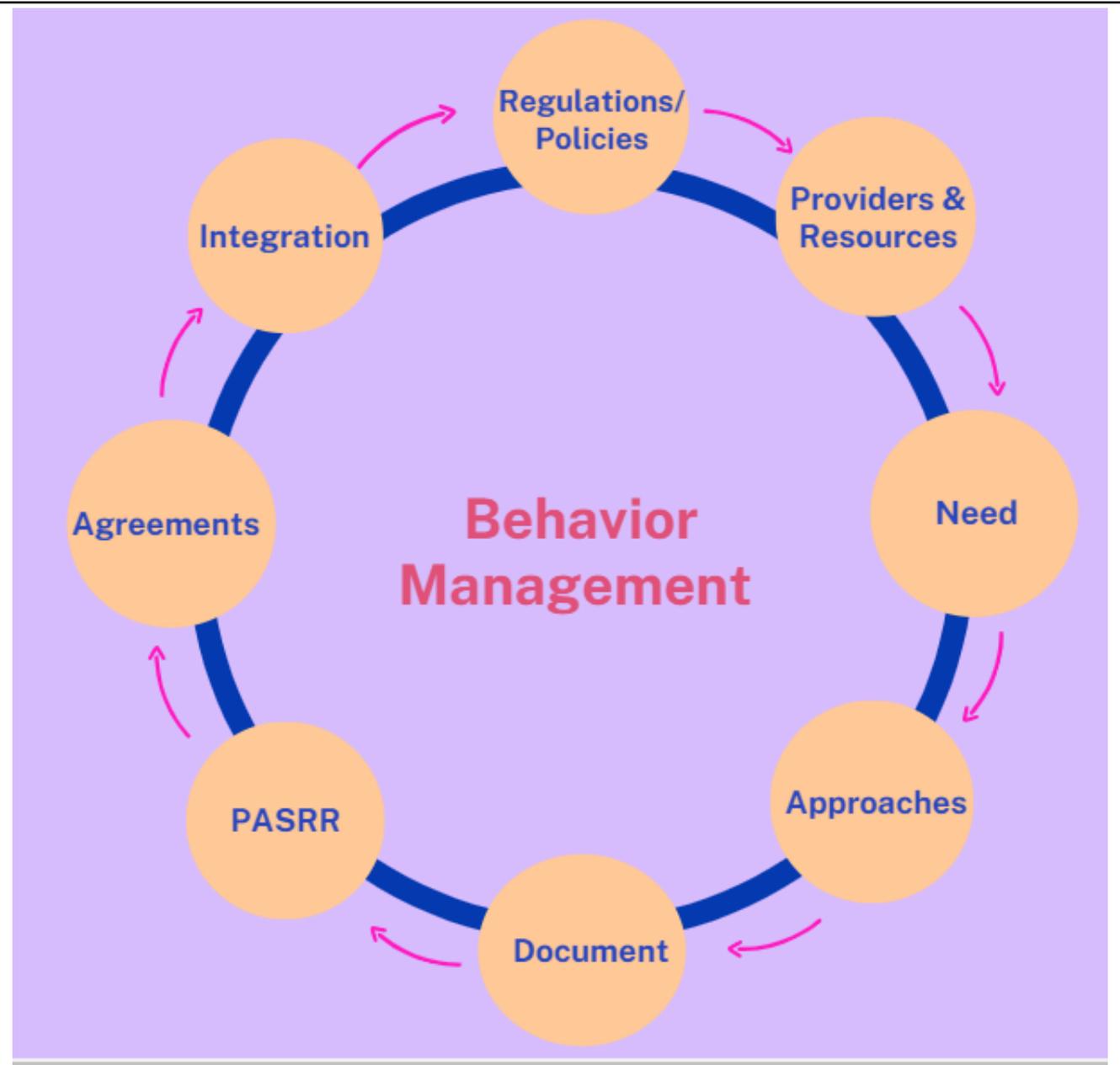
Regulations & Policies

- F699* Trauma informed Care

- F740 Behavioral Health Services

- F741 Sufficient/Competent staff-Behavioral Health Needs

- F742* Treatment/Services for Mental/Psychosocial Concerns

- F732* No pattern or behavioral difficulties unless unavoidable

- F744* Treatment/Services for Dementia

- F745* Provision of Medically Related social services

- F949 Behavioral Health Training

<u>Activity</u>

Name/Write Down 3 of your psychosocial Needs

Need or WHY

- Institutionalization

- Mental Illness

- Dementia

- Trauma
  - Previous and Current

- "Behavior" / unmet needs / Staff Approach

- Anger

Institutionalization

- Trauma
- Fear
- Grief
- Anger
- Loss of independence
- Loss of autonomy

Mental Illness

- Depression

- Anxiety

- Bipolar d/o

- Schizophrenia / Schizoaffective

- PTSD

Dementia

- Importance of Routines, preferences

- Knowledge of MH, Trauma or substance use prior to admission

- Creative/person-centered interventions

- Trigger identification

- Staff is who needs behavior management

Trauma - The Impact of COVID

- COVID has helped non-social workers/clinicians understand/define Trauma

- The COVID-19 pandemic is a trauma in and of itself, particularly for residents, families and staff of long-term care communities

- In addition to COVID-19 being a trauma, the isolation, feelings of abandonment, loneliness, anxiety and stress, can also trigger past traumas
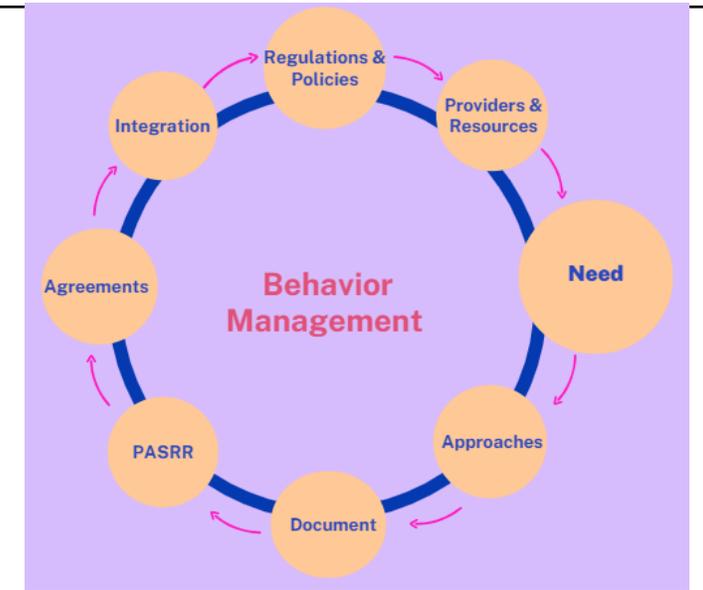
Possible Trauma Events

- Natural or Manmade disasters (earthquakes, fires, etc.)

- Community Violence/ School violence

- Life-threatening accidents and injuries

- War or terrorist attacks

- Forced displacement or refugee status

- Discrimination

- Race-related "micro-traumas"

- Extreme Poverty

- Death of a love one

- Social Isolation related to COVID

Normal (Action-Oriented/Sympathetic) Reactions to Trauma:

- Angry
- Aggressive
- Defensive
- Reactive
- Impulsive
- Hostile
- Irrational
- Self-centered
- Poor focus

- Inattention
- Sleep disturbances
- Coercive
- Bossy
- "Tantrums"
- Name calling
- Hitting
- Fidgety
- Hyperactive

- Anxiety
- Irritability
- Delays in reaching physical, language, or other milestones on time
- Absolutely normal behaviors!!!

Normal (Passive/Parasympathetic) Reactions to Trauma

- Freezing, stuck, paralysis of action

- Dissociation

- Emotional numbing

- Distraction

- Self-soothing

- Reactive

- Impulsive

- Emotional and psychological distancing

- Self-centered

- Sad

- Withdrawn

- Whining

- Crying

- Sulking

- Clingy

- Reluctance to explore the world

- Absolutely normal behaviors!

"Behavior" / Un-met needs / Staff Approach

Behavior Management

- Know the resident and their history

- Know the resident's triggers and avoid them

- Develop strong relationships with the residents

- Be sensitive to their trauma histories and respect their stories

- Be open to listening

- Develop an awareness of trauma and the effects of trauma

- Implement individualized interventions to address trauma

- Offer resources such as mental health, counseling, therapy, 1:1

- Ensure care plans are individualized for each resident

Anger

Anger Iceberg

In some families, anger is seen as more acceptable than other emotions. A person might express anger in order to mask emotions that cause them to feel vulnerable, such as hurt or shame.

Anger triggers are people, places, situations, and things that set off anger. Your triggers can provide clues about the emotions behind your anger.

Anger is an emotion that tends to be easy to see. However, anger is often just the tip of the iceberg. Other emotions may be hidden beneath the surface.

Anger may be fueled by different emotions at different times, or by a combination of emotions. Sometimes, however, anger is just anger.

ANGER

SADNESS   DISAPPOINTED

LONELY   OVERWHELMED

EMBARRASSED   HURT

HELPLESS   PAIN   FRUSTRATED

INSECURE   HUNGRY   GRIEF

ANXIETY   STRESS   THREATENED

TIRED   CONTEMPT   GUILT

JEALOUS   SCARED

SHAME

Preview

Provided by TherapistAid.com

Behavior Management

Regulations & Policies

Providers & Resources

Need

Approaches

Document

PASRR

Agreements

Integration

Activity - What are Psychosocial Needs?

- Examples
  - A purpose for living
  - A sense of excitement
  - Opportunity to continue life's pursuits
  - To enjoy life
  - To Laugh
  - Friendship
  - Intimacy
  - Meaningful relationship
  - A sense of well-being
  - Leadership
  - Being Hugged
  - Rituals

Documentation

- Assessment

- Subjective vs. Objective

- Care Plan

- Progress note(s)

Care Planning Trauma-Informed Care

- If a resident has a history of trauma, this should be identified and addressed in a care plan

- Residents who have the potential to be triggered, should have care plans in place that address interventions in place to prevent re-triggering or re-traumatizing the resident

- Residents who are having difficulty with the isolation and/or separation from families/friends, decreased socialization, or other issues due to trauma, should also have care plans in place to address these psychosocial issues.

Documentation - Example
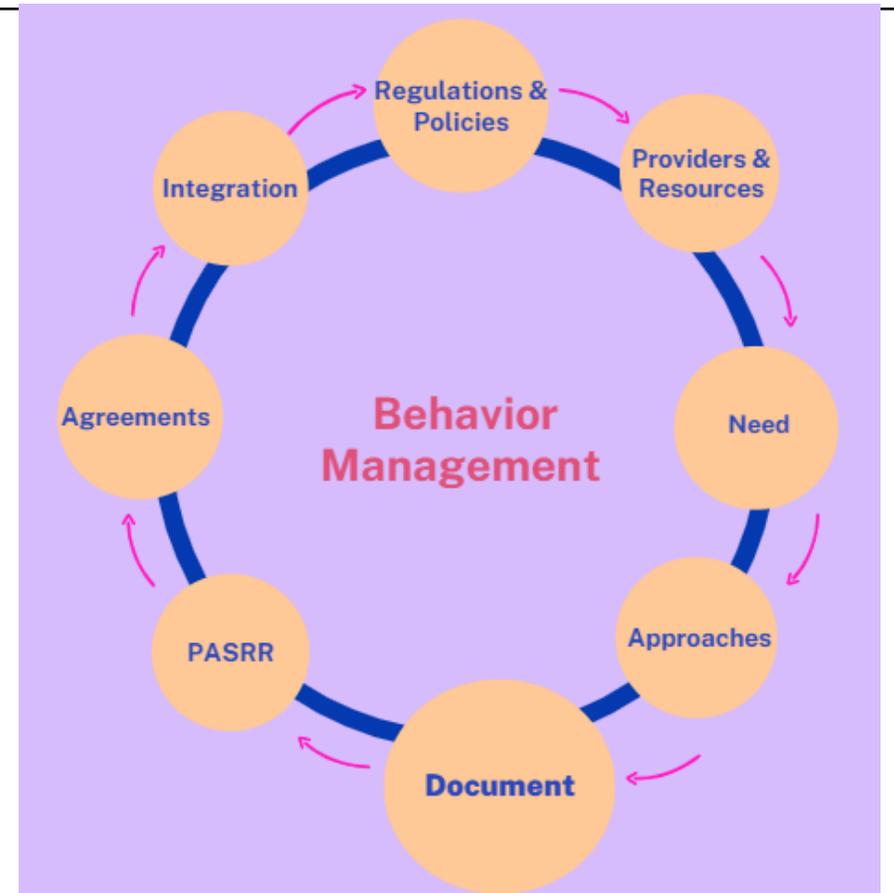
Pasrr

- Specialized Services / recommendations
- Diagnostic formulation
- Maintaining a listing

Providers / Resources

- Mental Health
  - Progress notes

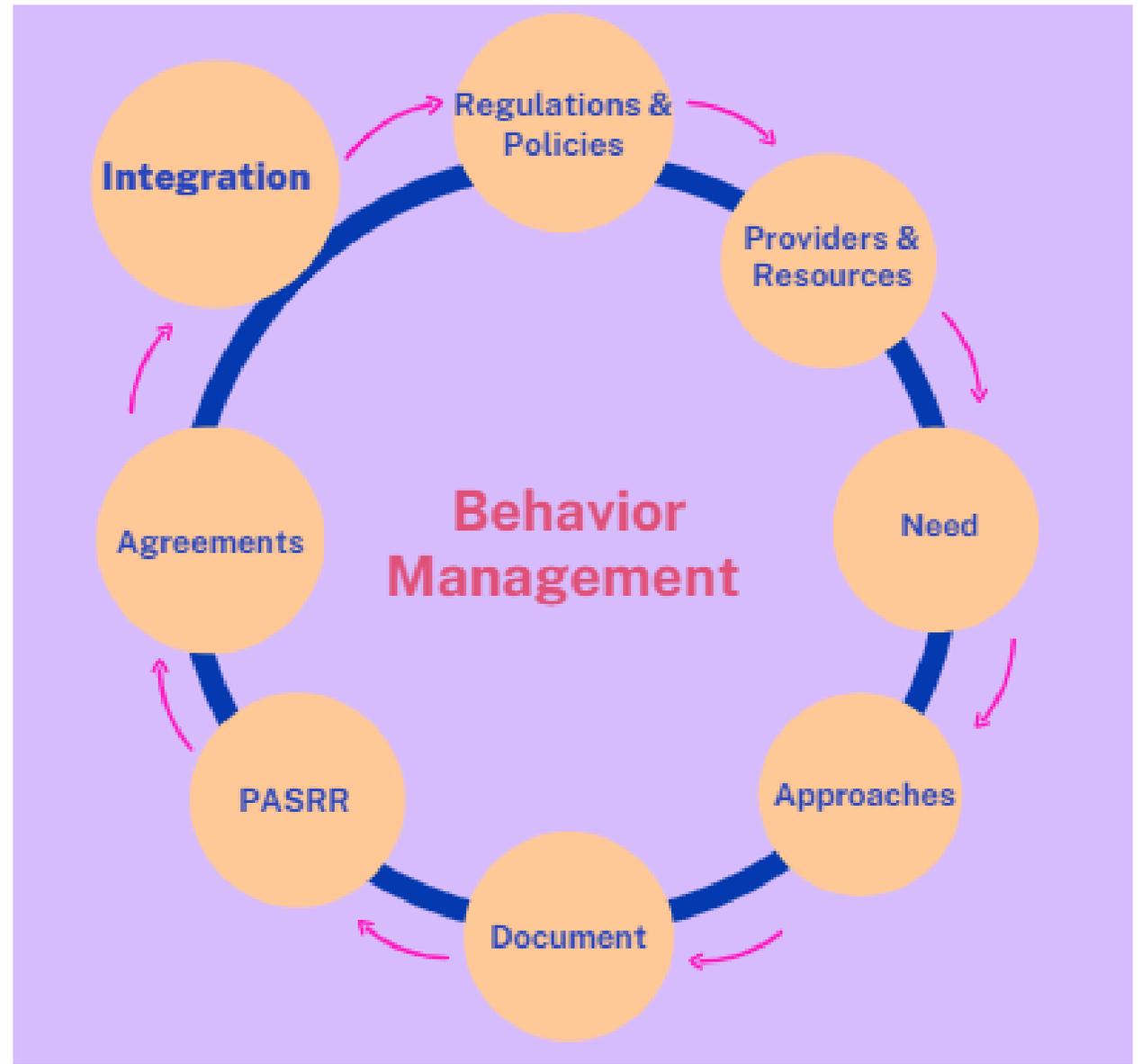- Medication Management

- CMHC

- CCB

Agreements

- Components
  - Detailed
  - Positive Reinforcer
  - Reasonable goals
- Monitoring
- Poor Examples vs. Good
- Borderline Personalities
- What about Dementia
  - Write for staff
- Legality
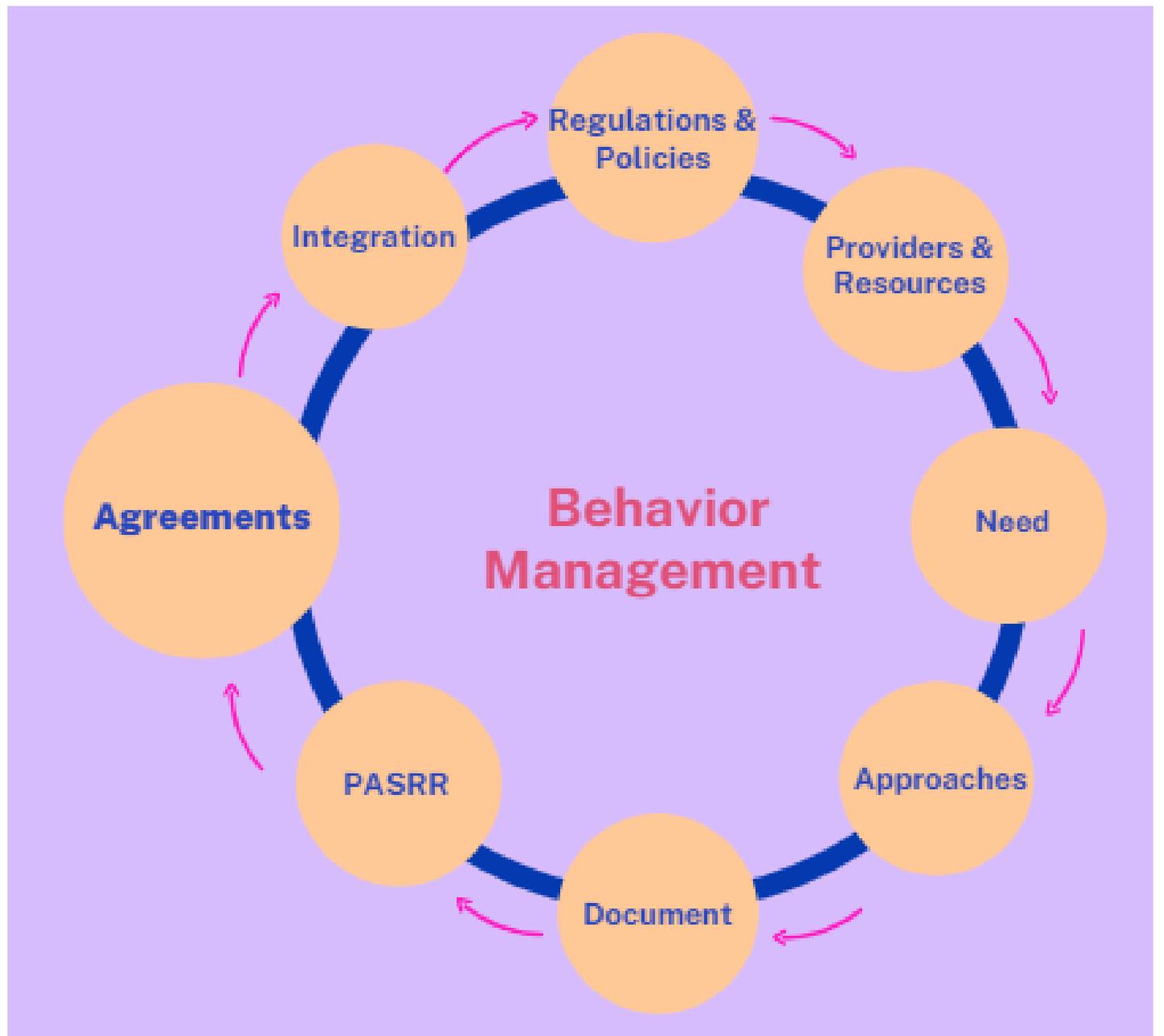
Integration

- Who
- How
- Barriers
- Interpersonal relationship / culture
- Therapeutic Recreation / Activities
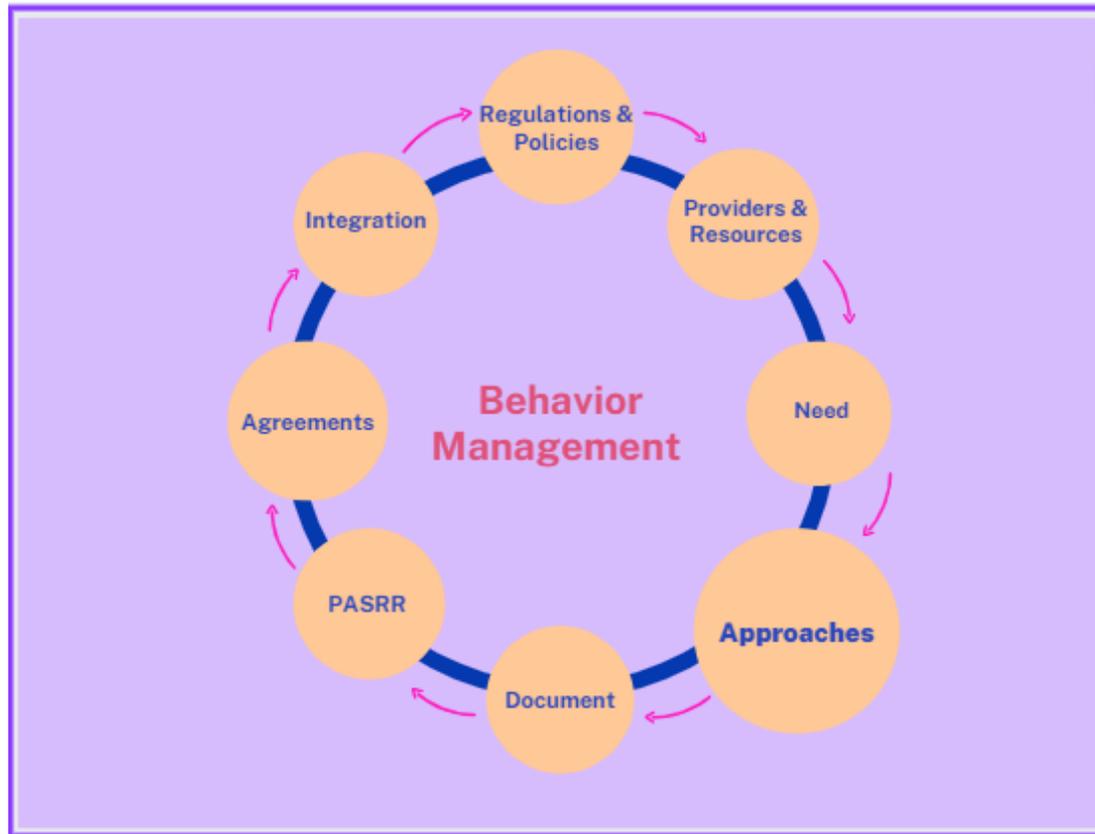- Staff Training

Approaches

- Volunteer / Work Program
- Spirituality
- Water balloon fights
- Being curious
- Being Culturally Sensitive
- Boundary Setting
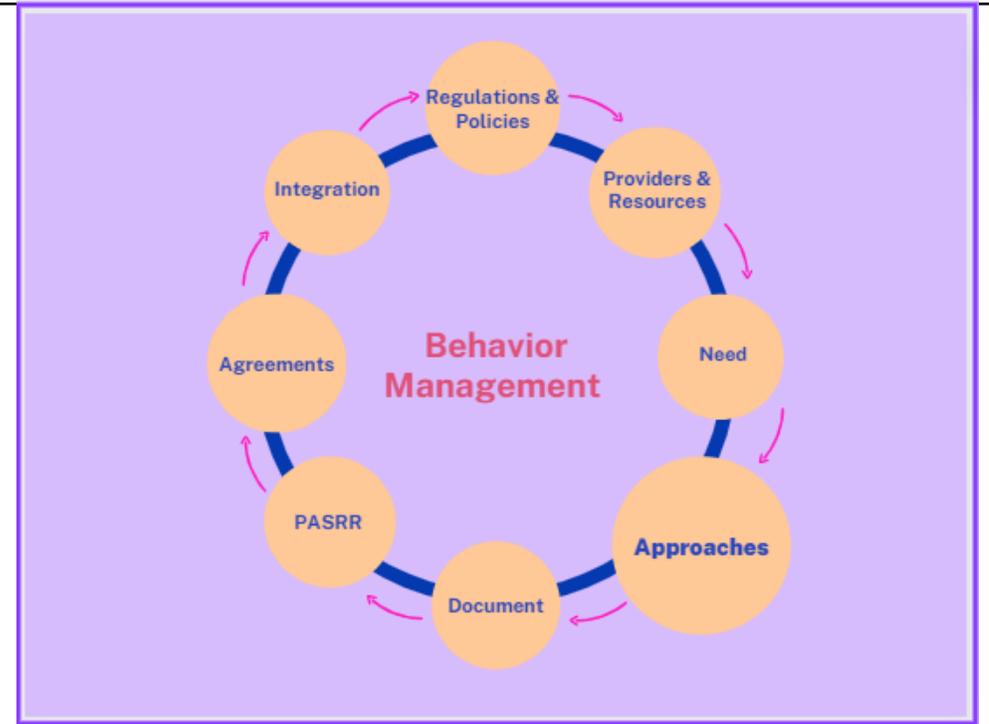- Busy Boxes
- Non-pharms
- Reiki
- SO MANY MORE

Intervention Techniques

- Mindfulness

- Yoga

- Acupuncture

- Diet/Nutrition

- Aroma Therapy

- Massage

- Meditation

De-escalation Techniques

- Voice/Body Language

- Environment

- Remove the audience

- 1:1 intervention

- Find something you can agree with the upset/agitated person on

- Offer choice / time

"Active Ingredients" Approach
Eric Gentry, Ph.D./Robert Rhoton, PsyD


Healing Trauma: Active Ingredients

- Therapeutic Relationship

- Develop and maintain an attunement with the resident

- Establish an emotional bond based on empathizing with the resident, trustworthiness and transparency

- Empower through focusing on building capacity, giving choices

- Help the client find their own voice through curiosity and respect

- Using the relationship to stabilize and recognition that healing occurs within a relationship
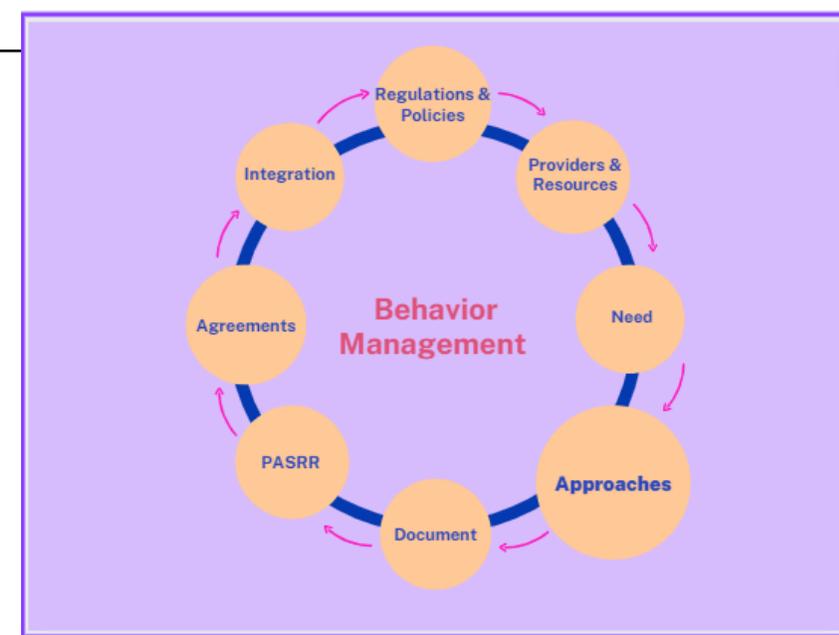
"Active Ingredients" Approach
# Eric Gentry, Ph.D./Robert Rhoton, PsyD

- Self-Regulation/Relaxation:
  - Intentional shifting from Sympathetic nervous system activation to Parasympathetic dominance.
  - Relax physically to activate the Parasympathetic system
  - Increase awareness of tension in the body
  - Education about the body and the stress and trauma responses to normalize symptoms
  - Model self-regulation until resident is ready to do it themselves
  - Provide physiology based self-regulation skills training
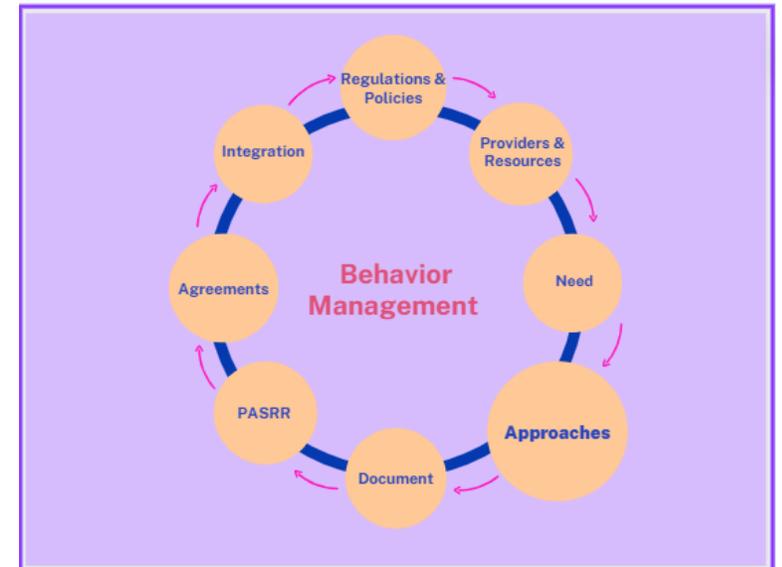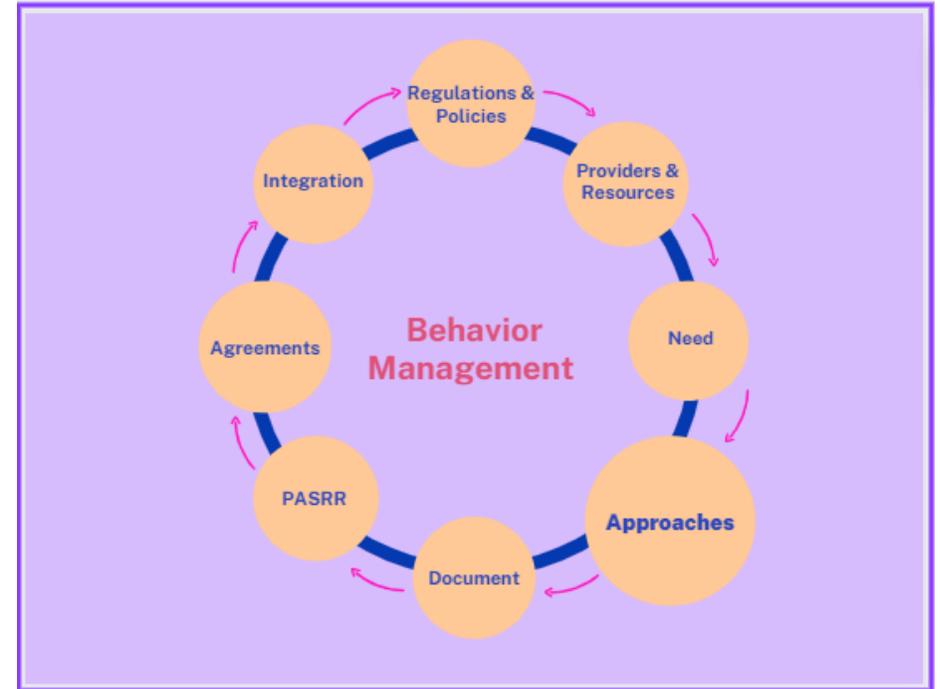
"Active Ingredients" Approach
Eric Gentry, Ph.D./Robert Rhoton, PsyD

- Cognitive Restructuring:
  - Normalizing symptoms by helping the client see themselves as human having a normal human experience
  - Psychoeducation about symptoms and patterns
  - Correcting and clarifying perceptions
  - Prepare for a future that is deliberate and intentional (choice directed rather than reactive)
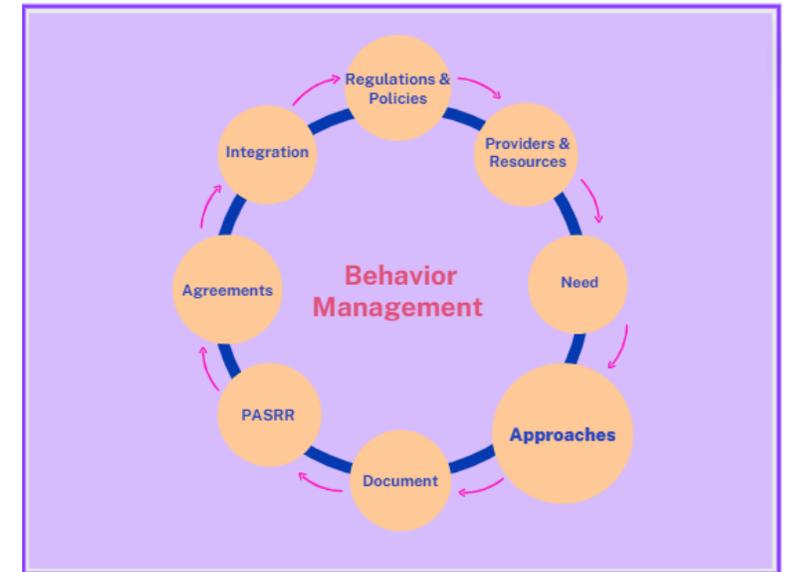
Supporting Residents With Trauma Histories and Mental Health Needs

- Allow the resident to take the lead
- Be patient
- Be a good listener
- Offer support and reassurance
- Offer outside supports/counseling
- Encourage the resident into talking about their trauma
- Respond non-judgmentally to resident stories
- Refrain from saying that everything is "OK"
- Refrain from talking about your own history of trauma
- Refrain from minimizing the resident's traumatic experience

Case Studies