

Dealing with Behavior Problems

OBJECTIVES

After completion of this program, the home health aide will be able to:

- » Identify three behaviors that may reflect alterations in cognitive or emotional status
- » List two warning signs of impending physical aggression
- » Name three measures to take when dealing with patients with behavior problems
- » Name two reasons for behavior problems.

OVERVIEW

Mental disorders causing behavior problems are very common. The National Institute of Mental Health (NIMH) estimates that one in five adults in the United States suffers from a diagnosable mental disorder in a given year. Of the ten leading causes for disability, four of them are mental disorders. In addition to the diagnosable mental disorders, patients may suffer acute anxiety following surgery or a major illness.

Therefore, many homecare patients have some degree of alteration in mental processes or behavior that may interfere with the goals of the medical and nursing treatment. Often the behavior problems diminish the patient's ability to achieve optimal day-to-day functioning.

Working with patients with behavior problems is challenging to home health aides. While their basic curriculum included emotional needs and ways to work with patients, they often feel somewhat ill-at-ease when patients display inappropriate or hostile behavior. Many aides are fearful of saying or doing the wrong thing. The fact that they are often alone with patients in their homes can add to the discomfort in working with patients who have behavior problems.

This in-service is designed to explain some common behavior problems encountered in homecare patients. It provides tips for dealing with these patients with the goal of increasing the aide's comfort level.

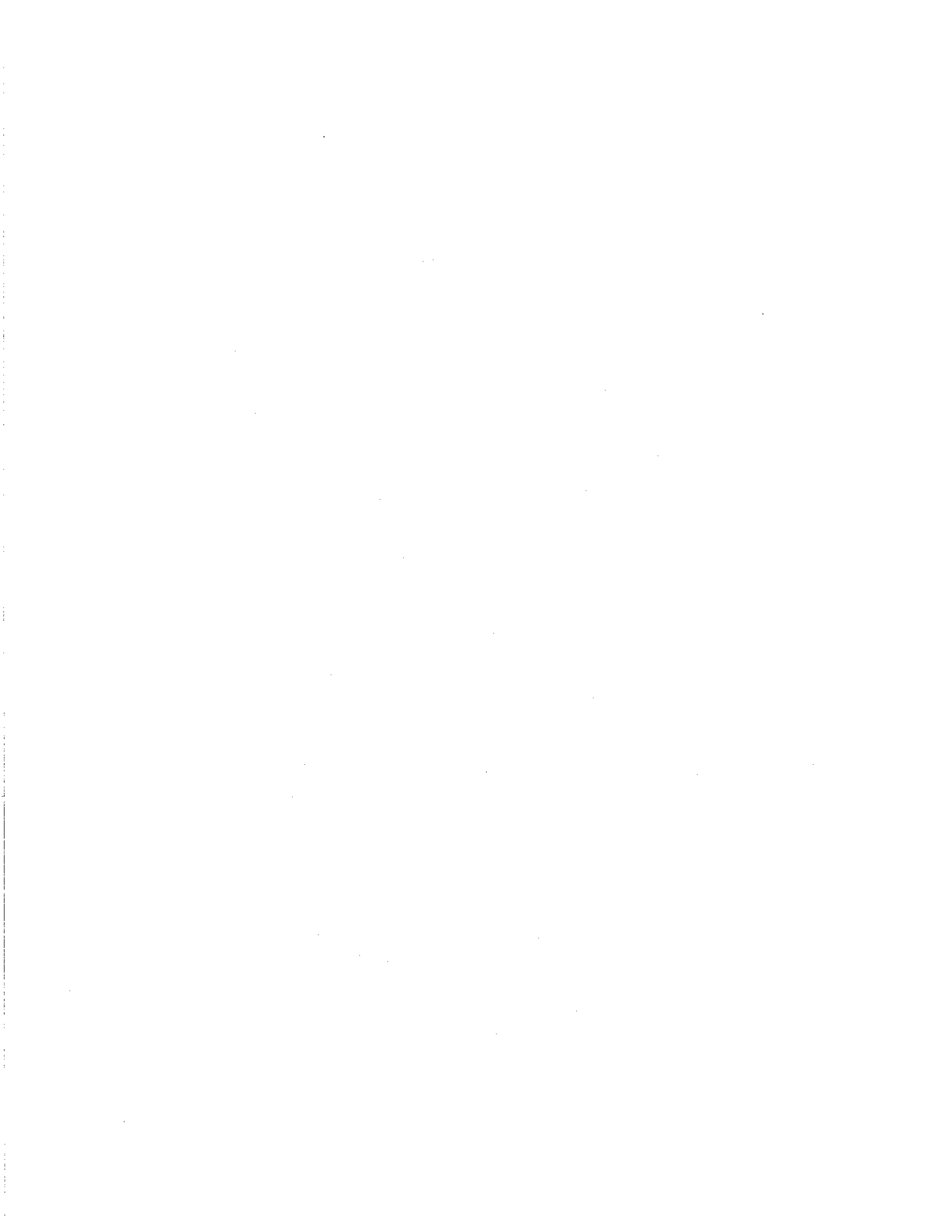
CONTENT

Read the Fact Sheet	15 minutes
Read the Case Study	10 minutes
Complete "Think About It"	10 minutes
Complete the Post-test	15 minutes
Feedback Session	10 minutes

SUPPLEMENTAL LEARNING ACTIVITIES

- » Arrange for a behavioral health nurse to present an in-service on dealing with patients with behavior problems.
- » Prepare different scenarios that show behavior problems commonly seen in homecare patients. Have the participants role-play the scenarios.
- » Obtain additional information from the Anxiety Disorders Association of America (ADAA) and distribute to participants. <http://www.adaa.org>

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FACTS

It is somewhat difficult to define exactly what “normal” behavior really is. Generally speaking, we think of normal behavior as behavior that conforms to what most people do. Behavior that is outside what we consider normal is thought to be problematic. Most often, behavior is influenced by a person’s mental health. Mental health is how one feels emotionally, as opposed to physically. Mental health and physical health are closely related and each one affects the other.

A mentally healthy person is usually able to control his or her behavior. Mentally healthy people can be expected to be able to express themselves in appropriate ways. If they cannot, they may express themselves inappropriately, and are said to have behavior problems. At times, everyone shows behavior that could be called unusual. But more often than not, mentally healthy people can adapt to change, tolerate stress, and accept responsibility for their own actions.

BEHAVIOR PROBLEMS

Behavior problems usually result when a person has marked changes in his or her mental or emotional status. Some signs that indicate a person is having behavior problems include:

- **Memory deficits** — People with memory deficits may not be able to recognize familiar people or places. They may not remember things that happened yesterday, nor even what they had to eat today.
- **Impaired decision-making** — A person with impaired decision-making may not do things we think of as normal. For example, the person might not think to wash or dress herself. People who have impaired decision-making may do things that are unsafe because they don’t recognize the danger. For example, a person who cannot walk may try to get out of her chair and fall to the floor. Another person may wander out of the house and walk down the middle of a busy street.
- **Verbal disruption** — Verbal disruption includes inappropriate yelling, screaming, crying, shouting profanities, or making inappropriate sexual remarks. The person may laugh hysterically at the wrong time.
- **Physical aggression** — A physically aggressive person may throw things. She might also hit or bite others.
- **Socially inappropriate behavior** — A person with socially inappropriate behavior does not seem to understand what is acceptable. For example, he may expose his genitals or urinate in public places. Or in hot weather, a woman may remove all her clothing in public to cool off.
- **Delusions, hallucinations, paranoid behavior** — When people have delusions they misinterpret what something is. A person might believe that rain on the roof is really bullets from someone shooting.

When people have hallucinations they see, hear, or smell something that simply isn’t there. For example, a person might believe that she sees frightening monsters in her bedroom.

When people have paranoid behavior, they believe that something or someone is persecuting them and they are suspicious of everything. A person might believe that every time people are talking, they are plotting to do something to him.

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WHY PEOPLE HAVE BEHAVIOR PROBLEMS

There are many different reasons why your patients may have behavior problems. In some cases, the problems will never go away. For other patients the behavior problems may be temporary. Some common causes of behavior problems include:

- **Anxiety** — Anxiety can be defined as having unpleasant feelings of apprehension often associated with physical symptoms and behavior problems.
 - » **Acute anxiety** — Many people who do not have a true anxiety disorder will have symptoms of anxiety following a major medical problem or surgery. For these patients, the anxiety is often temporary and will improve as the patient's physical condition improves. During the period of anxiety, the patient may have many of the behavior problems outlined above.
 - » **Anxiety disorders** — Anxiety disorders are the most common mental disorders in the United States.
 - » *Generalized Anxiety Disorder* affects more than four million Americans and is twice as common in women as in men. These patients are usually tense, worry excessively, and may appear to be in significant distress with concerns about their physical health. They may frequently go to the doctor or hospital because of their concerns.
 - » *Obsessive Compulsive Disorder* (OCD) is equally common among men and women and often begins in childhood. Patients with OCD become obsessed with certain rituals. They perform repetitive behavior such as washing their hands after touching anything, checking and re-checking the same thing over and over, or counting every step they take.
 - » *Panic Disorder* affects women twice as often as men. Patients with panic disorder may have sudden, unexplained periods of intense fear. Something as simple as walking through a doorway may suddenly produce severe panic.
 - » *Post-traumatic Stress Disorder* occurs in people who have experienced an extraordinarily distressing event involving themselves or others. It may occur following combat, severe accidents, natural disasters, or sexual or other abuse, and causes the person to have intense fears and feelings of helplessness. It is common for them to have recurrent recollections of the event or a sudden sense of reliving the experience.
 - » *Social Anxiety Disorder* may include anxiety that prevents people from interacting with others. They may be unable to leave their own homes because of the fear of meeting other people.
- **Other mental disorders** — There are many different types of mental illness that can cause behavior problems. If your patient has a mental disorder, you should seek assistance from your supervisor.
- **Dementia** — Dementia is a decline in intellectual functioning and memory. It is caused by diseases of the brain such as Alzheimer's disease or diseases of the blood vessels in the brain. It is much more common in older than in younger patients. Dementia begins slowly and continues to worsen. Changes in personality are common and so are many of the behavior problems outlined above.

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- **Medications** — There are several medications whose side effects can cause behavior problems in some patients. It is very important that you let the supervisor know if a person develops behavior problems they never had before.

CARING FOR PATIENTS WITH BEHAVIOR PROBLEMS

While there are no “hard and fast” rules on dealing with patients who have behavior problems, there are some considerations that are helpful for all of them. These include:

- **Establish a routine** — Maintaining a routine can provide stability to patients and reduce behavior problems. Unexpected changes can aggravate problems. Most patients with behavior problems do not adjust quickly to change.
- **Promote self-respect** — It is very important that you do not belittle or insult the patient. Never ridicule or criticize the patient for being anxious or panicky. Use a lot of praise when things are going well.
- **Stay calm** — If you become angry or upset it will almost certainly make the situation much worse. Prepare beforehand how you will manage your own reaction and follow through with your plan. Always keep in the back of your mind that there is a real reason for the behavior problems.
- **Don't take it personally** — Although the patient may do or say things that seem hurtful to you, keep in mind that it really is not personal. More often than not, it's simply because you are there at that particular time. Many times the patient doesn't even understand that the behavior is a problem to you.
- **Set limits** — Many patients with behavior problems will say or do unpleasant things to test you and find out how you respond. It is perfectly acceptable to inform the patient that such language or behavior is not acceptable. It is especially important not to ignore sexual advances by pretending not to notice.
- **Enlist help** — Sometimes talking to a family member can help reassure the patient that he or she will be alright.

WHEN THE PATIENT BECOMES PHYSICALLY AGGRESSIVE OR THREATENING

While there are times when someone abruptly becomes physically aggressive or violent, more often than not there are some signs beforehand. Learn to watch for the following signs of impending physical aggression:

- Using a loud, threatening tone of voice that seems to increase in intensity
- Nervously pacing back and forth as if he doesn't know where to go or what to do
- Being out of control of her emotions — loudly screaming, cursing, or crying in frustration
- Tightly clenching her fists
- Firmly holding an object in his hands in a threatening manner
- Threatening to hit or harm you.

There is no specific formula that will tell you how to best manage a threatening patient. However, there are some guidelines to follow.

- Mentally prepare for the possibility any time you care for patients with behavior problems. Have several options for possible actions to take and keep them in mind.

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- Stay calm and speak to the patient softly in a non-threatening manner.
- Listen to the patient and do not be disrespectful.
- Try to divert the patient. Offer her something to eat or drink.
- Don't approach the patient and don't turn your back on him.
- If you are close to the patient, slowly back several feet away. Don't make any quick movements and don't let her back you into a corner. You should be backing up towards the door, not the closet.
- Keep thinking the whole time. Always plan what actions you will take next if the aggression worsens.

KEY POINTS TO KEEP IN MIND

- Good communication between you and the supervisor is very important. Notify the supervisor of behavior problems you encounter and seek advice for the best method of handling them.
- Learn and follow your agency's policies on reporting and documenting behavior problems.
- When dealing with patients who have behavior problems, it is absolutely essential that you remain calm and non-threatening to the patient.
- If working with a certain patient becomes too uncomfortable for you, talk with your supervisor. Sometimes it might be better for another aide to work with the patient.

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CASE STUDY: A PATIENT'S STORY

Tricia was visiting Mr. Holt for the first time. Mr. Holt is 80 years old and had major surgery ten days ago. He also has dementia which worsened during his hospitalization. He sometimes becomes aggressive. When Tricia was given the assignment she was told about Mr. Holt's surgery and that he was "a mean old man." She was not told that he had struck out at the other home health aide who cared for him.

At times during his bath, Mr. Holt had shouted at Tricia that she wasn't doing it right. He seemed rather upset and his voice kept getting louder and louder. She noticed that he kept his fist clenched most of the time. When it came time to assist Mr. Holt into his wheelchair, he began to scream at Tricia, shaking his clenched fist in the air. Tricia slowly stepped backward away from the bed and calmly spoke to Mr. Holt. He continued to scream and Tricia calmly listened. He said he wasn't getting up in the chair and began cursing at her. Tricia continued to maintain eye contact with Mr. Holt and listened quietly. When he finally stopped his ranting and raving, she said softly, "Your wife has breakfast ready. Are you hungry?" Mr. Holt seemed to forget about his anger, looked at her and said, "I'm starving." Tricia took a step toward the bed. Then she asked, "Would you like to get into the wheelchair and go have breakfast?" Mr. Holt then allowed Tricia to assist his transfer into the chair.

Tricia wheeled Mr. Holt into the kitchen. Then she tidied the bedroom, washed her hands and left. She completed her visit report, noting that Mr. Holt had become threatening and upset. She described his shouting, profanity, and his raised clenched fist. She called the supervisor and then noted on the visit report the name of the supervisor whom she contacted to report the behavior. The supervisor then told Tricia that Mr. Holt had actually hit one of the aides, and asked Tricia whether she could continue to care for Mr. Holt. Tricia answered that she would.

THINK ABOUT IT

What are some of the signs of impending physical aggression that Mr. Holt showed?

What are some of the actions Tricia took that may have prevented Mr. Holt from hitting her? Is there anything you might have done differently?

How do you feel about the fact that no one told Tricia that Mr. Holt had previously hit a home health aide? Would it have made a difference in the way Tricia approached him?

Have you ever been frightened by a patient's behavior? If so, how did you manage the cares?



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DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following would not be considered a behavior problem?
 - a. Continuous wandering with no particular destination
 - b. Crying when learning of the death of a loved one
 - c. Exposing one's genitals in front of others
 - d. Hearing voices when no one is there

2. What is a good action to take when a patient shows signs of impending physical aggression?
 - a. Turn around and walk away.
 - b. Confront the patient and let her know you're not afraid of her.
 - c. Laugh at the patient.
 - d. Try to divert the patient.

3. Which of the following may lead to behavior problems?
 - a. Panic disorders
 - b. Side effects from certain medications
 - c. Anxiety disorders
 - d. All of the above

4. Identify the behavior that is not likely to indicate that a patient might become physically aggressive.
 - a. Firmly holding an object that could be used as a weapon
 - b. Tightly clenching fists
 - c. Wandering about looking for a photograph
 - d. Shouting with increasing intensity

5. The single most important thing you can do when a patient is threatening you is to remain as calm as possible.
 - a. True
 - b. False

6. Which of the following would be considered a behavior problem?
 - a. Being nervous about having a medical test
 - b. Washing one's hands several times a day
 - c. Being afraid to leave one's own home
 - d. All of the above

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POSTTEST, PAGE 2

7. An example of verbal disruption would include which of the following?
- a. Hearing voices
 - b. Making inappropriate sexual remarks
 - c. Throwing things
 - d. Taking off one's clothing in public
8. Which of the following is not true about mentally healthy people?
- a. They never have inappropriate behavior.
 - b. They can usually adapt to change.
 - c. They accept responsibility for their own actions.
 - d. They can usually tolerate stressful situations.
9. A home health aide should never set limits when caring for patients with behavior problems.
- a. True
 - b. False
10. Which of the following are important considerations in caring for patients with behavior problems?
- a. Establishing routines
 - b. Enlisting help when indicated
 - c. Promoting self-esteem
 - d. All of the above

— END —

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NAME _____ DATE _____

DIRECTIONS: READ EACH QUESTION IN THE POST-TEST CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON THIS ANSWER SHEET. DO NOT WRITE ON THE POST-TEST.

MULTIPLE CHOICE ANSWER SHEET

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INSTRUCTOR'S COMMENTS/SIGNATURE

Signature _____ RN Date _____

