

Evidenced Based Protective Interventions



EBPI

THIS TRAINING

The goal of this training program is to teach skills that help prevent the use of restraints, seclusion or isolation time out. You are the key to reaching that goal. It is important that you and everyone caring for, treating and supporting people with disabilities, know how to communicate to create positive relationships, to treat others with respect and to handle yourselves when the going gets tough

THIS TRAINING

In the course of your work with people, you will be asked to be many things — teacher, coach, nurse, sounding board, role model. It is challenging work, but there are many rewards. The main one is seeing the people you are working with improve the quality of their lives. Hopefully, the attitudes and skills you learn in this training will help bring that about

UNIT ONE UNDERSTANDING CAUSES OF BEHAVIOR IN PEOPLE

Key Point:

- 1) Emotional and learned factors such as smiling, scowling, displaying anger or yelling can influence how staff behaves and can trigger negative or positive dynamics of the interactions between them and the individual's being served in a program.

HOW YOUR BEHAVIOR AFFECTS OTHERS

Emotional Factors:

- If you come in with a scowl on your face then and barking directions it can and will trigger negative and unwanted behaviors from the people you serve
- When you walk through the door with a smile on your face and using effective communications and active listening techniques the people you serve will respond accordingly
- Fear is powerful in provoking difficult or aggressive behaviors. Anger can arise at a time of threat, as part of bereavement, or if needs are not being met

Key Point

- 2) Psychological factors such as delusions, paranoia, personality disorders or cognitive impairment can influence the behavior of the individuals served. Emotional factors such as fear and anger can influence aggressive behaviors in the individuals served.

Psychological Factors

Individuals suffering from delusions, especially paranoia, can feel they are being threatened and this can lead to defensive and challenging responses on their part.

People with personality disorders may have difficulty foreseeing the consequences on others of their actions and may become acutely distressed.

Key Point

3) Environmental factors such as excessive noise, hot or cold weather, or time of day can cause negative behaviors. Social exposure to negative behaviors such as aggression can influence aggressive behaviors in individuals

Environmental or Social Factors

- Factors relating to an individual's surroundings (e.g. excessive noise) can be provocative particularly if they are prolonged or persistent and may also interfere with the individual's rest and sleep.
- People with cognitive impairment often find care surroundings overwhelming and over-stimulating and may not keep up with the speed or volume of information or activity they are exposed to.
- Individuals that are exposed to yelling may yell to get their point across.
- Individuals that are exposed to physical punishment may tend to become physically aggressive when confronted with another person that is non-compliant to behave in a way they want

Key Point

4) Personality traits, learned behavior and belief systems can influence and trigger certain behaviors in human beings

How a Person's Disability Affects Behavior

- The various factors that cause behavior are the same for all human beings
- Behavior influenced by events
- Belief systems or thoughts
- Emotions or what we are feeling
- What and how we learn
- Present or current condition of our health
- Environmental and organizational factors

What Influences Behavior

- Hereditary factors (Nature)
- Social Environmental factors (Nurture)
- Debate - Nature vs. Nurture
- A person's development is predisposed in his DNA
- Influenced by his life experiences and his social environment
- Both Nature and Nurture play important roles in human development
- Not known yet whether we are developed majorly because of Nature or due to Nurture

Evidenced Based Models

- ▶ **The Genetics Approach:** the personality traits of a human being are largely determined by inherited biological factors and that there is a significant inherited component to personality.
- ▶ **The Behavioral Approach:** behaviors are shaped by what people learn in childhood but can be modified and new behavior patterns can be acquired at any age.
- ▶ **Cognitive Behavioral Approach:** individual's belief system (thoughts about themselves and how they view the world and others around them), expectancies, and assumptions exert a strong influence on the well-being of the person, as well as on the persons directly observable behavior.

The Genetics Approach

- In this approach it is argued that both heredity and environment influence personality.
- However it is our genes that form a large portion of our personality, which gives us our basic physical stature, temperament and level of intelligence. These raw genetic factors are shaped as we develop by learning and experience.
- Although we are all unique there are still some universal common traits however individual traits or personal disposition best describe our nature more accurately.

The Behavioral Approach

Behavior modification programs are used to shape behavior and include functional analysis which is:

- ▶ Documenting the frequency of an identified behavior;
- ▶ Documenting the situation or event and;
- ▶ Reinforcement associated with the behavior.

Documenting a Baseline Behavior

- ▶ **Antecedent (A):** It is important that documentation include the situation or event
- ▶ **Behavior (B):** that had previously occurred that triggered the behavior.
- ▶ **Consequence (C):** document both appropriate behaviors which we reinforce positively as well as inappropriate behaviors that may receive a consequence (natural or programmed)

Cognitive Behavioral Approach

- An individual's belief system is contrived from what they learn from others as well as what they learn through their experiences growing up.
- When working with the individual served staff must understand that the individuals' behavior is influenced by their learned belief system (automatic thoughts) which triggers a healthy or unhealthy emotional response to that thought.

Cognitive Behavioral Approach

- The basic premise is that people often have thoughts or feelings that perpetuate problematic or destructive beliefs and these faulty beliefs can affect functioning and relationships at home, work, school, and in the community at large.
- Fundamentally, if one can change their thoughts, then they can change their feelings about a situation so therefore they can change their response to that situation or event which can inevitably change their life.

CBT Example

- For example: Imagine it's your birthday. You're expecting a phone call from a close friend, but it never comes. You called them on their birthday, so why didn't they call you? Do they not care enough to remember your birthday? You feel hurt.
- Where did this feeling of hurt come from? It wasn't the lack of a phone call that caused the hurt. It was the thoughts about the lack of a phone call that hurt.

CBT Example

- What if, instead of taking the missing phone call personally, you had thought:
- ▶ "My friend is so forgetful I bet they don't know anyone's birthday."
 - ▶ "Maybe something came up unexpectedly, and they're busy."
 - ▶ "We did talk earlier in the week, so I guess it isn't a big deal."

Core Beliefs and Perceptions

The thoughts we have in any given situation are influenced by our *core beliefs* or *how we perceive situations or other people*. These are beliefs that we hold at the center of who we are that describe the basic nature of the world. Some examples of common core beliefs are:

Core Beliefs and Perceptions

- ▶ "People are generally good."
- ▶ "I am unlovable."
- ▶ "Everything turns out OK in the end."
- ▶ The world is a dangerous place."

Core Beliefs and Perceptions

Core beliefs are developed from a person's unique personal experiences. However, these beliefs aren't always accurate. For example, someone who was mistreated by a parent as a child might develop the belief that they are unlovable, when the problem was actually their parent.

Situation: Michelle and Audrey both call a friend who does not answer the phone

Michelle	Audrey
<ul style="list-style-type: none"> ▶ Core Belief: I believe that I'm unlovable, so how does this situation make sense with my belief? ▶ Thought: "My friend didn't answer the phone because she doesn't like me." 	<ul style="list-style-type: none"> • Core Belief: I believe that I'm valuable, so how does this situation make sense with my belief? - Thought: "My friend didn't answer the phone because she's busy or just not in the mood to talk. She'll probably call back, and if not, I'll call her again tomorrow."

Changing Thought Patterns

- ▶ 1. Catch the thoughts – become more aware of thoughts.
- ▶ 2. Check the thoughts – question the accuracy of your assumptions and interpretations.
- ▶ 3. Challenge the thoughts – actively challenge thoughts that are unhealthy for you.

Example: Thought Record

Situation	Thoughts	Emotions	Behaviors	Alternative Thoughts
Everyone's busy, so I'm spending an evening alone with no plans.	No one wants to hang out with me. I'm just wasting my life, sitting here alone.	Depressed	Stayed home all night and did nothing. Just sat around having bad thoughts.	I'm alone tonight, but everyone is alone from time to time. I can do whatever I want!
A difficult assignment is due at school.	This is so much work, I'm horrible at this stuff, I don't think I can do it.	Anxious	Avoided the assignment until the last minute. Had to rush my work.	This is a difficult assignment and it'll take a lot of work. But I know I can do it if I break it into small pieces.

Key Point

5) Health issues, stress, losses, fears and lack of control over what goes on in life can lead to feelings of sadness, anger and hostility.

Anger, Fear, and Other Emotions Affect Escalating Behavior

- ▶ Stress, losses, fears and lack of control over what goes on in life can lead to feelings of anger and hostility
- ▶ When controlled, anger helps us: Anger drives us to make changes to situations that are bad
- ▶ The problem isn't having anger, it's having too much anger, and expressing it in an ineffective way

Anger Management

- ▶ Anger management begins with practicing self-awareness – learning to take a step back and see your anger before it takes over your mind.
- ▶ Once you've learned to catch your anger early, you'll learn techniques to control it.
- ▶ If you catch your anger before it explodes, you will be able to control it.

When you feel yourself getting angry

- ▶ think about what is making you angry
- ▶ pushing your buttons or triggering that anger
- ▶ do you notice changes in your voice and body language?

How do you respond when the person you serve is getting angry?

- Think about what is making them angry.
- Pay attention to what may be pushing their buttons or triggering the anger.
- Think about their normal reactions when they get angry.
- Make sure that you are not the issue or concern that is triggering their anger.
- Remove yourself from the situation while making sure it is safe to do so.

How do you respond when the person you serve is getting angry?

- ▶ If not then use a low tone of voice
- ▶ make sure you are standing at least one and a half feet away from the person and;
- ▶ offer choices other than hostility and aggression to the person.

HEALTH FACTORS THAT INFLUENCE BEHAVIOR

- ▶ Chronic pain
- ▶ Illnesses related to poor health care and hygiene
- ▶ Side effects of medications
- ▶ Intoxication
- ▶ Withdrawal
- ▶ Energy level – no sleep; tired

HEALTH FACTORS THAT INFLUENCE BEHAVIOR

- ▶ Illness – Colds, flu, headaches, indigestion and other illnesses can cause reactions like grouching, crying or short temper. These reactions may be important indicators that the person is ill.

HEALTH FACTORS THAT INFLUENCE BEHAVIOR

- ▶ Poor eyesight
- ▶ Poor hearing
- ▶ Difficulties grasping things
- ▶ Difficulties walking
- ▶ Hunger – Hungry people are often difficult to deal with. A good meal can affect more than our mood; it can also influence our willingness to take risks.

HOW STRESS INFLUENCES BEHAVIOR

Stress happens when day-to-day demands become overwhelming, unpredictable, or out of control.

Stress symptoms may be affecting your health, even though you might not realize it. You may think illness is to blame for that nagging headache, your frequent insomnia or your decreased productivity at work. But stress may actually be the culprit.

Common Effects of Stress – Body

- › Headache
- › Muscle tension or pain
- › Chest pain
- › Fatigue
- › Change in sex drive
- › Stomach upset
- › Sleep problems

Common Effects of Stress – Mood

- › Anxiety
- › Restlessness
- › Lack of motivation or focus
- › Feeling overwhelmed
- › Irritability or anger
- › Sadness or depression

Common Effects of Stress – Behavior

- › Overeating or under eating
- › Angry outbursts
- › Drug or alcohol abuse
- › Tobacco use
- › Social withdrawal
- › Exercising less often

Managing stress

- › Regular physical activity
- › Relaxation techniques, such as deep breathing, meditation, yoga, tai chi or getting a massage
- › Keeping a sense of humor
- › Socializing with family and friends
- › Setting aside time for hobbies, such as reading a book or listening to music

Burnout

Burnout is not a simple result of long hours. The cynicism, depression, and lethargy of burnout can occur when you're not in control of how you carry out your job, when you're working toward goals that don't resonate with you, and when you lack social support.

Dealing with Burnout – Self-Care

- › *Expressing and Soothing*
- › *Soaking up joy*
- › *Be mindful of warning signs*
- › *Spiritual Self-Care*

Key Point

- 6) How you think about the behaviors and habits of others can influence how you think about and respond to them

CULTURAL BACKGROUND

- › Cultural background constitutes the ethnic, religious, racial, gender, linguistic or other socioeconomic factors and values that shape an individual's upbringing
- › A cultural background can be shaped at the family, societal or organizational level
- › Cultural background is an important way to define an individual's identity

Cultural Perspectives

- › People of different cultural backgrounds often have to interact with each other
- › These interactions may lead to strong relationships that help build diverse communities capable of achieving substantial goals
- › Understand your own culture before you can appreciate any other
- › One can learn about culture by meeting people of other cultures, evaluating any biases towards other cultures, asking questions and reading

Stereotypes

- › A stereotype is any thought widely adopted about specific types of individuals or certain ways of behaving intended to represent the entire group of those individuals or behaviors as a whole. These thoughts or beliefs may or may not accurately reflect reality

Prejudice

- › An affective feeling toward a person or group member based solely on their group membership
- › A preconceived notion, usually unfavorable, feelings toward people or a person because of their sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics

Racism

- › Is a discrimination and prejudice towards people based on their race or ethnicity
- › While the concepts of race and ethnicity are considered to be separate in contemporary social science, the two terms have a long history of equivalence in both popular usage and older social science literature
- › Racism can be present in social actions, practices, or political systems (e.g., apartheid) that support the expression of prejudice or aversion in discriminatory practices

Identifying Ways to Respond

- ▶ People who interact with people who have disabilities have a great impact on the success of that person
- ▶ We are all more alike than different
- ▶ How you think about the behaviors and habits of others can influence how you think about and respond to them

How "WE" Think About and Respond to "THEM"

- | | |
|--------------------------|------------------------------|
| ▶ like things | ▶ fixate on objects |
| ▶ try to make friends | ▶ seek attention |
| ▶ love people | ▶ develop dependencies |
| ▶ take a break | ▶ go off task |
| ▶ Insist | ▶ have tantrums |
| ▶ stand up for ourselves | ▶ are non-compliant |
| ▶ change our minds | ▶ have short attention spans |

WE

THEM

Person Centered Language

- | | |
|--|---|
| ▶ Say "people who are" | ▶ Avoid labels for groups of people with disabilities |
| ▶ Use simple descriptors | ▶ Avoid emotionally-charged descriptors |
| ▶ Speak directly to a person and focus on her abilities rather than her disability | ▶ Avoid euphemisms to describe disabilities |

To Use

To Avoid

Key Point

7) We can learn more about the people we serve by doing things with them, reading their record and talking to others that know the person like family, friends and staff that work with the individual

Learning About People We Serve

- Get to know that particular person to be able to identify how anger, fear, and other emotions affect when their behaviors are escalating
- ▶ Spend time with the person
 - ▶ Review the person's records
 - ▶ Talk to family, friends, and other staff members

Organizational Factors Influencing Staff Behavior

- ▶ Physical Facilities
- ▶ Organization Structure and Design
- ▶ Leadership
- ▶ Reward System

Organizational Factors Influencing Behavior of Individual Served

- ▶ Laws, rules standards, policies and procedures regulate agencies - Possible conflict between what makes sense for the person with a disability and what makes sense for the agency
- ▶ Documentation - spend more time filling out forms and writing notes than spending time with the people.
- ▶ Scheduling - Pressure to do staff schedules, activity schedules, scheduling visits to doctors and therapists and others put those things first. Conflicts with the people who need staff are bound to arise

UNIT TWO FORMING THERAPEUTIC AND AFFIRMATIVE RAPPORT

Key Point

- 1) When working with individuals with disabilities, it is important to remember all the different ways that we communicate effectively throughout our day. Our communication skills build and maintain relationships and help us meet our wants and needs

Communicating Wants and Needs

Dialogue Takes Place With:

- ▶ Verbal exchanges
- ▶ Gestures
- ▶ Facial expressions
- ▶ Notes passed back and forth
- ▶ Technologically

Communicating Wants and Needs

By broadening our idea of effective communication from just "speech" to any means that appropriately, effectively and efficiently gets the desired message across we open up an array of modalities to try with these students. When we transition from a "must learn to speak" communication plan to a "must learn to communicate" plan, we often see frustration decrease, behaviors decrease, communication increase, and even verbal speech increase

Key Point

- 2) Common barriers to effective communication are using jargon, taboos, lack of attention, interest, distractions, or irrelevance to the receiver. Differences in perception and viewpoint, physical disabilities such as hearing problems or speech difficulties or physical barriers to non-verbal communication

Common Barriers to Effective Communication

- ▶ The use of jargon
- ▶ Emotional barriers and taboos
- ▶ Lack of attention, interest, distractions, or irrelevance to the receiver
- ▶ Differences in perception and viewpoint
- ▶ Physical disabilities such as hearing problems or speech difficulties
- ▶ Physical barriers to non-verbal communication

Key Point

3) Cultural differences, expectations and prejudices may lead to false assumptions or stereotyping

More Common Barriers to Effective Communication

- ▶ Language differences and the difficulty in understanding unfamiliar accents
- ▶ Expectations and prejudices which may lead to false assumptions or stereotyping
- ▶ Cultural differences

Key Point

4) Active listening involves listening with all senses. As well as giving full attention to the speaker, it is important that the 'active listener' is also 'seen' to be listening - otherwise the speaker may conclude that what they are talking about is uninteresting to the listener

Positive Interaction Strategies

- ▶ Conversation is a Two-Way Street - The first and most important rule of conversation is that it is not all about you, but it's not all about the other person either
- ▶ Active Listening - use both verbal and non-verbal messages: maintain eye contact; nod head; smile; saying 'Yes' or minimal encouragers to continue; Provide 'feedback'

Key Point

5) Body movements can be used to reinforce or emphasize what a person is saying and also offer information about the emotions and attitudes of a person

Body Language/Body Movements

Body language, posture and distance provide important information to supplement words or verbal communication. They are a crucial addition to the overall message. The full picture also includes facial expressions, eye contact and voice

Body Language/Body Movements

- › Emblems – Gestures that serve the same function as a word
- › Illustrators – Gestures which accompany words to illustrate a verbal message are known as illustrators
- › Regulators – Gestures used to give feedback when conversing
- › Adaptors – Non-verbal behaviors which satisfy some physical need

Posture

- › Open and Closed Posture – An open posture can be used to communicate openness or interest in someone and a readiness to listen, whereas the closed posture might imply discomfort or disinterest
- › Mirroring – Postures will match, as if one person is a mirror reflection of the other. This 'mirroring' indicates interest and approval between people

Proxemics

Every culture has different levels of physical closeness appropriate to different types of relationship, and individuals learn these distances from the society in which they grew up. The study of personal space is called proxemics

The Four Main Categories of Proxemics

- › Intimate Distance
- › Personal Distance
- › Social Distance
- › Public Distance

Key Point

6) A therapeutic relationship aims to achieve goals and solve problems on behalf of one of the people. Make sure that the environment is as safe as possible; Take the whole person into account and; Making sure the people involved have a say in their own goals.

Achieving a Therapeutic Relationship

- › Validation – provides positive assurance that their feelings, actions, and thoughts are appropriate per their unique situation and perspective
- › Normalizing – provides a broader, more objective context, suggesting that although the individual's situation seems exceptional—perhaps in a negative sense—such conditions are considered within the boundaries of normality, that many others have similar experiences

Achieving a Therapeutic Relationship

Communicate Respect

- ▶ Empathy – the ability to understand and share the feelings of another
- ▶ Person Centered Language – Employing person-first language does not mean that a person's disability is hidden or seen as irrelevant; however, it also is not be the sole focus of any description about that person

Person Centered Language

- ▶ The language used is neither stigmatizing nor objectifying
- ▶ The language used also is empowering, avoiding the eliciting of pity or sympathy
- ▶ Words such as "hope" and "recovery" are used frequently in documentation and delivery of services
- ▶ Providers attempt to interpret perceived deficits within a strengths and resilience framework
- ▶ Avoid using diagnostic labels as "catch-all" means of describing an individual

Strategies for Therapeutic Relationships

A therapeutic relationship aims to achieve goals and solve problems on behalf of one of the people

- ▶ Make sure that the environment is as safe as possible. Make changes if someone has particular needs
- ▶ Take the whole person into account. Remember, "people first" Everyone needs safety, privacy, respect and meaningful things to do
- ▶ Help make and keep orderly routines. Make sure the people involved have a say in their own goals, objectives and what they need

Social Relationships

- ▶ Social relationships can begin in a variety of ways
- ▶ We think of ourselves as free to select our friends at will based on personal preferences
- ▶ In casual relations with loved ones, friends, and acquaintances, you are free to conduct yourself any way you see fit
- ▶ Social relationships may end in a variety of ways for a variety of reasons

Professional Relationships

Professional code of ethics provides fundamental practice guidelines designed to facilitate quality service and professional integrity/reputation such as:

- ▶ individual autonomy/self-determination,
- ▶ competence,
- ▶ respect for others (individuals and colleagues),
- ▶ working within scope of practice

Professional Relationships

- ▶ confidentiality,
- ▶ providing quality goods/services,
- ▶ managing conflicts of interest, and
- ▶ professional development

Basically, ethics fundamentally consist of a code of conduct that delineates right from wrong

Professional Relationships

- ▶ commitment to provide quality care to individuals without bias with respect to age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socioeconomic status
- ▶ Individuals may be self-referred or they may seek out a facility based on a referral
- ▶ professional therapeutic relationship is ultimately meant to be finite

UNIT THREE CONSTRUCTING SOLUTIONS

Key Point

- 1) Loss of control over daily and long range decisions can lead to loss of freedom, loss of privacy, loss of dignity and access to family and friends. These losses can lead to feelings of fear, panic, frustration and insecurity. These feelings can lead to poor behaviors such as aggression, withdrawal, manipulative behaviors and negative attention seeking behaviors

Taking Back Control of Your Life

Grief has its own category of treatment plans and possible interventions, yet those struggling with everyday losses often manifest grief like symptoms. Being laid off, losing a scholarship opportunity, aging — the list of grief-inducing experiences is infinite, and experts agree that these losses can launch us into the same grief process that accompanies the death of a loved one

Losses

- ▶ losing freedom of movement
- ▶ losing privacy
- ▶ losing dignity
- ▶ not being able to do things at the spur of the moment

Losses

- ▶ limits on personal possessions
- ▶ limits on access to family and friends
- ▶ not being able to meet the demands of everyday life on their own
- ▶ having to do what others say

Others in Control

Control of their life may have been taken over when symptoms were severe and they were in a very vulnerable position

- ▶ Family members
 - ▶ Friends
 - ▶ Health care professionals
- Often, the decisions that are made and the resulting action are not those the individual would have chosen

Feelings Based on Losses

- ▶ fear
- ▶ panic or the feeling of being smothered or trapped and unable to express feelings
- ▶ frustration
- ▶ Insecurity/not knowing what is expected
- ▶ feeling bad about themselves (lowered self-esteem)

Behaviors Based on These Feelings

- ▶ Aggression toward themselves or others
- ▶ Withdrawal from others
- ▶ Negative attention-seeking behaviors
- ▶ Manipulative behavior — using shrewd or devious behaviors to get needs met
- ▶ Being uncooperative

Key Point

2) Strategies that can put people receiving service's back in "charge" are encouraging decision making, teaching problem solving, teaching appropriate and useful interpersonal skills and helping people to be resilient

Back in Charge

Taking back control of their life by making their own decisions and making their own choices is essential to recovery. Making their own decisions can help the individual to feel better about themselves and may even help the individual to relieve some of the symptoms that have been troubling to them

Strategies to Take Control

- 1) *Teaching problem solving*
- ▶ State the problem; state what the person would like to have happen — say what he or she wants
 - ▶ List options — explore ways to get what he or she wants
 - ▶ Evaluate the options — figure out possible consequences of each
 - ▶ Choose and do — choose what to do and act on that choice
 - ▶ Evaluate the action — look at the consequences of the actions

Strategies to Take Control

- 2) Teach appropriate and useful interpersonal, social and self management skills
- ▶ Make sure the person being served is in charge
 - ▶ What do they think is appropriate and useful?
 - ▶ How can you find out?
 - ▶ What makes sense for one person might not make sense for another
 - ▶ You must keep in mind how the person thinks, how the person feels and how the person functions in life

Strategies to Take Control

- 3) It is important to always consider the whole person when teaching new skills/behaviors
- ▶ Thinks — The person has to know the new skill
 - ▶ Feels — The person's feelings have to allow him or her to try, fail and try again
 - ▶ Does — The person has to be able to actually perform the skill

Helping Resilience

- ▶ Resilience is about developing and maintaining the strength to overcome adversity
- ▶ In children, resilience can be developed by helping them develop the internal and external assets that will sustain them when life is difficult or when hard times occur
- ▶ For adults, resilience typically comes through a sense of hopefulness and optimism about the present and future and the belief that one can overcome difficulties, either through prior experience in overcoming [difficulties] or through optimism that one can

Key Point

- 3) We encourage decision making by:
- ▶ offering hope;
 - ▶ offering choices;
 - ▶ avoiding unnecessary confrontation;
 - ▶ helping people make their own decisions;
 - ▶ avoid giving orders and;
 - ▶ being positive when the person uses problem solving techniques to make a decision

Empower and Encourage

There are several things you can do as staff to begin this process. You can do these things in whatever way feels right to you. You may want to assist the individual with using a journal to list or write their thoughts and ideas as a way to stay focused on what it is they want, to motivate them and to record their progress

What Do You Want Your Life to be Like

- ▶ go back to school and study something of special interest to you?
- ▶ enhance your talents in some way?
- ▶ travel?
- ▶ to do a certain kind of work?
- ▶ have a different home space or to own your home?
- ▶ move to the country or the city?
- ▶ have an intimate partner?

Do you want to:

- ▶ have children?
- ▶ work with an alternative health-care provider on wellness strategies?
- ▶ make your own decisions about treatment?
- ▶ stop putting up with disabling side effects?
- ▶ become more physically active?
- ▶ lose or gain weight?

UNIT FOUR CRISIS BEHAVIOR ASSESSMENT

Key Point

- 1) Factors such as low self-esteem, unresolved issues between staff and person served, feeling they are the only one taking care of the person and/or they voice negative comments concerning care of the person are signs that abuse of the individual in services is a possibility.

When Staff Distress Can Lead to Abuse

- ▶ Staff low self-esteem can lead to abuse.
- ▶ Having issues that are still not solved only places more pressure on the care giving relationship.
- ▶ Studies have shown that the risk for abuse increases as the amount of care needed increases.
- ▶ If the caregiver has experienced abuse or violence from the person they are caring for

How to Reduce the Risk of Abuse

1. Ideally, family members and provider agencies should observe for the "perfect storm" of circumstances where abuse may occur so an intervention can be planned.
2. Arrangements should be made for additional relief help from other staff/caregivers, to lighten the care giving load.
3. Attendance at support groups or educational sessions should be encouraged for staff/caregivers to learn beneficial coping skills.

Key Point

- 2) You have a legal and ethical duty to report any one, including co-workers that are engaging in abusive behavior

Key Point

- 3) If you recognize a co-worker having difficulties short of physical or verbal abuse you can suggest a "buddy system" to help; suggest they have a break; talk to them about it and notify your supervisor of the difficulties your co-worker may be having

Reporting Abuse

- ▶ Ethically and Legally, you are required to report abusive behavior.
- ▶ You have a responsibility to see that people with disabilities are treated with respect and without harm, and your agency will hold you accountable for that.
- ▶ If you notice that a co-worker seems to be having difficulty with others, you can set up a "buddy system" to help.
- ▶ If you see something getting out of hand, you must step in to stop it and get the co-worker out of the situation.
- ▶ Talk over what happened and how to avoid it in the future. In many cases, your supervisor needs to know what happened.

Key Point

4) Signals and cues that a person's aggressive behavior is escalating include both physical cues such as sweating clenched fists, shaking, rapid breathing, pacing, fidgeting. Behavioral changes include loud speech, finger jabbing, swearing, aggressive posture, tone of voice or kicking or banging things.

Behavioral Cues That May Indicate Distress

Physical Changes	Behavioral Changes
<ul style="list-style-type: none"> › Sweating / perspiring › Clenched teeth and jaws › Shaking › Muscle tension › Clenched fists › Rapid breathing/sharp drawing in of breath › Staring eyes › Restlessness, fidgeting › Flushed face or extreme paleness of face › Change in Health of a Family Member › Rise in pitch of voice 	<ul style="list-style-type: none"> › Loud speech or shouting › Pointing or jabbing with the finger › Swearing/verbal abuse › Over-sensitivity to what is said › Standing too close › Aggressive posture › Tone of voice › Problems with concentration › Stamping feet › Banging/kicking things › Walking away

Aggressive Individuals

Some of these responses are classed as open or direct responses and are more likely to be the reactions of aggressive individuals

- › Clenched fists
- › Swearing
- › Verbal abuse
- › An aggressive posture

Anyone working in situations where aggression leading to violence is a threat should make sure they have adequate protection

Key Point

5) "Fight or Flight" is a programmed response in times of crisis and fear. Families might teach that fighting is good; that only cowards talk or run away. If fighting has worked out in the past, a person will tend to fight again. If running away has worked out, the person will tend to run away.

Fight or Flight

People show distress through behavior escalation and aggression for a lot of reasons. One reason is the "fight or flight" response. Animals and humans are programmed to do one of these in times of crisis and fear. Families might teach that fighting is good; that only cowards talk or run away. If fighting has worked out in the past, a person will tend to fight again. If running away has worked out, the person will tend to run away.

Understanding Challenging Behavior

'Challenging behavior' refers to any non-verbal, verbal or physical behavior by a person being served which makes it difficult to perform clinical tasks and/or poses a safety risk. It can describe actions, but can also include non-compliance, particularly if staff needs to intervene to deliver treatment or care

There are different types of challenging behavior:

- ▶ Non-verbal challenging behavior may include...wandering, pacing, cornering, intimidating facial expressions
- ▶ Verbal challenging behavior may include...shouting, swearing, racist, sexist or offensive speech
- ▶ Physical challenging behavior may include...scratching, biting, slapping, inappropriate touching, self harm, spitting, punching, hitting furniture

Why does it happen?

- ▶ Individuals who display challenging behavior often have some degree of cognitive impairment
- ▶ There is always a cause of clinically related challenging behavior, even if it is not evident to staff at the time
- ▶ Challenging behavior is often an expression of distress or an attempt by the person to communicate an unmet need
- ▶ It is vital that staff take care in determining whether an individual's behavior is a result of an illness or injury which requires urgent attention

Identifying Patterns

- Searching for patterns to challenging behavior can help staff predict when challenging behavior is more likely to plan and prepare, and to prevent it. For example, challenging behavior in many people has a tendency to occur during certain interventions, such as:
 - ▶ during care tasks,
 - ▶ administration of medication, or at
 - ▶ particular times of day, such as at mealtimes

Key Point

- 6) Triggers are environmental, situational or physical factors that set off an individual's challenging behavior. These factors vary depending on the individual, but they may include the care environment, interventions, activities, objects, thoughts, feelings, pain or discomfort

Triggers

- In the strictest sense of the term, trigger is used to refer to experiences that "re-trigger" trauma in the form of flashbacks or overwhelming feelings of sadness, anxiety, or panic
- The brain forms a connection between a trigger and the feelings with which it is associated, and some triggers are quite innocuous
- Once identified, many triggers can be avoided. That is why observing, identifying and documenting potential triggers can be the first part of a proactive strategy for minimizing stressful or distressing situations

Triggers

- The term is used more loosely to refer to stimuli that trigger upsetting feelings or problematic behaviors, and these feelings are often associated with a psychiatric condition
- People who have triggers may re-engage in unhealthy behaviors when exposed to triggers
- It is impossible to predict or avoid all triggers because so many triggers are innocuous, but images of violence, substance abuse, or weapons are sometimes labeled with a trigger warning

Recognizing Precursors

Precursors are behaviors which often precede challenging episodes. They may be an obnoxious prelude to distressed or aggressive behavior or they may just leave staff feeling uncomfortable. They may signal the onset of challenging behavior. Staff needs to be aware of precursors and recognize them, so they can effectively de-escalate a situation. Precursors to challenging behavior are specific to individuals, so they can often be recognized from earlier episodes.

Staff Contributions to Escalating Behavior

- › The poor care, actions or inactions from staff can lead to abuses of people that they serve as well as contribute to the escalation of aggressive behaviors that can illustrate only too clearly what can go wrong when there are poor standards of care and a culture which allows it to happen
- › What you do and say can help people stay calm or can contribute to behavioral escalation and aggression

Key Point

7) Staff attitudes and behaviors such as ignoring people, expecting absolute obedience, telling rather than asking, teasing or picking or making unreasonable or unenforceable consequences can tend to escalate behaviors in individuals we serve.

Staff Attitudes and Behavior

- › ignoring people
- › expecting absolute obedience to your authority (authoritarian)
- › *telling* rather than *asking*
- › giving unnecessary commands
- › acting superior to the people with disabilities (condescending)
- › making decisions *for* the person instead of *with* the person

Staff Attitudes and Behavior

- › behaving aggressively (yelling, speaking loudly, being "in-the-face", threatening, criticizing)
- › teasing or picking — this may be OK with friends and family, but people with disabilities might not understand it or be hurt by it
- › not following through — "don't make promises you can't keep"
- › making unreasonable and unenforceable consequences
- › interrupting something the person likes doing

Factors That Can Contribute to Distress

Environmental Factors

- noise
- bright lights
- uncomfortable temperatures
- overcrowding
- overstimulation
- inactivity and boredom

Factors That Can Contribute to Distress

Internal Factors

- the person's inability to process new information, explanations or instructions
- loss of inhibitions
- poor judgment and planning
- difficulty with communication and inability to articulate needs
- memory loss
- disorientation
- reduced spatial awareness
- loss of insight

More Examples of Factors That Can Contribute to Distress

- Feelings of anxiety or powerlessness
- Anger
- Social isolation
- Depression
- Delusions, especially where people feel threatened and react defensively
- Personality disorders which may cause difficulty anticipating the consequences of their actions and acute distress
- Mania
- Hallucinations
- Suicidal tendencies

Communication Strategies & Skills

- ▶ Pre-dispositioning the individual as to what to expect is critical
- ▶ Let the person know what is going to occur
- ▶ Establishing Psychological Connection
- ▶ Clarifying Intentions
- ▶ Problem Exploration: Defining the Crisis (*core listening skills*: empathy, genuineness, and acceptance or positive regard)

Communication Strategies & Skills

- ▶ Psychological Support - Deep, empathic, responding using reflection of feelings and owning statements about the person's present condition serves as a bonding agent
- ▶ Providing Support - communicating to the individual that the staff is a person who cares about the individual
- ▶ Default Task: Safety - we are concerned about the physical safety not only of the person but also of those who may interact with him or her and, just as important, about keeping ourselves safe.

Examining Alternatives

- Exploring a wide array of appropriate choices available to the person
- ▶ (1) *Situational supports* are people known to the person in the present or past who might care about what happens to the person
 - ▶ (2) *Coping mechanisms* are actions, behaviors, or environmental resources the person might use to help get through the present crisis
 - ▶ (3) *Positive and constructive thinking patterns* on the part of the person are ways of reframing that might substantially alter the person's view of the problem and lessen the person's level of stress and anxiety

Planning in Order to Reestablish Control

- ▶ (1) Identify additional persons, groups, and other referral resources that can be contacted for immediate support, and
- ▶ (2) provide coping mechanisms—something concrete and positive for the person to do now; definite action steps that the person can own and comprehend

Examining Alternatives

Examining alternatives is literally a "right here, right now" activity. Rapidly changing conditions may mean discarding old options that worked a half hour ago for completely new ones. One of the hallmarks of a world class crisis worker is the ability to be resilient and rapidly brainstorm new ideas and implement them in a hurry

Key Point

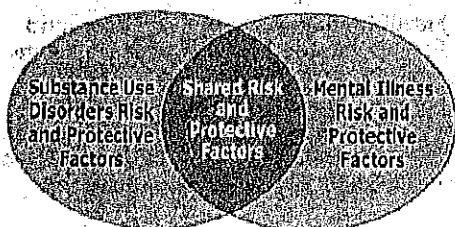
8) Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed

Risk and Protective Factors

- ▶ Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes
- ▶ Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events

Individual Level Factors

Risk	Protective
<ul style="list-style-type: none"> ▶ genetic predisposition to addiction ▶ exposure to alcohol prenatally ▶ parents who use drugs and alcohol ▶ parents who suffer from mental illness ▶ child abuse and maltreatment 	<ul style="list-style-type: none"> ▶ positive self-image ▶ self-control ▶ social competence ▶ Interpersonal Skills ▶ Self-Awareness



Risk and Protective Factors

Risk Factors	Protective Factors
Personal Characteristics <ul style="list-style-type: none"> ▶ Premature birth ▶ "Difficult" temperament ▶ Fetal drug/alcohol exposure ▶ Shy temperament ▶ Developmental delays ▶ Neurological impairment ▶ Low IQ (below 70) ▶ Chronic medical disorder ▶ Substance abuse ▶ Mental Illness ▶ Mental retardation 	Personal Characteristics <ul style="list-style-type: none"> ▶ Sense of responsibility ▶ Problem solving abilities ▶ Reading skills ▶ Good self esteem ▶ A feeling of control over one's life ▶ Planning for future events ▶ Optimism about the future ▶ Being successful at something ▶ Good social and interpersonal skills ▶ Able to leave conflict behind ▶ Able to look for support from others

How Should Staff Encourage Positive Behaviors?

1. Reinforce Good Behavior
2. Provide Structure and Consistency
3. Collect Data
4. Name the Behavior
5. Give Words for Emotions
6. Change the Environment
7. Give Choices
8. Avoid Power Struggles

Positive Behavior Support (PBS)

The framework of PBS describes both:

- (a) a set of values regarding quality of life and the rights of persons with disabilities and
- (b) procedures and steps to be used when working with people who exhibit challenging behavior.

PBS perspective generally are characterized by three features:

- (a) They operate from a person-centered values base,
- (b) they recognize the individuality of each person, and
- (c) they work toward and achieve meaningful outcomes

Positive Behavior Support (PBS)

- ▶ Dignity - Dignity generally refers to an individual's perception of his or her standing, based on interactions within their environment
- ▶ Independence - Personal dignity necessarily entails both success and freedom from constraint
- ▶ Prevention - If prevention efforts are to respect the dignity of all involved, strategies must facilitate success while keeping all safe from constraint, embarrassment, and pain

UNIT FIVE DEESCALATING ESCALATING BEHAVIORS

Key Point

1. Communication skills and Active Listening skills are used to prevent escalating aggressive behavior and to assist the person with de-escalating aggressive behavior

Communication Skills

The Communication skills and Active Listening skills that were practiced earlier are taken up a notch when we are using those skills to prevent escalating aggressive behavior and to assist the person with de-escalating aggressive behavior

- What you say
- Body language or "how you say it"

Key Point

2. What you say can help deescalate aggressive behavior such as: Use a low tone of voice; Give reassurance; Use "I" messages; Ask what, when, how questions; Be clear up front about any rules in the situation and; Let the other person do most of the talking - ask questions to clarify if needed

What You Say

- ▶ Use a low tone of voice — it is calming, and the other person will have to be quiet to hear you
- ▶ Give reassurance — tell the person that you are not there to hurt him/her but want to help him/her to get what's wanted if possible. Ask how you can help.
- ▶ Use "I" messages
- ▶ Ask what, when, how questions
- ▶ Be clear up front about any rules in the situation
- ▶ Let the other person do most of the talking

Key Point

3. How you say it or your body language can help deescalate aggressive behavior such as: Use a non-threatening body stance — relaxed, arms down at side and not crossed or on hips and hands open and giving the person space standing a minimum of one and a half to two feet away from the person escalating.

Body Language or "How You Say It"

- ▶ Use a non-threatening body stance — relaxed, arms down at side and not crossed or on hips and hands open.
- ▶ Give the person space. Keep about 1 1/2 - 2 feet away or more if the person is escalating.
- ▶ Touch the person only if you have to. If you must touch them, tell the person what you are going to do.

Key Point

4. Before staff attempts to physically intervene or diffuse a situation where a person's behavior is escalating they must first determine intent and capacity to do harm.

Ask Yourself These Questions Before Intervening

- 1) Does this person have a history of hitting, biting, running away, etc?;
- 2) What is this person's crisis plan?;
- 3) What is my agency's policy regarding this type of intervention? And;
- 4) Before I have to put my hands on, is there anything else that might be done to resolve this crisis appropriately without using physical intervention?

Key Point

5. An individual's problematic or inappropriate behavior is a sign that he is upset and that something is not right. Individuals sometimes have trouble communicating, because they may not be able to verbally describe the problem or know what to do in a situation. At these times, individuals may act out their feelings or needs.

Key Point

6. It is important that staff read the charts and records of individuals especially their crisis plans. This information will assist staff with identifying the triggers that set off diagnostic and behavioral symptoms in the person that they serve. As usual getting to know and understand the person is usually the most effective way to identify triggers that set off increased emotional distress that leads to inappropriate or negative behavior

Signals for Imminent Danger

- › *Social withdrawal*
- › *Excessive feelings of isolation*
- › *Excessive feelings of rejection*
- › *Being a victim of violence*
- › *Feelings of being picked on or persecuted*
- › *Low school interest and poor academic performance*
- › *Expression of violence in writings and drawings*

Signals for Imminent Danger

- › *Uncontrolled anger*
- › *Patterns of impulsive and chronic hitting, intimidating, and bullying behavior*
- › *History of discipline problems*
- › *Past history of violent and aggressive behavior*
- › *Drug and alcohol use*
- › *Affiliation with gangs*
- › *Inappropriate access to, possession of, and use of firearms*
- › *Serious threats of violence*

Be Proactive

- › *Monitoring yourself*
- › *Cued response*
- › *On-the-spot problem solving*
- › *Positive Reinforcement*
- › *Scheduling*