

Behavior is Communication

Strategies for Understanding Challenging Behaviors

2 Hours

Presented by:



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Objectives

Behavior is a way to communicate unmet needs and wants. Inability to communicate feelings and experiences and to cope with intense emotion and feeling can contribute to challenging behaviors. If caregivers who support a person understand that challenging behaviors are methods to communicate a need or want, they can work with the person to help get that need or want met. This training module explains behavior as communication and identifies what certain behaviors might communicate.

The objectives for this training module are for the participant to:

- Recall strategies for understanding and responding to challenging behaviors
- Describe basic premises about mental illness in relation to challenging behaviors
- List the important assumptions about challenging behaviors
- Summarize ways to report challenging behaviors accurately
- Recite methods of de-escalation

Understand Challenging Behaviors: A Necessity

There are several reasons why it is necessary to understand the meaning behind challenging behaviors. However, it is not an easy or quick process. To really understand these behaviors requires the patience, dedication, creativity, and experience of direct care staff, doctors, psychologists, psychiatrists, nurses, family members, and, most of all, the individual.

First, it must be noted that **challenging behaviors are always the expression of unmet needs and/or unmet wants**. To work effectively with people who have intellectual and developmental disabilities (I/DD), or with those who are dually diagnosed (with both I/DD and a mental illness), it is important to realize that they have the same hopes, dreams, wants and needs as anyone else. However, these individuals sometimes lack the skills needed to communicate their feelings and experiences. This can contribute to the mistaken notion that they cannot experience strong feelings. Inability to communicate these experiences, as well as the inability to cope with intense emotion and feeling, can also contribute to challenging behaviors, including self-injurious behaviors and aggression.

Understand Challenging Behaviors

(continued)

Understanding challenging behaviors helps to prevent potential crisis situations from occurring. If caregivers who know and work with the person understand that challenging behaviors are methods to communicate a need or want, they can work with the person to help get that need or want met. However, if the person's actions are ignored, it is the same as if a waiter or waitress at a restaurant ignores the requests of customers for food. Eventually, the customers will become frustrated and either leave or complain to the manager. A person with I/DD in a group home setting may not have that option; but one option the person does have is to engage in a challenging behavior. If that behavior is ignored, then the potential for increased aggression and harm to the person and others exists. In essence, ignorance can sometimes lead to a crisis situation.

Furthermore, **an understanding of challenging behaviors will mean an improvement in the relationship between caregivers and the individual.** A person whose requests and opinions are respected does not need to resort to a challenging behavior in order to be heard. Caregivers who work to understand a person are working to limit the need for that person to be hospitalized for challenging behaviors, and for that person to face fewer restrictions due to behavior plans meant to keep him/her and others safe.

Meeting Wants and Needs

When talking about challenging behaviors and aggression, it may be helpful to remember these behaviors are ‘strategies’ that a person may use to have his or her wants and needs met. It is also helpful to have definitions of each term.

Challenging behavior can be defined as behavior that is difficult to understand and to deal with, which can pose a risk of harm or limits opportunities for an individual. **Aggression** can be defined as behavior that is directed against objects or people (including the self) that is intended to cause harm (Citrome, 2010). This can include acts such as verbal threats, threatening gestures, tantrums, physical attacks, and property destruction (Sturmey, n.d.).

There are many physical and mental health conditions in which aggression may be more likely, including: organic brain damage, sensory disabilities (blindness, deafness, etc.), language difficulties, mental illness, and intellectual and/or developmental disabilities themselves. However, just because an individual has one of these conditions does **not** mean that the person will be aggressive. This is a common misconception – conditions do not cause people to be aggressive. For example: the only behavior that can be directly attributed to having I/DD is the slower learning of new information. Aggression is not a “given” simply because a person has an intellectual or developmental disability and/or a mental illness.

Meeting Wants and Needs (continued)

Aggressive or challenging behaviors can be learned behaviors or coping skills, as well as an expression of physical, emotional, or psychological pain. When observed in individuals with both I/DD and mental illness, aggressive or challenging behavior can be a signal that symptoms of the mental illness are worsening. The many possible causes of aggression should be examined by those caring for the individual to rule out what is and what is not causing the aggression. This can include a full physical and psychological evaluation, as well as examining the person's environment, developmental needs, methods of communication, and support system (Charlot & Shedlack, 2010).

Basic Premises About Mental Illness

There are five basic premises about mental illness:

1. Symptoms never occur alone.
2. Symptoms can be observed behaviorally.
3. The key in identifying possible symptoms is to notice, describe, and capture changes in a person over time.
4. The cluster of symptoms is a significant change in how the person acts and can have an impact on his or her ability to function.
5. To understand the significance of a change in someone, caregivers need to understand how the person is when functioning at a normal, healthy level.

It is important to understand these premises, both for one's own knowledge and for improving one's ability to accurately report what is seen and heard when working with an individual who is dually diagnosed.

Basic Premises About Mental Illness

(continued)

Symptoms never occur alone.

- Cluster of symptoms must be present
- Cluster of symptoms occur over time

A cluster of symptoms (criteria) needs to be present at the same time for a person to be given a diagnosis of a mental illness. This means that more than one symptom will be observed in a person who is actively experiencing an episode of mental illness. Additionally, the cluster of symptoms must be consistent over time, meaning that they do not appear one day and disappear the next. They are observable on a consistent basis.



Basic Premises About Mental Illness

(continued)

Example of symptom cluster for depression:

- Depressed mood most of the day, nearly every day
- Diminished pleasure or interest in previously enjoyed activities
- Significant weight loss or gain
- Insomnia or hypersomnia (sleeping too much)
- Psychomotor agitation (restlessness) or retardation (moving about slower than normal for the person)
- Fatigue or loss of energy every day
- Feelings of worthlessness or excessive/inappropriate guilt
- Diminished ability to think or concentrate
- Recurrent thoughts of death/suicide

These symptoms of depression from the Diagnostic and Statistical Manual of Mental Disorder illustrate what is meant by a cluster of symptoms. In order for a psychiatrist to make a diagnosis of depression, at least 5 of these listed symptoms must be present over a two week period.

Basic Premises About Mental Illness

(continued)

Symptoms can be observed behaviorally.

- How could depressed mood be described behaviorally?
- How could hallucinations be described behaviorally?
- How could obsessive compulsive disorder be described behaviorally?
- How could a manic mood be described behaviorally?

It is important to capture what the person is *doing* and not to attempt to figure out why he or she might be doing it. The interpretation of behaviors is best left to professionals trained in the identification of illnesses – i.e. psychiatrists or psychologists. Caregivers have a responsibility to help by providing clear behavioral observations so that the individual can receive the best and most helpful care possible.

Basic Premises About Mental Illness

(continued)

The key to identifying possible symptoms is to notice, describe, and document changes in a person over time.

- Onset: When did the change in behavior begin (or when was it first noticed)?
- Increase/Decrease: Has there been a change in the frequency of a behavior (is it happening more or less often)?
- Intensity: Has the intensity of a behavior (or behaviors) changed?
- Noticeable patterns, episodes, or cycles of behavior: Does the person's behavior occur at certain times of the day, week, month, or year (or during certain seasons, i.e. depression during the winter)? Is there any behavior that signals an episode is going to occur?

Caregivers should be familiar with the individual and have a good idea of his or her usual behaviors compared to behaviors demonstrated when the person is ill.

Basic Premises About Mental Illness

(continued)

The cluster of symptoms is a significant change in how the person acts and can have an impact on his or her ability to function.

- Not just a 'bad day'
- Occurs for extended periods of time
- Makes day to day living difficult
- Impacts relationships, work/school, self-care

It is normal every once in a while for someone to not feel like getting out of bed; but if a person consistently feels like not getting out of bed, is seen crying frequently, has no interest in activities that she or he once enjoyed, does not want to eat, and talks about wanting things to be 'over', it is possible that these are symptoms of depression. In any case, *behaviors that are not ordinary for the person need to be observed and reported as accurately as possible without any form of judgment.*

Basic Premises About Mental Illness

(continued)

To understand the significance of a change in someone, staff needs to understand how the person is when she is functioning at her normal, healthy level.

This may mean that the person's staff (or doctors) need to talk with those who have known the individual for a long period of time. Conversations like this can aid in finding out if what is happening now is a drastic change from how the person used to function.

A useful tool to have for this is a document called a "Best-Worst Story".

A **best-worst story** is a document that describes a person at his or her healthiest level of functioning (best) versus how the person's functioning looks at his or her most ill (worst). This document is divided into two paragraphs; the 'best' paragraph describes what others notice about the person when he or she is free of any symptoms and/or challenging behaviors. The 'worst' paragraph describes what others see when the person is experiencing significant symptoms of an illness and/or increased and more intense challenging behaviors. Caregivers, family, and others involved in the individual's care can help in the creation of this document, which can help provide a psychiatrist (and anyone else who needs to know this information) a clear picture of how illness affects the individual.

Describing What Is Seen and Heard

In order to best help a physician and the individual, caregivers must remember to observe and report only what is ***seen*** and what is ***heard***. This must be done ***without assumptions*** about what diagnosis the individual may have. Though caregivers should understand a person's diagnoses, it is not their responsibility to make them. Do not interpret what is observed or why it might be happening. All that is needed is a description of what is happening with the individual in the clearest terms possible.

When working with people with I/DD, making assumptions about behaviors can leave out vital information. For instance, if a person is banging his head against the wall and crying, one could assume that he is angry, frustrated, or just seeking attention. However, it may be that the person is experiencing pain that he cannot describe to others. The act of beating his head against the wall may also be the person's way to distract himself from any pain that he is feeling. In this situation, the best way to report this behavior is to describe what is seen: the person is crying and banging his head against the wall.

Describing What Is Seen and Heard

(continued)

Don't interpret. Simply describe what happened.

Avoid suitcase words. These words describe the observer's interpretation of what happened, but not what was seen and heard; they can also be understood in different ways by various people, creating a loss of needed information.

Take one symptom at a time. Describe each symptom as it is seen in the person; try not to cover every symptom in one or two sentences, or needed information may be lost.

Capture behaviors at the person's best (healthiest) and worst (most ill). This will give both staff and doctors an idea of how the person is when he/she is well versus when he/she is ill.

Don't argue or decide if something is a symptom or not. This is best left to professionals trained in making these decisions

Suitcase words include terms like aggressive, isolative, defiant, moody, irritable. Simply put, they are words that do not specifically describe someone's behavior or actions and leave room for too much interpretation. (Similar to how suitcases can hold different types of clothing, suitcase words can hold many different meanings, depending on who "packs" them.)

Challenging Behavior: Basic Assumptions

There is an unmet need or want. Challenging behavior is the expression of an unmet need or want. In essence, it is a way of communicating with others. A good question to ask when working with a person who exhibits challenging behaviors would be, “Why would this person need to do _____?” (Fill in the blank with a behavior that may be challenging.)

Challenging behavior is meaningful. The behavior can be understood upon closer investigation and exploration of the person and his or her behaviors. If the meaning of the behavior can be discovered, the person’s team can take steps to meet the need or want and minimize the challenging behavior.

People have good reasons to do what they do. The use of the word “good” here does not mean that the person’s reasons are just, positive, or socially acceptable, but valid to him/herself. For instance, if John does not like to sit next to Ted at the workshop because Ted hits him, staff may find that John will act out in difficult ways. He may hit Ted or others who are near him, or yell as loudly as he can until he can move. These behaviors are not socially acceptable, but for John, he has a good reason to engage in them, as it lets others know that he does not want to sit with Ted (and perhaps the behavior even protects him from Ted). As the person gains trust and begins to reveal his or her reasons, the actions may be better understood by the person’s team.

Challenging Behavior: Basic Assumptions (continued)

People do the best they can with what they have at that time and in that context. People with I/DD who exhibit challenging behaviors are often struggling to cope with daily stressors, just as people who do not have I/DD do. The difference here is that those with intellectual or developmental disabilities may lack effective coping skills; therefore, they do the best they can with they have.

For example, when Bob is under stress, his symptoms of pica worsen and he tries to eat everything that he can fit into his mouth. This is his way of coping with stress and anxiety, as the behaviors in which he engages help him to feel relieved. In tough moments, Bob is doing the best he can to handle the stress that he faces, but his coping skills are limited. Just as anyone else, he does the best he can do with the skills that he already has in place.

Challenging Behavior:

Basic Assumptions (continued)

Challenging behaviors interfere with an individual's daily life.

Refusal to take medications, use the bathroom normally, practice personal hygiene routines, or participate in activities of leisure or work can be difficult for both the caregiver and the individual. When faced with these behaviors, it is best to allow extra time to complete an activity, or to offer frequent breaks.

For example, if a person refuses to take a bath when first prompted, it may help to sit and chat with the person. Keep the conversation light and find areas of interest to the individual, such as discussing the program she is watching on television, her choice of clothing, how her haircut is flattering to her, or anything else that the person enjoys. Building a friendly rapport helps to solidify the relationship that the person has with caregiver, and this relationship can be used to help support the person in working on ways to overcome challenging behaviors.

Challenging Behavior:

Basic Assumptions (continued)

Challenging behaviors may result from differences in culture and limitations in abstract thinking. In many cases, people with I/DD grew up in institutionalized settings, such as state hospitals. Even those who lived with family may have been treated in a much different way than others in the household. These different experiences may have led the person to develop ways of achieving goals and meeting needs that differ from what is normally expected.

Think about the person who seems to inhale all of the food on his plate at meal times and then seeks out more food from others. This challenging behavior may be the result of living in an institution where meal times were first come, first serve. If the person did not eat quickly, his food would be taken and he would go hungry. Therefore, he learned to eat a great deal of food quickly, to avoid being hungry. The person in this case may also lack the ability to think about the situation in an abstract way – namely, that no one in this new setting is going to steal his food because everyone around him has plenty of their own. Of course, this behavior is not well suited for community, but understanding its origin can help caregivers in teaching the person new ways of coping in a different setting.

Challenging Behavior:

Basic Assumptions (continued)

Challenging behaviors threaten the safety of the person or others. A crisis situation can be defined as one in which an individual poses a threat to him/herself and/or others. Challenging behaviors can pose danger to the individual or others, and they can be directed at caregivers or those offering support. Although it may be difficult in such a stressful situation, try to understand the person's wants and needs. Make sure the environment is safe. Remove any objects from the immediate area that can be thrown or used to cause injury.

Challenging Behavior:

Basic Assumptions (continued)

Challenging behaviors are likely to limit or deny the person access to the use of various facilities. The nature of these behaviors is often considered unacceptable, intentional, puzzling, and/or dangerous. These types of behaviors are even deemed to be “inappropriate” in certain settings. For instance, it would be difficult to take an individual out to dinner if she spent the entire meal smearing her food on the table, herself, and anyone who came near her. As a result, this individual might be left at home when others go out to eat, thereby limiting her ability to live as full a life as possible. This can cause feelings of isolation and loneliness for a person, as well as compounding any feelings of frustration they may already have. Put those feelings together and it becomes clear why a person might act out with challenging behavior.

Here the challenging behavior represents a vicious cycle – the person is denied the ability to engage in certain activities because of the difficult behavior, so the person responds by engaging in more challenging behaviors to express her or his feelings. This is why it is so important for caregivers and professionals on a person’s team to determine what the meanings are behind these behaviors and to help the person meet those needs and wants. Failure to do so results in a person being shut out of the opportunity to live an everyday life.

Challenging Behavior:

Basic Assumptions (continued)

Intellectual/developmental disabilities do *not* cause challenging behaviors. Many people believe having I/DD will automatically lead to a person having challenging behaviors. This is far from the truth, as challenging behaviors are an expression of unmet needs. The fact of the matter is that anyone, regardless of intellectual ability, could have an occasional challenging behavior. Limitations in communication and abstract thinking increase the chances that a person may have these behaviors, but these limitations do not guarantee that they will occur.

The only behavior that can be attributed directly to intellectual and/or developmental disability is slow learning of new academic information (Ryan 1993). People with I/DD can and do learn, though it may take more time for an individual to understand and use the information. Think about a person with I/DD who has a hearing impairment but knows sign language. The person had to *learn* how to use sign language; it is simply not a skill the person was born with to compensate for not hearing. In fact, the person with I/DD may be able to teach others some signs – which completely dispels the notion that a person with I/DD is unable to learn.

Challenging Behavior: Triggers

Identifying triggers that can lead to challenging behaviors can help avoid potential crisis situations. Triggers are people, places, or things that serve as reminders of a feeling or event for a person. These reminders are different for everyone; for instance, a belt may seem like an ordinary article of clothing to one person, but may be a frightening reminder of being tied down for someone else. Triggers can literally be anything: a smell, a person who resembles someone from the individual's past, a television show, a song, and even someone's voice.

Triggers can give rise to memories of trauma, abuse, or emotionally difficult times in a person's life – memories that may still influence that person's emotional and behavioral state years later. Triggers can also evoke happy memories, which can sometimes cause a person with I/DD to become overly excited to the point that he has great difficulty controlling himself.

Challenging Behavior: Triggers (continued)

Being unaware of a person's triggers can make his or her reactions and behaviors difficult to understand. Speaking with those people closest to the individual can help in determining what triggers to watch for so that they can be avoided whenever possible. However, there will be times when a trigger simply cannot be avoided, no matter what steps are taken. Every effort should be made to speak with the individual's caregivers and family (if possible) to learn about any triggers that may elicit challenging behavior in an individual.

There may be times when another's responses to a person's challenging behaviors can be triggers themselves. Often, caregivers want to do what is right and most helpful for a person but are not aware that their actions may increase a person's anger, fear, anxiety or other intense feelings. Pay attention to the whole person when working with them in these situations – this means listening to what the person says, seeing what they do, listening to their tone of voice, and respecting their immediate requests.

Challenging Behaviors: Things To Consider

When thinking about why a person may have challenging behaviors, it is often helpful to consider each of these five areas:

- **Communication**
- **Environment**
- **Emotions**
- **Unaddressed Medical/Physical Needs**
- **Trauma**

Challenging Behaviors: Communication

“The 18 Second Rule” – Allow at least 18 seconds for a person with I/DD to process and respond to a question or directive. This gives the person time to process and understand what was said and to respond accordingly.

Give direct attention to the person – Do not do paperwork, have conversations with other caregivers or housemates, or perform other tasks while the person is talking. This promotes respect and a feeling of being heard.

“Communication Partners” – Talk with the people closest to the person who usually know them best, usually family or caregivers. They can read the person’s body language and may be able to explain the meaning of the person’s behavior.

Challenging Behaviors: Communication

(continued)

Communication Tools – These are items that help to facilitate communication between the person and others, such as:

- Communication Board: a device printed on paper, a board, as a poster, or in other formats; it lists frequently used words and phrases that are specific to an individual.
- Social Stories™: developed by Carol Gray to help individuals with I/DD understand what is going on in specific situations; the story is created to help the person know where the situation is happening, what others who are there may be feeling and thinking, what the individual may be expected to do or say (if anything) and strategies to help the individual remember how to respond to the situation in the future.
- Liberator: electronic device that can be used by individuals to communicate verbally; similar to a laptop computer, it contains pre-loaded words and phrases and can be personalized by the individual.

People with I/DD may have their own form of communication (consumer signs). The more information that can be received from family and caregivers who know the person best, the better the support for the person will be.

Challenging Behaviors: Environment

One of the most obvious and most overlooked reasons why a person may have challenging behaviors is the environment itself. Sometimes a small change to the environment can impact the person's life and their behavior, both positively and/or negatively. The environment includes not only the person's immediate surroundings but also who is with the person. Relationships with other people help to shape the environment just as much as where a person is physically.

Questions to consider:

- Is the person feeling too hot/cold?
- Is the person hungry/thirsty?
- Is the person tired/fatigued?
- Is the environment too stimulating/not stimulating enough for the person?
- Does the person need to exercise/move around?
- Does the person need to use the restroom and is embarrassed or unable to ask?
- Are the person's privacy/boundaries respected?
- Does the person like the people with whom he/she is interacting?

Challenging Behaviors: Environment

(continued)

It is always a good idea to think about how someone's behavior may simply be a reaction to the environment. Some people do very well in settings where there is a lot of activity going on around them, while others have more success in quiet and easy-going settings. Everyone is different, so it makes sense to keep those differences in mind when trying to assess what may be triggering a challenging behavior. Positive practice includes taking steps to change people's environments to meet their needs. Doing this is one way to relieve distress and reduce challenging behavior.



Challenging Behaviors: Emotions

A key aspect of emotional wellness is safety. Safety is a basic need for everyone, no matter the setting. If a person does not feel safe where she is, or with the people around her, her emotional well-being will be compromised. Constantly being afraid can lead to sadness, grief, anxiety, and even anger and aggression. Add to that people who do not seem to understand what the person is experiencing, and it becomes clear why a challenging behavior may appear.

If safety needs are not met, challenging behaviors may result, such as clinginess, wanting a favored caregiver present, continually asking the same questions, refusing medications and/or treatments, attempting to elope from the group home - all out of a sense of fear and anxiety.

Challenging Behaviors:

Emotions (continued)

People with I/DD may have come from abusive homes or institutions, or have experienced major traumas in their lives. These events do not just go away over time. They can continue to influence a person's feelings of safety and security for years afterward. Some people with I/DD feel more secure when they are in environments that offer stability, protection, structure, order, and some limits. This helps combat the anxiety and fear they might have from not knowing what is happening from a day to day basis, or even hour to hour. Yet other people with I/DD may not do as well in this type of setting because it may seem too restrictive to them. Allowing a person the freedom to help establish his or her own routine can be a great help in ensuring feelings of safety and emotional wellness.



Unaddressed Physical/Medical Needs

People who have I/DD are susceptible to the same physical diseases and mental health diagnoses as the general population. Many individuals with I/DD are diagnosed with multiple medical and psychiatric conditions. Having just one health concern can have a significant impact on a person's behavior; having multiple illnesses and conditions can complicate matters for the individual even more.

Challenging behavior may result from symptoms such as pain, numbness/tingling, fatigue, ringing in the ears, nausea, and others. Additionally, there may be a loss of independence from having an illness or condition. This lack of independence can cause feelings of anxiety, fear, frustration, and anger.

Unaddressed Physical/Medical Needs

(continued)

Common conditions and physical symptoms:

- Migraines – chronic headaches
- Constipation, diarrhea – GI conditions
- Degenerative joint disease, pain, inflammation – arthritis
- Premenstrual syndrome
- Immobility (being unable to move around as one likes)
- Cardiovascular disease – heart conditions, circulation problems
- Neurological conditions – dementia, memory loss

Whenever challenging behaviors occur, consider any possible unmet physical and medical needs as a source. The use of communication boards, modified pain scales, and physical check-ups by a person's primary care physician can help to determine if medical and physical needs are contributing to behaviors.

Unaddressed Physical/Medical Needs

(continued)

Common Indicators of Pain

Guarded/altered body position	Muscle tension
Moaning	Nausea/vomiting
Sighing	Weakness
Grimacing	Dizziness
Withdrawal	Unconsciousness
Crying	Lethargy
Muscle twitching	Fever
Restlessness	Hitting a painful area
Elevated/decreased blood pressure	Staring
Dilated (large) pupils	Quietness
Diaphoresis (excessive sweating)	

Challenging Behaviors: Trauma

In a 1991 study, Dick Sobsey and Tanis Doe stated that individuals “who have some level of intellectual impairment are at the highest risk of abuse.” There may be a variety of reasons why this is the case, ranging from being unable to tell others when abuse occurs, being unable to defend oneself while abuse is occurring, thinking that the abuse is ‘normal’ because of who is doing it or the circumstances in which it occurs, and/or simply believing that one deserves it due to his or her disability. A person who experiences trauma and abuse is likely to have a reaction to it. However, when it is long term and wrought by people an individual is supposed to trust for her or his safety and care, the effects of that trauma can run very deep.

Challenging behaviors may occur as a response to trauma, even if the trauma happened several years ago. Trauma is defined as **an experience that the person did not ask for and cannot stop or escape. It is perceived as a life threatening experience and involves intense fear and helplessness.** Trauma entails loss – physical, emotional, spiritual, and/or social.

Trauma is a subjective experience.

What is traumatic for one person may not be for another.

Challenging Behaviors – Trauma (continued)

Signs of Trauma

Mood swings/instability	Eating too much or too little
Sexual problems	Hyper vigilance
Unexplained outbursts of anger	Self-abusive behaviors
Unexplained grief reactions	Anxiety/panic attacks
Depression	Poor self-esteem, shame, guilt
Hopelessness	Avoidance
Nightmares	Headache, stomach ache, dizziness
Poor concentration	Inability to experience pleasure
Flashbacks	Unexplained physical pain

Traumatization: Basic Needs

To feel relatively safe – A person who has experienced abuse needs to feel safe in the environment and with other people. This involves a level of trust that may take time for a person to build. In order to help the person build trust, show him or her kindness and compassion. At times, the person may even want to be left alone.

To know others will respect his/her boundaries – Always defer to the individual. Ask the person what he or she needs or wants and respect the answer given. Ask the person if you can help before stepping in to help.

To feel accepted, validated, and listened to – Often, people who have experienced trauma will have guilt, fear, anger, and confusion about the event. They may question why they survived when others did not, or what they did that was so wrong that caused them to be hurt. Offer reassurance that they did nothing wrong, that they deserve to live just like anyone else and that you are there to help.

To talk and be listened to – Some people need to talk about their trauma; others do not want to talk about it at all. Listen if the person wants to talk, but do not push the person to discuss things that they do not want to discuss.

Traumatization: Basic Needs (continued)

To have their feelings paid attention to – It is important for someone who has experienced trauma to know that others will not judge them for having certain feelings and emotional reactions. Allow the person to experience emotions and do not question why they are experiencing them or tell them how to get over it.

The first step in helping someone who has experienced trauma is to recognize that they need help in dealing with it. There are some strategies that staff can use to help an individual who has been traumatized. Working with a victim of trauma means that caregivers recognize that the person has some basic needs.

Not everyone is able to listen to stories of trauma. Caregivers should not think that just because a person is talking about a traumatic event that they must listen no matter their comfort level. Any caregiver or professional who is not comfortable hearing about a person's trauma has the option to not hear it, but maintains the responsibility to help the individual find someone who is able to hear the story.

Signs of Escalating Behavior

Observable signs of escalating behavior:

- Faster breathing
- Talking louder
- Stiff, rigid movements
- Quick movements
- No eye contact
- Reddening in the face

There are times when understanding triggers and using all of the tools at one's disposal may not be enough to help a person to stay calm. Sometimes events are so overwhelming that the person feels out of control and his or her first instinct is to do anything it takes to regain control. This is what happens during escalating behavior, and there are some observable signs that it is occurring.

There is a difference between challenging behavior and escalating behavior. Challenging behavior is the product of unmet needs and wants. **Escalating behavior occurs when a need or want has not been addressed or paid attention to, even after staff may have attempted to do so.** A person may not display all of these changes or signs, but observing two to three of them taking place at the same time can be an indication that a person is becoming agitated or angry.

De-escalation

De-escalation is meant to help bring a person whose behaviors are escalating back to a sense of calm or normalcy for that person (the person's 'baseline'). De-escalation techniques are tools to help caregivers manage challenging behaviors before they result in crises. Typically, de-escalation is thought of as occurring after an incident or crisis, but in reality, *de-escalation should always be happening*. Simply meeting one's needs and wants can serve as effective de-escalation, as it keeps the individual from getting to the point of having escalating behaviors; but de-escalation is also effective after an event, as it can shed light on why something happened and what can be done to prevent it in the future. **The true key to de-escalation is investigating the reasons why the person is engaging in challenging behaviors** – in other words, discovering the needs and wants that are not being met for that person.

Techniques for De-escalation

Some proven techniques for de-escalating challenging behaviors are:

- 1. Proximity** - Try to be out of arm's reach of the person while being close enough to converse with him or her.
- 2. Pace** – Be aware of your own anxiety levels; try not to speak too quickly or make sudden movements; acting calm conveys a sense of calm to the individual.
- 3. Purpose** – Keep in mind that your actions and words will have meaning to the person. Avoid making promises that you cannot keep or that are not realistic, as the person will remember this down the road. It may help to let the person know that you think she seems upset and want to help her figure out a way to feel better.
- 4. Process** - Stay flexible. Tune your actions and responses to the individual; if the person wants you to stay and talk, do so. If the person asks to be left alone, respect that request (but be sure to check in with the person to ensure safety).

Techniques for De-escalation (continued)

5. Plan – Think about possible crisis situations, or past situations; determine what worked (or what may work) in handling those situations successfully.

6. Practice – Practice techniques that have worked with the person; having experience using techniques in a situation can relieve anxiety and enhance the sense of calm you want to convey.

7. Presentation – Be aware of your body language and voice tone when dealing with a person in crisis. Keep your arms at your sides and your palms facing outwards to let the person know you will not harm them; do **NOT** fold your arms across your chest, put your hands in your pockets, or clasp your hands behind your back – all of these actions may invite the person to wonder what you are hiding from them, which can further escalate the situation.

Techniques for De-escalation (continued)

8. Pivot – If your attempts at de-escalation are not working with the individual, or you feel unsafe, make sure you have a clear escape route and can use it quickly.

9. Persuasion – Know the person and use your relationship with him or her to aid in de-escalation. Talk with the individual about what is going on or reassure the person that you want to help and are willing to listen.

10. Pre-empt – Knowing what a person's triggers are can be a great help in managing the environment and maintaining clear and respectful lines of communication. A person who feels that his or her needs/wants are being met may be less likely to use challenging behaviors to be heard.

(adapted from "Top Ten De-escalation Tips" by PMT Associates, Inc.)

Techniques for De-escalation: Restraints

The goal of de-escalation is to help an individual calm down so that she is able to process ways to deal with whatever may be bothering her. However, there may be times when the best efforts of staff are not enough to help a person become calm. When behavior escalates to the point of becoming dangerous to the individual and/or others, restraint may be a necessary step.

Once a restraint has been implemented, the goal should be to discontinue the use of the restraint as soon as possible. All too often it is believed that once a restraint is implemented, the “problem” is solved. The person can no longer engage in the challenging behavior; therefore, the person is no longer a threat of harm to him or herself or others. Regardless of how long a restraint is implemented, leaving the person exhausted and no longer physically capable of causing harm, the restraint does **not** solve the person’s problems, or give the person a chance to consider other ways of dealing with those problems. Relying on restraint only may take care of the immediate situation but does little to prevent future episodes.

Techniques for De-escalation:

Restraints (continued)

Prevention of physical harm

Let the person know that the restraint is being used to keep him or her safe from injury.

Asking what the person needs

If the individual is able to talk, ask what you can do to help them feel calm, safe, and heard; be sure to restate what the person says to better understand and to let the person know that you are listening.

Assist in relaxation

If the individual is able, engage him or her in relaxation exercises (i.e. deep breathing, thinking about a calm and peaceful place or person, concentrating on a good memory or experience, etc.)

Ending the restraint

Let the person know that the restraint will end when he or she begins to feel less angry or anxious; reiterate that you are there to help; ask the person what he or she would like to do once the restraint ends.

Techniques for De-escalation:

Restraints (continued)

Restraints have many negative consequences that can be far-reaching and long-lasting for the individual being restrained.

Restraints can not only cause physical harm, but can also have damaging psychological effects.

Restraints can re-traumatize individuals by reminding them of past experiences, particularly when restraints were used inappropriately.

Restraints can induce fear and powerlessness because a person's choice and control are lost.

Restraints do not teach the person how to be in control of self.

Restraint use should be a last resort only. Once a restraint has been implemented, it may be difficult for staff to regain a person's trust or rebuild a feeling of safety in the home.

Debriefing

Debriefing is any process that helps you to make use of personal experiences for your learning and development. It is a process to explore why something happened, how it happened, and what can be learned from it. In essence, it is a form of storytelling. **Debriefing is a formalized way to evaluate our interactions and relationships following a reportable event.** This includes one's own performance and actions or inactions of others just before, during, and following an event.

When debriefing occurs, it is important to have as many members of the team present as possible. This includes those who may not have been present during the event as well as those who witnessed it or played a role in de-escalating:

- **Clinical staff** – doctors, nurses, psychologists, psychiatrists
- **Administrative staff** – supervisors, managers; those who can make organizational changes, if needed
- **Treatment team members** – direct care staff, behavior specialists
- **Participants** (hands-on and witnesses)
- **Individual** (The individual should be invited and involved as appropriate. There may be times when an individual is not able to talk about what happened; use good judgment, but remain respectful of the individual's experience and input.)

Debriefing Steps

Reflect on the experience.

Ask, “Who was there? What events occurred directly before the event? What occurred during the event? What occurred afterward?”

Analyze the experience.

Consider possible triggers of an event; ask “Who should have been present to help?” and “Who did not need to be present?” Think about what the individual may have been trying to communicate through his or her actions – what needs or wants were not being met? What were you and others communicating to the individual through your voice tone, body language, and actions?

Make sense of the experience.

Now is the time to put reflection and analysis together. Create a story of what happened that includes the lead-up to the event, the event itself, and the aftermath; also include respectful guesses as to what the individual in crisis was communicating during the event. Think about how the individual may have interpreted your actions, tone of voice, and body language.

Debriefing Steps (continued)

Communicate about the experience.

Talk with others present in the debriefing process about your impressions and recollections of the event; include your own thoughts and feelings about what happened, how you responded, and your thoughts about how others responded. Offer praise to others for what worked and respectfully suggest other strategies if you believe that something could have been done differently.

Learn from the experience.

As a team, review everything presented throughout the debriefing process. Think about what actions worked best, what did not seem to help, who should have been there, and how the person in crisis was communicating his or her needs and wants. Consider what triggers may have contributed to the event, what circumstances surrounded the event, and whether it would be possible to either better manage or avoid those circumstances in the future.

Caring For the Caregiver

Try not to take challenging behaviors personally. The person is trying to communicate a want or need through the challenging behavior. It is not being done to frighten, annoy, or insult you. Think about your own experience – do you wake up in the morning planning to make someone else’s day difficult? Probably not – and neither do the individuals you work with. Being mindful of this fact can help reduce your own anxieties and maintain your professional composure.

Acknowledge what causes your own anxiety. Think about how you can identify and address the things that cause you stress. Talk with your co-workers, friends, family, or anyone with whom you feel comfortable; rely on your social network to help you through tough situations. Be proactive, because anxiety left unattended will only continue to grow. Taking initiative to manage your anxiety will help to model better strategies for dealing with stress to the individuals in your care.

Ask for help, when needed. People with I/DD sometimes require extra care and attention, adding to an already busy workload. Do not hesitate to ask for help when needed, and be willing to help others when asked. Take care of yourself so that you can provide the best quality of care.

Stress Relief

Breathing Exercises — 5 minutes of deep breathing

- Inhale through the nose.
- Exhale through the mouth.
- Concentrate on relaxing place, person, thought, image.

Take a Break

- Make time for yourself when possible; ask your co-workers to cover for you for a few minutes, and be willing to do the same for them, as well.
- Read something interesting.
- Take a short walk.
- Have a small snack.

Stress Ball

- A stress ball or other small item that can be carried around can be great sources of stress relief. It can help to expend some of the mental and physical tension that may build up over the course of a day and can help ease frustration and anxiety. Any item that you find relaxing will do; some people twirl pens or pencils, while others play with rubber bands. Find what works for you, and use it.

Stress Relief (continued)

Share the techniques that work for you with the individuals you support. Just as you may feel stress during a shift, they feel stress, too. Allowing ways for a person to let off some steam, a little bit at a time, is much better in the long run than having a situation where the lid blows off of the pressure cooker.

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