




# Managing Challenging Behaviors

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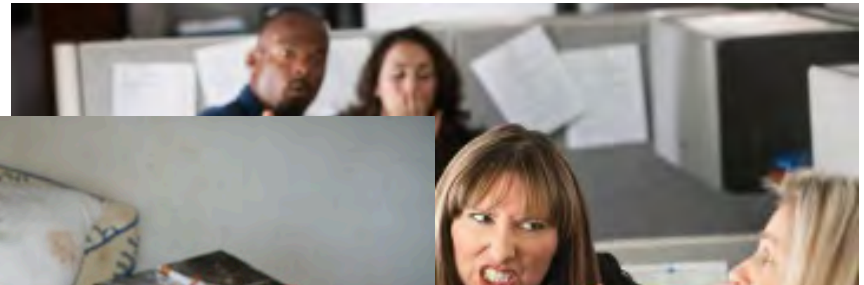
# Today's Objectives

- ▶ Define behavior and how behaviors are learned and maintained.
  - ▶ Identify some common challenging behaviors in older adult populations.
  - ▶ Learn strategies for problem solving challenging behaviors.
  - ▶ Learn potential intervention strategies for the challenging behaviors.
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# One more objective....

- ▶ Learn why the title of this presentation is not very good.

“Managing Challenging Behaviors”





# One more objective....

## “Managing Challenging Behaviors”

is probably not the best term for what we want to be able to do after this presentation

- Implies dealing with behaviors after they have already occurred
- Implies responding to or controlling or terminating maladaptive behaviors

# Managing Challenging Behaviors

- ▶ May be better looked at as
  - **“Developing Better Behaviors”**
  - **“Modifying Behaviors”**
  - Implies active behavior on our part before a challenging behavior occurs – maybe even some instruction or guidance
  - Implies changing things – setting, responses, approach – so the challenging behavior is less likely to occur
  - Implies ongoing intervention, not contingent on challenging behavior occurring



# What is Behavior?

- ▶ A specific, observable, describable action



# What is Behavior?

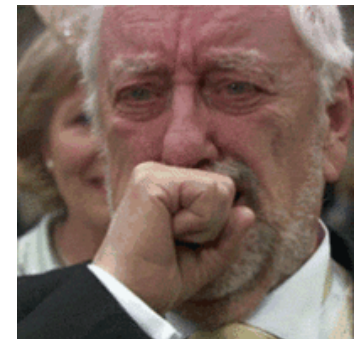
- ▶ Aggression



- ▶ Agitated

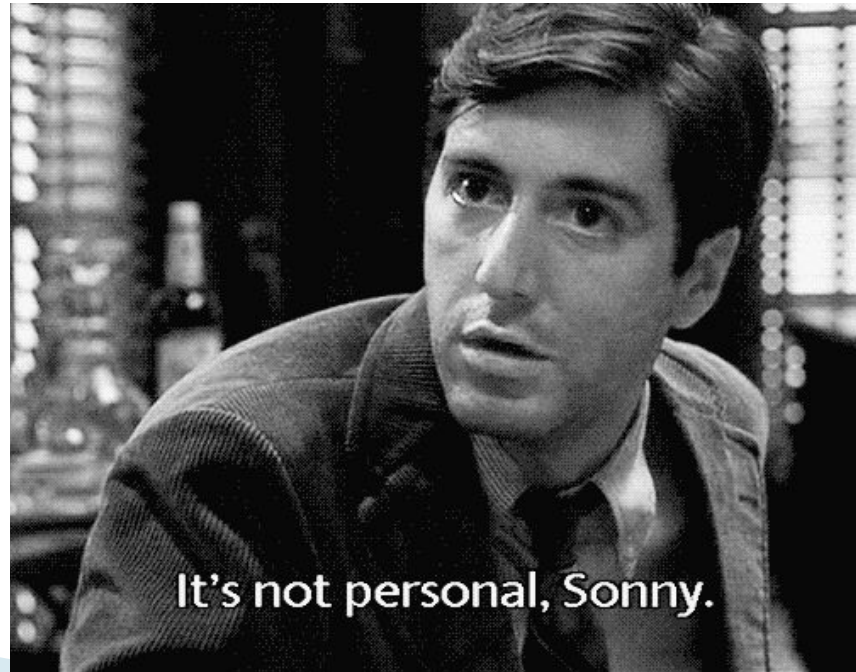


- ▶ Anxious



# What is Behavior?

- ▶ A specific, observable, describable action
- ▶ Behavior is adaptive and functional in an attempt to meet a need – a form of communication





# What is Behavior?



**We all have that  
one really loud friend...**



I'm so happy the family is coming over so we can all talk over each other at extremely loud volumes.



your  cards  
someecards.com





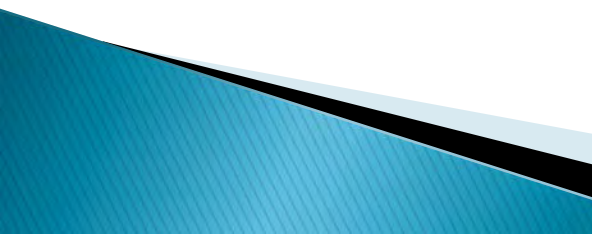
# What is Behavior?

- ▶ A specific, observable, describable action
- ▶ Behavior is adaptive and functional in an attempt to meet a need– a form of communication
- ▶ A behavior, or pattern of behavior, is an interaction with the environment to produce a desired outcome



# What is Behavior?

In general, we rely on behaviors that have been the most efficient and effective in the past.







We repeat behaviors that produce a desired result. Usually:

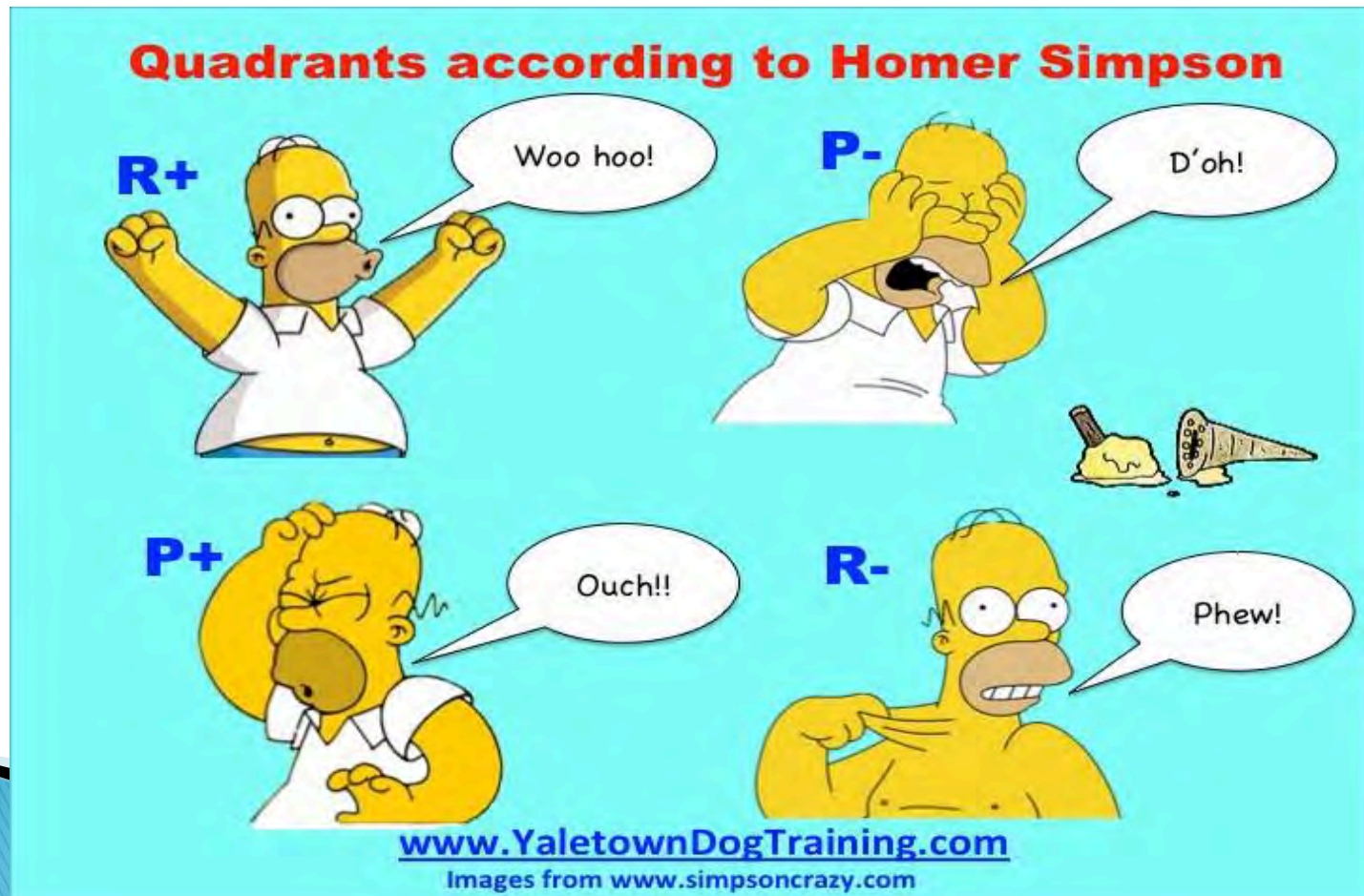
To Get (Obtain)

To Get Away from (Escape)



# Reinforcement versus punishment

By behavioral definition, we repeat behaviors that are reinforced and stop performing behaviors that are punished (or that do not receive reinforcement).





# Managing Challenging Behaviors vs. Developing Better Behaviors

- ▶ Why is it important?
- ▶ Invisible Gorilla

It can make a big difference which behaviors (the challenging behaviors or the better behaviors) you are watching for and paying attention to.





# Developing Better Behavior

- ▶ The definition of a behavior does not just apply to the maladaptive behaviors we observe, it is the same for all the appropriate, adaptive behaviors that we do.

What are positive behaviors that we may be looking for?



# Developing Better Behavior





# Behavior Categories

**Self-neglect /  
resisting care**

*Disruptive or  
offensive  
vocalizations*

**Physical aggression –  
focused or random**

Restlessness – general or during specific routines

*Disrobing*

*Hypersexualized talk or  
touching*

**Hoarding**

*Wandering / Pacing*

SLEEP  
DIFFICULTIES

*Acting suspicious or  
paranoid*

**Incontinence**

**Repetitiveness**

*Clinginess*



# Assessing Challenging Behavior

- ▶ Try to rule out medical and physical causes
  - Physical mobility
  - Hearing or sight
  - Depression or Anxiety
  - Cognitive Impairment or Demetia
  - Illness/ injury



# Assessing Challenging Behavior

- ▶ Ask questions about the history of the behavior if family or friends may know
- ▶ Could this be related to past trauma or memories?
- ▶ Is it something that the person used to do in their past, or something similar?



# Assessing Challenging Behavior

- ▶ Observe the **ANTECEDENTS**

**BEFORE** the behavior occurred:

- ▶ what the target person was doing
- ▶ what the other people in the environment were doing
- ▶ Any changes in the environment (peer screamed, relatives arrived, furniture was moved)

**When does it NOT happen?**







# Assessing Challenging Behavior

- ▶ Is there an unmet need?

Hunger, thirst,  
mobility, loneliness,  
relief of pain, relief of  
boredom, under or  
over-stimulation,  
control/ decision-  
making





# Assessing Challenging Behavior

## ▶ Assess the environment

- What is the context?
  - Noise level
  - Number of people around
  - Novel or familiar situation



# Assessing Challenging Behavior

## ▶ Assess the environment

- What is the pattern?
  - 1 location or multiple
  - 1 person or everybody
  - Certain time or times of day or all day
  - Specific days of the week
  - During specific activities or any activities

# Assessing Challenging Behavior

- ▶ Observe the **CONSEQUENCES**



**AFTER** the behavior occurred:

- ▶ How did the situation change?
- ▶ Did the individual obtain something (like attention or access to something) or escape something (like an activity or being around a large group)?
- ▶ What made the behavior stop?



Most often the preferred outcome or consequence is intermittent



# Intervening

- ▶ Once you have a good guess about why the behavior is happening, you can start to figure out how to change it.
  - Antecedent Intervention – before the behavior happens
  - Replacement Behavior – teach a new behavior
  - Consequence Intervention – after the behavior happens





# Antecedent Interventions

Pros	Cons
Quick drop in challenging behavior	Relies on the behavior of the intervener – difficult for long term intervention
Can be helpful for short term interaction needs	Does not develop any new behaviors on the part of the individual

Disclaimer: this is not intended to be an exhaustive list of strategies, and all strategies should be individualized for the person you are working with.



# Antecedent Interventions

- ▶ Non-contingent reinforcement
  - Provide or offer the outcome that you think the individual wants (to obtain something or escape something) at regular intervals, regardless of the person's behavior

# Antecedent Interventions

- ▶ Non-contingent reinforcement
- ▶ Setting expectations/ warnings to change
  - People generally do better when they have time to prepare for something or to process changes



# Antecedent Interventions


- ▶ Non-contingent reinforcement
- ▶ Setting expectations/ warnings to change
- ▶ Choice
  - Giving small choices, even choices that do not directly effect the outcome of a task, can reduce “escape” maintained challenging behavior



# Antecedent Interventions

- ▶ Non-contingent reinforcement
- ▶ Setting expectations/ warnings to change
- ▶ Choice
- ▶ Pairing
  - How do you build rapport and become a more preferred person? Aren't you more likely to cooperate and follow directions from someone that you like?

# What to reinforce?

- ▶ Is there a behavior or communication that would lead to the same outcome?
  - ▶ Tell or show the person what you want them to do; give reminders right before the situation
  - ▶ Reinforce it every time at first
- 





# How to reinforce

- ▶ Acknowledge the behavior in a way the individual will like
  - Personal
  - Immediate
  - Specific
  - Sincere
  - Frequent

# Scenario #1

Jill is in a residential long term care facility. She recently has been having bouts of encopresis during some daily leisure activities. It does not happen all the time, and hasn't happened in her room at all, but the staff are noticing it more often. Jill is able to control her bowels at other times. In getting cleaned up, Jill often insults the staff person helping her, making the behavior all the more difficult.

# Scenario #1

Mary, one of the staff that Jill has a good rapport with, has been trying to coach other staff members on how to interact with her to reduce the insults, since she has very few from Jill. But lately, Mary just ends up being the one to take Jill to clean her up most days because the other staff are so frustrated. Mary is starting to feel burnt out and frustrated too.

# Scenario #1 – assessment

Any medical causes?

- No medication changes or reasons to suspect medical problem.

What's the context?


What's the pattern?

- ▶ Always seems to occur during a leisure activity, in the North rec room. The activity, day and time has varied. It is usually crowded with other residents, and sometimes is noisy. It is a 1:6 ratio of staff to residents.

# Scenario #1 – assessment

Any history of encopresis?

No – Jill's family was surprised to hear about the behavior, especially that it was sporadic and not suspected to have a medical cause. Jill's daughter, Kasey, reported that before Jill came to the residential home she would complain about itchy or uncomfortable clothes, sometimes after she had already worn them for a while. Usually when Kasey was getting ready to leave from a visit she would have to help Jill change clothes first. So she wondered if her clothes had anything to do with it.



# Scenario #1 – assessment

Any unmet needs?

Staff have already started taking Jill to the bathroom prior to going to the activities, and making sure she is well hydrated. She is sleeping well.

Jill has been a little more vocal with insults or negative comments since her usual aides recently changed, but this has been improving as they develop a rapport with her.

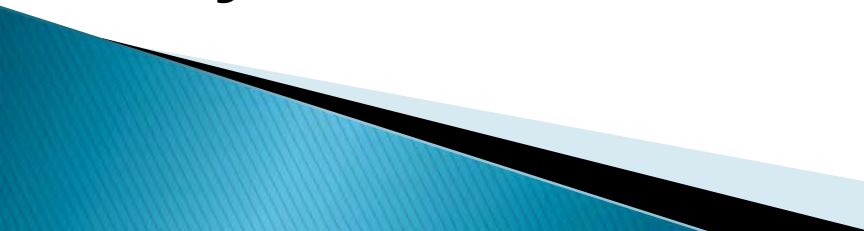
She says she wants to go to the activities, and the staff thinks that she does enjoys talking to some friends that go and Mary when she is there.




# Scenario #1 – assessment

**Antecedents:** Before the activity begins, Jill usually calls Mary or another staff over to chat, which they agree to do. About 5–10 minutes after the activity starts, when staff are usually moving around, helping the residents get started with the activity, is when Jill typically complains that she soiled herself.


**Consequences:** One of the staff members takes Jill back to her room to help clean her up. A few residents have made comments to her as she leaves, but not often. The clean up process usually takes enough time that Jill misses the rest of the activity.



# Scenario #1 – best guess?

- ▶ Does she want something or want to get away from something?
  - ▶ What is it that she wants to get or get away from?
- 

# Jill may be gaining individualized attention from her favorite staff person

- ▶ The problem behavior occurs in order to try to obtain attention from a specific person
  - ▶ The problem behavior is intermittently reinforced; meaning that sometimes her favorite staff person is available to give her the attention, but not every time the behavior happens
- 




# Intervening

If we focus on modifying the context or developing something new, we might get better results.

So if we think that someone wants to obtain something, and that is the cause of the challenging behavior, what can we do?

Disclaimer: this is not intended to be an exhaustive list of strategies, and all strategies should be individualized for the person you are working with.

# Some options for Jill

1. Non-contingent attention: Provide attention at regular or semi-regular intervals. Non-contingent means that it does not matter what the person is doing, they get attention
  2. Scheduled attention : Give Jill scheduled times during the day that someone is available just to give her attention and converse with her. A visual of when these times are scheduled may help too.
- 



# Some more options

3. Pre-session attention: Provide individual attention for a period of time right before the leisure activity.
4. Is she able to ask for attention appropriately at other times, and have access to it? If not, teach her how to ask for it (remind, prompt, use a visual). And respond to it when she uses the new method.\*






# Some more options

5. Match to a peer that likes to converse or has common interests as Jill. Or if Jill mostly likes to do the talking, match with peers that like to listen.
  
6. Identify or teach skills that the individual can enjoy independently. These could be leisure – like listening to music, books on tape, or creating/ building/ crafting. Even chores or tasks like organizing or delivering items to rooms can reduce need for attention.

# Interventions for “don’t want” or escape behaviors

- ▶ Bob stiffens his body and yells when it is time for his bath because he does not want a bath.
  - ▶ James rummages through drawers and closets looking for things when it is time to go to dinner, because he doesn’t want to be in the hall with bigger crowds.
  - ▶ Renee hits family and staff when they try to deliver her medication in the morning because she doesn’t want to take it.
- 



# Interventions for “don’t want” or escape behaviors

\* disclaimer applies again

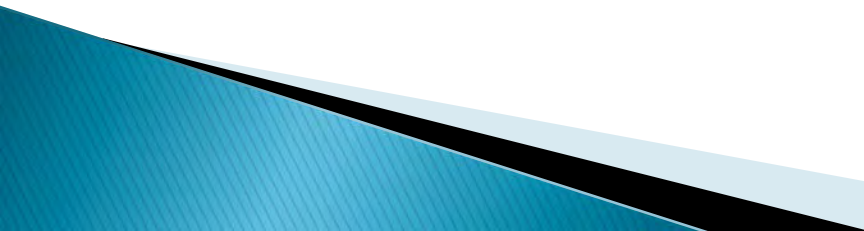
1. Choice– While getting washed may not be an option, how many other options are there within that routine?
2. Pairing – presenting the item/person/activity that the individual does not like simultaneously with a highly preferred item (and no demands if possible)



# Interventions for “don’t want” or escape behaviors

3. Non-contingent escape – provide breaks in a non-preferred routine at regular intervals
4. Change delivery/ routine – would the non-preferred event be better tolerated a different time of day? Or if it happened just before a highly preferred activity?

# Interventions for “don’t want” or escape behaviors

5. Is the person able to tell you when they need a break from a situation or routine? If not, a simple verbal or non-verbal communication can be taught.
    - Similar caution as with teaching requests. If the individual refuses often or would want to “break” for an entire necessary activity, this may not be the best intervention and would not be successful without other strategies and planning
- 

# The case of Wandering

Sheila and Jim are both wandering. They are increasing how frequently they wander, and attempting to exit their residences and their caregivers feel they need an intervention.



# The case of Wandering

After a brief assessment, here is what we know:

Sheila lived on her own for many years, Before her health deteriorated, she walked nearly every day for exercise. She doesn't ask for help often, continuing to be independent. Family notices that she has started wandering at different times of the day. It started before mealtimes, but now she has started wandering when she first wakes in the morning and sometimes later at night after preparing for bed. When interrupted, she often asks for something (like the bathroom or to go outside or for food).

# The case of Wandering

After a brief assessment, here is what we know:

Jim moved to a long term care residential setting from his rural farm where he lived with his wife and one child, after his health declined. Recently he has been wandering from his hall, and staff are finding him in alone in rooms or areas that are unoccupied, such as the dining room well after mealtimes, or the rec room when no activities are occurring and even at night. He has tried to leave the building a few times as well.




# Wandering

Best guess as to why the behavior is occurring?

- Shelia may be wandering because she wants to access food or drinks, or the bathroom, or her daily exercise.
- Jim may be wandering because he wants to get away from the noise, bright lights, people, that he was not used to on the farm.

# Wandering

Both would benefit from basic safety precautions:

- ▶ Locking or labeling areas that could be dangerous
  - ▶ Assessing fall risks
  - ▶ Increased awareness of caregivers
- 



# Wandering

Sheila

- ▶ Daily exercise program – a visual with a daily schedule, or at least the time of the outdoor walk posted
- ▶ Rooms in the home – like bathroom and kitchen, clearly labeled
- ▶ Exits or unsafe areas clearly labeled
- ▶ Labeled cabinet or area in the refrigerator that has food and drink she can manage and access to preserve independence
- ▶ Reinforce asking or communicating needs



# Wandering

Jim

- ▶ Provide options for quiet, safe areas that Jim can access by himself. Provide familiar or comfort items in those places. Teach the locations or provide visuals to label them.
- ▶ Provide sound machine or headphones when in room to reduce unfamiliar or loud sounds
- ▶ Assess his room – can any changes be made to reduce light or sounds
- ▶ Leave for group events a little before or after others, to reduce noise and crowding
- ▶ Teach a prompt or signal that Jim can give when he wants to go to a more quiet area, so he is communicating with staff

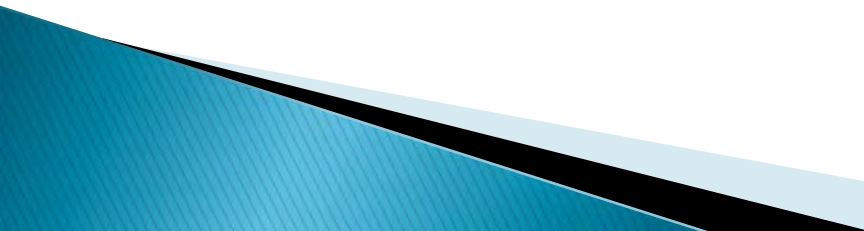




# Some intervention adaptations for older adults

- ▶ Talk in simple sentences in a normal tone.
- ▶ Visuals when possible, or writing information down clearly
- ▶ Have patience with confusion. It may not always be necessary to correct it
- ▶ Adaptations that will allow for the greatest autonomy, and reassurance when that is the goal
- ▶ Expanding support/ community network based on past or current interests

# Working with individuals with autism spectrum disorder

- ▶ Social communication challenges
    - Reciprocal communication may be weak
    - Understanding of abstract thought or concepts may be difficult
    - May not interpret non-verbal communication accurately
  - ▶ Repetitive or Restricted Interests
    - May repeat behaviors – pacing, rocking, hand flapping
    - Rigidity with thought pertaining to rules, routines
- 



# Some intervention adaptations


- ▶ Be very clear and concrete in communication regarding expectations
- ▶ Use visuals when possible
- ▶ Being unable to verbally communicate, not making eye contact or engaging in another behavior does not mean the individual is not hearing you
- ▶ Don't take "bluntness" as personal insult



# Working with individuals with PTSD and Trauma History

- ▶ Trauma poses a threat to the successful aging process by interfering with interpersonal relations and productive activity. (Cisler et al, 2010; Rowe & Kahn, 1997)
- ▶ “Older adults who suffered from physical neglect and abuse in childhood may be more likely to tolerate poor care later in life.” (Fulmer, et al, 2005)
- ▶ The experience of a prior traumatic event is also associated with increased risk of elder mistreatment, a finding also observed in the literature on younger adult mistreatment. (National Elder Maltreatment Study, 2009)

# Working with PTSD and Trauma History

- ▶ May be guarded or defensive
  - ▶ May dismiss help or supportive gestures
  - ▶ May withdraw or avoid social interaction
  - ▶ May have distrust of certain groups of people
- 



# Some intervention adaptations

- ▶ Be persistent in small steps to build relationship/ rapport
- ▶ Communicate clearly – surprises or unexpected situations can trigger challenging behaviors
- ▶ Be aware of what you say and how you follow through – trust may be difficult and thin
- ▶ Provide choices and observe to understand what they see as “safe” and what they avoid



# Long term behavior planning

- ▶ Need to consider who will be implementing and their capacity
- ▶ Need a behavioral target and the steps to it (communication or occupying time)
- ▶ Need to consider natural reinforcement that will maintain the behavior
- ▶ Always monitor and re-assess





# Basic Skills in Developing Better Behaviors

- ▶ Be a good observer
- ▶ Be a good reinforcer of behaviors
- ▶ Be repetitive and consistent
- ▶ Be a preferred person to the person being supported
- ▶ Be a neutral ignorer

**In Summary,  
remember -**

**If you change the way you look at  
things the things you look at change.**

**Dr Wayne W Dyer**



**Thank you!**