

Managing Challenging Behaviors

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Behavioral health issues

This Presentation will cover...

1. Determinism, emotions, emotional / psychological needs
2. Caregiver's guide to challenging behaviors
3. Psychosocial Interventions

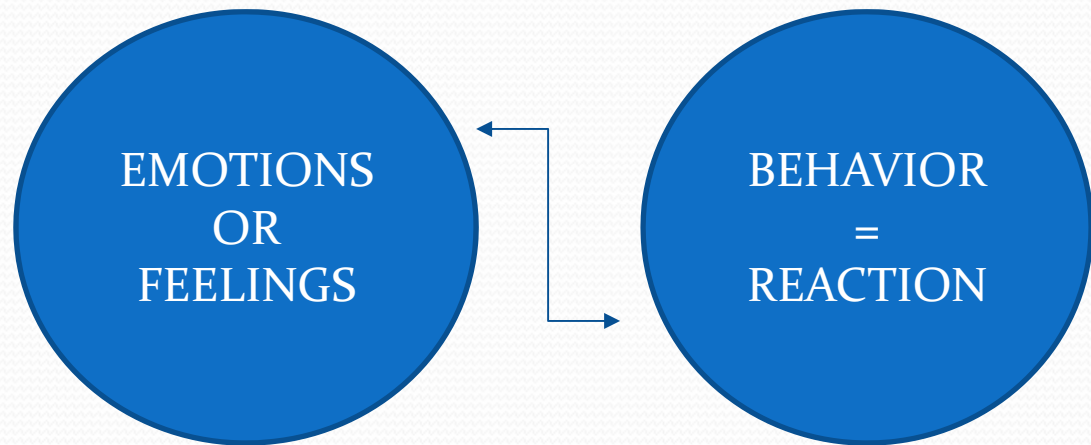


Behavioral health issues

Determinism – a concept that views human behavior as a structured, rigid pattern of cause and effect.

Believes all behaviors happen for a reason. All behavior is purposeful and has meaning. Behavior is not a random act. Behavior is a *reaction*.

BEHAVIORAL HEALTH ISSUES



Behavioral health issues

What are
our basic
emotions?



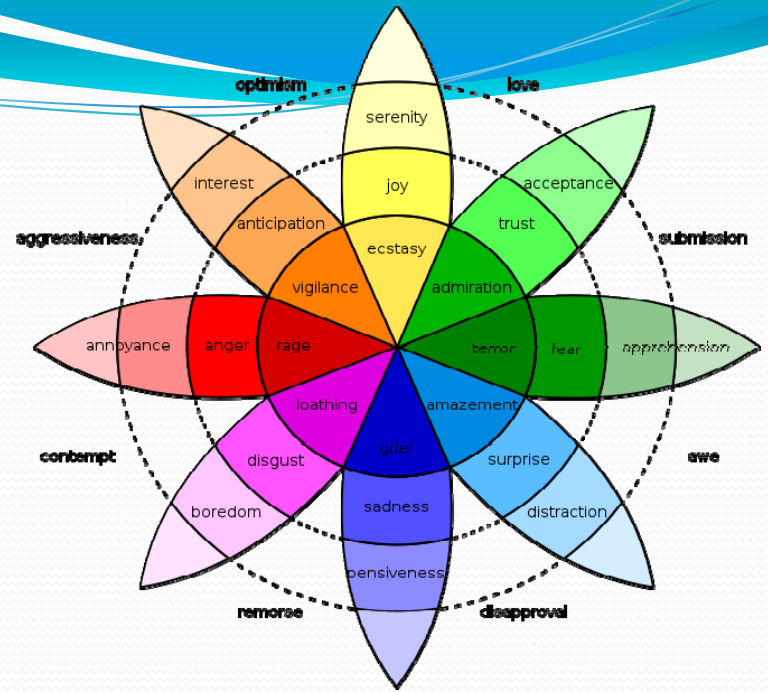


Behavioral health issues

- **Primary emotions:** Our initial reaction to a stimulus. Can be fleeting or longer-lasting.
- **Secondary emotions:** Feelings that occur often in response to primary emotions; sometimes after complex thought, sometimes immediately after. Often influenced by culture, experience.

Primary emotions

- Fear
- Anger
- Sadness
- Happiness/joy



- Acceptance
- Anticipation
- Surprise
- Acceptance

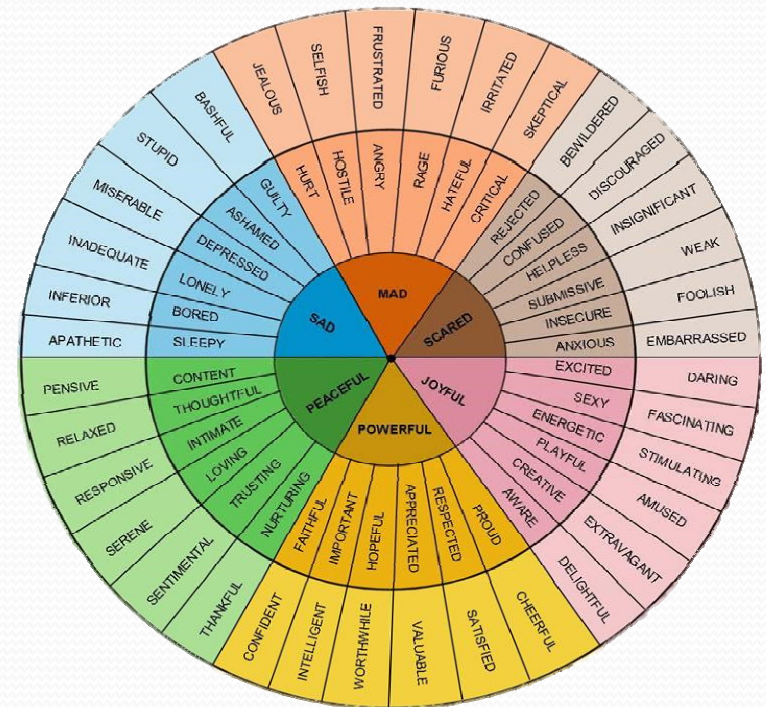
Secondary emotions

- Usually more complex
- Not always directly connected to the initial triggering event
- Psychotherapy often deals with these – trying to determine responses to initial thoughts/feelings
- Culture often influences



Tertiary emotions

- Literally, the “third level” of emotions
- More nuanced, diffuse versions of stronger primary or secondary emotions
- Can be diverse for each individual
- Personal experiences definitely influence



THE FEELING WHEEL
A Guide to Your Feelings
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Primary emotion	Secondary emotion	Tertiary emotions
Love	Affection	Adoration, affection, love, fondness, liking, attraction, caring, tenderness, compassion, sentimentality
	Lust	Arousal, desire, lust, passion, infatuation
	Longing	Longing
Joy	Cheerfulness	Amusement, bliss, cheerfulness, gaiety, glee, jolliness, joviality, joy, delight, enjoyment, gladness, happiness, jubilation, elation, satisfaction, ecstasy, euphoria
	Zest	Enthusiasm, zeal, zest, excitement, thrill, exhilaration
	Contentment	Contentment, pleasure
	Pride	Pride, triumph
	Optimism	Eagerness, hope, optimism
	Enthrallment	Enthrallment, rapture
Surprise	Relief	Relief
	Surprise	Amazement, surprise, astonishment
Anger	Irritation	Aggravation, irritation, agitation, annoyance, grouchiness, grumpiness
	Exasperation	Exasperation, frustration
	Rage	Anger, rage, outrage, fury, wrath, hostility, ferocity, bitterness, hate, loathing, scorn, spite, vengefulness, dislike, resentment
	Disgust	Disgust, revulsion, contempt
	Envy	Envy, jealousy
	Torment	Torment
Sadness	Suffering	Agony, suffering, hurt, anguish
	Sadness	Depression, despair, hopelessness, gloom, glumness, sadness, unhappiness, grief, sorrow, woe, misery, melancholy
	Disappointment	Dismay, disappointment, displeasure
	Shame	Guilt, shame, regret, remorse
	Neglect	Alienation, isolation, neglect, loneliness, rejection, homesickness, defeat, dejection, insecurity, embarrassment, humiliation, insult
Fear	Sympathy	Pity, sympathy
	Horror	Alarm, shock, fear, fright, horror, terror, panic, hysteria, mortification
	Nervousness	Anxiety, nervousness, tenseness, uneasiness, apprehension, worry, distress, dread



Behavioral health issues

Emotions – *primary, secondary, & tertiary*

- **Anger:** mad, frustrated, irritated, agitated
- **Fear:** worried, nervous, scared
- **Confusion:** Not understanding something, someone or an event. Living in confusion, typically, leads to a lack of closure. And, a lack of closure inhibits healing.



Behavioral health issues

Emotions – *primary, secondary, & tertiary*

- **Embarrassment** - feeling of inadequacy, and being judged.
- **Guilt** – response to our own thought, feeling, or action when we do something wrong; “I did something wrong.”
- **Shame** - fear + guilt = shame; “there is something wrong with me.”

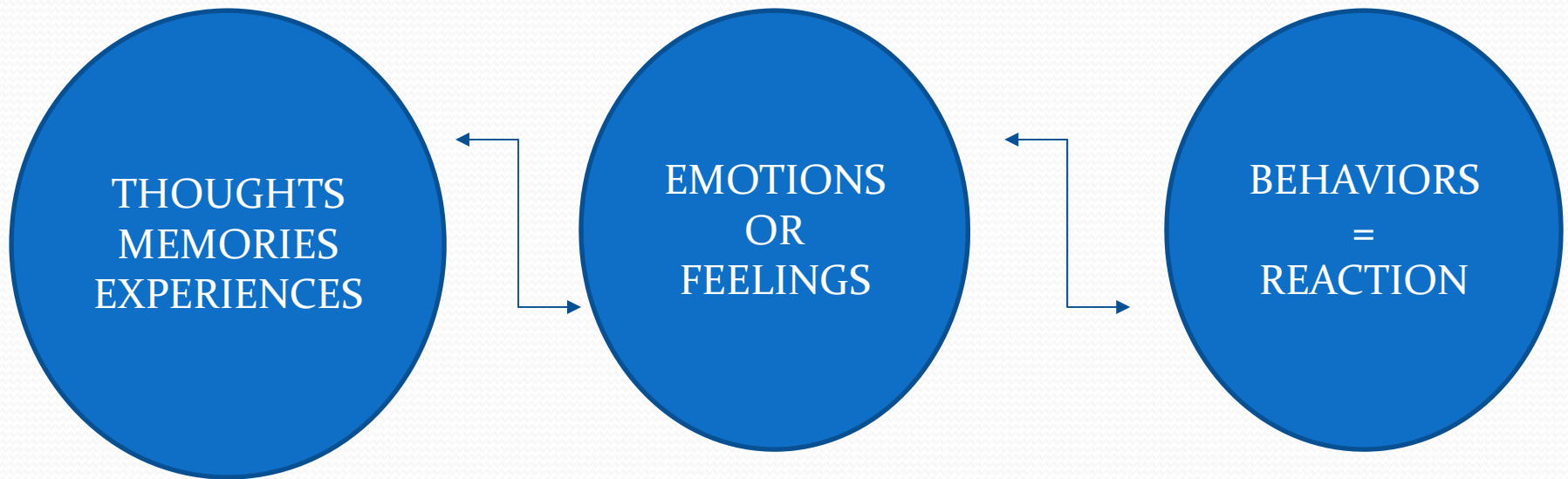


Behavioral health issues

Emotions – *primary, secondary, & tertiary*

- **Happiness** - shades of enjoyment, satisfaction and pleasure. There is a sense of well-being, inner peace, love, safety and contentment. There is an existence of both positive thinking and activities.
- **Love** - arises from a feeling of profound oneness. Comes in various forms and nuances. As per psychology, love is to lend self-esteem to another.
- **Sadness:** sadness is the *loss* of happiness and/or love.

BEHAVIORAL HEALTH ISSUES

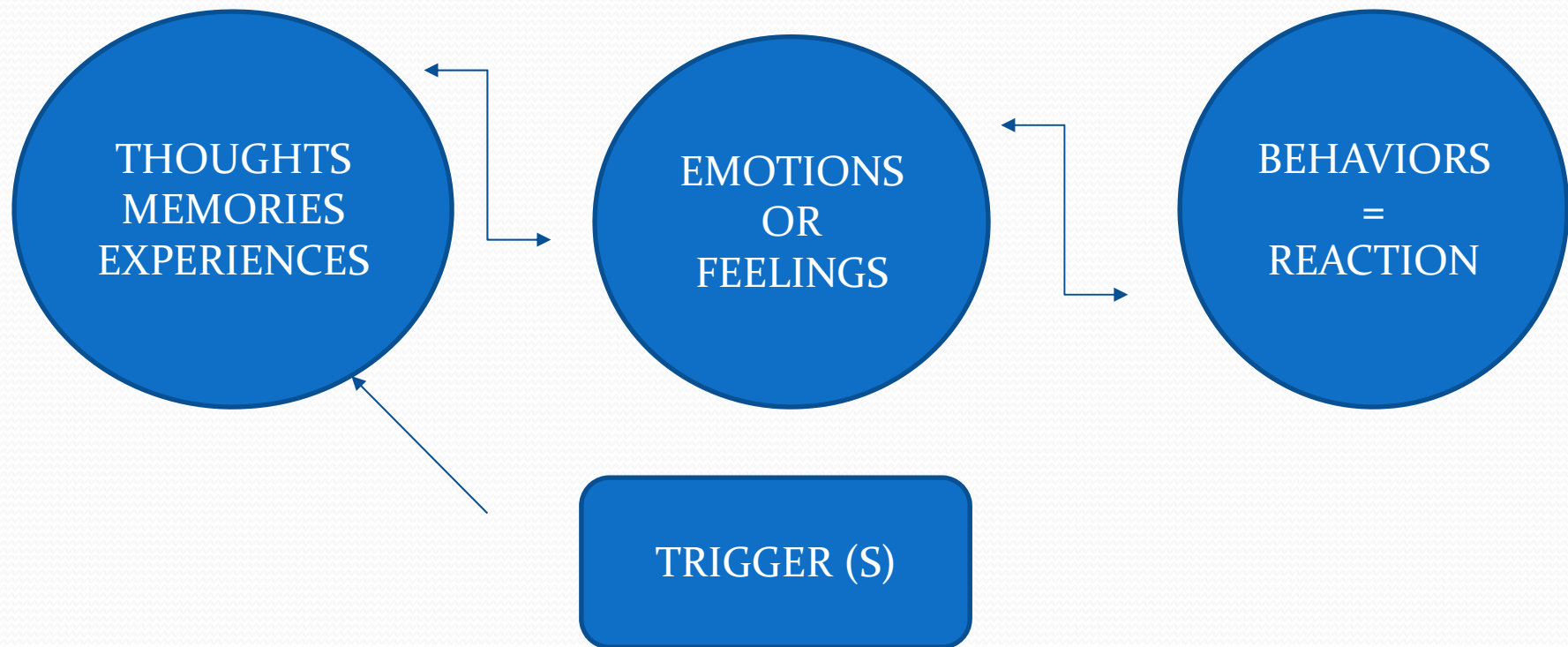




BEHAVIORAL HEALTH ISSUES

- **WHAT IS A TRIGGER?**
 - A TRIGGER IS ANYTHING THAT EFFECTS OUR FIVE SENSES, PRODUCING A THOUGHT AND/OR STIMULATING A MEMORY/EXPERIENCE.

BEHAVIORAL HEALTH ISSUES






BEHAVIORAL HEALTH ISSUES

CASE STUDIES

- Matilda
- Albert



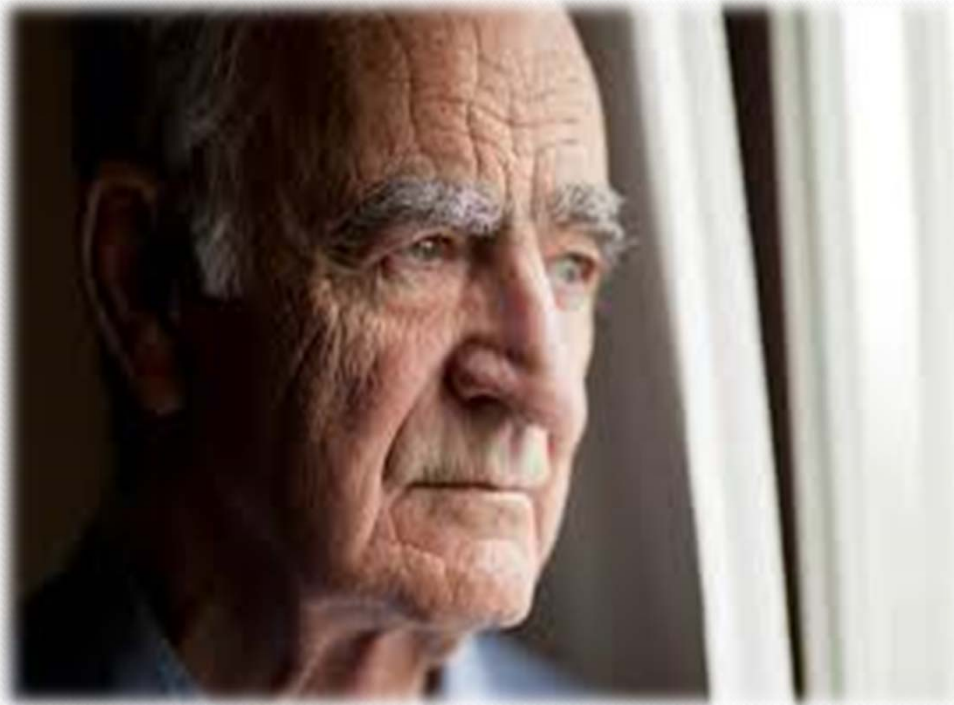
Aging,
Behavioral Health,
and
Caregiving Issues

Common Challenges of Late Adulthood

- Retirement
- Chronic health issues
- Ageism
- Losses of loved ones
- Reduced finances
- Yet – most older adults describe themselves as happy, healthy, & engaged



Mental Health Disorders in the Elderly



- Mental illness is NOT a normal part of aging
- Disorders may be due to:
 - Preexisting conditions
 - Impact of losses
 - Late onset illnesses

Mental Health in Older Adults



- Estimated 20% of those 55 & older experience some MH issue.
- Most commonly diagnosed:
 - Mood disorders (e.g. **depression**, bipolar disorder).
 - Anxiety
 - Severe cognitive impairment
- Mental health issues often involved in suicide.
- Older men have the highest suicide rate of any age group. Men 85 years or older - suicide rate of 45.23 per 100,000, All ages? Overall rate of 11.01 per 100,000.

Depression: Symptoms in Older Adults

- Increased in psychomotor & somatic changes
 - Slowing, insomnia, weight loss, early morning waking
- Sleep disturbances
- **Less likely** to report guilt & suicidal ideation
- Language describing emotional symptoms may diminish impression of distress
 - De-emphasis on mood gives impression of “depression without sadness”
- Melancholic features likely to be more pronounced
 - Loss of interest, pleasure, sexual interest



Edelstein, B., Bamonti, P, Gregg, J. and Gerolimos, L. (2015). Depression in later life. In APA Handbook of Clinical Geropsychology. Lichtenburg and Mast (eds).

Presentation of Anxiety in Elders



- May look like or worsen physical illnesses
- Less severe problems: more common
 - Lower levels of emotional arousal
 - Better regulation of emotion develops with age
- May express as physical illness – particularly in older old
- May look like irritability or “demanding” behavior
- Masking due to confounding symptoms & choice of words
- Clinically significant distress may still be present

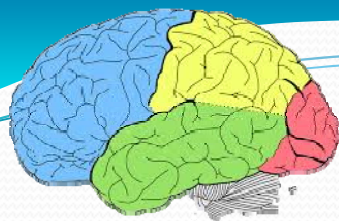
TRAUMA

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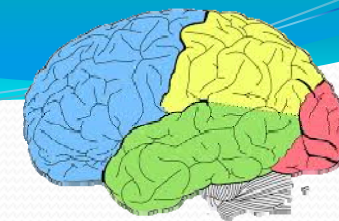
PTSD

- PTSD: Post-traumatic stress disorder
- Not always just pre-existing – transition to LTC can be traumatic
 - Multiple losses – independence, home, abilities
 - Feelings of abandonment, neglect
 - High stress situation
 - Adjustment issues – major life change, generally seen as a negative

Trauma can lead to increase in risky or unwanted behaviors



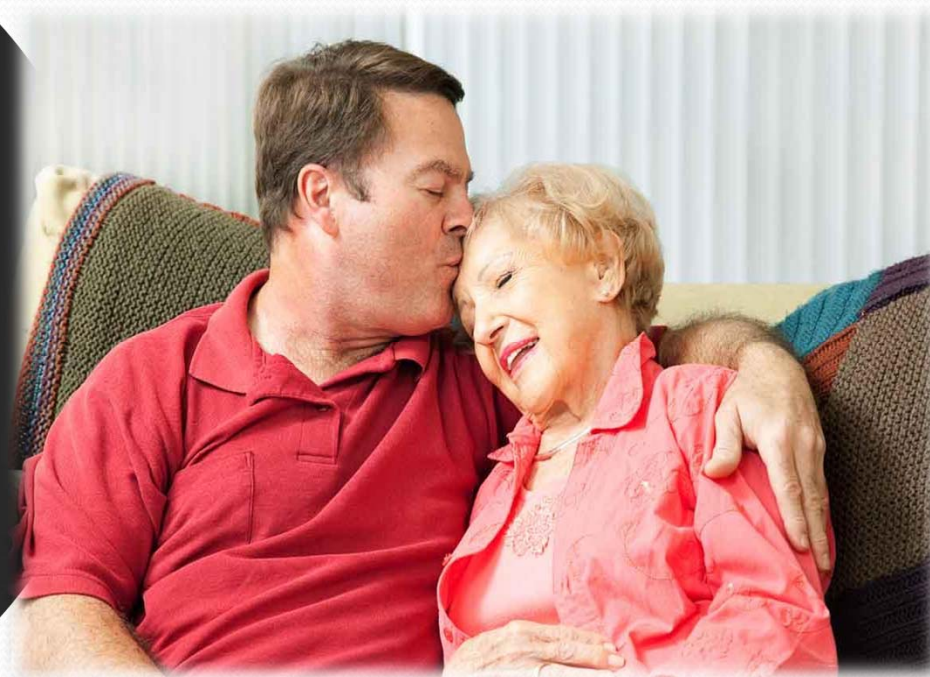
Dementia



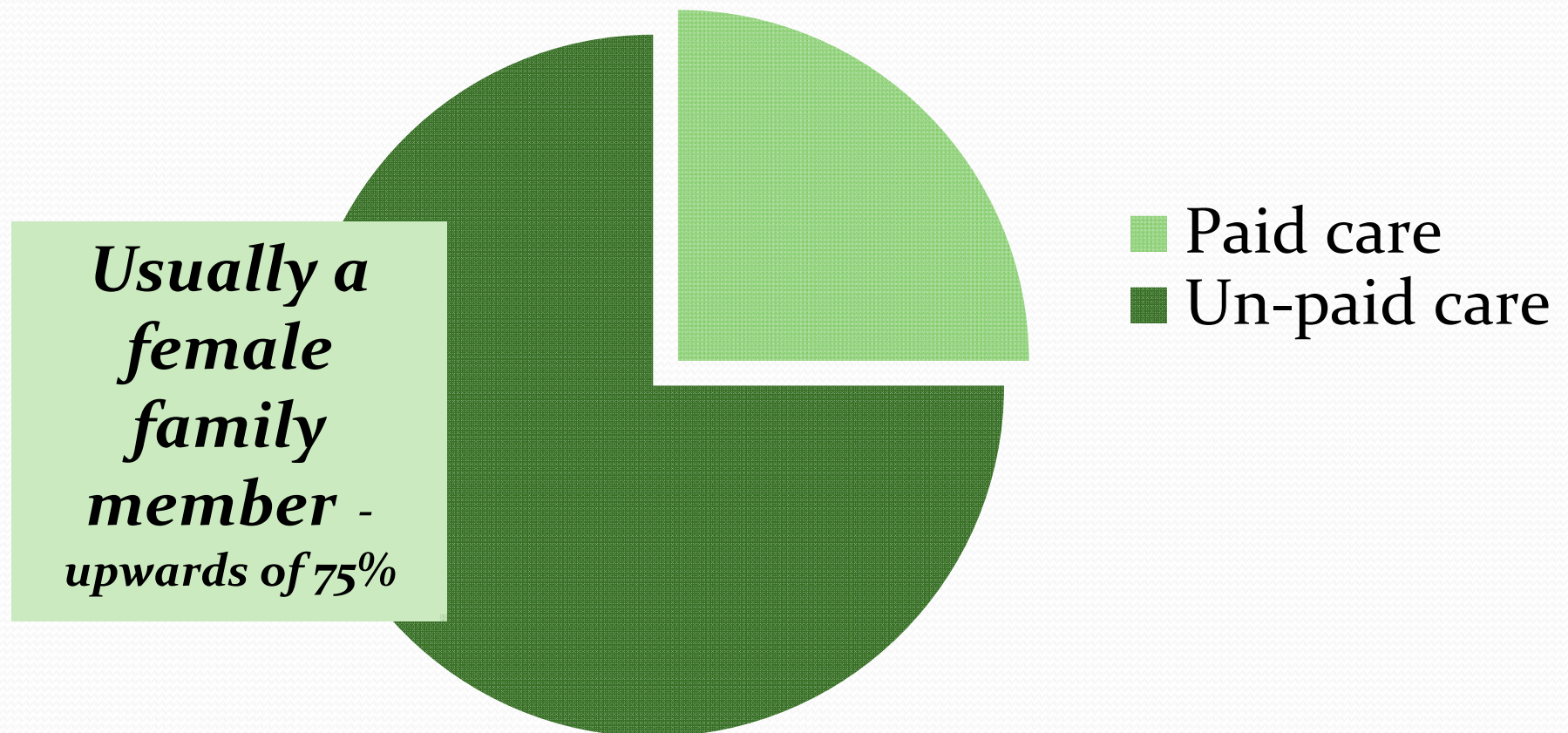
- More than 5 million Americans
- Could be 16 million by 2050
- Every 60 seconds, someone develops Alzheimer's
- Since 2000 – heart disease deaths down 14%; Alzheimer's deaths up 89%
- Dementias will cost the US \$259 Billion dollars... *this year.*
- Estimated 80% of nursing home residents
- About 1 million of the 5 in SNFs
- Could be up to 13 million in nursing homes by 2050
- 1 in 3 seniors dies from a dementia
- 6th leading cause of death

Impact on Caregivers

In 2013, 15.5 million family & friends provided 17.7 billion hours of unpaid care to those with Alzheimer's & other dementias



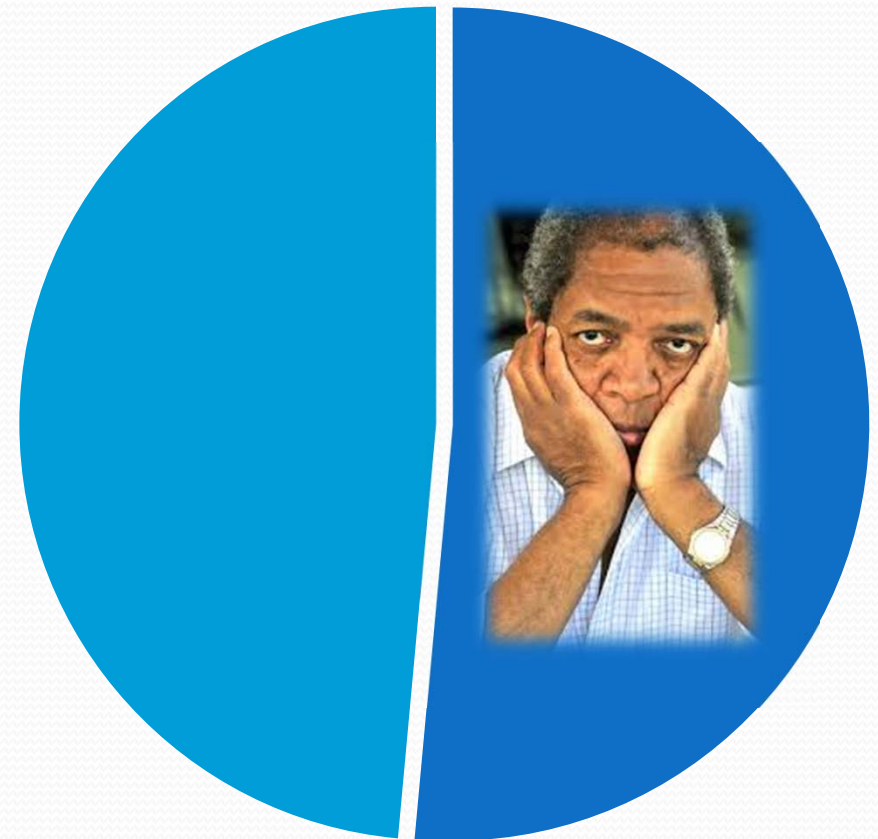
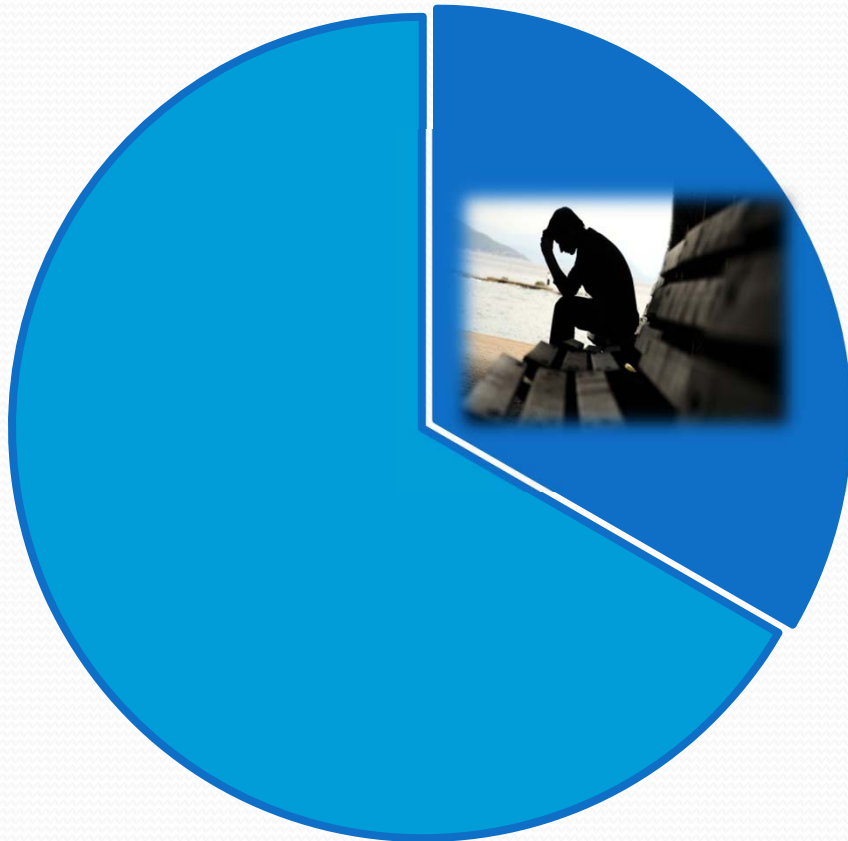
75% of adults who need care
are cared for by an unpaid caregiver.



[Institute on Aging. (2016). Read How IOA Views Aging in America.]

Nearly one-third of caregivers report symptoms of depression

Over 50% of caregivers of those with chronic illness report high levels of stress





The Importance of Self-Care

- For patients, clients, individuals, caregivers, professionals:
 - You need to take care of yourself!
 - We should attend to the holistic needs of those in our care



Managing Responsive Behaviors

Typical Brain Function

Perception

- The brain receives information from our environment and our senses: what we see, smell, taste, feel, & touch.

Memory

- The brain calls upon our memory to interpret those things.
- The brain cannot go to the next step if the memory piece is missing.

Action Thought

- After interpretation, the brain then can have an appropriate thought and/or take action.
- If the brain didn't interpret the information, or it interpreted incorrectly, the behavior may not be appropriate.



Remember:

- If the brain's ability function and process information is impaired....
.....so too will be the brain's
behavioral responses.



Managing challenging behaviors

- First and foremost: *focus on what the individual needs!*

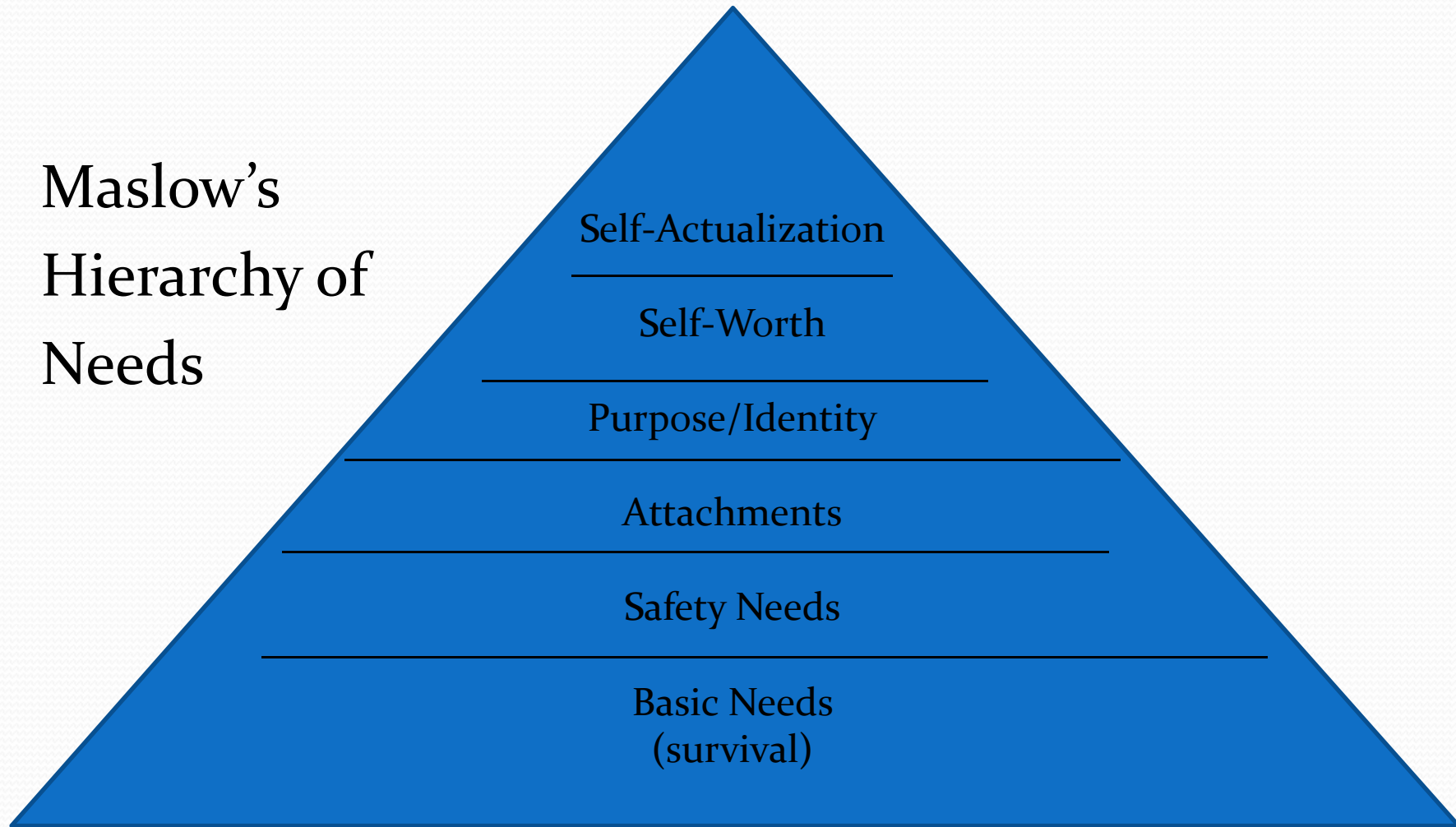


Managing challenging behaviors

- Regardless of someone's age, race, or sex; what do we need?

Managing challenging behaviors

Maslow's
Hierarchy of
Needs





Managing challenging behavior

- Case study:
- *Mary Ann (hoarding and alcohol abuse)*



Case Study

- Mary Ann was fifty-seven years old when she entered treatment for depression. Within a few sessions, she disclosed that she was a hoarder of news papers, magazines and coupons. In addition, she said she was drinking more than she used to.
- When Mary Ann was fifty-one years of age, she lost her husband of twenty-six years to cancer. She was alone, without support and was still mourning the loss of her husband.

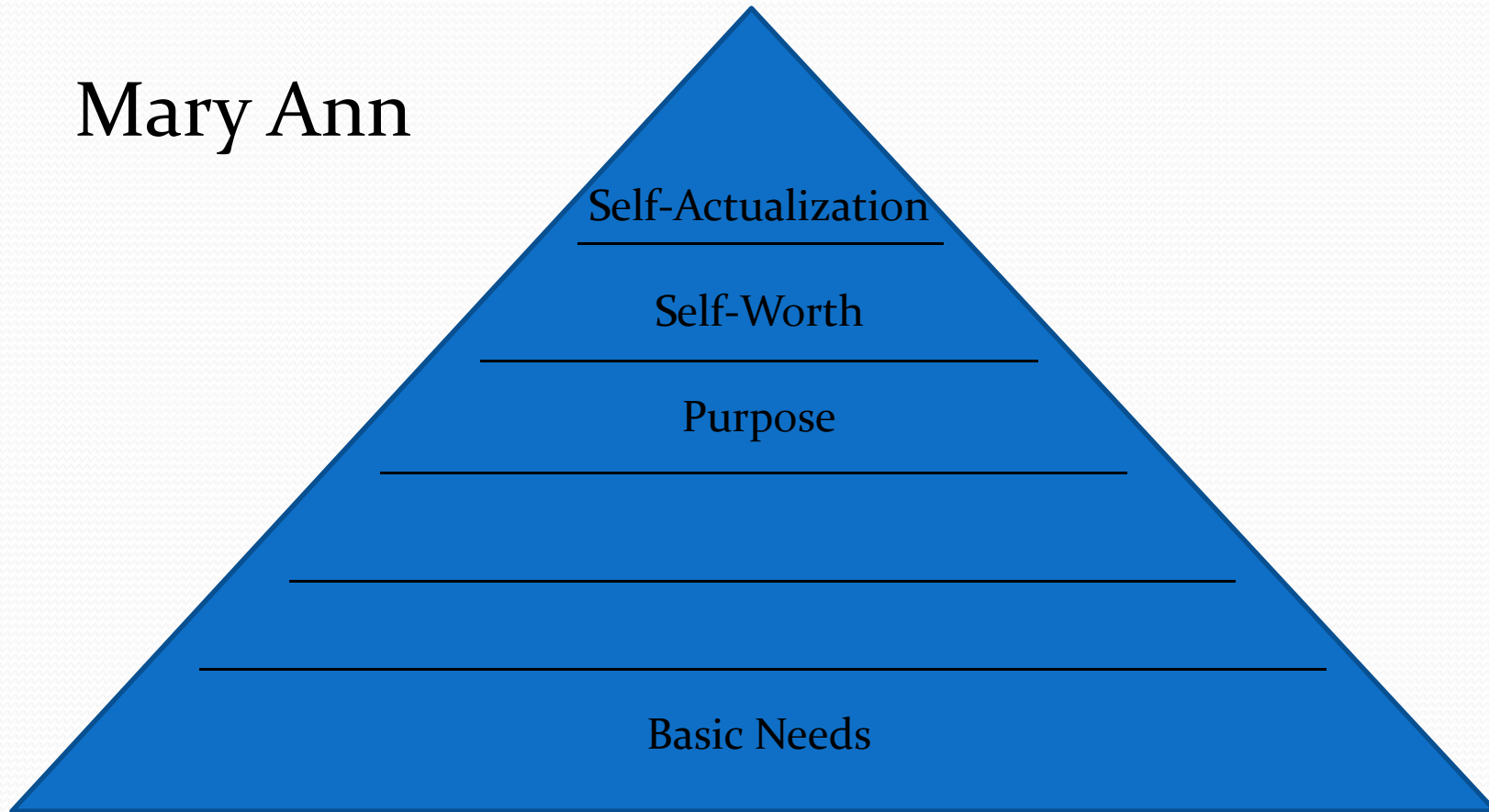


Mary Ann

- What did Mary Ann's needs look like when she entered treatment?

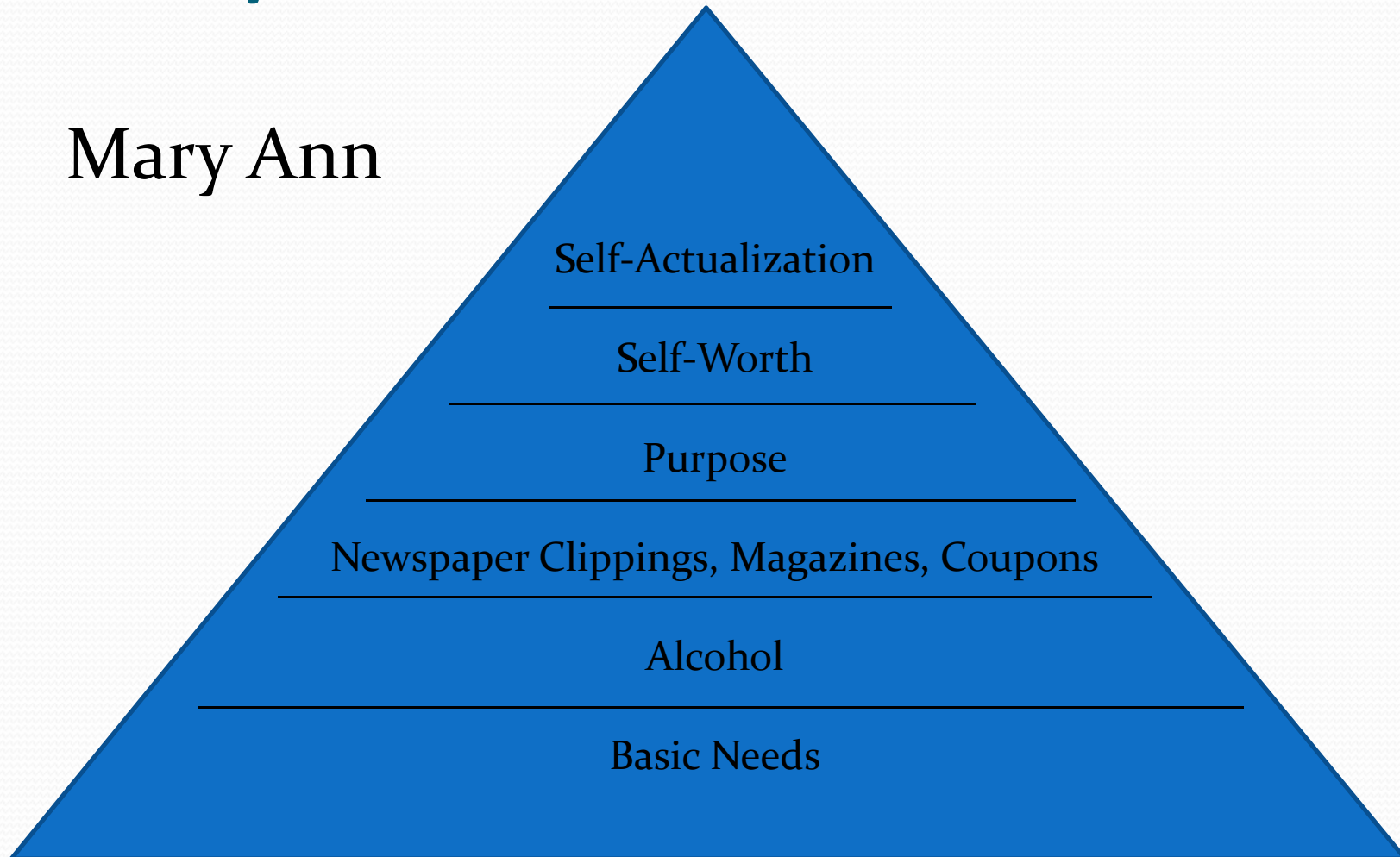
Mary Ann's Needs

Mary Ann



Mary Ann's Needs

Mary Ann





Case Study: Behavioral health issues

- Defiance, not following directions
- Aggression (physical, verbal, passive)
- Drug and alcohol abuse
- Fixations (perseverations)



Case Study: Behavioral health issues

- Restlessness
- Depression
- Anxiety
- Mood swings



Case Study: Behavioral health issues

- Hallucinations/delusions
- Mistrust
- Controlling
- Hoarding



Case Study: Behavioral health issues

- Critical (negative) thinking
- Sexualized behaviors



Managing challenging behaviors: A caregiver's guide

- Be compassionate and loving! Do not judge others.
- Be patient.
- Maintain positive emotional energy.
- Don't take negative behaviors personally.



Managing challenging behaviors: A caregiver's guide

- Ask simple, answerable questions
- Listen with your ears, eyes, and heart.
- Limit directions when communicating
- Don't overwhelm the individual



Managing challenging behaviors: A caregiver's guide

- Remember the good ol' days, pull out the positives
- Redirect, don't avoid
- Maintain your sense of humor
- Remember, we can not change the person



Managing challenging behaviors: A caregiver's guide

- Check with a doctor
- What works today, may not work tomorrow
- Develop support, you are not alone
- Structure, routine



Managing challenging behaviors: A caregiver's guide

- Maintain Boundaries
- Healthy diet
- Acknowledgement, sympathy, **empathy**
- Increase daytime activities (avoid day time napping)



Managing challenging behaviors: A caregiver's guide

- Remember, perception is reality
- Do not argue
- If you can think of a potential behavior problem, it can happen. Develop behavior plans before the behavior occurs



Treatment Options & Interventions

Treatment – Behavioral Health

- Antidepressant medications – most common treatment (SSRIs)
- ***Older adults prefer psychotherapy over medication!***
- Evidence-Based Therapies:
 - Behavior therapy
 - Cognitive Behavioral Therapy
 - Problem Solving Therapy
 - Reminiscence Therapy
 - Cognitive Bibliotherapy
 - Brief Psychodynamic Therapy





Psychosocial interventions

- Rational Emotive Behavioral Therapy (REBT)
- Cognitive Stimulation Therapy (CST)
- Exercise Therapy
- Art Therapy

Psychosocial interventions

- Music therapy
- Aromatherapy
- Massage therapy
- Animal / pet therapy



Psychosocial interventions

- Sensory based therapy
- Subliminal therapy



Psychosocial interventions

- Rational Emotive Behavior Therapy – is a technique designed to change someone's irrational thought process to elicit healthy thinking, which in turn will produce positive behaviors.





Psychosocial interventions

- Rational Emotive Behavioral Therapy:

What is an irrational thought?

An irrational thought is a non fact based thought consisting of the following: conclusions, assumptions, negativity, generalizations, dichotomous thinking patterns, absolutes, delusions or delirium.

Psychosocial interventions

- Rational Emotive Behavioral Therapy:
 - The average human being produces about 60,000 thoughts per day





Psychosocial interventions

- Rational Emotive Behavioral Therapy:
 - A physically and emotionally “healthy” person with very little stress has at least 70% irrational thoughts!
 - What does this say about someone who has depression, anxiety, PTSD, chronic pain, disease, financial stress, relational stress, addictions, aging, OR doesn't have their needs met, etc....?



Psychosocial interventions

- Rational Emotive Behavioral Therapy:
 - A: Situation
 - B: Identify the thought about the situation
 - C: Identify the emotion based on the thought
 - D: What reaction (behavior) did they have to the emotion



Summary

- Responsive behaviors are related to unmet needs
- We all have needs!
- Emotional, physical, social, spiritual, sexual
- Dementia, aging, & mental health issues do not take those needs away
- Understanding how situations, history, triggers, & experiences impact a person helps us best to support them
- Empathy & goodwill will provide the best structure for any helping intervention, regardless of level of expertise

Resources

- American Psychological Association : www.apa.org
- National Institute of Aging: www.nia.nih.gov
- Centers for Disease Control and Prevention: www.cdc.gov
- CogniFit: <https://www.cognifit.com/>
- American Society on Aging <http://www.asaging.org/>
- National Institute on Aging - Sexuality in Later Life <https://www.nia.nih.gov/health/sexuality-later-life>
- APA's Aging & Human Sexuality Resource Guide <http://www.apa.org/pi/aging/resources/guides/sexuality.aspx>
- National Resource Center on LGBT Aging <https://lgbtagingcenter.org/>

**For More Information, please
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