

Behavior Management



Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson. The Medication of the Month feature may be used to teach workers that give or assist with medications.

Learning Objectives

A participant in this lesson will be able to:

- ▶ List causes of behavior problems.
- ▶ State common triggers of agitation behavior.
- ▶ Make changes in the environment to reduce agitation behavior.
- ▶ Implement ways to overcome behavior problems.

Activity

Give each participant a card with a need or feeling written on it. For example: “anger,” “sadness,” “hunger,” “need to urinate,” “thirst,” “pain,” “lost,” “wet,” “cold,” “hot.” Play the game of Charades, with each participant taking a turn at acting out what they have on their card. Other participants try to guess what the person is trying to portray. You could divide participants into teams if you want to increase the competition.

Or, ask participants to think of a time when they were feeling upset but weren’t able to put words to their feelings. Ask them to talk about how they acted. Were other people able to see that they were upset, even though they didn’t say anything to that person about it? If so, how? You will probably receive answers such as this: “I looked depressed or mad.” Or “I was stomping my feet and slamming doors.” Or “I refused to do my work.” In other words, in some way their behavior changed because there was something going on inside them that they weren’t able to talk about.

Following either activity, point out that people who are disabled, suffering from dementia, or unable to communicate well must find other ways to get what they want. Usually their needs, thoughts, and feelings are expressed through their behavior. It is our job as caregivers to try to determine the underlying cause of the behavior—what is our client trying to tell us by this behavior?

The Lesson: Review the material in the lesson with participants. Allow for discussion.

Conclusion

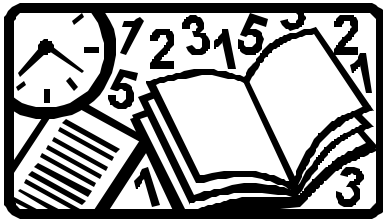
Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

Test answers: 1. communication; 2. (g) all of the above; 3. True; 4. False; 5. False; 6. True; 7. True; 8. environment; 9. True; 10. False.

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Learning Guide



Contents

Common Causes of Behavior Problems
Common Triggers of Agitation Behavior
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What is a person trying to communicate through behavior?

Experts say that all types of behavior are forms of communication. Behavior problems surface for many reasons. If you can identify the reason for the behavior, you can know better how to handle it.

FAST FACTS

Common causes of behavior problems

- ▶ Fatigue
- ▶ Medications
- ▶ Frustration
- ▶ Dementia / Alzheimer's / Other Brain Disorders
- ▶ Established Behavior Patterns
- ▶ Outside Conflicts
- ▶ Desire for Attention (children especially)

Many times, dysfunctional behavior increases at the end of the day as stress builds and the person becomes tired. Pacing and wandering are clues that tension and anxiety are building. Certain stressors can trigger agitated behaviors.

Ignoring agitation behaviors is one of the worst things you can do. Try to discover the problem that is prompting the behavior, and fix the problem if you can.



Common Triggers of Agitation Behavior in Clients with Dementia

- ▶ **Fatigue**
- ▶ **Sudden or frequent changes in environment.** Sameness and routine help to minimize stress.
- ▶ **Responses to overwhelming environmental stimuli.** Excessive noise, commotion or people can trigger agitation behavior. Large group activities can be disturbing.
- ▶ **Excessive demands.** Caregivers and family must accept the fact that the dementia client has lost and continues to lose mental functions. Pushing these clients to improve their capabilities will only cause stress.

Dealing with challenging behavior is never easy. Caring for a client with dementia, Alzheimer's, and other brain disorders poses many problems for caregivers. Keep an open mind and be patient.

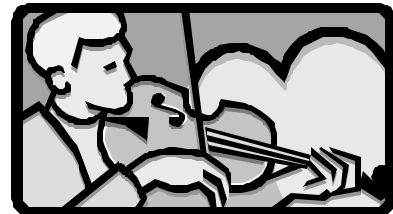
If one strategy doesn't work, try another.

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Suggestions for Dealing with Common Behavior Problems

Angry/Agitated Behavior

- Determine if medications are causing adverse side effects.
- Reduce caffeine intake.
- In severe cases, and as a last resort, medication may be prescribed to keep a dementia client calm.
- Reduce outside noise, clutter, or number of persons in the room. Keep objects and furniture in the same places.
- Help the confused person by making calendars and clocks available.
- Familiar objects and photographs may offer a sense of security and remind of pleasant memories.
- Gentle soothing music, reading, or walks may help an agitated client.
- Do not try to restrain a client during an outburst.
- Keep dangerous objects out of reach.
- Acknowledge the client's anger over the loss of control in his/her life. Say that you understand the person's frustration.
- Distract with a snack or an activity.
- Limit choices. Instead of asking, "What would you like for lunch, soup or a sandwich?" Say, "Here's a sandwich."
- Allow them to forget the troubling incident. Confronting a confused person may increase anxiety.



Repetitive phrases and actions

- Avoid reminding the client that he/she just repeated the same phrase or asked the same question. Ignoring the repeated phrase or question may work in some cases.
- Agitated behavior or pulling at clothing may indicate a need to use the bathroom.
- Do not discuss plans until immediately prior to an event.

Paranoia

- Explain to family members that suspicious accusations are part of the illness.
- Check out paranoid behaviors with the client's doctor.
- If the dementia client says money or an object is *missing*, assist him in locating it. Avoid arguing. Try to learn his/her favorite hiding places.

Wandering and pacing



- A person who paces incessantly may burn off too many calories. Also, pacing may turn into wandering. Provide inviting places for the pacer to sit and relax.
- Locking a client in his room or restraining him in a chair is inappropriate. Implement activities and adjust the environment to relieve agitation.
- Put away items such as coats, purses, or eyeglasses. Some clients with dementia will not wander without taking certain personal articles with them. If they can't find them, they won't leave.
- Provide for regular exercise and rest to minimize restlessness.
- Dark-colored mats placed in front of doors may prevent the client from stepping outside. Black or dark blue areas may look like holes in the ground to a client with dementia, prompting the person to avoid the area.



Hoarding or gathering

- Provide the client with a safe place where he/she can store items, such as a canvas bag.

Incontinence

- Assist client to bathroom every two hours (or ask family members to do).
- Limit fluid intake in the evening before bedtime.
- Place a commode at the bedside at night.
- Use signs to indicate which door leads to the bathroom.

Sleep disturbance or nighttime agitation

- Make sure the living quarters are safe—put away dangerous items and lock the kitchen door.
- Try soothing music.
- Keep the curtains closed to shut out darkness.
- If hallucinations are a problem, keep the room well lit to decrease shadow effects that can be confusing. Remove shadowy lighting, televisions, dolls, etc.
- Use medications as a last resort.

Communication

- Maintain eye contact to help keep attention.
- Use short simple sentences.
- Avoid negative sentences such as *“Don’t go outside.”* Instead say, *“Stay inside.”*
- Speak slowly and clearly.
- Encourage the client to talk about familiar places, interests, and past experiences.

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Fast Fact

A simplified approach to managing agitation behaviors is to modify the environment.

Adjusting the person’s surroundings or activities can help. Some simple, basic interventions can be used to ease agitation behaviors.

Music Therapy. Some studies have proved that playing calming music can lead to a decrease in agitation. Music may be played during meals, bath, or relaxation.

Exercise and Movement. Light chair exercises can help to maintain function of limbs and decrease problem behaviors.

Activities. Look for activities that the client enjoyed in the past.

Socialization. Human interaction is essential for people with Alzheimer’s disease. Large groups are out, but a volunteer can converse, reminisce, or engage in activities with a client. Sometimes videos are good for clients with advanced dementia because they mimic a conversation or a sing-along.

Behavioral Problems Especially Common in Children

Children misbehave for many reasons. They may be seeking attention, or act out because they are lonely or frustrated. They may be scared. There may be conflict with family or caregivers. Since children mirror their parents' behavior, established behavior patterns developed at home will be used wherever they are.

Adults expect children to do as they are told the first time. However, many children require several requests before they comply. Children will learn there is no reason to comply unless positive reinforcement is provided. Negative consequences following compliance only reinforce noncompliant behavior. Negative consequences may bring about a temporary change in behavior, but will not change attitudes. Negative consequences such as writing sentences 50 times, sitting in time out, or verbal correction will worsen the negative attitude that underlies the misbehavior unless negative consequences are combined with positive reinforcement once the child complies.

As children grow, positive behavior is maintained because the child has developed an internal value system, knowing the difference between right and wrong. In the long run, children behave properly because they want to, not because they are forced. As one grows into adulthood, positive behavior is not maintained through threats of punishment. Adults have learned positive attitudes on which they base their behavior.

Suggestions

- Let the child know when a behavior is not acceptable. In order to stop the behavior, a time-out may be necessary. Then when he behaves in an acceptable manner, use positive reinforcement.
- Stay cool and calm. Don't lecture or embarrass him.
- Stress that his behavior is the problem, not his personality.
- Help him to identify acceptable behavior in place of the problem behavior.
- Sometimes it is appropriate to give the child a choice. *"You have a choice. You may sit at this table and eat quietly, or you may go to your room without lunch. It is your choice."*
- Help the child learn that even though they are angry they cannot express that anger by hurting others. Encourage children to put feelings into words. When children fear their safety or their self-esteem is threatened they replace powerlessness with aggression.
- Allow abused children to make choices. A predictable environment is essential for abused children. Inform them of daily routines and let them know when changes will occur. They strive for attention, so give them positive attention for improvements or accomplishments.



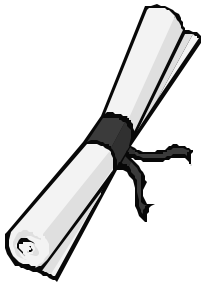
Behavior Management Test

Name _____ Date _____ Score _____

Directions: Fill in the blank with the correct answer, or circle the correct answer.

1. Behaviors are forms of _____.
2. Some common causes of behavior problems are:
Choose the correct answer(s).
 - a. Fatigue
 - b. Medications
 - c. Established behavior patterns
 - d. Conflicts
 - e. Frustration
 - f. Dementia/Alzheimer's
 - g. All of the above
3. Many times, dysfunctional behavior increases at the end of the day.
True or False
4. It is best to ignore agitation behaviors.
True or False
5. It is wise to restrain a client during an outburst.
True or False
6. Sameness and routine help to minimize stress in dementia clients.
True or False
7. A client who paces incessantly may burn off too many calories, thereby requiring additional caloric intake to maintain good health.
True or False
8. A simplified approach to managing agitation behaviors is to modify the
_____.
9. Children mirror their parent's behavior.
True or False
10. Clients with Alzheimer's benefit from large group interaction.
True or False

Certificate of Achievement



Presented to

(Name of Participant)

For completing the 1-hour course


Behavior Management

Date _____

Facility _____

Presented by _____

Signature of presenter or write "self study"



Medication of the Month

Lorazepam (Ativan)

Ativan is used to relieve anxiety. Studies of healthy persons show that in single high doses lorazepam has a tranquilizing action on the central nervous system with no appreciable effect on the respiratory or cardiovascular systems.

Indications and Usage. Ativan is indicated for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety or anxiety associated with depressive symptoms.

Note: Anxiety or tension associated with the stress of everyday life does not usually require medication.

Warning: Lorazepam is not recommended for persons with primary depression or psychosis.

How Supplied. Lorazepam tablets are available in 0.5 milligrams, 1 milligram, and 2 milligrams. Injectable lorazepam is available in 2 and 4 mg/ml vials. Injectable lorazepam is useful as an initial anticonvulsant medication for the control of epilepsy, for producing sedation, relief of anxiety, and a decreased ability to recall events related to the day of surgery. **Storage.** Store at room temperature, away from heat and light.

Contraindications. Lorazepam should not be given to people with known sensitivity to benzodiazepines or with acute narrow-angle glaucoma or myasthenia gravis.

Dosage. Dosage *must be individualized* in order to avoid excessive sedation or mental and motor impairment. *For elderly or debilitated persons*, an initial dosage of 1 to 2 mg. per day in divided doses is recommended, to be adjusted as needed/tolerated. **Overdosage** is usually manifested by varying degrees of central nervous system depression ranging from drowsiness to coma.

Precautions. For elderly or debilitated people, the initial daily dosage should not exceed 2 mg. in order to avoid over-sedation. Elderly and debilitated persons, and those with organic brain syndrome, have been found to be prone to central nervous system depression after even low doses of this type of drug. In these persons, medication should be started with very low initial doses, and increases should be made gradually. Extreme care should be used in these persons because of the possibility that their breathing will become slowed, shallow, depressed, or ineffective, possibly causing cardiac arrest (heart attack) from lack of oxygen.

Drug Interactions. Lorazepam depresses the central nervous system when administered with such medications as barbiturates or alcohol. Lorazepam injection produces depression of the central nervous system when administered with ethyl alcohol, phenothiazines, barbiturates, MAO inhibitors, and other antidepressants.

Adverse Reactions. If side effects occur, they usually disappear on continued medication use or upon decreasing the dose. Sedation, dizziness, weakness, and unsteadiness are the most frequent. Less frequently disorientation, depression, nausea, headache, and dermatological symptoms may occur.

Use in Children and Pregnant Women. Safety and effectiveness of Lorazepam in children of less than 12 years have not been established. Injections are not to be used in children under 18 years of age. Lorazepam tabs and injection should not be used when pregnant or breastfeeding.