# Behavioral Management In Acute Care Settings

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# Learning Objectives

1. Participants will learn general management approaches and philosophy for effecting behavioral changes in acute care settings.

   Participants will learn some specific strategies for common behavior problems in acute care settings.

# Management vs Modification

| | | |
|---|---|---|
| Antecedent | vs | Consequence |
| Control | vs | Training |
| Fast | vs | Slow |
| Environmental | vs | Human |

# Ourselves

## "managing difficult people begins with managing ourselves."

- Buttons – what really ticks me off?
- Stressors – what's bugging me? What am I doing about it?
- Attitude – What is it about this job?

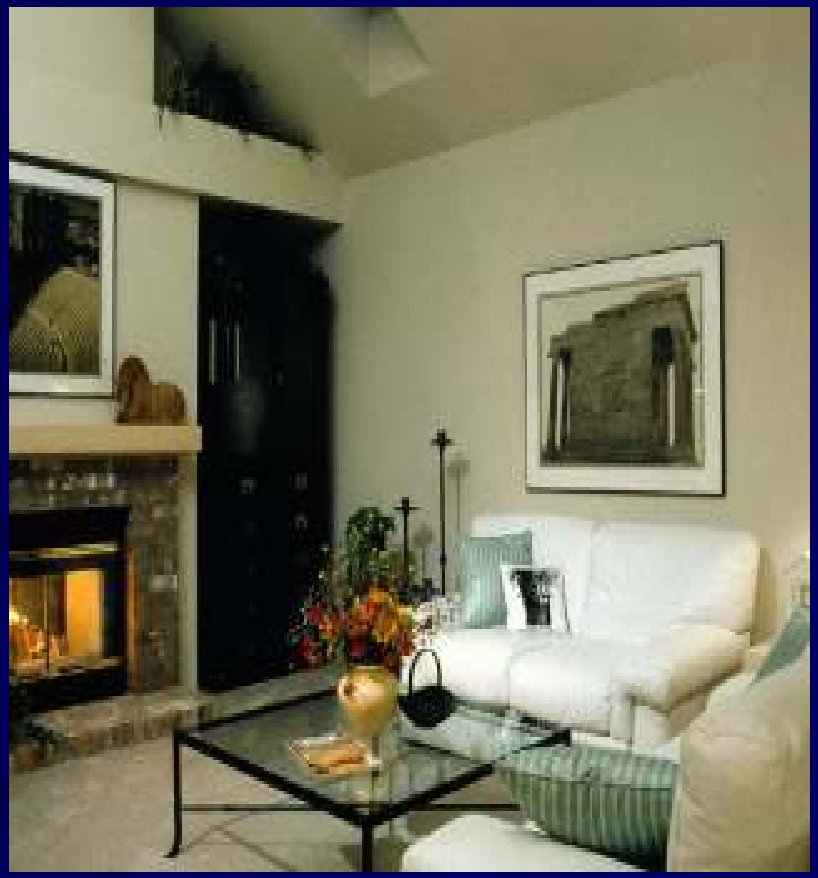
# Our Patient

"managing difficult patients means treating them as a person, not just treating the patient."

- Cognitive deficits
- Changes in Life Circumstance
- Emotional Hardships

# The Agitated Patient

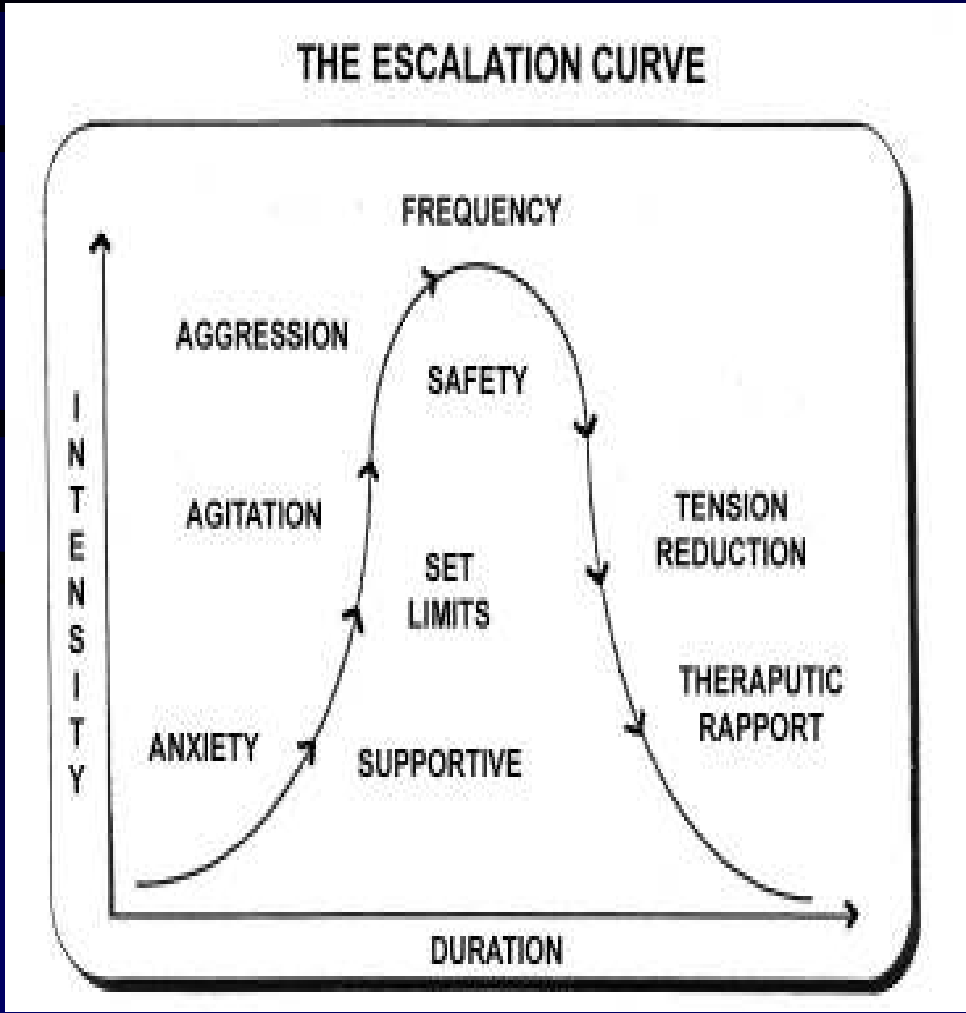
- Normalize the Environment



# The Agitated Patient

- Normalize the Environment
- Mechanical & Chemical Restraint

# The Escalation Curve




- **Supportive Responding** – Listen, empathize, problem solve.
- **Set Limits** – Clear limits, positive, attainable, enforceable, no power struggles.
- **Therapeutic Rapport** – Return control to the patient, offer choices.

# Problem Behaviors

Verbal & Physical Aggression

Poor compliance with treatment

Disruptive behaviors

Sexually inappropriate behaviors

Self-abusive behaviors

Confusion, wandering, disorientation

Manipulation, defiance, violation of rules

# Problem Behaviors

Psychological / Emotional Sequelae

Agitation and irritability

Poor emotional control (lability)

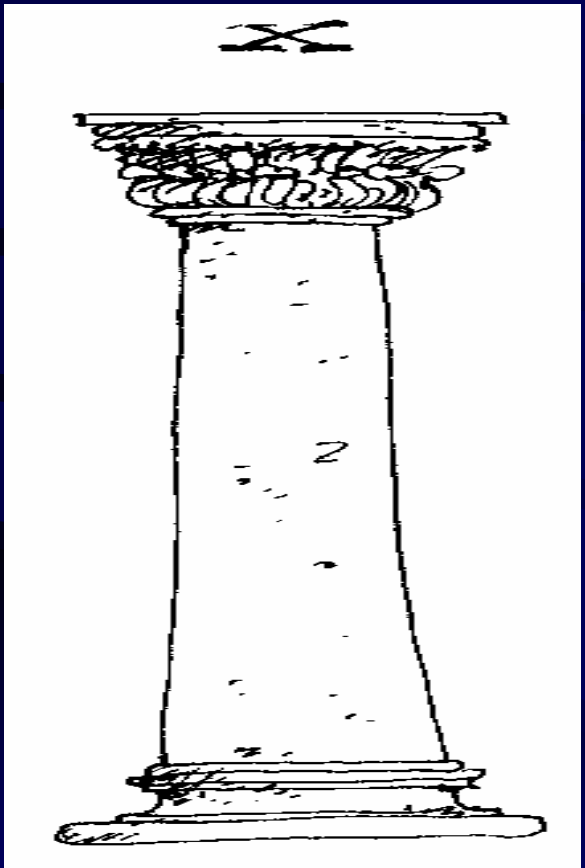
Apathy & poor motivation

Egocentrism, poor insight and denial

Impulsivity and lack of inhibition

Depression and withdrawal

# General Approaches and Philosophy (Cornerstones)



1. Take Responsibility
2. Interdisciplinary Approach
3. Family Members as part of Treatment Team
4. Pick Your Battles – “is it worth it?”

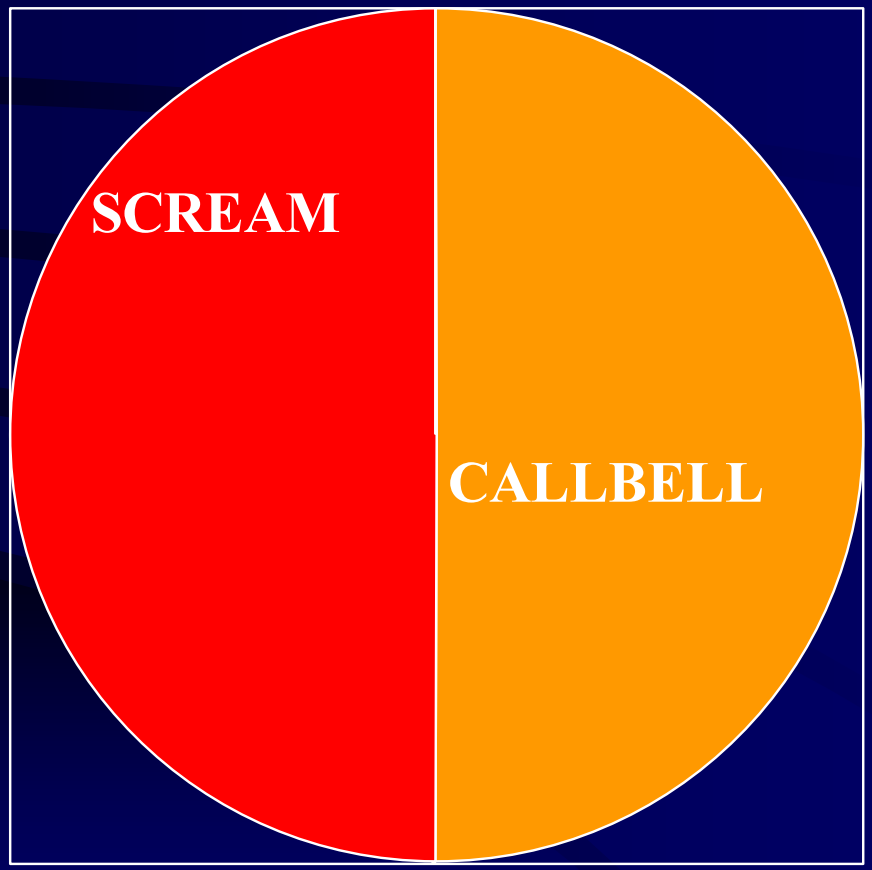
# CASE STUDY

- Dot and the Pseudobulbar Palsy

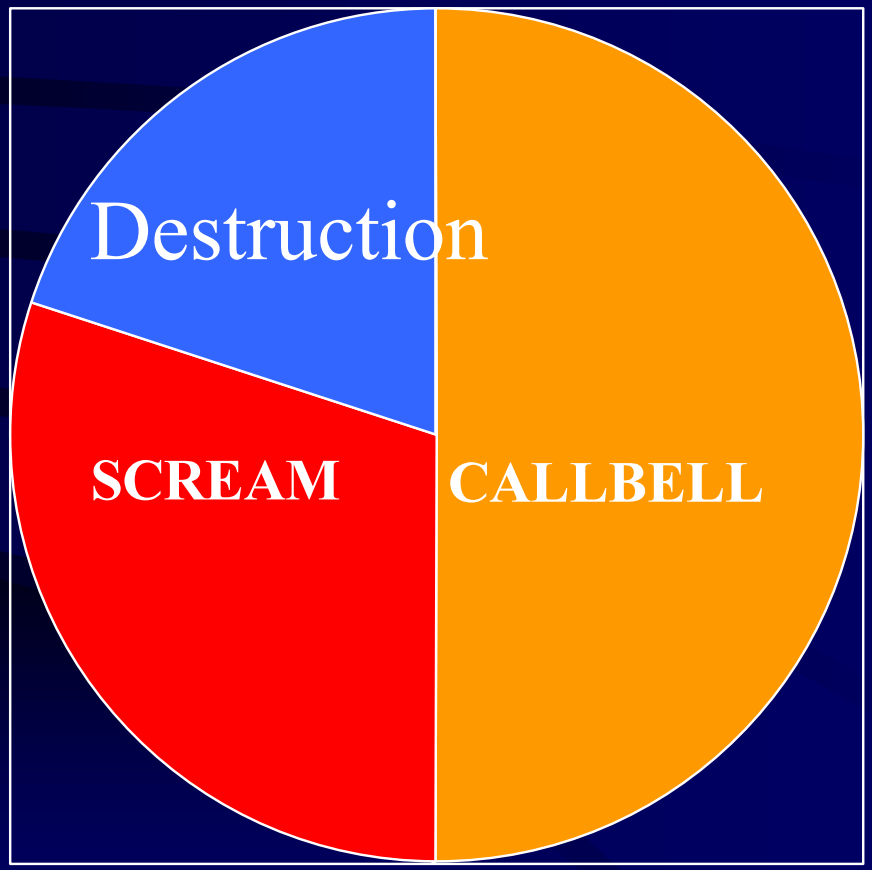
# Importance of Function
## (Identifying the purpose of the behavior in the environment)

Behavior: Screaming for Nurse

Function: Attention

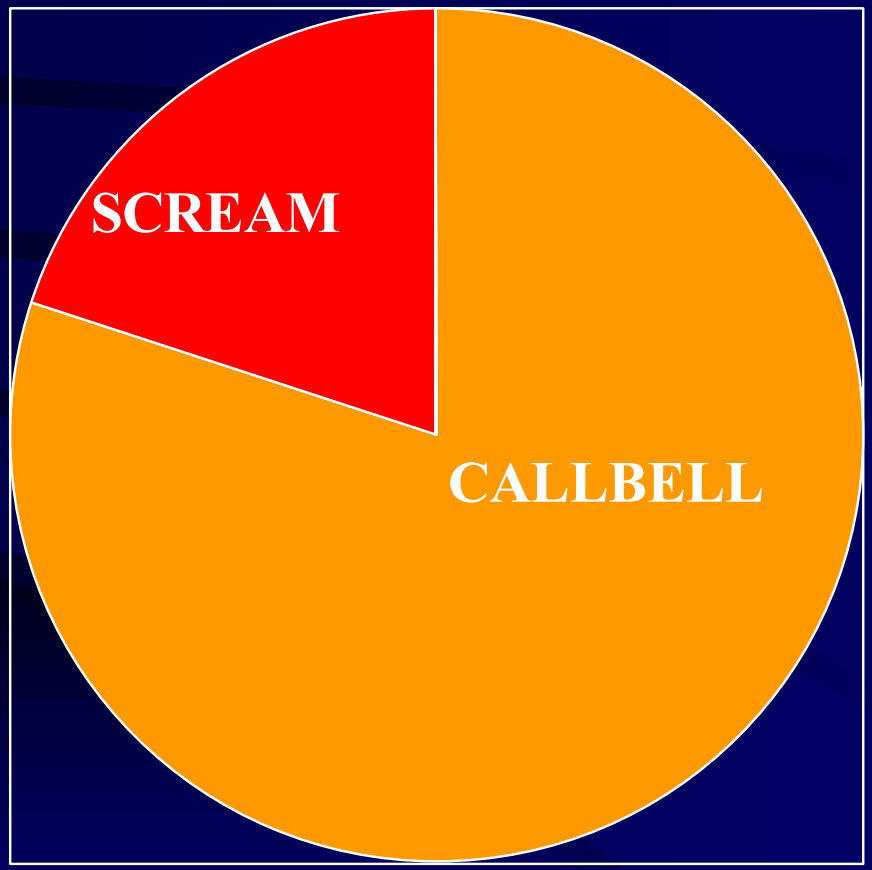


Behavior: Screaming for Nurse
Function: Attention



Behavior: Screaming for Nurse

Function: Attention



# Tendencies and Preferences

1. To give rf at random
2. To lose rf for poor performance
3. To attend negative behavior
4. To avoid problem clients when they are acting out
5. To tie behavior to the client
6. To wait until you can't stand it to intervene
7. Where client views you as a threat for lost rf

1. Make rf contingent on performance
2. Earn positive rf for good behavior
3. Target positive behavior
4. Increase attention when client is compliant
5. Separate client from behavior
6. Intervene early
7. Help client earn rf to they see you as a means to reward

# QUESTIONS?