

33 TIPS ON COPING WITH BEHAVIOUR PROBLEMS

1. REMEMBER, what one person considers a problem may not bother another. Is it harmful? Can you ignore / accept it? Is it worth the effort to try and prevent it?
2. UNDERSTAND clients' problem. Behaviour is symptom (expression) of illness. Do not take personally or as deliberate.
3. AVOID interpreting behaviour the same way you would as from healthy person.
4. ADAPT the ENVIRONMENT and APPROACH to suit client rather than attempt to change client's behaviour.
5. Often problems are result of POOR APPROACHES / ATTITUDES of caregiver.
6. Maintain a "FACILITATIVE" ENVIRONMENT. Pay attention to stroking. Clients are extremely sensitive to the emotional environment.
7. Promote SECURITY. Remain calm and cheerful under all circumstances.
8. Gain the client's TRUST. No false promises or reassurances.
9. FEELINGS remain intact. Protect client from embarrassment, shame, guilt. Do not criticize. Let client forget episodes.
10. Client's behaviour may not be purposeful in normal sense; will have a reason. It may be illogical to you; ALL BEHAVIOUR HAS A CAUSE EVEN IF IT IS NOT APPARENT.
11. Emphasize PREVENTION. Identify cause and try to avoid / prevent in future. Do not assume it is simply caused by disease.
12. Use and practice GOOD COMMUNICATION SKILLS.
13. POSITIVE ATTITUDE starts with understanding the disease and client as an individual.
14. Keep log of BEHAVIOURAL PROBLEMS. Observe what precipitates the Behaviour; Describe specific behaviour exhibited; note CONSEQUENCES of behaviour. (ABC = Antecedent + Behaviour + Consequences)
15. Problem behaviours usually occur when client feels OVERWHELMED. Don't Overload the senses.
16. SHARE SOLUTIONS with other staff / family. Be a role model.

17. "IRRATIONAL" episodes frequently due to changes within client's internal experiences or feelings. Try to reason from client's point of view.
18. UNDERSTANDING what client feels is first step of good care.
19. LISTEN!!! Look for "key" words. Use empathy to "tune in."
20. ATTEND TO FEELINGS rather than behaviour. Respond with compassion:
 - "I'm sorry you feel upset..."
 - "I know this must be hard, confusing, frightening..."
 - "I understand that you are..."
 - "I'll listen. I'll help. I'm here for you."
21. Whenever possible PLACE YOURSELF ON EQUAL TERMS with client. Join him "where he is". Share any similar situation that may have happened to you. Help him to "label" the emotion.
22. After RECOGNITION OF THE FEELING; attempt to refocus or distract.
23. Be FLEXIBLE and CREATIVE with clients; TRIAL and ERROR; concentrate on what works.
24. Give clients jobs to do. HELP THEM FEEL NEEDED.
25. Encourage HUMOUR / FUN; it helps clients to relax expectations of oneself.
26. TREAT NORMAL (with dignity) but know they are disabled. Lower standards; realistic expectations.
27. AWARENESS OF FRUSTRATION LEVEL; delicate balance between need of autonomy and "helping". It is always changing!
28. AVOID REASONING AND ARGUING. Simple reality orientation my work sometimes. Restrain impulse to offer elaborate explanations.
29. DO NOT push, pull or order.
30. ALLOW client privilege of SAYING NO, of refusing a trip, a procedure, a meal. Offer a choice of saying "May I...".
31. Give REASSURANCE as often as needed as to : WHERE they are; WHAT they're doing, that family knows where they are. Assure them they will be taken care of and "IT'S OKAY".

32. IF NECESSARY; Take charge with authority FIRMLY and GENTLY (there is often a positive response to the caregiver's confidence).

33. PATIENCE, FLEXIBILITY, AND GOOD HUMOUR IS A MUST!!!