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THIS TRAINING

The goal of this training program is to teach skills that help prevent the use of restraints, seclusion or isolation time out. You are the key to reaching that goal. It is important that you and everyone caring for, treating and supporting people with disabilities, know how to communicate to create positive relationships, to treat others with respect and to handle yourselves when the going gets tough.

In the course of your work with people, you will be asked to be many things – teacher, coach, nurse, sounding board, role model. It is challenging work, but there are many rewards. The main one is seeing the people you are working with improve the quality of their lives. Hopefully, the attitudes and skills you learn in this training will help bring that about.





PART A UNIT ONE WHY DO PEOPLE DO WHAT THEY DO?

Key Points

- Some outside factors that affect behavior are: cultural background, health, education, work experience, environment and finances.
- Some inside factors that affect behavior are personality traits, how one thinks, and one's ability to communicate.
- What a person thinks is happening is more important than what is actually happening.
- Health issues affect behavior. Stress affects behavior.
- Anger is a natural emotion. It's what a person does when angry that can cause problems.
- Ways to learn more about the individual with disabilities

Reading Questions

1. What are some outside factors that affect behavior?
2. What are some inside factors that affect behavior?
3. How does cultural background affect behavior?
4. What are some examples of health issues affecting behavior?
5. How does stress affect behavior?
6. What are typical reactions to stress?
7. What are some things to think about if you or someone else is getting angry?
8. What are ways to learn more about individuals with disabilities?

Understanding a little about why everyone behaves the way they do is important. It can help you understand yourself and your actions. It can help you understand behavior of people with disabilities. People tend to behave in certain ways for a reason.



*Some outside factors
affecting behavior*

There are outside factors that affect why people do what they do. Some examples are:

- cultural background
- health
- religion
- education
- work experience
- environment
- finances

*Some inside factors
affecting behavior*

There are inside factors as well such as:

- inherited personality traits
- how you think
- ability to communicate

*People act on how they
think things are*

What you *think* is happening is more important than what's happening. You act and feel in certain ways because of how you view things around you. Your picture may be wrong. It may be right. It doesn't matter, because you act on how you *think* things are.



Think about it

Think about it

Think about a person growing up in an abusive household. That person might react very negatively to another person talking loud or emotionally. Someone else, who grew up in a family that was noisy and lively might not be bothered by active surroundings.



Think about it

Think about it

How might you feel when taking on a new challenge? Do you feel excited, "pumped up," ready to go? Another person might not feel that way at all. That person might have had to work extra hard at everything, maybe experienced failures. He or she might not be ready to go through that again and might be afraid to try something new.

What you do affects others

Your behavior affects other people. Think about what happens when you smile at someone. Usually the other person smiles back. If you say, "How are you?" to someone, they will probably say, "Fine." (They may be feeling lousy, but they will usually say "Fine!")



You behave in ways to get what you want or don't want

Think about the young girl in a wheelchair who doesn't talk but wheels herself to the front door each day when staff come in to work. What is she "saying?" We all do things to get what we want or don't want.

Most behavior is learned

You didn't need to learn how to breathe or blink your eyes. But you learn how to do just about everything else. This means that everyone can learn new things.

What Do You Know About Yourself?

Beliefs and feelings

It is important to know your own beliefs and feelings because they affect how you interact with the people around you. Think about:

- Your attitude about people with mental retardation or mental health or substance abuse problems – Is it their fault? Should you pity them? Can they lead good lives? Is it God's will or punishment?
- Your family's beliefs about people with disabilities – Does your family try to fix people? Do they pretend problems don't exist?
- Your need to be needed
- Someone with a disability you know personally - How do you respond to them?



Try it

Try it

Make a list of beliefs you have about people with disabilities. How could those beliefs affect how you act around people with disabilities?

Health



Think about it

Think about

- energy level - How do you react to family members or others when you're tired?
- pain – What happens to you when you are uncomfortable? Are you short-tempered? Do you expect people around you to understand?
- hunger – Is your work schedule upsetting your eating schedule? Do you forget to eat? Does being hungry make a difference in how you act?

Some health issues affecting behavior



*Stress can be thought
of as a health issue
affecting behavior*



Think about it



Think about it

Stress

Stress happens when day-to-day demands become overwhelming, unpredictable, or out of control. It is so common that the word “stress” has become part of everyday language. When you are stressed, your ability to be positive with others declines.

Think about stressful things in your life:

- Are you facing a major change? Moving? Marriage? Divorce? Having children? Children leaving home?
- Are you dealing with a chronic illness?
- Are you caring for an elderly parent?
- Are you holding two jobs in order to pay the bills?
- Are your children having trouble in school?
- Are you having car trouble so that getting to work is a problem?
- Are you having trouble with a co-worker or a supervisor?

Think about stressful things in your job:

- Is your workplace too crowded? Noisy? Hot? Cold?
- Do you feel like management doesn't listen to you?
- Do you feel like you are working harder with less help?
- Is everything done the way you want?
- Are you worried about keeping your job?

Remember:

- Caring for and supporting people with disabilities is not easy.
- Disabilities may make communicating with people difficult.
- You may feel pressured by their dependence on you to help them.

It becomes a cycle

When you have been a caregiver for a long time, you can begin to feel that when you are away from work, you just don't have any more to give. You “gave at the office.” Then you stop doing things when you are off duty. These may be things like visiting friends, being involved in church and neighborhood activities, hobbies. When this happens, your reaction to stress cuts you off from the very things that could decrease stress. You can stop this cycle by making sure your life away from work nourishes and refreshes you.



There are physical responses to stress such as headaches, and emotional responses such as anger.

PHYSICAL

PERSPIRATION

Underarms
Hands
Other body parts

MUSCLE TENSION

Facial tics
Body aches
Twitching

HEADACHES

Tension
Migraine

BEHAVIORAL

BREATHING PROBLEMS

Shortness of breath
Yawning
Fast breathing

DIGESTION PROBLEMS

Diarrhea
Heartburn
Ulcer
Nausea
Constipation

CARDIOVASCULAR PROBLEMS

Fast pulse rate
High blood pressure
Dizziness
Pounding chest

SLEEP PROBLEMS

Restless sleep
Insomnia
Excessive sleeping

SPEAKING PROBLEMS

Rapid speech
Quavering voice
Biting lips

INTERACTION PROBLEMS

Withdrawing
Not wanting to be touched
Not listening to others

DRUG USE

tranquilizers
Caffeine
Alcohol
Tobacco
“Street” drugs

PHYSICAL AGGRESSION

Throwing things
Slamming doors
Hitting people
Destroying objects

NERVOUS TICS

Rocking
Twisting hair
Grinding teeth
Tapping toes
Pacing
Biting lips

EMOTIONAL

HELPLESSNESS

Insecurity
Anxiety
Sadness
Fear
Self-doubt

LACK OF EMPATHY

Impatient with others
Grouchy
Mistrusting
Short tempered

MENTAL BLOCKS

Forgetting names
Memory lapses
Indecision
Inability to think

OTHER FEELINGS

Panic
Detachment
Nervousness
Guilt



*Some ways stress
affects behavior*



Think about it

Burnout

Continued stress leads to burnout. It is important to protect yourself from burnout for your own sake, as well as the people you are working with..

Burnout = Too many demands over a long time + high expectations + not taking care of yourself.

Burned out people:

- have low energy and enthusiasm – “I’m so tired all the time.”
- show negative attitudes toward others – “What do you expect from a (psychotic, alcoholic, bad kid, retarded person) ?” “They are never going to get any better.”
- put themselves down – “I just can’t do this.” “We tried that before, and it didn’t work.”
- keep others at an emotional distance – “I don’t have a problem.” “You can’t help me.” “Leave me alone.”

Think about it

How do you think the stress in your life might affect how you act toward others?

Take care of yourself

Worries and problems add up over time. Taking care of yourself adds up over time too. It’s a day-by-day thing. You can’t do anything about a lot of the stress in your life. So look for what you can do.

For example:

- read
- go to a movie
- turn off the TV
- get up a few minutes earlier to be alone
- invite friends over
- exercise
- say “no” when you can
- say “yes” to fun things
- talk with people who are bothering you to solve the problem
- take a few minutes to pay attention to how you are doing



Some ways cultural background affects behavior

Your cultural background

Your cultural background affects how you act with others and how they act with you. Culture is a combination of language, codes of behavior, and beliefs that are shared by a group of people. Your religion, education, social ties, race and ethnic background are some of the things that make up your culture.

The U.S. used to be known as a “melting pot,” and people of different cultures were expected to blend their cultures into one. Now, it’s more like a “salad”, where different cultures stay different, but are appreciated as part of the whole. Our English language seems to be the one thing that binds us all together, and even that may be changing.

This means that others may have different ideas about how to communicate and about what is right and wrong for them. In your culture, you may be comfortable standing nose-to-nose when you talk to someone; the other person may want to put about 3 feet between you. You may want a person to look you in the eye; the other person may think that’s insulting. You may think the man is the head of the household and want to talk to him; the other person’s family may be led by a woman.

Prejudice and stereotypes

Everyone thinks of people in other groups with some *prejudice* and some *stereotypes*. These can affect how you act with others.

- *Prejudice* is a negative belief or attitude against a group of people.
- *Stereotypes* are oversimplified ideas about the way a whole group of people looks and behaves.

It is a prejudice to believe that all people with disabilities are damaged and need fixing or that they can’t be in control of their own lives. It is a stereotype to believe that all people with a certain disability need or want the same things.



Think about it

Think about it

How you think about the behaviors and habits of others can influence how you think about and respond to them. Look over this list to see if you recognize any of the differences between “WE” and “THEY.” Think about what you might do to change how you think.

WE

like things
try to make friends
love people
take a break
insist
stand up for ourselves
change our minds

THEY

fixate on objects
seek attention
develop dependencies
go off task
have tantrums
are non-compliant
have short attention spans

You will do a better job if you are flexible about what you expect from a person based on his or her culture. This means that you should know things in general, but be ready to get to know this particular person. This applies to how you act toward people with disabilities too. Think “people first, disability second.”¹

What Do You Know About Others?

How do you know about others?

The people with disabilities you are caring for or supporting have had or will have many different assessments and evaluations aimed at learning more about them. These evaluations are like snapshots. They tell how the person was at a given time in a certain place. However, like everyone else, people with disabilities change. So there is no substitute for you getting to know a person over time.

People first

Since people with disabilities are people first, what is true for them is true for you too. They are more like us than different. They:

- have beliefs, feelings and attitudes
- have families and cultures
- may have physical health issues that affect how they act.
- experience stress and its effects
- probably need to learn how to take care of themselves better.



Think about it

Personal experience with a disability

Of course each person's experience is unique. However, many people with disabilities experience:

- being on the fringes of society
- trouble getting the services they need
- not being seen as an individual
- loss of control over their lives

When people with a disability are caught up in a service system, they often lose personal power to make changes, choices or control over their lives. Organizations, agencies, professionals and paraprofessionals make many of the important and everyday decisions for them. This can create a sense of helplessness and, at times, desperation for people receiving services. Families may feel helpless because they fear losing services if they "buck the system."

Think about

- A person you know with a disability. What has that person's experience been?
- How do you think that experience has shaped how that person acts? Thinks? Feels?

Getting to know a person with disabilities

When you provide services and support to persons with challenging behaviors, it is important to know who they are as "people." The more you understand the complexity of their personalities, life histories, personal wants, and dreams the better you can be a support in their lives. It is not helpful to view challenging behaviors as something that needed to be fixed as if there was something broken within the person. It is helpful to understand what this behavior might be doing for the person or what is being said.

"Time and again, I have worked for people who have either told me directly or whose behavior said: "These people who work for and around me are nice enough, but what they are doing is either irrelevant or detrimental to my wishes, my happiness and even, at times, my survival"

Herbert Lovett, *Learning to Listen*

It upsets all of us when we feel like we are not being listened to. We feel a sense of disrespect and that our thoughts, wants and needs are not important. This may be more true for people with disabilities.



*Some ways health
affects behavior*

Health

Just like everyone else, health and physical condition affect how people with disabilities act toward others. Also, health issues may make it hard for you and the person to communicate with each other. Think about the effects of:

- poor eyesight
- poor hearing
- difficulties grasping things
- difficulties walking
- illnesses related to poor health care and hygiene
- medications – Medications may cause physical symptoms like slurred speech, dizziness, “fuzzy” thinking. They may make a person agitated, sleepy, depressed, “wired.”
- intoxication – A drunk person isn’t thinking straight. How do you communicate?
- withdrawal – When a person stops taking something they are addicted to, they may experience unpleasant physical and mental symptoms. How might this affect their behavior?
- energy level – What if the person isn’t getting enough sleep? What if they get enough sleep, and they are still tired?
- pain – What if the person ignores pain or can’t tell you about the pain?
- hunger – Can the person eat when hungry? If not, how can that affect them?
- illness - Colds, flu, headaches, indigestion and other illnesses can cause reactions like grouchiness, crying or short temper. These reactions may be important indicators that the person is ill. It is important to rule out health issues before defining something as challenging or possibly aggressive behavior. If the person cannot tell you that he/she is ill, it is important to know that person well enough to read the signs. Then you can change your expectations. For example, a person who is in bed with a headache may not want to get up to participate in normal routines. You may be able to avoid trouble by letting the person stay in bed.

Reactions to disability

The person, family and friends may react to the person’s disability in many ways. They may feel guilty, they may be angry, they may feel ashamed. The stages they go through in coming to terms with the disability might match the typical stages of grief:

- shock
- denial/bargaining
- anger
- depression
- acceptance



Think about it

Having a family member with a disability may be stressful for families. Family members might react by being overprotective. Brothers and sisters might become jealous of the time spent with the person. On the other hand, the issue might draw family members closer together and make the family stronger.

Think about

- How a person might feel if their family makes them feel guilty or responsible for a disability. How are they likely to respond?
- What attitudes might you expect from a person with a disability if the family denies or minimizes the disability?

No connections

People with disabilities are often distanced and/or disconnected from family and friends. Many of the people we serve are lonely. Have you ever worked with a person who has no family, friends, or acquaintances, just staff? Loneliness can drive people to act in challenging ways just to feel a connection to others. Teaching and modeling ways to make friends is a positive approach.

Being connected in a hometown is a safeguard. This goes beyond people knowing the person's name, but focuses on finding positive roles for the person to perform. It includes participating in community functions, celebrations and public issues.

Cultural differences

Different cultures may react differently to people with disabilities. Are people with disabilities expected to be hidden away at home? Are they supposed to be put in institutions away from everyone else? Think about the ways that people with disabilities in your culture are supposed to be treated.

People with disabilities who are also in minority cultures may have a “double whammy.” They may face prejudice and stereotyping on account of their disability as well as their minority status.

Stress

It's easy to see why people with disabilities might be under stress a lot of the time. They and their families have to manage their disabilities and its effects on their lives as well as the other issues everyone faces.



People with disabilities in residential programs face special issues too. Your work place is their home place. If it's too crowded for you, it's probably too crowded for them. If it's too hot for you, it's probably too hot for them. Loss of privacy and control are some other considerations.

People under stress are quick to fight or quick to run away (fight or flight). Neither one of these behaviors is helpful unless the person is really in danger.



Think about it

Think about

- How you would feel if you had to share your bedroom with a stranger or if someone went through your personal possessions?
- How you might react if you couldn't choose what and when you eat, when you get up and go to bed, your daily activities or who you see?



Try it

Try It

- List some ways to set up or change the place where you work to help people get along with each other
- List some people-to-people rules to help people get along with each other

Anger and hostility

Stress, losses, fears and lack of control over what goes on in life can lead to feelings of anger and hostility. The anger and hostility can be there even though there is nothing going on at the time to account for it.

Anger is a natural emotion. Everyone gets angry at one time or another. It is what you do when you get angry that causes problems. It is important for you to respect the right of people in services to get angry. Try to find out why the person has gotten angry. It may be a *just* anger. That is, the person might have a good reason for the anger. Trying to shut down the person's anger or ignoring it can lead to more anger or hostility or both.

If not dealt with, anger tends to feed on itself. It can be contagious. It can lead to hostile and aggressive behavior. When another person speaks in an angry tone, it's natural to talk louder, stiffen up, and stand taller in response. When anger isn't

Some strategies for calming a person



controlled or resolved, it can become hostility - a feeling of wanting to hurt someone.

In turn, hostility can lead to verbal or physically aggressive behavior. The aggressive behavior may be an attempt to control the environment and increase a sense of control over the real or imagined threat/danger/loss.



Think about it

Some things to think about if you are getting angry.



Think about it

Some things to think about if someone else is getting angry.

Think about

(If it's you getting angry)

- Why are you angry?
- What's pushing your buttons?
- Changes in your voice or body language.
- What you need to do to control your anger?

Think about

(If it's someone else getting angry):

- Why are they angry?
- What pushes that person's buttons?
- How this person normally acts/reacts when angry?
- How to use your voice and body language?
- How you can offer choices other than hostility and aggression?

One of the most important things you can do in your time with a person with disabilities is to get to know that particular person. For example, you may know how a person with a certain diagnosis usually acts in a certain situation, but maybe this person is different. Taking time to get to know someone shows respect. It also gives valuable insights into what has meaning for this person. You can use what you know to help the person learn new skills and improve the quality of his or her life.

Ways to learn more about each person you care for/treat/support.

- Spend time with the person getting to know his/her life stories, hopes, fears, favorite foods, favorite people, favorite places. Sharing some of yourself can help too (your favorite foods, people, places, etc.). Doing things *with* the person rather than *to* or *for* the person, begins to build a relationship. Through this relationship you can begin to model ways to cope with life's difficulties and manage personal challenges (money, health, anger, etc).

Some ways to learn more about people with disabilities.



- Review the person's records – How a person came to be who they are is important. Evaluation reports can help too.
- Talk to family, friends, and other staff members – Families have known this person the longest. Families can provide unique insights and valuable perspectives. Respect the family's viewpoint. They have probably been through a lot. Also compare your observations with other staff members. Everyone sees people a little differently.

1 Person to Person, Lindsay Gething



PART A UNIT TWO BUILDING POSITIVE RELATIONSHIPS

Key Points

- Friendships are different from the therapeutic relationships of staff caring for or supporting people with disabilities.
- Strategies for therapeutic relationships include providing safety, privacy, respect, and meaningful things to do; including people in decisions; and helping people learn how to make decisions.
- Most communication is through non-verbal body language.
- Non-verbal communication that promotes positive interactions includes looking at the person, smiling, facing the person, relaxed posture, medium voice tone and listening.
- Verbal communication that promotes positive interactions include using active listening – reflecting back what the person says; asking who, what, where and when questions.
- Behavioral ways that people communicate wants and needs.
- Respect is communicated by paying attention to people’s feelings, giving feedback without judging, using positive verbal, body language and active listening skills, making time to be with another person, and by finding out how the person defines respect.

Reading Questions

1. How is a friendship different from a therapeutic relationship?
2. What are some strategies for building a therapeutic relationship?
3. How is most communication achieved?
4. What are some strategies for positive verbal communications?
5. How do people communicate behaviorally?
6. How is respect communicated?

One of the most important parts of your job is working together with others in positive ways. Having positive relationships with people with disabilities will help you assist and support them. Having a positive relationship with co-workers or colleagues will help you get things done together. Because this is so important, it is useful to think about the whole idea of relationships.

Positive relationships with co-workers/colleagues

Your relationships with co-workers can range from close friendships to tolerance. No matter how you feel about your co-workers on a personal level, you must be



Think about it

How friendships & therapeutic relationships are different

Strategies for building positive relationships

able to communicate effectively with all of them in order to be successful in your work. You need to respect each other's abilities and understand your shared and independent responsibilities. You are part of a team.

Think about

Have you ever seen a co-worker getting angry at a person with disabilities? What happened? What did you do? What are some examples?

Positive relationships with people with disabilities

You are there to develop a *therapeutic relationship* with the people you are caring for or supporting. A therapeutic relationship is different from a social relationship or a friendship.

A friendship is informal. It does not have goals and is not necessarily aimed at problem solving. It is true that friends teach and help each other solve problems, but that is not the main reason for being together. Neither person gets paid to be in the relationship.

A therapeutic relationship aims to achieve goals and solve problems on behalf of one of the people. It has boundaries. It is absolutely critical that you maintain a professional relationship with the people with disabilities you are caring for or supporting. It is great to be friendly and share good times. It is *never* acceptable to cross the boundary of your professional role to become "one of the guys/gals." You are not there to share and get help with your problems.

Positive relationships with family or others important to the person

You can learn a lot from people's families and friends. In the best situation, these people are part of the team. Sometimes they may challenge what you are trying to do. Often they appreciate being part of the process. Listen to what they have to say. Share information.

Strategies for therapeutic relationships

- Make sure that the environment is as safe as possible. Make changes if someone has particular needs.
- Take the whole person into account. Remember, "people first." Everyone needs safety, privacy, respect and meaningful things to do.
- Help make and keep orderly routines. Make sure the people involved have a "say."



- Help people learn what they want and what they need to learn to lead independent lives.
- When a person is doing something that distances themselves from others, you need to consider why the person is doing that. What may be causing it? Is the person afraid? Does the person not understand that what he or she is doing is offensive? Does the person want to leave?

Communication

The way you talk, what you say and your body language are some of the main ways you communicate. Good communication leads to a good relationship.

Speech and language experts will tell you that a person learns to communicate by having others talk with them. *With* them, not *at* them. Giving orders or directions is talking *at* someone. Conversations, or talking *with* someone, are about sharing ideas, experiences and stories.

In your work role, people look to you to set a good example of behavior and to learn from you. The way you dress, talk and behave is important. You are seen as a role model for the ways others should behave.

Ways you communicate

Good communication is a two-way street. It is a process of give and take. Someone sends a message. Someone hears/sees/feels and responds back. Messages are sent and received in various ways:

- verbal messages – What you say; your tone of voice; how fast, slow, loud or soft.
- body language – Eye contact, posture, gestures and your facial expression.
- signing - The use of sign language; “talking” with the hands.
- augmentive - Use of machines to help people communicate.

Communication is more than talking

Most of what you communicate isn't what you say. Mostly you communicate through *body language*. Body language is your posture, eye contact, gestures and the expression on your face.

Most communication is through body language



Think about it

Think about it

Look through a window at an adult standing over a youngster in a chair. The adult is talking. He is leaning over the child. His eyes are squinted. His face muscles look tight. He is pointing his finger and stabbing the air with one hand while he talks. His other hand is on his hip. The youngster is sitting with head bowed. Get the picture? And you got it without hearing what is actually being said.

Communication cues

As well as communicating, you can figure out a lot by paying attention to other peoples' body language. On the next page there are some cues to look for:



	POSSIBLY POSITIVE CUES	POSSIBLY NEGATIVE CUES
EYES	Looking at the person Sustained eye contact Normal blink rate	Looking down or up Avoiding eye contact Rapid blink rate
HEAD	Turning towards person Turning towards the task	Turning away
FACE	Smile Relaxed facial muscles	Frowns, grimaces No expression
ARMS	Reaching out towards person Loose at side	Stiff at side Crossed
TORSO	Shoulders level/relaxed Back held straight	Shoulders stiff Back arched
MUSCLE TONE	Relaxed	Jerky movements
HANDS	Held open with fingers relaxed	Clenched fists Pointing
SPEECH	Soft voice tone Even speech pattern	Loud, boisterous Whining, threatening
OVERALL MOVEMENTS	Relaxed posture Even movements	Jerky Walking away



Why people communicate

People communicate, or try to, for a lot of reasons. Even a person who can't talk will communicate needs through manual signs, communication devices, and body language. People also communicate through changes in their behavior. You may need to develop good detective skills to figure out what the person is trying to "tell" you.

Some reasons for communication

- for attention – It is natural for you to want others to pay attention to you. (Unless you are about to be called on in class!)
- to get something you want – Think about how you let someone else know you are ready for lunch.
- to show what you like or don't like
- to show distress
- to avoid things that cause problems

Listening and feedback

Remember communication is a two-way street. You have to really listen to what someone says in order to respond properly. If the communication is not verbal, your "listening" is "seeing" what is going on.

Feedback is what you say and do in response to what you heard and saw. This is how you let the person know you were paying attention and how you keep the conversation going.

Communication skills

Look at the person

Look directly at the person while you are interacting. In our culture, this tells the person you respect them and are interested in what is going on. However, research shows that maintaining eye contact for over 7 seconds with someone of the opposite sex is considered being intimate with them. You will need to be knowledgeable about the person's culture.



Say or sign positive statements

This is very important. For some reason, it is more natural to wait to communicate when there is something bad to say – a criticism or correction, for example. You will need to train yourself to focus on good things and respond to them. Make sure that when you say positive things, that you mean it. Describe what you like about what the person has done. People with disabilities can be great observers of staff and can tell who is sincere and who isn't.

Examples of positive things to say are:

- “Hello” “Good morning/afternoon/night.”
- Using the person's name
- “It's good to see you. How are things going today?”
- “Thanks for your help.”

Examples of good things to comment on are:

- | | |
|--|--|
| -being on time | -talking about important issues |
| -following instructions | -pleasant facial expression |
| -starting a conversation | -quiet voice tone |
| -being clean, well-dressed | -taking medications properly |
| -observing personal space
of others | -using materials safely and
correctly |

Interaction guidelines

Interact with everyone in a group

During group activities, move from person to person frequently. Speak directly to each person. Everyone in the group deserves and needs attention.

Appropriate touch

A handshake, pat on the back, or placing your hand on someone's shoulder are all ways to let someone know that you are glad to see them or says something positive about them. It is very important to know the person. Some people do not like to be touched. Others may misinterpret the touch.

Respond quickly

Since a main goal of your work is to help people improve communication skills, this is important. Nothing shows respect and interest like responding quickly.



*Strategies for
positive verbal
communication*



Think about it

Humor

Find something funny to share with the person. Being able to find the same things funny can enrich your relationship and may be a good way to defuse tense or stressful moments. Of course, it's important to laugh with the person not at him/her.

Feedback guidelines

- Give feedback as soon as possible
- Describe exactly what you saw/heard
- Use "I" messages not "You" messages "I" messages tell what you thought, heard, felt. "I noticed." "I see." Statements like this tend not to upset others.
- "You" messages make assumptions about the other person. "You need" "You should." "You ought." Statements like this usually upset and inflame the other person. (Try telling a teenager, "You should..." and see how far you get!)
- Sandwich any negative feedback in between positive statements.
- Explain any consequences.
- Summarize feelings and attitudes

Think about

Do these examples follow the guidelines?

- "You've been working hard at learning to listen to others, but you interrupted Mary 3 times. I know you want to become a better listener and will keep trying."
- "When you talk all the time, the others seem to get irritated and avoid you."
- "You say you are not angry, but your face is red, your muscles are stiff, your fists are clenched."
- "Sounds like your father's visit was a very pleasant experience for you."



*Strategies for
positive verbal
communication*

*Strategies for
positive verbal
communication*

Say things in various ways – it helps to be specific. For example, “This kitchen looks great. You not only loaded the dishwasher, but scrubbed the counters and swept the floor. Great work!” There are many ways to say “Good job!”

“That’s nice!”

“Thank you very much!”

“Wow!”

“That’s great!”

“Much better!”

“You’ve got it!”

“Super!”

“Terrific!”

“Keep it up!”

“Great work!”

Use Active Listening

Listening well is an important part of being a good communicator. It is called “active” because good listening is more than just sitting there paying attention.

- Make yourself available and give the person plenty of time to respond -
“Whenever you want to talk, I’m available.”
- Give the person your undivided attention – look at the person, nod once in a while
- Arrange your surroundings so there are few distractions and interruptions
- Place yourself at the person’s level and use good eye contact
- Show real interest through voice tone, choice of words and other gestures
- Tactfully help the person focus on the main issue – “Is that what is bothering you?” “Are we getting off track?” “Your main concern is...”
- *Reflect* back what the person has just said. This lets you both know that you understood. – Reflect means to say the meaning back, not the same words. “Are you saying that...?” “Let me make sure I understand. You are saying...”
- Make sure you got the whole picture by asking “who, what, where and when” questions – “Who is it that...?” “What about that is upsetting you?” “Is that all the time or just at certain times?”

Respect, R-E-S-P-E-C-T

Aretha Franklin sings about it, effective caregivers do it – RESPECT others.

Respect is essential. It earns trust and respect in return. But it won’t work if it is tacked on at the end or sprinkled over the top of the ways you usually communicate. It can’t be halfhearted or faked. It must be totally integrated into how you think and act and come from a true appreciation of the strengths of



the people you serve. It is something you must strive to show in every interaction you have with others.

Try to learn how the person wants to be shown respect. For example, sitting on a person's bed or touching something treasured might be seen as disrespect to the person.

Showing Respect

- Learn about and appreciate the culture of the people you serve.
- Recognize the rights of the people you serve.
- Speak and act in ways that are free of bias or prejudice.
- Value and focus on the strengths of the people you serve.

Person-centered language

One way to show respect is to communicate honestly and openly and to use language that focuses on the *person* not the disability. The purpose of person-centered language is to avoid “disability speak” by focusing on the person, not the clinical issues. Person-centered language is not intended to sugarcoat or deny problems. It is intended to avoid the trap of dehumanizing people by labeling them and thinking of them in terms of problems.

*Ways to communicate
respect*

You can:

- use language that focuses on the person, not clinical labels and reputation
- always refer to people as people, not as disabilities (*people* with autism, a *person* with mental illness)
- avoid medical and other professional jargon



Try it

Try It

Rephrase each of the following into person-centered language.

Jason is a pedophile.- Allen is a quad. - Robert can't help it, he's retarded.



*Ways to communicate
respect*

You can also communicate respect by putting yourself in the other person's shoes and trying to "see through the eyes of another." It is one skill to become sensitive to the other person. This is called *empathy*. It is another skill to communicate this understanding back to the person. Showing empathy helps to develop trust and respect. It also helps the person feel cared about and accepted.

Strategies for showing empathy

- Learn to pay attention to how the other person feels. Do this by really paying attention to what they are communicating. Then give them feedback about what you have observed.
- Use positive verbal, body language and active listening skills.
- Reflect the person's feelings and needs back to them without passing judgement or being critical.
- Encourage the person to continue the conversation by saying things like "Go on, tell me more."

Having fun

How often have you seen challenging behavior when the person is having fun? When he/she is doing something that brings them joy? Help the person find interests that are fun, are meaningful and bring them in touch with others who share these interests. Take time to share a laugh with the person you are providing services for or supporting. Fun is contagious and can be an antidote to difficult behavior.



Communication roadblocks

Roadblocks are things that get in the way of people communicating positively with each other.

Some examples are:

NOT REALLY

LISTENING

Thinking about your own concerns

Thinking about what you are going to say

Assuming you know what the person is saying/means

Doing something else while the person is talking

BELITTLING THE PERSON'S FEELINGS

"I know how you feel."

"Everyone gets depressed at times."

GIVING UNASKED FOR ADVICE

"You need to stop worrying"

"What you should do is
-----"

"You shouldn't feel that way."

ARGUING WITH THE PERSON

"You are wrong."

"That's not true."

"No it isn't."

DEFENDING

"She is an excellent nurse."

"This facility is the best in the state."

"Your physician knows what he is doing."

ASKING WHY

"Why did you do that?"

GIVING FALSE ENCOURAGEMENT

"You'll feel better soon."

"You don't need to worry"

JUMPING TO CONCLUSIONS

"I know what's going on. I don't even have to ask."

USING NEGATIVE BODY LANGUAGE

Standing over a person who is sitting

Hands on hips, pointing a finger

Arms crossed over chest



PART A UNIT 3 DECISION MAKING AND PROBLEM SOLVING

Key Points

- Loss of control over decisions can cause feelings of fear, panic, frustration and insecurity. These feelings can lead to aggression, withdrawal, negative attention-seeking, manipulations and lack of cooperation.
- You can encourage decision making by offering hope and choices, avoiding confrontation, helping people make decisions, avoiding “orders” and giving positive feedback.
- You can empower people by teaching decision making and problem solving.

Reading Questions

1. How can loss of control over their lives affect the behavior of people with disabilities?
2. What kinds of feelings can be caused by loss of control over decisions?
3. What kinds of behaviors can be caused by negative feelings?
4. What are some strategies for encouraging and empowering people with disabilities to make their own decisions?

Losses

Loss of control over daily and long range decisions can affect a person receiving services. This is especially true of people living away from their own homes. Some examples of losses are:

- losing freedom of movement
- losing privacy
- losing dignity
- not being able to do things at the spur of the moment
- limits on personal possessions
- limits on access to family and friends
- not being able to meet the demands of everyday life on their own
- having to do what others say



Think about it

Some feelings based on loss of control over decisions

Some behaviors caused by negative feelings.

You might be thinking that you have limits on what you do too. The point is that we all are told what to do. We need to remember that people with disabilities have many limits on what they can do.

Think about

How would you feel if all your daily routines were set by others - your getting up, bed times, meal times and activities. Or how you would feel if you had to depend on others to help you dress, get from home to job, handle your finances, decide what friends you can see and when you can see them. What if you prefer a morning shower, but the program only allows them in the evening? What if you are expected to eat everything on your plate, but the program serves collards all the time and you hate collards?

When you have complete power and authority over others' daily lives, they do not learn how to make decisions, become independent and/or able to live life on their own. If adults are put in the position of being treated like children, then they can begin to think of themselves that way too. If children and adults do not have chances to decide some things, they may not learn how to make good decisions.

Feelings based on losses

Loss of power and control over their lives affects how people with disabilities feel about themselves and about how they act with others. Some feelings are:

- fear
- panic or the feeling of being smothered or trapped and unable to express feelings
- frustration
- insecurity/not knowing what is expected
- feeling bad about themselves (lowered self-esteem)

People feeling fear, panic, frustration, insecurity or bad about themselves have a hard time behaving in a positive way. In fact, it is a set up to behave poorly. Some examples of poor behavior are:

- aggression toward themselves or others
- withdrawal from others
- negative attention-seeking behaviors



- manipulative behavior – using shrewd or devious behaviors to get needs met
- being uncooperative

While these behaviors are bothersome to you, they also don't help the person engaging in them. You can help prevent this set up to behave poorly by helping people with disabilities to be “in charge” of what is happening to them.



Try it

Try it

Think about where and how you work with people with disabilities. Make a list of the decisions that are being made without the people themselves being involved. Look carefully at the list. Are there things that the people themselves can decide? Are there things that don't have to be done only one way? Could each person have some freedom to do them differently? Can you ask these questions of the people themselves?

One way to help people be in charge of their own lives is to encourage them to make decisions and face the consequences. (Luckily, some consequences are positive!) Of course, you are responsible for people's safety, so you have to step in if a decision becomes a safety issue. What do you think about people choosing their own clothes? Their own music? Their meals? Which activities they take part in? What they want their lives to be like?



Think about it

Think about it

Think about “bad decisions” you have made. Think about good ones. Which ones did you learn the most from?

Help the person have more control and choice in his/her life.

The simple act of asking the person what he/she wants not only teaches and supports that person learning to make choices, it also shows respect. Much of what we call challenging behavior comes from people feeling powerless. Just think about your own life and how you felt when you had no choice, no power to effect change, no voice in decisions made about you. Were you tempted to be “challenging” in your behavior? Is it really any different for people with disabilities? Teaching people to make choices, problem solve and negotiate for what they want in life

*Some strategies
for encouraging
& empowering
decision making*



*Some strategies
for encouraging
& empowering
decision making*



Think about it

*Some strategies
for encouraging
& empowering
decision making*

*Some strategies
for encouraging
& empowering
decision making.*

gives them skills to move forward in their lives. Without these skills people with disabilities resort to reacting in challenging ways to get their needs met.

Encourage decision-making

You can encourage decision making by:

- offering hope
- offering choices
- avoiding unnecessary confrontation
- helping people make their own decisions
- having a good reason for your “orders” or avoiding them altogether
- saying or doing something positive when the person makes decisions
- helping people problem solve

Think about

Helping people be in charge of themselves when they start to get upset. What could you say or do to help people be in charge of themselves when they start to get upset?

Teaching problem solving

You can teach problem solving. Help the person:

- state the problem; state what the person would like to have happen - say what he or she wants
- list options - explore ways to get what he or she wants
- evaluate the options – figure out possible consequences of each
- choose and do - choose what to do and act on that choice
- evaluate the action - look at the consequences of the actions

You can teach appropriate and useful interpersonal, social and self management skills. The key words here are *appropriate and useful*. Again, it’s a matter of the people with disabilities being in charge. What do they think is appropriate and useful? How can you find out? What makes sense for one person might not make sense for another.

It is important to always consider the whole person when providing services or supports. You must keep in mind how the person thinks, how the person



feels and how the person functions in life. You can teach people new ways to behave, but if they feel like failures, chances are they won't try the new stuff. They will slip back into their old ways.

The whole person

- thinks – The person has to know the new skill.
- feels - The person's feelings have to allow him or her to try, fail and try again.
- does - The person has to be able to actually perform the skill.



Think about it

Think about

Learning a new skill. Didn't you have to have enough self-confidence to try it out? To fail? To try again? For example, anyone new to a sport faces being picked last, messing up, losing the game for the team. How does the person keep coming back?

One way to encourage decision making is to let the other person know that you'll support them and help them stay safe even if they make some bad decisions. Talk about learning from our mistakes and ways to do things better.





PART A UNIT FOUR ASSESSING RISK FOR ESCALATING BEHAVIOR

Key Points

- Staff attitudes are important. It is important to look for behavioral cues that may indicate staff distress.
- You have a responsibility to do something if you see a co-worker contributing to a problem.
- Some people do well in life in spite of hardships or risk factors. Safeguards that protect people from the effects of risk factors are called protective factors.
- Attitudes, environmental and organizational factors can lead to aggressive behavior.
- Personal factors such as health and emotional problems can affect behavior.
- The more you know about the people you are working with, the more you can learn what to expect in a given situation.
- People often give cues when their feelings are escalating.

Reading Questions

1. What are some behavioral cues that may indicate staff distress?
2. What are some ways to respond if you see a co-worker acting inappropriately?
3. What are some risk factors that may get in the way of a person doing well in life?
4. What are some protective factors that may safeguard a person against the effects of risk factors?
5. What are some environmental factors that can lead to aggression?
6. How can physical and emotional health affect behavior?
7. What are some behavioral cues that may tell you that a person's feelings are escalating?



*Attitudes that
can lead to
aggression*

*Some behavioral
cues of staff
distress*



Think about it

Reasons for challenging or aggressive behaviors

People show distress through behavior escalation and aggression for a lot of reasons. One reason is the “fight or flight” response. Animals and humans are programmed to do one of these in times of crisis and fear. Families might teach that fighting is good; that only cowards talk or run away. If fighting has worked out in the past, a person will tend to fight again. If running away has worked out, the person will tend to run away.

Staff attitudes and behavior

The way staff members treat others is so important. What you do and say can help people stay calm or can contribute to behavioral escalation and aggression. Examples of things that tend to escalate behavior:

- ignoring people
- expecting absolute obedience to your authority (authoritarian)
- *telling* rather than *asking*
- giving unnecessary commands
- acting superior to the people with disabilities (condescending)
- making decisions *for* the person instead of *with* the person
- behaving aggressively (yelling, speaking loudly, being “in-the-face”, threatening, criticizing)
- teasing or picking – this may be OK with friends and family, but people with disabilities might not understand it or be hurt by it
- not following through – “don’t make promises you can’t keep”
- making unreasonable and unenforceable consequences
- interrupting something the person likes doing

Staff members know that they are not supposed to show anger. They may react by “stewing” instead. It is helpful to pay attention to how you and other staff members feel and to work to get past any distress with others. If you “sit on” your feelings, chances are that the feelings will show up later at the wrong time and in the wrong place. This is also true for people with disabilities.

Think about it

What should you do if you see another staff member acting inappropriately or in a way to cause more problems?



Ways to respond to inappropriate co-worker.



Think about it

Some risk factors.

You have ethical and legal issues to think about in this situation as well as loyalty to your co-workers. Legally, you are required to report abusive behavior. You will need to follow the law and your agency's procedures. You have a responsibility to see that people with disabilities are treated with respect and without harm, and your agency will hold you accountable for that.

If you notice that a co-worker seems to be having difficulty with others, you can set up a "buddy system" to help. That is, volunteer to work alongside the other person and be a role model. If you see something getting out of hand, you must step in to stop it and get the co-worker out of the situation. You can try to preserve dignity by suggesting a coffee break or that the person is needed elsewhere. Even if the situation did not include actual aggression, it would be helpful for you to sit down with the co-worker later to talk over what happened and how to avoid it in the future. In many cases, your supervisor needs to know what happened.

Think about it

If you are about to "lose your cool," what kind of help would you want from co-workers?

Risk and protective factors

Some people do well in life in spite of many hardships or risk factors. There are certain safeguards that protect people from the effects of risk factors and help the person in life. These safeguards are called *protective factors*. They are personal, family, relationship and environmental qualities that help people rise above problems.

People with disabilities have many risk factors to overcome. They include:

- alcohol and other drug abuse
- mental illnesses
- health problems
- mental retardation
- past history of violence
- poor communication skills
- poor support system



*Some risk &
protective
factors*

A lot of times, people providing services focus on those risk factors or problems, It can help more to focus on adding protective factors. These are the things that can keep a person going in a positive direction in spite of risk factors. Below are some examples of risk and protective factors.

RISK FACTORS

Personal Characteristics

Premature birth
“Difficult” temperament
Fetal drug/alcohol exposure
Shy temperament
Developmental delays
Neurological impairment
Low IQ (below 70)
Chronic medical disorder
Substance abuse
Mental illness
Mental retardation

Family/Environmental Conditions

Long-term absence of caregiver
Poor infant attachment to mother
Siblings within two years
Parent with substance abuse,
mental disorders, criminality
Family on public assistance or
living in poverty
Separation/divorce
Large family, five or more
children
Frequent moves
Witness to extreme conflict or
violence
Removal from home
Substantiated neglect
Physical abuse
Sexual abuse
Negative relationship with
parent(s)/caretaker

PROTECTIVE FACTORS

Personal Characteristics

Sense of responsibility
Problem solving abilities
Reading skills
Good self esteem
A feeling of control over one’s life
Planning for future events
Optimism about the future
Being successful at something
Good social and interpersonal skills
Able to leave conflict behind
Able to look for support from others

Family/Environmental Conditions

Positive parent-child attachment/
interactions
Good parenting
Structure and rules in the person’s home
Responsibilities for everyone in the
home
Good family/household coping skills
Positive expectations for the person’s
future
Strong extended or surrogate family
network
Strong friends network
Participating in outside activities
Good school/work experiences
Responsibilities outside the home



Try it

Try It

List some things in your life that have helped you overcome difficulties.

- personal
- family
- relationships
- environmental

Focusing on protective factors or strengths is not easy. If you look closely, though, and learn about the person, most likely you will find qualities or characteristics in that person's life that you can build on together. Ask questions like: "Does this person have a special ability such as drawing, music, poetry writing?" If so, is there some way to focus on that ability? "Is this person friendly and sociable?" If so, can he or she join a group, show someone around, volunteer somewhere? A person who has had to live on the streets has developed coping skills in order to survive. "Can the person use those skills to lead a more satisfying life?"

Rather than focusing on the deficits/deficiencies of the person, focus on the gifts(strengths, resources and interests) the person has. Oddly enough, sometimes deficiencies can also be gifts. For example "being stubborn" can be a good thing when it means the person is "holding fast" to an idea, belief or activity. This applies to people with disabilities too. When you try to discover, enhance and communicate the gifts a person has, you are also building self-esteem.



Think about it

Think about it

Think about times it is important to "hold fast" to an idea (political leaders), belief (practice of faith) or activity (jobs, sports, community involvement).

Sometimes people learn that the only time they will get what they want is when they become aggressive. It is "the squeaky wheel" idea carried to the extreme. Your job is to make sure that people have other opportunities to make their wants and desires known. They need to learn that they can get what they need when they act in positive ways rather than aggressive or harmful ones.



Environmental and organizational factors that can lead to aggression.



Think about it

Ask too about ways to add protective factors in a person's life.

- “What would help this person re-gain a sense of control over his or her life?”
- “What needs to happen so that this person can take on some responsibilities as a member of a community?”
- “What supports might this person's family or friends need to assist?”

Environmental Factors

The environment is an important consideration when looking for stressors on a person with a disability. How the person with disabilities manages time, space and the resources of the environment can impact on that person's relationship with you.

Think about it

What are some of the things in the environment that you have seen that distress people?

Time

Time of day may influence how someone reacts. For example, late in the day the person may be tired and less able to deal with stress. Others may not do well in the morning.

Times for transition is an important consideration. Some people have difficulty going from highly physical activities to quiet ones. The opposite is also a problem for others. Going from quiet activities to highly physical ones can cause the person to become upset. How many of you can jump out of bed and start vacuuming the house?

Some people may need more time to decide how they want to respond to something. When they don't get the time, they can become distressed.



*Environmental
and organizational
factors that can
lead to aggression.*

Weather

Weather can affect the way a person acts or reacts. Everyone knows about feeling *down* during dreary weather. Some people have actual depression based on the weather.

Temperature is another known factor that can contribute to agitation. Studies show that 94 degrees seems to be the most stressful temperature. Below 94 degrees people are just hot and sticky and above 94 degrees, sluggishness can set in. Major riots in the Watts section of Los Angeles and in Chicago took place when the temperature rose to 94.

Storms have been known to raise anxiety. Lightning storms can be very frightening to some people. People have been known to hide in bed, not answer telephones, and refuse to go to the bathroom. Survivors of tornadoes and hurricanes often report anxiety attacks when storm warnings are announced.

Space

Furniture can promote interaction or privacy. Crowded settings may upset people's sense of personal space. The more upset the person is, the more space he/she may need. Ever heard, "get out of my face?"

If someone is used to small spaces and then are surrounded by lots of room, they may feel exposed and abandoned.

Furniture can become barriers to movement in both positive and negative ways. Positively it can break up a large space and can also keep people from wandering. Negatively, furniture can prevent people from moving around freely, can be in the way if situations escalate and can be used as a weapon.



Environmental and organizational factors that can lead to aggression.

Resources

Resources such as TV's, radios, stereos and electronic games can cause distress to people. This is particularly true when several of these devices are used at the same time. If you have raised teenagers, you know the volume level they might like is very different from what most adults like. Using these things can be soothing to some individuals. Soft music, an intriguing movie or TV show or an electronic game can help the person screen out stressors. However, they can add to noise levels and agitation in the environment. Things like telephones, beepers and intercom systems can cause problems too.

Organizational factors

People with disabilities receive services and supports through agencies. Some agencies provide periodic (day) services while others provide *wrap around 24-7* services and supports. The agency's organizational culture can influence the lives of people being served. Here are some ways an organization's culture affects people with disabilities.

Laws, rules standards, policies and procedures regulate agencies

In order to stay in business, agencies must make sure regulations are being met. At times there may be conflict between what makes sense for the person with a disability and what makes sense for the agency. For example, regulations may direct the agency to have a nutritionist plan healthy meals that promote proper weight. However, the person with disabilities may love pizza, burgers and milkshakes and hate green vegetables. If he/she is 15 pounds overweight and could care less about a diet, this could be a conflict between the wants of the person and the agency's compliance to a regulation.

Documentation

Another issue is the amount of time you spend on documentation and scheduling. There are progress notes, log notes, medical record documentation, requisition forms, special authorizations for travel and the list goes on. You and others may feel that you spend more time filling out forms and writing notes than spending time with the people you are hired to serve. Along with the documentation is the issue of schedules. There are staff schedules, activity schedules, scheduling visits to doctors and therapists and others. What hap-



pens in an organization and to people being served when log notes are not done or a schedule gets messed up? The organizational pressure to keep your documentation and schedules up-to-date puts pressure on you to put those things first. Conflicts with the people who need you are bound to arise.



Think about it

Think about it

How might your agency's approach to these or other issues of conflict with individual needs or the agendas of people served?

- making a profit (cost effectiveness)
- liability
- communication
- confidentiality
- staffing patterns



Think about it

Think about it

Going to your doctor. Did you have to wait long? Did the person behind the desk keep you standing there while she did something else? Did you have to fill out forms again? Were the magazines over a year old? Were the sick people waiting with the well people? Were the chairs uncomfortable? Was the exam room too cold? Did you have to wait there too? If you answered yes to these questions, your doctor's office personality is not good.

Personal Factors

Physical

- Physiological/Biological Risk Factors
 - Hormone imbalance
 - Hypoglycemia (low blood sugar)
 - Thyroid imbalance
 - Premenstrual syndrome
 - Developmental Disabilities

Physical & emotional factors that can lead to aggression



- Brain chemistry - There are chemicals in the brain that are important for the regulation of emotions. Some people have too much or not enough of these chemicals and are more prone to be aggressive. Some medications affect the level of these “brain chemicals
- Drug/alcohol abuse - Alcohol, cocaine, and stimulants tend to lower a person’s ability to deal with stress and self-control. This may lead to aggressive/violent behavior when the person gets angry. Nicotine dependence may also lead to irritability when nicotine is not available.
- Physical ailments and illness
 - Pain from medical procedures or injuries
 - Changes in brain functioning (stroke, brain syndromes, seizures, advanced HIV)
 - Fear or anger linked to having a terminal or incapacitating disease.
 - Constipation
- Diet may effect mood and behavior.
 - Diets high in refined sugar may “jazz” people up (controversial)
 - Caffeine – may give energy; withdrawal may cause physical symptoms
 - Food allergies, intolerance, and dislikes - people may be irritable or uncomfortable after eating foods that they are allergic to, dislike or are intolerant of.
- Medications - some medications can cause irritability.

Physical & emotional factors that can lead to aggression.

Emotional

Some psychiatric diagnoses and symptoms can have increased aggressive and violent behaviors associated with them.

- Hallucinations/delusions - false thoughts or voices that the person is in danger and needs to protect him/herself by striking out
- Post-Traumatic Stress Disorder: perception that current condition is similar to a traumatic one.
- Personality Disorders (particularly borderline and antisocial) – people with these issues tend to put their wants and needs ahead of others. They may have no feelings for others.
- Psychotic brain syndromes
- Alcohol or other drug intoxication – thinking is clouded by the drug. People may show poor responses to others and make poor decisions.



Assessing cues for escalating behavior

The more you know about the people you are working with, the more you can learn what to expect in a given situation. That helps you “head off” trouble. This goes for staff as well as people with disabilities. Anyone’s buttons can get pushed. Some things to pay attention to are:

*Behavioral cues
for escalating
behavior.*

Physical appearance

Turning red
Clenching fists
Staring
Biting or trembling lips
Walking in circles or pacing
Breathing shallowly and fast
(hyperventilating)
Stomping feet
Crying

Body language

Poor eye contact
Listless posture, withdrawal
Excessive body movements
Angry facial expressions

Speech

Talking loudly
Cursing
Talking excessively about unusual topics
Threatening
Teasing others
Criticizing, complaining
 about situations, people, etc
Soft, flat voice
Not talking at all
Refusing to do things
Name calling
Not responding when spoken to

Property abuse

Slamming doors
Beating or hitting things with an object
Turning over chairs
Throwing objects (magazines, keys, clothes, papers)





PART A UNIT 5 EARLY CRISIS INTERVENTION

Key Points

- Use of a non-threatening stance and personal space are ways your body language can help calm another person
- Voice tone and volume, giving reassurance, getting the facts and being clear are verbal ways to help calm another person
- Monitoring yourself, cued responses, on-the-spot problem solving, positive reinforcement, scheduling, arranging the environment, re-direction and facing natural consequences can help reduce aggression

Reading Questions

1. How can the use of a non-threatening stance and personal space be ways your body language can help calm another person?
2. How are voice tone and volume, giving reassurance, getting the facts, and being clear ways to help calm another person?
3. How do monitoring yourself, cued responses, on-the-spot problem solving, positive reinforcement, scheduling, arranging the environment, re-direction and facing natural consequences help reduce aggression?

Sometimes, in spite of everyone's best efforts, people's behavior can begin to escalate or worsen. Even at this point, your goal is to avoid an escalation and to avoid a confrontation. It is still not too late to try some strategies aimed at helping people cool off and calm down. Always look for ways for everyone to gracefully back down or leave. Saving face can be very important to someone who feels he/she hasn't got much else.

Communication skills

Earlier, you read and thought about general good communication skills. Now take those skills a step farther to think about how to help calm a person who is getting upset.



*Some verbal
strategies for
calming a person*



Think about it

*Some body
language
strategies for
calming a person*

What you say

- Use a low tone of voice – it is calming, and the other person will have to be quiet to hear you
- Give reassurance – tell the person that you are not there to hurt him/her but want to help him/her to get what’s wanted if possible. Ask how you can help.
- Use “I” messages
- Ask what, when, how questions - Getting the facts is usually seen as a good thing. However, it can shut down the other person. (Think about this interaction with a teenager: “Where were you?” “Out” “What were you doing?” “Nothing.”) Don’t ask why. In the first place, asking why can be seen as threatening. In the second place, a lot of the time, people really don’t know why they are doing what they’re doing. You can work on the “why” later.
- Be clear up front about any rules in the situation – such as that you cannot let them hurt themselves or anyone else, how much time you can stay with the person and/or that you can’t promise not to tell others
- Let the other person do most of the talking - ask questions to clarify if needed.
- At the end of the encounter - summarize what each of you has agreed to do and what information will be shared. Say something positive. (“You seem to be calmer now.” “Thanks for talking with me.” “You did a good job of thinking this through.”)

Think about

What would you like someone to say to you if you were obviously upset about something?

Body language or “how you say it”

- Use a non-threatening body stance - relaxed, arms down at side and not crossed or on hips and hands open.
- Give the person space. Keep about 1½ -2 feet away or more if the person is escalating.
- Touch the person only if you have to. If you must touch them, tell the person what you are going to do.



Monitoring yourself

Monitoring yourself

You can do a self-check. If you recognize that what you're doing might be making the stressful situation worse, walk away from it. This is difficult to learn, and, of course, you must not compromise safety.

Cued response

Cued response

You or a co-worker plan ahead with the person with disabilities to give him or her a "heads up" that they are beginning to get pulled into a stressful/conflict laden situation. The "heads up" may be something as simple as a physical signal or even a calm reminder that the person may want to take a break.

On-the-spot problem solving

On-the-spot problem solving

The person with disabilities will use a previously learned skill to identify a stressful situation. Then on their own or with someone's (yours or a co-worker's) help they will analyze the situation to decide what is the best thing to do.

Positive reinforcement

Positive Reinforcement

For most people this phrase brings up mental pictures of giving M & M's for good work done. The reality is that most of our lives are built around some type of positive reinforcement or pay off. Things like paychecks, vacations and saving up to buy something are all examples of positive reinforcement. Developing a system that rewards a person for not engaging in stressful or conflict-laden behavior can be a very effective way to support them through difficult periods. It can also be somewhat tricky to do in your program's environment. People with disabilities may learn not to share with you what's important to them for fear that you will take it away and make them work for it.

Scheduling

Scheduling

There are times that crisis situations happen because the wrong people are together in the wrong place at the wrong time. You should always be aware of this possibility. If you see it, you should work with the people involved to find ways to avoid having it happen on a regular basis. This does not mean that people in conflict should simply be separated or given different schedules



and told to avoid one another forever.

Part of truly resolving conflict or crisis behavior is helping the people involved in the conflict learn to move beyond the conflict as much as they possibly can. This may mean you begin by scheduling them apart so that they can better learn about the conflict and their role in it. Then you can support them as they work through their differences.

Arrange the environment

Crowding, level of noise, level of light and placement of furniture are all factors that may contribute to development of a crisis situation. Your awareness of this, as well as input from people receiving services, can help avoid problems.

If you are talking together, choose a safe, quiet place. The place should not be isolated, and you should tell someone where you are going.

Re-direction

If a person starts to do something hurtful or harmful that should not be ignored, interrupt the behavior by asking the person to do something else. You may need to help the person get started on the new activity. Say something positive about the person's new activities.

Depending on the person, you may want to suggest an activity that will use up some of the energy the person has created. The best activities use large movements and are safe, age appropriate, and non-competitive. Suggestions are walking, running, riding a stationary bike and shooting hoops.

Natural Consequences

Each of us is aware that to drive through town at 85 miles per hour will get a specific response from the police. And the judge will see to it that we face certain consequences. (like losing our driver's license!) Facing consequences for unacceptable behavior is routine in our society.

The team working with a person can identify certain behaviors that are felt to

Arranging the environment

Re-direction

Natural consequences



be serious enough to call for consequences if they are shown. The consequences need to fit the act – that’s the “natural” part. Staying out too late can mean a curfew. Poor grades in school can mean more study time at home and loss of time with the computer or TV. Inability to get along with others can mean more supervision.

Remember that people with disabilities may have already experienced many losses in their lives. They may not have much in material possessions and in control of what happens to them. Because of this, they may react poorly when things are taken away. In that case, natural consequences may not teach what you are trying to teach.

Try it

You are in a room with a group of people talking among themselves. One of them suddenly jumps up and pushes a chair over. Loud words are exchanged, but you can’t hear what is being said. The person moves to the window and stares outside. The person’s arms are crossed. He is tapping his foot. His body is tense. What do you know about this person? What would you say? What body language would you use? What would you do about the environment?

It is extremely important to understand that each of the approaches to early intervention described here carries with it a lot of responsibility for each staff member involved in the intervention. Consistency, good clear communication and proper documentation are just three of your “responsibilities” that must be in place. You should not simply decide to do “something” about a problem without involving others. The options described above all require you and the person with disabilities to clearly analyze the problem.

Perhaps one of your greatest resources for help is the one often least talked about. Even if you work in the smallest agency in North Carolina one on one with a person in services, you are still supported by an extensive treatment team. Early in this training we said that you are part of a team and this is a good time to say it again. You are part of a team!



Try it



