



Training Your Caregiver: Dealing with Difficult Behaviors

Behaviors are methods of communicating that we use to convey our emotions, needs, and thoughts at any given time. Each of us has difficult days when our needs aren't met or things just don't go our way. We may grumble or sound off to a friend, but we can often find a way to deal with or adapt to the situation. However, homebound veterans are often coping with challenges that far exceed typical day-to-day gripes. As a result, some may lash out at others in negative ways, even if those individuals are just trying to provide care and support.

Regardless of how the homebound veteran's behavior may appear to you, it is often a mechanism to help alleviate stress or gain some semblance of control over very difficult circumstances. Your task is to protect the distressed client, yourself, and others from harm, and help your individual find his or her personal strength to cope in a more productive manner.

A homebound veteran is often considered "difficult" when his or her actions affect the caregiver's ability to provide necessary care, or when he or she becomes aggressive, hostile, or defiant toward others. Difficult behaviors may be caused by an individual's illness (e.g. dementia), long-standing behavioral patterns, medication, dehydration, or personal distress. Declining independence, loss of personal control, and worries about being a burden can be other sources of stress for a homebound veteran.

Getting to the root of difficult behaviors

Our lives are filled with relationships, places, events, and decisions that validate and provide us with purpose. Homebound veterans have reached a point in their lives that many find frightening and difficult to reconcile – especially when they are dealing with the physical and emotional symptoms relating to their illness or disability. A veteran could become overwhelmed by such challenges which may result in lashing out at others, withdrawing, or refusing to eat or care for him/herself. In addition to coping with his/her condition the homebound veteran may be struggling with other challenges, including:

- **Fear of loss.** If a veteran has already experienced a major loss, such as a significant other, this could affect the way he/she approaches the day. If meals were marked by sharing news and the day's happenings with a spouse, the veteran might lose his/her appetite or forget to eat. If the veteran always woke up with someone at his/her side, waking up alone can be devastating.
- **Changes in living spaces.** Veterans may interpret changes made in their environment for better care delivery (e.g moving of furniture or addition of clunky medical equipment) as signifiers of the control and autonomy they have lost. Alternatively, if they have had to move recently from their home to a new place (with or without family), they may struggle with the foreign setting altogether.
- **Loss of employment or regular social engagements.** When the veteran becomes homebound and is no longer well enough to work or attend regular social engagements, he/she may miss the meaningful interactions and relationships formed in these settings. For many, the ability to work or maintain a busy schedule creates value, and the veteran who no longer has an active role in the occupational or social realm may feel that others don't respect their input or relate to them as well.
- **Loss of function to perform simple tasks.** Most of us take for granted our ability to perform the basic but essential tasks that let us maintain our preferred lifestyle, such as walking, getting in and out of bed, driving a car and hearing easily. Many of our veterans lose the ability to perform some or all of these actions, which can further diminish their sense of control or purpose.

Besides contending with these losses, homebound veterans may be experiencing other emotions that compel them to resist when a caregiver tries to provide care, such as:

- **Embarrassment.** Many homebound veterans are accustomed to and remember when they were able to manage their own hygiene and care needs independently, so it can be embarrassing to ask for help with these tasks.

- **Diminished control.** We all strive to maintain our independence and right to carry out our own choices over the course of our lives. When changes in health diminish an individual's ability to exercise this control, he/she may experience feelings of frustration, mistrust, and isolation.
- **Modesty.** Many older veterans grew up in an era when personal privacy was guarded and few people were allowed to see or touch personal areas. Today, a lot of these cultural norms still exist. For example, a spouse may kiss or touch an individual intimately or a child might sit on his/her lap. But while friends often shake hands or offer hugs, they generally don't search someone else's underwear drawer, sit with him/her in the bathroom, or help him/her cleanup – yet, these are often tasks that a home caregiver provides.
- **Lack of understanding.** Sometimes there are breaches in understanding between the caregiver and the veteran. While the phrase "I need to clean you up" may seem simple and straightforward to a seasoned caregiver, a veteran might not realize that this process involves getting a pan of water for bathing. Be sure to explain requests and needs to your veteran clearly and with sufficient detail to encourage them to reciprocate the practice and curb instances of resistance out of fear or confusion.
- **Lack of recognition of the caregiver's role.** Veterans with dementia or other conditions that affect their memories (TBI, Parkinson's disease, PTSD) may confuse their caregivers with their grandchildren or other familiar individuals who were never responsible for providing care. Consequently, a caregiver should make sure to identify him/herself before delivering care services so the veteran is aware of and receptive of the caregiver role.

Helping Your Clients Overcome Difficult Behavior

Identifying the root of difficult behaviors, though essential for helping your veteran access improved coping strategies, is not enough. Caregivers must also be equipped to effectively handle the many personalities, cultures, and needs that accompany and shape enactments of difficult behaviors on a daily basis.

However, regardless of these differences in personality and circumstances, many veterans who demonstrate difficult behaviors are feeling afraid, confused, or insecure about their declining health and increasing reliance on others. Consequently, they need patience, attention, and support.

Not only is taking action to understand and defuse difficult behaviors incredibly important for helping veterans find more effective ways of coming to terms with challenges, it is vital to reducing the risk of adverse outcomes. If others enable the veteran to continue to use difficult behaviors these actions may:

- Hurt the veteran or others;
- Exacerbate painful or uncomfortable symptoms (e.g pain or shortness of breath);
- Alienate the very people the veteran needs for support;
- Create an atmosphere of fear, anxiety, chaos; and
- Prevent the caregiver and other support persons/family members from providing important care, food, or medication.

To ensure these dangerous effects do not come to pass, and to improve the quality of life and care for your veteran, you may wish to incorporate the following strategies for curbing difficult behaviors into your daily routine.

Demonstrate Strong Communication Skills

- Use simple verbal and physical cues when communicating with your veteran. For example, look into the veteran's eyes when speaking to help focus the veteran's attention. Touch your glasses when asking "Where are your glasses?"
- Eliminate distractions such as noises or movement from the room before attempting to guide your veteran through a task.
- Adopt a calm, yet inviting voice, demeanor, and approach when interacting with your veteran client. He/she can be very attuned to – and will sometimes mirror – their caregiver's physical and mental state.

Practice Prevention

- Try to identify the factor(s) that trigger your veteran's adverse behaviors. For example, your veteran is not comfortable with his oxygen tank and may become very upset when the tubing gets caught in the legs of the chair.
- Supply missing words for the veteran if he/she gets lost in the conversation to reduce frustration.
- Ask one single, clear question at a time. For a veteran who struggles to communicate, consider replacing open-ended questions with ones that provide distinct choices. This will allow them control without becoming overwhelmed or frustrated. For example, instead of asking, "What do you want to wear today?" You should try asking, "Do you want to wear the red shirt or the blue shirt?"
- Use positive phrasing. Instead of saying, "Don't go outside." You should say "Maybe we can do something inside."

Act Strategically in Adverse Situations

- Do not rush blindly into adverse situations, especially when they involve physical violence. Stay at a safe distance while you determine what is happening and what is the best way to help.
- Call the aggressor by his or her name to get the veteran's attention. Use a firm and controlled voice. Do not scream or move too abruptly. This could seem threatening and might make the problem worse.
- If two people are involved in the situation, separate them by calmly asking the victim to sit down or take the aggressor to another room to talk.
- Ask the aggressor to sit down so the two of you can talk. Remain at eye level. If he/she does not sit down, you should remain standing as well. However, do not remain standing if the aggressor sits down as this can be viewed as authoritarian.
- In a calm voice, make objective observations and ask questions to help you understand what triggered the adverse situation. For example, you may say, "You seem upset today. What

would make it better?” Ensure your words are void of judgement, accusations, or argumentative tone.

- Report the situation to the designated representative, other workers, and emergency contact family members. If none are available, report the situation to the Veterans Options Counselor. Tell them about possible triggers to avoid and reinforcers that can be used to help the homebound veteran reduce or eliminate difficult behaviors. Discuss how you handled the situation and whether there are alternatives or additional strategies you can use in the event another situation arises.

Despite the considerable hurdles that can exist when caring for the homebound veteran who demonstrates difficult behaviors, caregivers can greatly improve the life of these veterans and their loved ones. This can be done by displaying confidence in your skill and understanding how to adopt new and positive approaches to defuse tense situations.

Finding ways to increase desirable behaviors and decrease adverse ones can create a better, safer environment for all those who play a role in the veteran home-bound community.

This training was adapted for VDHCB/VD-Respite Caregivers by the Central Texas Center for Caregiver Excellence from HCP Pro CNA Training Advisor Volume 13, Issue No. 4 and used by permission.

Exam Follows on Next Page



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Employee Name: _____

Date: _____

Mark the correct response:

1. Combative behavior is sometimes used by the homebound veteran as a mechanism to help them feel in control.
 - a. True.
 - b. False.

2. Which of the following is a common trigger of difficult behavior in the client?
 - a. Cockiness.
 - b. Embarrassment
 - c. Fear of Loss
 - d. Both b and c.

3. If left unchallenged, a client's difficult behaviors could:
 - a. Help him/her cope with stress productively.
 - b. Prevent the caregiver from providing care.
 - c. Alleviate painful symptoms.
 - d. Foster a warm, inviting atmosphere.

4. Which of the following is an example of strong communication skills?
 - a. Using complex verbal and physical cues to keep them on their toes.
 - b. When guiding a veteran through a task, increase the noise level in the room to energize the individual.
 - c. Use simple verbal and physical cues when communicating with your veteran.
 - d. Act grumpy and standoffish when you are having a bad day to get the veteran to ask you what is wrong.

5. Mr. Smith is upset and pacing back and forth in the room. When the caregiver comes in to help him dress for an outing, he becomes resistant. What is the most likely reason for him behaving this way?
 - a. He is an unreasonable man.
 - b. He is always angry.
 - c. He does not like to follow directions.
 - d. He is upset about losing his ability to dress himself without help.

6. Yelling at a distressed veteran is the best way to get him/her to listen.
 - a. True.
 - b. False.

7. Mr. Martin has trouble communicating but needs a bath. You want him to feel included in his care, so a good way to do this is say, "Mr. Martin, do you want to take your bath now or after breakfast?"
 - a. True.
 - b. False.

8. You are caring for a veteran who is hard-of-hearing and is agitated. You should:
 - a. Yell so he/she can hear the instructions.
 - b. Speak in a slow, calm, and reassuring manner.

9. A homebound veteran is very angry and you are afraid that he/she is about to hit a family member. The best way to start defusing the situation is to:
- a. Run at full tilt, jump in between them and pry them apart.
 - b. In a firm, controlled voice, call the aggressor by name to get his/her attention.
10. Which of these is ***NOT*** a productive strategy for caregivers to use when trying to prevent or defuse difficult behaviors demonstrated by their veteran?
- a. Use negative phrasing when interacting with the veteran client.
 - b. Identify themselves to their veteran client and describing their role before providing services.
 - c. Explaining requests to the veteran client clearly and with sufficient detail.

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCBS
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail



Consumer Directed Services
Management and Training of Service Provider

Service Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Name of Individual Receiving Services	Program	Services Delivered
Name of Consumer Directed Services Employer		

I. Purpose

Initial Orientation Ongoing Training

Evaluation

30-Day 3-Month 6-Month Annual Other _____

Supervision

Verbal Warning: First Second Third Other _____

Written Warning: First Second Third Other _____

Conflict Resolution Other _____

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: *(Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)*

Training Your Caregiver: Dealing with Difficult Behaviors from the VDHCBS website (ctadvrc.org) with attached test.

III. Documentation of Abuse, Neglect and Exploitation Training: *(Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)*

IV. Evaluation/Performance Review:

V. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan: _____

VI. Service Provider Comments:

 Signature of Service Provider Date

This document has been reviewed with the service provider listed above.

_____ Date _____ Signature of Witness _____ Date

Date sent to FMSA: _____

Date received by FMSA: _____