Communication and Behavior Management Skills for Special Needs Clients

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Communication
Communication and behavior management skills are two of the tools needed for caregivers to be successful. Many of the problems that occur are the direct result of people failing to communicate effectively. It leads to confusion and can cause a good plan to fail. Communication is the exchange and flow of information and ideas from one person to another. It involves a sender transmitting an idea to a receiver. Effective communication occurs only if the receiver understands the exact information or idea that the sender intended to convey. Learning how to effectively communicate takes time and practice. The communication techniques that may work for two clients with the same medical condition may be totally different. You may have to try many different techniques until you reach the one that works. But don't give up, it is worth the effort when you can communicate effectively with your client and meet their needs. The skills you develop will not only help you in communication with your clients, family members, social workers, medical providers, supervisors and coworkers, but with those you interact with in every day life.

To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others.

— Tony Robbins
Difficult People
Being a caregiver is a people-oriented business. Every caregiver spends a lot of time every day with people: coworkers, clients, family members, other medical providers and visitors. Getting along with people is part of your job. And, let’s face it...sometimes, it’s the hardest part of your job! It’s natural to get along better with some people than with others. For example, certain people rub you the wrong way. Others seem unhappy with you no matter what you do. And still others seem to take pleasure in giving you a hard time. In return, you may feel like these people are being difficult. But what do we mean exactly when we say that someone is “difficult”?

Understanding Why People Are Difficult
You could use words like: demanding, rude, critical, sarcastic, uncooperative and argumentative as describing a difficult person. We are all individuals with our own personalities, likes and dislikes, personal habits and ways of communicating. But, some of us seem to have trouble getting along with other people. There are many reasons for this. Remember that “difficult” people may be experiencing pain, recovering from stress or tragedy, suffering from an illness, dealing with a disability, feeling lonely or depressed or taking medications that cause them to act differently than normal.

Tips For Working With Difficult People
Since you spend so much time with your clients, their negative behavior is often directed at you. Try hard not to take their comments or behaviors personally! Also, remember these tips:

- When you work with people who have given you trouble in the past, try to start fresh every day. Forget about what happened yesterday, last week or last month.
- Tell your clients what you are going to do before you do it. This decreases the chance that they will react negatively.
- Remember that old “rule” about counting to ten? It really does work. The next time you feel angry or upset with a client or coworker, breathe slowly and count to ten — before you speak. You’ll feel better about the way you handle the situation.
- Don’t allow other people to control your moods. If you do, you are giving them tremendous power over you. So, if you’re in a good mood, don’t let someone else’s grouchiness bring you down.
- Try hard not to overreact when dealing with a difficult person. Ask yourself, “Is this issue really worth making a big deal about or will it look completely different tomorrow?”
- If you work with adult clients, be sure to treat them like adults. If you treat them like children, they may behave that way!
- Remember that when people are being difficult, it’s usually because they want your attention, are afraid, feel insecure, lack confidence or feel like their lives are out of control.

Think of your most “difficult” client. Would you want to trade places with that person, even for a day?
Combative and Violent Clients
Some of your clients may be difficult because they tend to be combative or violent. So, working with difficult people can be more than a communication issue — it can be a safety issue!

To help prevent workplace violence, the federal government’s Occupational Safety and Health Administration (OSHA) has developed guidelines such as, every workplace must have a zero-tolerance policy for any violence or threats of violence against employees, and employees can’t be punished for reporting incidents regardless of whether they involve a client or a coworker. Thus, it is important to report all incidents to your supervisor immediately.

Keep in mind that the following conditions may cause or contribute to violent behavior:

- **Chronic Obstructive Pulmonary Disease (COPD).** This lung disease may prevent the brain from getting enough oxygen. This can make people anxious and agitated.
- **Stroke.** After a stroke, there may be some damage to the brain that causes a change in your client’s personality.
- **Urinary Tract Infection.** Believe it or not, an infection in or near the bladder can cause confusion and agitation.
- **Pain.** When clients are in a lot of pain, they may become frustrated very easily and may lash out at those around them.
- **Dementia & Alzheimer’s Disease.** While violence is not a frequent symptom, if it does develop, it’s usually in the middle stages of the disease. (And, this middle stage can last for years.)
- **Brain tumor.** When there is an abnormal growth in the brain, it can cause personality changes.
- **Substance abuse.** If clients are under the influence of drugs or alcohol, they may be combative or violent.
- **Depression.** When people are depressed, they may not be thinking straight and may get frustrated easily.

Patient Rights vs. Your Safety
You’ve probably heard that the needs and rights of your clients come first. And they do! However, you have rights, too. That includes the right to a safe and healthy work environment. It’s good to be prepared for the possibility that some of your clients may be combative or violent. But that doesn’t mean that you have to put up with being abused, day after day. Contact your supervisor immediately if you feel that a client may be dangerous or that your rights have been violated.

*Always Remember To:*
1. Keep your clients safe — even if they are being combative.
2. Guard your own safety and peace of mind.
Pain

What Is Pain?
A sensation that hurts, causing discomfort, distress or even agony. It is an uncomfortable feeling that tells you something may be wrong in your body. A message that travels between the brain and nerve cells throughout the body and can be difficult to define because the sensation is different for each individual. It is not a normal part of aging.

Types Of Pain
There are two main types of pain: acute and chronic. Pain is considered acute when it is temporary, lasting for a few hours or, at most, up to six months. Pain is considered chronic when it is long term, lasting for six months or more.

Pains That Should Be Taken Seriously
- An Intense Headache. While headaches have many causes, elderly clients who complain of a serious headache may be experiencing a brain disorder such as a stroke or an aneurysm.
- Chest Pain. Elderly people are at risk for heart disease and pneumonia, both of which can cause chest pain. If the pain is cardiac in nature, it may radiate to the throat, the jaw, the left arm or the abdomen.
- Severe Abdominal Pain. Elderly people who take narcotics for pain are at risk of developing constipation. If the problem is severe, it can lead to impacted stool and/or a bowel obstruction.
- Burning Feet or Legs. As people age, their risk of developing type 2 diabetes increases. And, nearly one-third of people with diabetes don’t know they have the disease! For some people, neuropathic pain, such as a burning feeling in the feet or legs, can be the first sign of diabetes.

The Complications Of Pain
- Immobility, which puts elderly people at risk for pressure sores, constipation and pneumonia.
- Depression, which may cause seniors to feel hopeless and overwhelmed.
- A lack of interest in eating or drinking, which can quickly lead to dehydration and malnutrition.
- Disturbed sleep patterns, which can cause fatigue and an inability to function during the day.
- Physical and emotional suffering.

Working With Seniors Who Are In Pain
- Listen to your clients for the many different words that might indicate pain.
- If clients tell you that they are in pain, believe them! Often, when elderly people feel that others doubt their pain, they stop talking about it. This can keep their pain from being properly treated.
- Remember that your clients’ pain and stiffness may be worse when they first wake up in the morning. If so, ask them what you can do to make them more comfortable, and allow them plenty of time to get their muscles and joints moving before breakfast.
- Keep an eye out for specific events that trigger a client’s pain such as, weather changes, hot or cold temperatures, too much or too little activity, staying in one position too long, performing a repetitive motion or eating certain foods.
Depression
Depression is a disease, not just away of feeling. Everyone feels “blue” now and again, but those feelings of sadness go away. Depression is different. It is an illness that comes from a chemical imbalance in the brain. People who are diagnosed with depression have an illness that affects their whole body, including their thoughts, feelings, behavior, physical health, appearance and daily activities.

What Depression Is Not
- A blue mood that lasts a few days and then goes away.
- Something people can “shake off” if they put their minds to it.
- A sign of weakness.
- A normal part of getting older.
- An excuse to be lazy.
- A sign of a lack of character or courage.
- A choice people make because they just can’t get their lives together.
- Something to be ashamed of.
- A sign that someone is “crazy.”
- Something that should be ignored.
- Hopeless.

Symptoms Of Depression
In order for a doctor to make a diagnosis of depression, someone must have a feeling of continuing sadness and hopelessness that lasts for at least two weeks. They must also have at least four of the following symptoms:
- Weight loss, from a poor appetite and not caring about food.
- Weight gain, from eating too much because of feeling depressed.
- Problems with sleeping, either too much or too little.
- Extreme fatigue and irritability.
- Withdrawal from friends and family.
- Lack of interest in activities that used to be fun.
- Loss of sex drive.
- Poor self-image, not caring about getting dressed or washing their hair.
- Difficulty in concentrating.
- Having ideas about suicide.
- Negative thoughts.
- Reduced concentration.
- Guilt and low self esteem.
Communicating With Depressed Clients
When you are talking to a client who has depression, keep in mind that your client suffers from an illness, not just a bad mood. For example, you wouldn’t say to a client with diabetes, “If you would only smile more, your diabetes would go away.” That’s ridiculous. We know that smiling does not cure diabetes. Well, smiling doesn’t cure depression either. Or, if your client has cancer, you wouldn’t say, “You have it so good! Why aren’t you happy?” It’s the same with depression. It’s an illness, not a choice that someone makes to be unhappy.

Being a good listener can help your clients express their feelings. Don’t try to “fix” your clients who are depressed. You can’t take on their problems or become their therapist. However, you can try to understand them and provide comfort with your presence and your words. Don’t tell them that you know how they feel. You probably don’t. Avoid being extra cheerful around depressed people. But, don’t take on their sad mood either. Just be yourself, and remain pleasantly professional at all times. There is a thin line between being supportive and being overly protective. Too much concern can feed into demands for too much attention.

Things That Might Be Helpful To Say To A Depressed Client Include:
- I care about you.
- You are not alone.
- Do you want a hug?
- I’m sorry you are in so much pain.
- Only you can really understand what you are feeling, but I am here with you.
- You are important to me.
- This is what helped me. Maybe it can help you.

Things That Would Not Be Helpful To Say To A Depressed Client Include:
- What’s your problem?
- Snap out of it.
- It’s all in your mind.
- Why don’t you count your blessings instead of whining.
- I’ve got more problems than you do!
- Stop feeling so sorry for yourself.
- Cheer up!
- Everybody has a bad day now and then.
- Just don’t think about it.
- Believe me. I know how you feel. I was depressed once for a few days.
Working With Depressed Clients

Keep in mind that many of your clients may feel depressed occasionally. It’s normal to feel “blue” at times, especially during times of sickness or after surgery. This does not mean that they have a depressive disease. Remember that to diagnose depression, doctors look at the whole picture. But, never ignore clients who show signs of depression. Be on the lookout for changes in their daily activities, as well as their moods, and report any changes to your supervisor immediately.

When clients suffer from depression, their daily lives are affected. Even ordinary activities like bathing, dressing, mouth care and ambulating can be a challenge. You may find that your depressed clients are unwilling to do anything for themselves, so you end up taking a more active role in their personal care. Be patient, but continue to encourage your clients to participate in their care. Performing too many tasks for your client can bring greater dependency on you and also guilt in your client over being indebted to someone else. Encourage as much structure as possible in your client’s day. Doing activities that they enjoy can go a long way in relieving depression. Depressed clients tend to focus on their physical complaints. They may talk about every ache or pain, and their complaints may be exaggerated. While this might seem like whining to you, remember that it is part of the disease. Listen to what they are telling you and be sure to report any new or changed problems.

Depressed clients may sometimes take out their frustration by lashing out at caregivers. You should try not to take it personally. Keep a professional attitude and a pleasant demeanor toward your clients. Be sure to report if your depressed clients are sleeping and eating better, showing interest in activities, and enjoying friends and family. They may be getting better.
Dementia
What exactly is dementia? It is a slow, progressive loss of mental functions, including memory, thinking, judgment and the ability to learn. Dementia is not considered a disease by itself. Rather, it is a syndrome—or group of symptoms—that can be caused by many different diseases. The symptoms of dementia are often severe enough to keep people from performing normal daily activities. It’s true that the brain changes as people get older. But these normal age-related changes, such as a decrease in both short-term memory and the ability to learn, do not affect a person’s ability to function. Dementia does.

Causes Of Dementia
- Diseases that affect the nerve cells in the brain, including multiple sclerosis, Alzheimer’s, Parkinson’s, Huntington’s and Pick’s diseases.
- Vascular disorders such as stroke.
- Toxic reactions from excessive alcohol or drug use.
- Brain tumors.
- A lack of specific nutrients in the diet, such as vitamin B12 and folate.
- Infections that affect the brain and spinal cord, such as AIDS and Creutzfeldt-Jakob disease.
- Certain types of hydrocephalus, which is an accumulation of fluid in the brain.
- Head injuries or radiation therapy to the head.
- Cardiac arrest.
- Chronic illnesses of the kidneys, liver, and lungs.

Currently, there is no single test that can diagnose dementia. To help them make a diagnosis of dementia, physicians will:
- Perform a thorough physical examination and complete a variety of mental status tests.
- Look for the signs and symptoms of dementia.
- Try to rule out all the conditions that mimic dementia. This may involve ordering blood work and/or other tests such as CT or MRI scans.

The Ten Warning Signs of Dementia
1. Memory loss.
2. Problems performing everyday jobs.
3. Difficulty with language.
4. Confusion about time and place.
5. Poor or impaired judgment.
6. Problems with abstract thinking.
7. Misplacing items.
8. Changes in mood or behavior.
10. A loss of initiative.
What Are The Symptoms Of Dementia?

There are three main stages of dementia: early, moderate and severe. Each has its own set of symptoms.

People in the *early* stage of dementia may show signs of a gradual decline, such as:
- Becoming more forgetful of details or recent events.
- Misplacing objects frequently.
- Losing interest in hobbies or activities.
- Being unwilling to try new things.
- Showing poor judgment and making poor decisions.
- Taking longer to do routine tasks.
- Repeating themselves during conversations.
- Having trouble handling money.
- Blaming other people for “stealing” from them.

During the *moderate* stage of dementia, the problems become more obvious, such as:
- Being very forgetful of recent events.
- Becoming confused about time and place.
- Getting lost in familiar surroundings.
- Forgetting names of friends or family members.
- Seeing or hearing things that are not there.
- Neglecting personal hygiene.
- Forgetting to eat.
- Behaving inappropriately, such as going outside without clothes.
- Wandering.

People who have *severe* dementia are in the third stage and need total care. Their symptoms may include:
- Being unable to remember things, even for a few minutes.
- Losing their ability to understand or use speech.
- Being incontinent.
- Showing no recognition of family or friends.
- Needing help with all their personal care.
- Being restless, especially at night.
- Becoming aggressive or combative.
- Having difficulty walking.
Working With Someone Who Has Dementia

Focus on strengths! Most types of dementia cause an inevitable decline of a person’s memory, intellect and personality. However, this usually occurs only in the middle to late stages. During the early stage of dementia, it is especially important to focus on the person’s remaining strengths and not on what they are losing. For most people with dementia, the things they learned most recently are the most easily forgotten. Allow your clients to focus on what they do remember.

The following communication and behavior management guidelines become especially important in the middle to late stages of dementia. However, many may be appropriate during the early stage of the disease also.

- Encourage your dementia clients to use any eyeglasses that have been prescribed for them. Poor vision can increase their confusion and frustration and also puts them at a higher risk for falls.
- Make sure the client’s living area is well lit to reduce confusion and accidents.
- Post pictures or signs as clues to help your clients find their way around. Sometimes clients with dementia forget where the bathroom is. You might try taping a brightly colored sign with a picture of a toilet to the bathroom door.
- The majority of people with dementia are likely to wander at some point. Make sure you are with them at all times.
- When people with dementia get confused or frightened, they may become irritable, uncooperative or upset. Try to keep the environment calm and peaceful. Turn off any TV or loud music before beginning personal care.
- Provide assistance with personal care as needed, but allow your clients as much independence as possible. Dementia clients may forget to brush their teeth on Wednesday, for example, but remember on Friday. Be patient and flexible.
- Make sure dementia clients are dressed appropriately for the weather. Guard against cold air. It’s best to limit clothing choices for people with dementia. Asking “What would you like to wear today?” may cause confusion. Rather, break down dressing into small individual directions. Don’t say “Get dressed now.” Instead, say “Put on your shirt…. Good. Now, put on your pants.” And so on.
- Stick to a regular routine of trips to the bathroom. Every 90 minutes is usually good. Watch dementia clients for signs that they have to urinate such as restlessness, pulling at a zipper or pulling down their pants.
- Be gentle with clients who have “accidents”. They can’t help it! Assist them to get clean and dry as soon as possible.
- Encourage your dementia clients to get some regular exercise everyday. Even helping to bathe themselves and getting dressed is a little bit of exercise. Assisting them to walk may help them get rid of excess tension and anxiety.
- If possible, stick to the routine the person had before developing dementia. For example, if your client was used to showering in the morning, try to continue that routine.
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Meeting The Emotional Needs Of Dementia Clients
- Listen to dementia clients when they talk about their feelings. Let them know you understand they feel bad about the changes in their lives.
- Be on the look out for signs of depression in your dementia clients. Depression is common among individuals with dementia and can make them feel restless or exhausted, have no appetite or sleep too much.
- Inappropriate sexual behavior can also be a part of dementia that you should remain alert for. In such situations, diverting the client’s attention to a different topic can lead them back to more appropriate behavior.
- Often, the most comforting thing to dementia clients is to stick to familiar routines. The repetitive behavior common to people with dementia can come from their brain being “stuck” on a certain task or idea. It can also come from an emotional upset.
- Your dementia clients may become upset or over-stimulated by a cluttered environment. Keep their living area neat and free from clutter.
- At night, total darkness may scare or confuse your client. Try using a nightlight.
- Dementia clients can become frustrated very easily. Don’t present them with multiple alternatives if they tend to become confused or agitated by having to choose.
- Treat your dementia clients as people. Don’t talk about a client as if he weren’t in the room. Assume that your client can understand every word you say. And, be sure to talk to them even if they can’t talk back to you.
- Individuals with dementia live in a scary world that becomes less familiar every day. You might be the most familiar person to them each day, and they might shadow or follow you around. While this can sometimes be unnerving, try to be patient. Remember how lost the client may feel without you.
- Some dementia clients become cranky or irritable. They might say things to you that hurt your feelings. Try not to take it personally. Remember that dementia clients are not trying to drive you crazy! Changes in emotions and behavior are part of the disease.
- If you are feeling stressed or irritable, your mood can easily rub off on someone with dementia. Try to stay calm and positive; your client will probably “mirror” your good mood.
- Encourage your dementia clients, but don’t push them. Try to help them have pleasant moments throughout each day.

Communicating With Dementia Clients
- Approach dementia clients from the front. Don’t speak to them suddenly from behind or you might startle them.
- Keep your voice low and unhurried. Use simple, everyday words, but don’t use “baby talk.”
- Be sure to identify yourself, and don’t be offended if they don’t remember you from day to day.
- Ask one “yes” or “no” question at a time. Repeat the question using the same words if the client doesn’t answer you.
- Give dementia clients plenty of time to respond to you without interrupting. In some cases, it can take up to one minute for their brains to process each sentence you say to them.
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**Communicating With Dementia Clients (cont.)**
- Remember that dementia clients will often copy your actions. If you smile, they will smile. If you frown or get angry, so will they!
- Try writing a simple note if your words are not understood or the client keeps asking the same question over and over.
- Be sure to let dementia clients know what you are doing — one step at a time.
- Don’t talk in terms of time. For example, say “We’ll take a walk after lunch,” not “We’ll take a walk in one hour.” People with dementia often lose their sense of time.
- Try using nonverbal communication such as touching or pointing to help your client understand what you are saying.
- Don’t scold or criticize dementia clients for not cooperating with you. They are the victims of a serious disease which can limit their ability to cooperate with others the way they once were able to.
- Listen to your dementia clients with both your ears and your eyes! Your client’s body language may be telling you something.
- Be sure to call your clients by name and be respectful, saying things like “thank you”, “please”, “yes, ma’am” or “no, sir”. This helps them feel like the healthy adults they once were.
- Communication with people who have dementia can be very challenging. It can also be frustrating and tiring. Keep in mind that dementia clients may have trouble telling you what they need or want, may not understand what you are telling them, get ideas stuck in their minds causing them to repeat the same sentence over and over, and may forget how to have a “normal” conversation.
- Praise your dementia clients. They need to hear positive words.
- Look your dementia clients in the eyes when you speak to them… and don’t forget to smile!

**Hearing Impaired**

Use these helpful and practical tips for communicating with a client who is hearing impaired.
- Before speaking, get the client’s attention with a wave of the hand or a gentle tap on the shoulder.
- Face the client and do not turn away while speaking.
- Try to converse in a well-lit area.
- Do not cover your mouth while speaking or chew gum.
- Minimize background noise and other distractions whenever possible.
- Speak slowly and distinctly.
- Use gestures and facial expressions to reinforce what you are saying.
- Use visual aids when possible, such as pointing to an object or document.
- Use a note pad and write the information clearly.
- Talk at a normal rate, or slightly slower if you speak very fast.
- Only one person should speak at one time.
- Use short and simple sentences.
Vision Impaired

- Use these helpful and practical tips for communicating with a client who is visually impaired.
- If you are entering a room of a client who is visually impaired, verbally announce your arrival and who you are as well as your purpose for being there.
- Tell the person if you are leaving or if someone else has entered the room.
- Allow the client to use your arm for guidance.
- Ask if there are things you can do to help such as, increasing the light or describing where things are located.
- Get your client’s attention before touching them. Touching a client lets them know you are listening.
- Allow them to touch you.
- Explain what you are doing before you do and get the client’s approval. Do not assume they understand what you are doing.
- Leave things where they are unless the client asks you to move something for them.
- Encourage independence whenever possible.

At PCHS, we care about each and everyone of our clients and our employees. By working together and customizing our approach and plan of care to specifically meet our client’s needs we can provide the independence and quality of care that they desire. If you have questions about your clients special needs, contact your supervisor.
1. True or False
Strokes, urinary infections and pain can all cause clients to be combative.

2. True or False
Your personal safety is just as important as your client’s safety.

3. True or False
Many elderly people believe that pain is “normal” for their age.

4. True or False
You are doing your depressed client a favor by telling them to cheer up and stop feeling sorry for themselves.

5. True or False
Dementia is a contagious disease which is treated with antibiotics.

6. True or False
Giving dementia clients step-by-step instructions is the best way to assist them in performing a task.

7. True or False
You should avoid making eye contact with dementia clients as it frightens them.

8. True or False
When you work with people who have given you trouble in the past, try to start fresh every day. Forget about what happened yesterday, last week or last month.

9. Pains that should be taken seriously are:
   A. An Intense Headache.
   B. Chest Pain.
   C. Severe Abdominal Pain.
   D. Burning Feet or Legs.
   E. All of the above.

10. Some things that might be helpful to say to a depressed client include:
    A. I care about you.
    B. What’s your problem?
    C. Snap out of it.
    D. It’s all in your mind.
    E. All of the above.
11. What exactly is dementia?
   A. It is a slow, progressive loss of mental functions, including memory, thinking, judgment and the ability to learn.
   B. A neurological condition that does not appear until around 40 years of age.
   C. The same as Alzheimer's.
   D. All of the above.

12. Which is a type of dementia?
   A. Meningitis.
   B. Pick’s Disease.
   C. Flatulence.
   D. Influenza.

13. What is a warning sign of dementia?
   A. Problems performing everyday tasks.
   B. Confusion about time and place.
   C. Changes in personality.
   D. Problems with abstract thinking.
   E. All of the above.

14. To help clients with dementia remember where the bathroom is, you can:
   A. Remind them regularly.
   B. Speak in a loud voice when telling them where the bathroom is.
   C. Tape a picture of a toilet to the bathroom door.
   D. All of the above.

15. Before speaking with a client who is hearing impaired, it is important to get the client’s attention with a wave of your __________ or a gentle tap on their _____________.

Pass or Fail: ____________________  Instructor’s Name: ____________________

Supervisors Signature: ____________________________________________________

*Copy to be placed in employee file.