The challenge

Challenging behaviour in health and social care

A series of blog posts by Stuart Sorensen

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"I'm always interested to know just what people mean when they dismiss a person's actions as 'just behavioural'. Actually I'd be interested to know of any action that isn't behavioural."

About the author

Stuart Sorensen's background is mental health nursing and as such he has a wealth of direct experience of working with people suffering from all forms of mental health problems. From early voluntary work with elderly people as a teenager to unregistered care assistant posts and then clinical practice as a qualified nurse Stuart has a real understanding of the issues faced by workers at all levels on a daily basis.

Stuart qualified as a nurse in the West Midlands in 1995 and gained his post graduate diploma in Psychosocial Interventions (PSI) from Sunderland University in 2003. His wealth of practical experience allows Stuart to engage with a variety of service-users and learners/participants in training that has the feel of reality about it rather than the 'ivory tower' type of presentation that comes from merely reading a book.

Stuart is passionate about recovery from mental disorders and much of his clinical and training work has been based around helping people to recover from serious mental disorders such as schizophrenia. He is particularly interested in ways of ensuring that vulnerable service-users are protected whilst still retaining the right to make decisions. Stuart also has a long-standing interest in dementia care and the way that workers and others can contribute to maintaining quality of life, choice and positive experiences for people throughout.

As a trainer Stuart is keen to help staff 'at the coalface' to find a balance between the conflicting (and seemingly impossible) rights of workers, carers and service-users. Based upon his years of experience as a nurse and clinical specialist Stuart's work (both clinically and when delivering training) is both practical and 'to the point' but still with an eye to the theoretical understanding that guides good practice. He understands the difficulties and dilemmas facing workers on the front line because he faces them too.

Stuart has extensive experience of delivering many aspects of training around care provision and human/civil rights including training around Balancing Rights and Responsibilities, the Mental Capacity Act and the Deprivation of Liberty Safeguards, Person-centred Planning and Maintaining Therapeutic Relationships, particularly in relation to Challenging Behaviour. He is also very experienced in delivering training on topics such as Introduction to Mental disorder, Safeguarding of Vulnerable Adults (SOVA), specialist training on mental health related issues and Deliberate Self Harm.

Stuart is very well versed in the principles of therapeutic risk and enabling activities that carry the risk of harm having written and delivered training nationwide on Risk Appreciation to mixed groups of inspectors from both the Health & Safety Executive (HSE) and the now defunct Commission for Social Care Inspection (CSCI). He has worked extensively for various county and borough councils and also provided training on safeguarding and on mental capacity and related legislation on behalf of both the UK and Scottish governments.

This series of posts began online here:

http://stuartsorensen.wordpress.com/2010/05/20/the-challenge-1-contents/

The Challenge 1: Contents

As previously this series will build into a sort of mini EBook on the topic and will be available in PDF format once it's completed. Hopefully it'll be just as popular as the preceding ones on ***'Emotional Management'*** and ***'Deliberate Self Harm/Borderline Personality Disorder'*** have been and indeed continue to be.

The contents list for 'The Challenge' will probably change as it develops but at least the following is a broad outline if nothing else:

The Challenge – contents list

- ***Introductory questionnaire;***
- ***What is Challenging Behaviour;***
- ***Theories of behaviour and interaction;***
- ***Different types of Challenging Behaviours;***
- ***Philosophy regarding challenging behaviour – rights, paternalism and intervention – people are just people***
- ***Assertiveness – as opposed to aggression, passivity and passive-aggression;***
- ***Assessing behaviour – ABC, the Pleasure Principle, lessons from research;***
- ***Basic behavioural management – classical and operant conditioning, reinforcement, gradual progression;***
- ***Boundaries and the escalation or recession of inappropriate behaviours;***
- ***The importance of the whole team approach;***
- ***The problem with punishment;***
- ***Specific strategies;***
- ***Expectations***.

Feel free to pass this pdf file on to anyone you think might be interested.

Cheers,

Stuart Sorensen

The Challenge 2: Introductory questionnaire

In training sessions on Challenging Behaviour I often use the following questionnaire to get people to focus their thoughts on the topic from the start. The idea is that they split into small groups and try to agree on their answers which usually gets discussion going right from the outset.

You may well be alone as you read this but even so just spend a moment or two answering these questions for yourself. This will 'get your head into gear' for the information to come.

No	Question	True	False
1	It is possible to control the behaviour of other people		
2	It is the worker's responsibility to prevent people from behaving inappropriately		
3	If the behaviour isn't criminal then it's not challenging behaviour anyway		
4	It's not up to social care workers to deal with people who present challenging behaviour		
5	People have no control over their behaviour – it's just a response to circumstances		
6	People have enormous control over their behaviours		
7	People who do bad things are bad people		
8	Peoples' emotions are caused by what happens to them		
9	What a person thinks determines the way that they will behave		
10	Challenging Behaviour is a form of attention-seeking		
11	Actions have consequence – and this is how people learn to change their behaviours		
12	When people present challenging behaviour it's best to punish them to make them stop		
13	Punishing people to change their behaviour doesn't work		
14	Forgiveness is the key to changing a person's behaviour		
15	Everybody presents challenging behaviour (including me)		

The Challenge 3: What is challenging behaviour?

There are many different definitions of challenging behaviour. Some rely upon long lists of activities and behaviours that society sees as unacceptable. Others attempt to define the concept philosophically by referring to the works of ethical or moral authorities, sometimes dating back thousands of years. Throughout this series we shall use a fairly simple definition.

Challenging behaviour is a combination of two criteria:

1. ***Behaviour that we don't like;***
2. ***Behaviour that we think we need to respond to.***

According to this definition both criteria must be met before we can say that the behaviour is challenging. For example, someone somewhere has been attacked within the last thirty seconds (a statistical certainty). I am not challenged by that because I am not in a position to respond to it. Therefore the behaviour is merely something I disapprove of but it is not actually challenging to me because there is nothing for me to do about it.

It's important to get the sense of this definition clearly in mind before we go any further with this topic. Much of what people think of as challenging behaviour is not really challenging at all. We don't have to respond in every case. Arguably, if we do respond and try to prevent people from doing things that they have a perfect right to do then the truly challenging behaviour is our own – not that of the service-user. Disagreeing with the care staff is not necessarily a challenging behaviour – it's just a choice.

One of the most common problems among health and social care workers is the assumption that they have to 'deal with' behaviours that they do not personally agree with. This isn't always true and by adopting a more flexible approach to the choices of service-users we can avoid many of the conflicts that make this work so difficult in practice.

Another important theme throughout will be the rights of the worker to be free from abuse, assault or harassment. The law in UK, in particular the Health & Safety at Work Act (1974), is very clear on the responsibility we all have to keep ourselves safe and the need for proper assessment of risk in order to ensure the safety of the service-user but also that of the worker and the person's other carers or relatives. We'll also consider ways to strike a realistic and reasonable balance between the needs of all concerned and the rights of all people to be safe and free from abuse.

The Challenge 4: Theories of behaviour and interaction

One problem workers often face when dealing with challenging behaviour is their confusion as they attempt to bring together conflicting theories and use them in the workplace. This is especially true if different workers try to apply different theories to the same service-user's care. This handout gives a very brief overview of the main theories.

Behavioural

Behaviourism is based upon the work of behavioural psychologists such as Pavlov and Skinner. The basic premise is that people do not really have as much choice over their behaviour as most of us would like to think. The idea is that, in common with other animals, we tend to respond in predictable ways to the things that happen to us.

Behavioural approaches to challenging behaviour tend to focus on changing the stimuli (what happens to people) as a way to make them behave differently.

Cognitive

Cognitive theories hold that people have enormous control over their actions but only if they first learn to control their thoughts (cognitions). This approach works with the person's thoughts, attitudes, beliefs and values to try to make them think differently and therefore act differently.

Cognitive-Behavioural

A highly successful model for changing all sorts of behaviours and many forms of emotional distress is the cognitive-behavioural model. As the name suggests it combines the above models to attack problems.

In Cognitive Behavioural approaches people are encouraged to understand the choices they have regarding both their thoughts (which can be chosen and changed) and their behaviours as well as the way that these choices control their circumstances.

By altering both thoughts and behaviours people can dramatically change their mood, their circumstances and their quality of life in a surprisingly short time.

Psychodynamic/Psychoanalytic

Based upon the work of Freud and Jung among others this approach is interested in the way that unconscious symbols affect feelings and behaviours. This approach can be controversial because there is less scientific evidence for it than for other approaches. However, psychoanalysts argue that psychotherapy isn't really suitable for the sort of research most academics rely upon.

Whether it works or not the approach takes a high degree of training to operate and does tend to assume that the service-user already wants to engage and work with the therapist. For that reason it's not all that accessible to most social care workers.

Transactional analysis (TA)

This is based upon the work of Eric Berne and Thomas Harris. Many people think of TA as a more practical application of the psychodynamic theories outlined above.

Essentially it takes the three 'ego states' of 'Id', 'Ego' and 'Super Ego' identified by Freud and relates them to the roles of 'Child', 'Adult' and 'Parent'. The idea is that different

roles produce different behaviours. The aim in most social care situations should be to strive for 'Adult – Adult' conversations/interactions. In this way people can think independently whilst still being 'reasonable' in their thoughts and behaviours.

Pulling it all together

The simple advice here is not to try. Choose one approach and use it consistently throughout the team. Remember also the limits of your role and only try to do what is reasonably possible.

For the majority of teams the psychodynamic approaches (including Transactional analysis) will not be suitable. This is not because team members will not be clever enough to understand them but because they require extensive training first. That's not to do with ability - it's to do with the availability of suitable education.

So most teams will probably be well advised to focus upon the behaviourist approaches. For that reason we will concentrate primarily upon behaviourism in this blog series.

You may not always be able to prevent someone from behaving in challenging ways with others but you can ensure that they don't do it to you. Sometimes we need to rely upon others to solve difficulties. For example, people who know what they're doing may well be best dealt with by the police if their behaviour breaks the law, especially if they are abusing others in some way.
It is also worth bearing in mind that no matter how hard you try you will never be able to control other people's behaviour.

All that any of us can control is our own behaviour.

The trick is for us as workers to behave in ways that make it more likely that others will behave appropriately.

The Challenge 5: Different types of challenging behaviour

Different types of challenging behaviour require different types of approaches. This is one of the most fundamental principles of challenging behaviour work and yet it is overlooked with alarming regularity. Just as with other challenges we come across in life, behavioural regimes and strategies are most effective when we take the trouble to understand the problem before we begin work on the solution.

In the broadest sense behaviours can be divided into two basic categories:

- Behaviours that harm the individual;
- Behaviours that harm other people.

Of course some behaviours will fall into both these categories so it's not quite so simple as all that but this way of thinking does, at least provide us with a starting place. Let's look at these categories in turn.

Behaviours that harm the individual

For those of us who work in health and social care it can be very distressing and frustrating to see our service-users undermine their health, their social situation or their state of mind. At times like these there is a temptation to intervene and simply try to prevent the behaviour. Of course sometimes this is appropriate and necessary, for example if the service-user appears to be actively suicidal, but not always. Often there is a judgement to be made between potential damage or harm and the benefit of experience that will help the service-user to learn from their mistake. Everyone learns best from consequence and it's not necessarily helpful to shield people from the consequences of their actions. The more we intervene and prevent people from making mistakes the less they grow and develop in our care.

This might seem like a simple point to make but it's also a fundamental principle that goers to the very heart of health and social care work.

If we accept that our job is to help people to be all that they can be and in most cases to grow beyond the need for our help then we must also help them to learn how to cope without us. They need the skills and understanding necessary to survive in the 'real world'. It's our job to help them to develop these skills before they leave us. After all, there's no point expecting them to survive outside our care if we haven't helped them to prepare, to take a few (managed) risks, and to learn how to deal with disappointment too.

Part of that preparation, that development is to learn how to take responsibility, understanding that actions have consequences and that in the 'real world' we all have to face them. We do our service-users no favours by teaching them that they don't need to face the consequences of their actions.

This is why, for example, a service-user who damages property should be given a bill. This is why the resident who sulks and refuses to come down for dinner should go hungry (provided that there's no physical or psychiatric reason behind the refusal). People learn from the consequences of their actions and it is not the job of social care staff to prevent that learning process from happening.

So when the challenging behaviour is detrimental to the service-user themselves the first decision to be made is whether to intervene at all. If you do intervene it should be because the risk of harm to the individual is greater than the benefit of them learning

from their experience. Often a debrief after a mistake is much more productive than intervening to avoid the mistake in the first place.

I'm assuming that, before we even begin to consider behaviours as challenging the normal process of discussion and 'advice' (always something to be cautious about)has been followed and the service-user has not responded to that.

This is why most of the time we focus very little of our attention on the challenging behaviour itself. Much more time and effort should go into the debrief and the process of encouraging behaviours we want to maintain rather than trying to discourage behaviours that we want to reduce. Generally speaking the more that we focus upon a behaviour the more it recurs anyway so only intervene if you have to.

Remember that our duty of care doesn't ask us to prevent the development of coping skills and independence – only to assess and manage the risks associated with that growth so far as is reasonable and lawful.

Behaviours that harm other people

Sometimes the harm, or risk of harm, affects others and in these circumstances it is necessary to intervene. Service-users don't have the right to hurt others, no matter how much they might learn from the experience.

If, for example you heard of an assault you must take reasonable steps to try to prevent it. If necessary and appropriate call the police or other outside agencies as needed. If an offence has occurred then always report it to the police. That's part of learning from experience too. Never fall into the trap of being too 'understanding' in these situations. Compassion is important but naivety is not. Shielding a person from consequence teaches them the wrong lesson – it teaches them that there are no consequences and that tends to encourage both more frequent and more serious challenging behaviour. Do you really want your service-users to believe that it's OK top hit you or your clients? If you don't then let them face the consequences of their actions while they're still at the shouting stage.

A few months ago I blogged about Ronald Dixon who stabbed Ashleigh Ewing to death in Tyneside.

http://stuartsorensen.wordpress.com/2010/02/02/ashleigh-ewing-and-ron-dixon-beauty-and-the-beast/

During that entry I made the following point:

"We know that challenging behaviour, including violent behaviour, escalates if left unchecked. We know that some people are dangerous and that they tend to become increasingly violent so long as they continue to 'get away with it'. So the obvious solution is to 'nip violence in the bud', thus preventing it from escalating.

So if you work with people, be they mentally disordered or not, ask yourself this:

Do you ever excuse their hostility because you 'understand', because they're ill, because they have anger 'issues' or they've been through such a lot of trauma in their early lives etc etc?

If so please understand that the more you excuse the behaviour the worse it will get. People learn through consequence – you did, from an early age. That's why you're able to hold down a job. You learned to behave appropriately in society by experiencing negative consequences when you transgressed. That's why as parents we 'ground' our children for example – it teaches them 'the rules'. We do people no favours by pretending that violence and aggression is acceptable.

Ashleigh Ewing isn't the only victim here. Ron Dixon is a victim too. When we make excuses for our service-users we make it harder for them to learn how to behave in society and then we wonder why they behave inappropriately and even sometimes criminally."

It's easy to see how Ronald Dixon got to that point when we consider how many times other people shielded him from consequence.

So when others are at risk intervene, do what is necessary to manage those risks without focussing more than is needed on the behaviour itself and always encourage more appropriate alternatives.

The Challenge 6: Do we need help?

In the last entry we considered two types of challenging behaviour – those that affect the individual and those that impact upon others. Today we'll take a slightly different perspective and look at two more possibilities:

- Behaviours that we can cope with;
- Behaviours that are beyond our ability or authority to cope with.

Behaviours that we can cope with

These are behaviours that fall within our own skill set and area of expertise. For example a care home resident refusing to bathe from time to time is well within the authority of the staff to decide how best to handle it. However, if the refusal is accompanied by signs of depression or dementia for example then the larger multi-disciplinary team may well need to be involved.

For example, I remember working with a young drug-user who simply stopped going to be. Instead he would sleep in the communal lounge on the settee. Speaking with him (not 'to' him, by the way) seemed to make him more determined to sleep in the lounge, even though the settee was too short and uncomfortable. So we decided simply to stop mentioning it.

We provided an alternative area for other service-users and ignored the fact that he was sleeping in the communal lounge altogether. We didn't even mention it when he started to complain of back pain. We simply suggested that he might want to see his GP about pain relief. He didn't make the appointment but he did stop sleeping on the settee.

The decision to stand back and wait for him to learn 'the lesson of experience' was ours to make and the situation was remarkably easy to resolve. Often 'the path of least resistance' really is the way to deal with things that are within our remit to solve.

Behaviours that are beyond our ability or authority to cope with

When I was a community psychiatric nurse I had a client who regularly called me reporting that she'd taken an overdose and asking for an ambulance. Actually I've had several clients who did that over the years. The more I responded the more frequently she called. She didn't always tell the truth (sometimes she had overdosed and sometimes she hadn't) but I had no way to know in advance.

I wanted to stop responding to these situations because, for reasons that will become clear later, my reaction to the phone calls was only making it worse. However, I needed the support of the multi-disciplinary team first. So I called a meeting involving all the relevant workers, the service-user herself and (with permission) her brother was also present.

We decided upon a new care plan. Essentially we all agreed (including the service-user) that if she was able to call me she was also able to call an ambulance if that was what she needed. We therefore agreed that I would expect her to do precisely that in the future. If she called me reporting an overdose I would advise her to call an ambulance and remind her of our scheduled appointment time (which may be some time in the future).

The behaviour stopped working for her and she stopped. She called in these circumstances only twice more before changing tack and talking about her real problems instead. I'm not going to pretend that the problem she presented next was easy to

resolve by any means but at least we got to focus upon the thing that mattered instead of a haze of challenging behaviours that served only to distract us both from the real work we had before us.

The point here is that although I ended up doing precisely what I thought was right I needed the backing of the multi-disciplinary team first. Their 'blessing' was important.

Sometimes we need others to get involved when we discuss what we need to do about a situation. There's no problem with that – it's just appropriate.

Incidentally this doesn't mean that the decision not to respond to my overdosing service-user was a 'team decision'. It was always my decision how to respond when I picked up the 'phone (and I could have changed my mind had circumstances demanded it). Team meetings don't take away our responsibility for our own decisions – if you're 'on the spot' you decide what to do – but they do make those decisions easier to defend if we need to. My decision was safer because I had discussed the situation with the team and they had agreed with MY strategy.

Had I not discussed the situation with the multi-disciplinary team and my client really had overdosed I'd have had a hard time explaining my actions to the ensuing inquiry. As it was – had she come to grief (she didn't but she might have) I'd have been able to defend my decision precisely because of the involvement of the team.

The Challenge 7: It's only behavioural

The young woman sat hunched in her chair, not making eye contact with any of the half dozen or so people seated around the little room. It was hot, stiflingly so with so many bodies in such a small space. All eyes seemed to be upon her as a moon-faced man, dressed in an immaculate suit, began to speak.
"How do you feel this afternoon?"
The young woman didn't answer as she picked imaginary lint from her blouse.
"Have you been taking the tablets?"
The man in the suit, a consultant psychiatrist, seemed to be addressing his patient but his attention had already shifted elsewhere. He had given up waiting for a response even before he'd finished speaking to her. Now, along with everyone else in the room (except the patient herself) he was looking at me, her primary nurse.
"Everything's been given as prescribed." I said. "No problem."

The psychiatrist nodded and half-smiled his approval. My patient, all but forgotten now, stared at the floor in silence.

A few minutes more discussion between the various members of the team about the relative merits of anti depressants ensued. Then, again looking directly at me, the psychiatrist asked:

"Do you think you're getting any better?"
I waited for her to answer, shifting my own gaze toward her in the hope that others would try to include her also. Perhaps this would help her to feel noticed again. Then the psychiatrist spoke again:

"Is she improving, Stuart?"

There was no response from the patient so I explained that she had indeed made progress, she was sleeping and eating normally and had begun interacting with other people on the ward too.

"No evidence of that here, is there?" The psychiatrist quipped, eliciting tiny, almost imperceptible smiles from one or two of the others in the little room.

I explained (again) that these team meetings were intimidating for her and that her presentation on the ward was far more relaxed. I explained again about the work we'd done on the ward and how she was able to talk about her problems with us and her depression was lifting every day. I also pointed out that she specifically asked that I explain this precisely because she lacks confidence in this setting.

"It's just that she feels much more 'on show' during the ward round".

The young woman raised her head a little and grunted her agreement, albeit rather timidly.

"So you can speak." Said the psychiatrist. "You just choose not to speak to me."

Once again the woman's gaze dropped to the floor in front of her. She said nothing more in the ward round although she did begin sobbing quietly to herself upon learning that she would be discharged home that day.

After she left the room (it's strange how readily people accept the decisions of psychiatrists and just go) I made the point that although she was improving she wasn't well enough for discharge yet. I believed, the whole nursing team believed, that another

week or so would make all the difference. I pointed out that her lack of confidence in the meeting was evidence that her former high self esteem had not yet returned.
"That's only behavioural." Said the psychiatrist as he completed the discharge forms.

I'm always interested to know just what people mean when they describe a person's actions as 'behavioural'. Actually I'd be interested to know of any action that isn't 'behavioural'.

In the health and social care context (including psychiatry) what 'behavioural' usually means is that we feel powerless to change the behaviour or that we are at a loss to understand it. Actually the two meanings often go hand in hand as a little understanding does tend to point the way to the solution anyway.

It's not difficult to understand why this young woman was so quiet (elective mutism we call it in the trade). It's not difficult to see the solution either – a smaller group meeting, perhaps with only one or two people present and some attempt to engage with her as a person rather than as a set of symptoms would probably have worked wonders. It certainly helped in my one to one sessions with her on the ward.

However, such understanding would require a little thought, flexibility and even compassion. It's much easier to write the situation off as 'behavioural', all the time pretending that the word actually means something clinical and isn't just an excuse for our own lack of imagination.

A fundamental premise of this series and of care provision in general must be that everything we do is behavioural but that nothing is 'just' behavioural. If we want to be effective we need to stop hiding our own inadequacies behind this meaningless term and take the time to understand the individual instead.

Everything happens for a reason and effective challenging behaviour work must begin with that 'cause and effect' principle clearly understood.

The Challenge 8: Philosophy

Many of the techniques we use in the management of challenging behaviours are both remarkably straightforward and extremely simple to understand. They can be immensely powerful too if applied consistently throughout the care team.

Like all powerful tools they should be used appropriately and for the right reasons. So, before continuing with this series I'd like to consider, however briefly, the basic philosophy and ethics of behaviour management.

Ethical behaviour management is based upon assertiveness principles and the idea that everyone is of equal value and their rights, needs and wants are just as important as anyone else's. This is not what most people think of as assertiveness. Bear in mind that assertive action is much more than simply a process designed to help us to get our own way.

There are four basic approaches to interaction with other people:

Aggression – my wants are more important than yours;
Assertiveness – our wants are equally important;
Passivity – your needs are more important than mine;
Passive/Aggressive – I hurt you but make it look as though I'm the victim.

Aggression, passivity and passive/aggression are inappropriate interaction styles for care workers. Only assertiveness is appropriate.

Effective behaviour management must respect the essential equality of all people. Service-users have a right to make their own decisions but equally others have the right to be protected from harm or disruption. This basic fairness and balance between the rights of all people is the essence of assertiveness.

This means that strategies designed to prevent people from doing reasonable things simply because it's easier for the staff are likely to be aggressive rather than assertive. Aggressive strategies are not only unethical, they can also get care workers in real trouble.

The idea that workers always have the right to choose what behaviours are best for people is known as paternalism (acting like a father). It's easy to take this too far, especially when dealing with challenging behaviours. Actually if we embrace the principles of assertiveness and duty of care there is no need (or place) for paternalism.

The difficulty is that challenging behaviour work, by definition, involves making decisions about which behaviours to work on. We must make these decisions carefully and avoid unfair interventions.

We might want to involve ourselves in behaviours that are illegal, that unreasonably impact upon others, that interfere with the legitimate duties of workers or, with an eye to ethics and the right to self-determination, in the service-user's best interests.

It is not ethical or appropriate to employ these techniques on a whim. There must be a good reason for any type of behaviour modification regime.

The Challenge 9: Motivation & pleasure

Maintaining the problem

Most people are surprised to learn that they maintain (and often actually create) the problems they face. Often people will work hard to resist this idea and that can be difficult to overcome but it's worth the effort. Until people understand their own role in maintaining their difficulties they cannot really take responsibility for solving them. After all – if you don't think you're a part of the problem you won't think that you need to change your behaviour to change it.

This is why it's often useful to chart a person's reactions to their difficulties with them. At each stage ask the person what they could have done differently and what might have changed for them if they had?

The point here is not to blame the person or accuse them of creating heir own problems – it's simply to get them to tell us how they might react differently in the future and begin to find a way out of their problems instead of making them worse.

So we ask what might be different instead of trying to tell someone what we think. It's always much more effective if the client or service-user tells us the answer rather than the other way around.

This can form the basis of a support plan or other strategy that the person can use to change their situation for the better.

If the service-user is unwilling to discuss their behaviour with you then there are some alternatives. One of these involves the ABC chart (Antecedent Behaviour Consequence). Make a detailed note (without any interpretation or opinion) about what happened before the behaviour began (antecedent), what the behaviour was (behaviour) and what happened immediately after (consequence).

By charting several incidents in this way it is possible to see a pattern building up. If the behaviour generally happens in response to a certain situation then that's probably the stimulus that you need to work on. If the behaviour always results in a certain response from others then you might need to change the way you react. Remember:

If you do the same things – you get the same results.

Talking with people in distress - Engagement and validation

Everybody needs to feel that they belong, that they have value and that other people are interested in them. Helping the client to feel this way is the aim of engagement. The process is what we call validation. Validation is made up of relatively few, simple principles. These are:

- Respecting the individual and their rights;
- Accepting their feelings;
- Respecting their opinions;
- Accepting that they are our equals – whatever social, psychological or physical problems they may be experiencing;
- Working collaboratively – give and take.

(Linehan M. 1993)

People who do not feel validated by those around them tend to react in a number of ways – few of which are particularly helpful for effective communication. Chronic invalidation has been identified as a major source of prolonged trauma and can lead to a range of social, psychological and relationship problems.

The concept of validation is extremely important when 'dealing with disagreement.

Make a point of 'catching them doing it right' as often as you can. This validates the client, demonstrates that you are interested in them, that you care enough to notice, that you respect their efforts (a major form of reward) and, perhaps most importantly, is a very powerful means of developing rapport.

Dealing with disagreements

The system is paternalistic

Like it or not, you live and work in a paternalistic (fatherly/controlling) culture. Whatever the ethic of your own particular organisation, whatever your own, personal stance may be the 'system' in Britain is paternalistic. In my own professional world of mental health care this is particularly so but paternalism is not exclusive to psychiatry.

For example, you or someone you work with will have responsibility for risk-assessment and for deciding what is and is not an acceptable risk on behalf of your clients. However you dress it up the fact remains that some people make decisions for others and they're not always welcomed by the client.

It is not usually a good idea to set yourself up as an opponent of paternalism whose only objective is to advocate on behalf of the client. This is a pleasant stance to take and it works well most of the time. However, if for example you learn that your client is about to put another person at risk you have a responsibility under various forms of legislation to warn that individual and, possibly involve other services such as the police or mental health services. This is paternalism at work.

It's much better to acknowledge that there are limits to your ability to 'side with' the client.

You have a job to do and you have laws to obey.

The vast majority of clients already know this, although they may from time to time try to get you to act differently. Don't go there. Paternalism is part of the job – the moment you try to gain a client's confidence by entering into any 'conspiratorial' situation or by keeping secrets which really you should speak about you lose respect from the client and you will quickly tie yourself up in knots.

There are many different ways of viewing the world.

Having said that – some aspects of paternalism can be challenged and indeed, ought to be. For example – if your client has an opinion which differs from the established view, perhaps they have been diagnosed as psychotic or delusional, you will do your interactions with that person no favours by dismissing their opinions.

That doesn't mean that you have to pretend to agree with them – simply acknowledge that you have different opinions and that each opinion is valid. That's the important bit.

It promotes an air of mutual respect rather than paternalistic invalidation. It also forms an excellent basis for genuine discussion around the issue in question.

Bear in mind that discussion does not mean contradiction. It is far better and infinitely more effective to ask questions rather than state your own opinions.

Motivating Factors

Different people have different motivating factors. For example some people move away from things they don't like whereas others are more likely to move toward things that they do like. Offering an 'away from' person a reward is not likely to be as effective as reminding them of the consequences if they do not do what is required.

Understanding how a service-user responds to different factors is extremely helpful when trying to motivate them or even when attempting to get them to understand what we're saying to them.

Below are some of the more useful factors to consider when engaging with people.

Moves	Toward	Away from
Understands	Similarity	Difference
Learns	Top down	Bottom up
Considers	Social/Emotional factors	Procedural factors
Craves	Sameness	Change

The Pleasure Principle

Always bear in mind Freud's Pleasure Principle (people move toward what gives them pleasure and away from things that cause them pain). As I regularly point out different people define pain and pleasure differently – the point is that people tend to do what works for them and not to repeat the things that do not work.

Also bear in mind that some people are interested in short term pleasure at the cost of long-term pain which is why they often do things that appear self-destructive but that actually are positive at the time. They make them happy for a short time or they allow them to forget their larger problems.

When we are trying to find a way to get someone to change their behaviours it's not enough simply to attempt to make them stop. Rather we must encourage a different behaviour instead and that behaviour must give them a pay off – it must be pleasurable in either the long or short term (preferably both but that's not always possible).

Even punishment can be a positive pay off as we shall see later in this series. That's why regimes that are designed purely to prevent undesired behaviours tend to be unsuccessful – the punishment becomes the reward that maintains the problem and even makes it worse.

The Challenge 10: Conditioning, reinforcement & gradual progression

Let's consider a few basic psychological principles around behavioural management. We'll begin with 'classical conditioning' or, as I like to think of it – ***'Pavlov's performing dogs'***.

In essence the principle is very simple and straightforward. Pavlov had some dogs – he fed the dogs and they salivated. That's what you'd expect them to do. That's what happens when you produce food and it's as true for dogs as it is for people.

But Pavlov did something else. Every time he fed the dogs he rang a bell. The dogs salivated because the food was present and the bell was rung every time they salivated too – simply because the bell accompanied the food. Nothing particularly remarkable there then.

What was interesting was the fact that after a while the dogs salivated when the bell was rung even if no food was present. They had ***associated*** the sound of the bell with the presence of food and their unconscious (even involuntary) physiological reactions followed suit.

This is also as true for people as it is for dogs.

If we make a point of accompanying the behaviour we want with a stimulus we can control then we can create the same automatic and largely involuntary response in humans. This is called ***Classical Conditioning***.

We see this regularly in advertisements where media or popular 'stars' we like are presented alongside products we are encouraged to buy. By relating your favourite personality to a product you have never heard of before advertisers hope to associate the positive feelings you have for the 'star' with the product in question. The fact that this works is beyond dispute – hence the money paid to popular celebrities for their endorsements or even merely a vague association with the product. This is classical conditioning at its most cynical – and arguably at its most effective.

In health and social care classical conditioning is equally powerful but hopefully it is employed with more social responsibility. It ought to be – to use such a powerful technique without responsibility almost certainly constitutes abuse.

Yet classical conditioning is not the most powerful tool we have in our arsenal.

Next we need to consider ***operant conditioning***….

B.F. Skinner was a genuine pioneer. He developed the theory of operant conditioning (also known as voluntary conditioning) in which behaviour is not only moderated by the environment, as in Pavlov's classical conditioning, but also impacts upon the environment and is maintained by it.

Operant conditioning is the psychology of reward for appropriate behaviour. Freud stated in his famous ***'pain:pleasure principle'*** that behaviours that are rewarded tend to repeat. Skinner went further and created an environment in which reward only occurred when the subject, ***the operator***, behaved appropriately. Operant Conditioning is also the psychology of punishment for inappropriate behaviour.

In a series of famous experiments Skinner constructed various 'Skinner boxes' in which a number of creatures (subjects) from pigeons to rats 'learned' to perform complex tasks simply because their behaviours produced rewards or punishments. The tasks themselves had no meaning for the subjects but the rewards most definitely had. He had pigeons pressing levels to obtain corn and rats performing odd behaviours to unlock their preferred foodstuffs.

There are three basic principles that we must understand if we are to get a sense of what operant conditioning is all about:

Reinforcement is something that increases the frequency of a behaviour – a reward in other words;

Punishment is something that decreases the frequency of a behaviour;

Extinction is the absence of a reward or punishment. This also reduces the frequency of a behaviour.

These three principles lead us to four basic situations:

Positive reinforcement – the presence of a reward (pleasant consequence)

Negative reinforcement – the removal of an unpleasant stimulus

Positive punishment – the presence of a punishment (an unpleasant consequence)

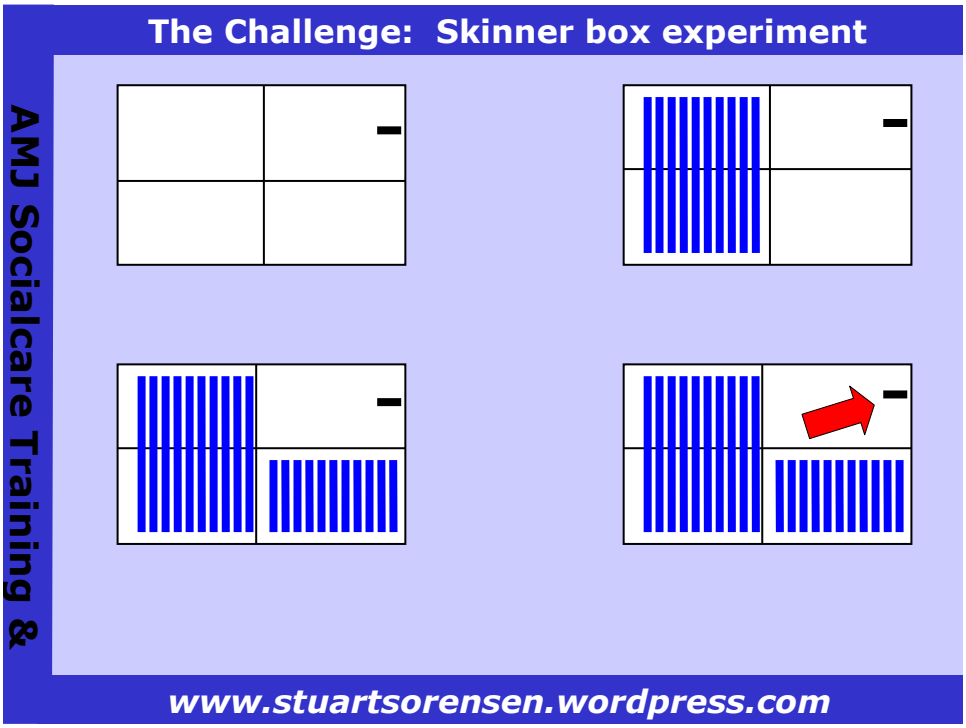
Negative punishment – the removal of an existing, pleasant stimulus

People, like animals, learn to avoid behaviours that result in punishment and increase the frequency of behaviours that result in reward. So – in real world settings consistency is the watchword. By ensuring that our responses (negative or positive) are consistently rewarding or punishing (ethically this is more likely to mean withdrawal of reward than direct punishment) we can encourage change very effectively. This is not so obvious as it first appears because the way a person perceives our 'reward' and 'punishment' may not be the way we expect them to. Also consistency is vital – otherwise the whole thing falls apart.

Shaping:

One famous experiment conducted by BF Skinner involved a pigeon in a Skinner box. The objective was to get the pigeon to press a little lever with its foot. This would result in a reward in the form of corn for the bird to eat. However it was unreasonable to expect the pigeon to hit upon the idea of pressing the lever by random chance so Skinner used shaping, a form of operant conditioning to influence its behaviour.

Although the pigeon had no way of knowing this Skinner had imagined the box divided into four quadrants. The diagram overleaf shows how he divided up the box in his head but in reality there were no such markings on the box itself.



Skinner wanted to use positive reward and negative punishment (the provision or removal of corn) to progressively shape the pigeon's behaviour into closer and closer approximations of the desired outcome. So to begin he simply provided small amounts of corn whenever the pigeon entered the right hand side of the box. The pigeon quickly learned to modify its own behaviour in order to receive the corn and stopped using the left hand side of the box at all. This is what we mean by operant conditioning. The pigeon chose to modify its own behaviours.

Next Skinner withheld the corn until the pigeon was in the upper right hand quadrant. Just as before the pigeon modified its behaviour to avoid all but this quadrant. It had limited its own behavioural options in response to Skinner's reward pattern.

Finally Skinner rewarded the pigeon only if it was both in the upper right hand quadrant and facing the lever. This progressive approximation of the desired behaviour brought the pigeon to a point where it would consistently look at the lever and then eventually press it with its foot.

Then the reward became limited only to the act of pressing the lever. It didn't take long to progressively shape the pigeon's behaviour until it consistently and repeatedly pressed the lever even though the act itself meant nothing to it. It was the reward that made the difference.

Of course people are not pigeons and the rewards we need tend to be significantly different from those of our feathered friends but make no mistake, we are still members of the animal kingdom and we are still susceptible to conditioning. This is an extremely important experiment to understand if we're dealing with challenging behaviours because of the emphasis upon progressive approximation of behaviours.

The pigeon was rewarded not only when it pressed the lever (the desired outcome) but also at many intermediate stages as well. Every time the pigeon did anything that moved it closer to the final behaviour it was rewarded. This reinforced the behaviour through little steps that eventually led it to the goal.

There is an important principle here for health and social care workers. Reward the less challenging behaviours too.

We can think of this as a continuum – a straight line from one behaviour to another. Each step along the way is rewarded. For Skinner's pigeon the progression looked something like this (from left to right):

Random, right side of box, upper right side of box, face lever, press lever

For the aggressive service user it may be more like this:

Violent, Threatening, Walk out, Stay (angrily), Stay (calmly), Talk, Problem solving

Many people find it extremely difficult to reward people for the intermediate stages, especially if that means threatening behaviour or verbal abuse. Without rewarding it though it won't recur and so the person is not likely to move beyond it to the behaviours we really do want. There doesn't need to be any hypocrisy or deceit in this. Simply be open and thank/praise the person for storming off this morning…..

"That's better than what you would have done in the past. And good for you – this way we don't have to evict you for assaulting anyone. I'm really pleased for you – I'm proud of you too."

The same set of principles can be used to link a series of behaviours into complex procedures – in this case the rewards are given when the behaviours are displayed together. The term for this type of operant conditioning is 'chaining'

There is, of course much more to conditioning than I have described here but for most of us working 'at the coalface' these basics are enough. The biggest thing to remember (as we discuss elsewhere in this series) is the principle of consistency. The whole team should operate the same way. The less consistent your approach is the less effective the strategy will be.

The Challenge 11: Boundaries and the escalation or recession of inappropriate behaviours

Imagine yourself transported without warning to a completely dark space. You can hear nothing, there are no significant smells, you have no light to see by and there isn't even a breeze. You have no idea where you are or how you came to be there. What will you do?

When I ask this question in training sessions people generally answer by telling me first how they might feel but that's not the question. What will you actually do?

Most people say that they'd stretch out their arms and walk forward gingerly in one direction until they find something in their path. This will give them the beginnings of a sense of their environment. If they're lucky they'll find a wall – a boundary.

Once they have the boundary they will feel their way around the space until they either get a sense of the size of the place they occupy or maybe even find something really useful like a door.

The interesting thing is that most people report that this would go some way toward alleviating any anxiety they might feel. The more they can understand the limits of their environment the safer they feel. It doesn't necessarily mean that they will be happy in their new surroundings (although if they find a light switch they might become so) but ***the more we understand our boundaries the more confident we feel***.

This is generally recognised as the reason that children and adolescents rebel – they 'push the boundaries', not because they want to break them but because they want to understand them. This is why children from families with poorly defined boundaries are generally less happy and less confident than those who know their limits clearly and without variation.

In fact there is a very strong argument that in order to feel safe and protected by their parents or other caregivers young people need to know first and foremost that the carer can control them. After all if the parent can't control the child then they can't be any good at keeping them safe either. In short – boundaries allow children to feel secure and also to feel confident enough to concentrate on the massive task of growing up that lies before them.

Clearly the task of health and social care workers is not generally to control the people they work with but none the less there are real similarities between the boundaries that children need and the limits and boundaries that adults need – whether they're receiving care services or not. Think about the boundaries that are imposed upon you in your working life.

You have shift patterns to stick to and certain tasks to perform. There are shared values that health and social care workers must stick to and there are some very real limits to acceptable behaviour. The clearer these limits and expectations are the happier the workforce is. The same is true for people who receive our services.

If you don't know what the boss expects you will try to find out. If that means pushing the limits a little to see what happens then so be it – at least you'll know afterwards and it's worth a minor rebuke to get the lie of the land. Think how difficult it would be to concentrate on your job if you were forever wondering how far you could go before you faced disciplinary action. ***We all need to know the boundaries***.

If this is true for us it is equally true for the people we work with. How anxiety provoking would it be for a service-user to have to guess what was and was not acceptable? How confident would they be if they didn't know what would and would not result in eviction from their home for example? How much time could they spend working on their problems if they first had to try to establish the boundaries of their situation?

Sometimes workers think that it is somehow cruel or unprofessional to lay down boundaries for their service-users. They see it as treating them like children without ever realising that all adults, including the workers themselves, need boundaries too. Whether those boundaries are formal or informal, civil or criminal, social or procedural we all need boundaries.

To deprive a person of boundaries is to leave them, clueless as to what sorts of behaviour would be acceptable or unacceptable. Now that's really cruel.

So what do we mean by boundaries? Well first of all we mean clearly and consistently outlining what is acceptable and what is not. It also means respecting the person enough to understand that sometimes they will push those boundaries just to see how firm they are – this is no different from what we all did as children – and what we all continue to do as adults. We also need to understand that they are grown up enough to accept the consequences of their actions.

Actions have consequences and we do our service-users no favours by pretending that they can behave inappropriately without facing them.

What they need is the security of knowing that the boundaries are firm enough to withstand the odd bit of testing and the awareness that we as workers are strong enough individually to apply them. If we fail to do this we lose respect. After all our service-users are just as capable of recognising weakness as we are. We also do something else….

When we fail to uphold a boundary we leave the other person with a dilemma. They won't know where the limit really is – that means they will have to push harder until they find it. Their poor behaviour escalates, not simply because of their own *'challengingness'* but equally because of our inconsistency. We leave the other person no choice but to push and push until eventually they go so far that we have to act and usually this means major consequences that could have been avoided much earlier if we'd only had the confidence to act sooner.

By contrast, if we uphold the behavioural boundaries we set – if we stick to the ideas we have set about acceptable standards of behaviour then the person can relax – they know what the rules are and so they can stop worrying about them. This means they can get on with the task of working on whatever problems they have.

We also demonstrate our own emotional strength and integrity – itself a vital component of effective therapeutic relationships.

So the next time you consider ignoring unacceptable behaviour because you *'understand what they're going through'* or simply because you lack the confidence to deal with it spare a thought for the behavioural effect of your decision.

People who avoid their responsibilities to obtain 'an easy life' rarely get it. On the contrary – that way chaos lies.

The Challenge 12: The whole team approach

I have mentioned several times throughout this series of posts the importance of consistency throughout the whole team. There are several reasons for this:

1 Clear boundaries;
2 No 'pedestals' & staff safety;
3 Effective, consistent care;
4 If you can't stop people behaving poorly you can at least stop them doing it to you;
5 Corporate identity – "you're all the same".

As we consider these reasons we will also be outlining the argument that staff who are too 'permissive' when faced with genuinely unacceptable behaviour are actually counter-productive. They do their clients no favours. It is important here to be aware of the distinction between genuinely unacceptable behaviour and that which we merely disapprove of. See the earlier post on this subject:

http://stuartsorensen.wordpress.com/2010/05/21/the-challenge-3-what-is-challenging-behaviour/

It is my belief, however hard or unpopular it may be, that such workers should have no place in health and social care. The outcome of such poor boundaries can be tragic and yet it is all too common for workers to forego their responsibilities in practice. I outlined the basic problem some months ago here:

http://stuartsorensen.wordpress.com/2010/02/02/ashleigh-ewing-and-ron-dixon-beauty-and-the-beast/

Health and social care workers need to develop the strength of character necessary to maintain consistent boundaries. They need both peer and management support to do so. We ask a great deal from staff who are faced with challenging behaviour and we owe it to them to offer sufficient support as well.

It has become trendy to talk about social care settings as though they are democracies but this is a misrepresentation. It's true that we should always have an eye on the rights of service-users but this doesn't mean that organisations should abandon control of their systems. We need to maintain firm boundaries.

Firm Boundaries

Ask any parent what happens when adults who share responsibility for a child have different boundaries and rules. Ask any worker how they react when they have to work with two or more managers (perhaps on a rotating shift pattern) who have different approaches. Think about your own reaction to varying and conflicting sets of rules.

Now think about the different ways that your colleagues approach 'problem behaviours' at work. In every case you'll find that different colleagues face different types of behaviours' based upon their particular responses to them. Its cause and effect.

If you do the same things, you get the same results.

If our job is to help people move beyond their behaviours' and the need for our services then we must ensure that the experiences we give them are both appropriate and consistent. This means a whole team approach.

No 'Pedestals' And Staff Safety

A common problem with inconsistent care is the divided perception of workers it creates. Staff who don't 'toe the party line' as it were typically appear to the service-users as more compassionate. They also tend to appear weak because they are easily manipulated but that's not the issue for the moment. They appear compassionate.

By contrast other staff who do their jobs properly are seen to be less compassionate when compared with the weaker staff member. This can breed resentment toward the more professionally minded workers and even put them at risk of assault or malicious allegations. In the end neither staff member comes out well and the service user's care becomes inconsistent too. Eveybody loses when staff try to put themselves on a pedestal of compassion.

The other big problem is that if you climb on to a pedestal you also gave to keep it clean. If you acquire a reputation for being a 'soft touch' the negative or potentially explosive reaction you get when you do eventually stand firm will be far worse as a result.

Effective, Consistent Care

The point about effective and consistent care has already been made and does not need much restatement here. However it is, of course a major reason for ensuring a whole team approach.

If You Can't Stop The Person Behaving Poorly, You Can At Least Stop Them Doing It To You

Health and social care workers are not supposed to be able to save the world. Some service users behave poorly for reasons that are way beyond our influence or control. For example we will not necessarily stop a grown man being violent if he learned to be so in the schoolyard 30 years earlier and has lived that way ever since.

However, clear and consistent boundaries will go a long way to ensuring that they behave differently toward you and your colleagues.

Contrary to popular belief people aren't 'just violent' or 'just rude' or 'just' anything. Human behaviours' are the result of complex equations involving costs and benefits, social norms, consequences and degrees of acceptability.

Think about the people you know who are offensive but hide their insults through humour. Did you ever ask yourself why they do that?

Usually this sort of behaviour (one of several forms of passive-aggression) is only there because outright aggression and hostility isn't worth the price. Either the group norms forbid open hostility or the victim of their venom is just too scary. So they hide behind humour instead.

There's a valuable lesson there. People tend not to behave in ways that are too dangerous to them. Clear boundaries will make it too dangerous for potential abusers to aim their abuses at you. That won't stop them from behaving badly toward others but that's not within your control. We have a legal system (or if appropriate a mental health act) for that.

'Corporate' Identity – "You're All The Same."

Every worker has experienced blame for the actions of a colleague. We've all found ourselves faced with an angry service user or relative because of some other worker's actions. That's because in the eyes of many of the people we work with we really are all the same. The wrongs they perceive from one of us might as well have been perpetrated by any of us.

So a good, firm team agrees standards of behaviour and everyone sticks to them. That way we all know what to do, what to expect and how to deal with the inevitable conflicts that our work involves.

Or you could make your work harder and less effective if you prefer.

Remember…….

If you do the same things, you get the same results

The Challenge 13: The problem with punishment

In the last few posts I've talked about firm boundaries and about consequence. But I want to be clear. Consequence is different from punishment.

To understand the difference it's helpful to think about 'cause and effect' as a neutral and impartial process.

For example if you stay awake all night you'll feel tired tomorrow. That's cause and effect. It's consequence but it's not punishment. It's just that nature 'takes its course'.

Similairly if one hostel resident assaults another the hostel staff will have a duty of care to protect the victim. This is likely to result in eviction of the aggressor but again it's not punishment, it's simply the most reasonable way to protect the victim. Cause and effect. Actions have consequences.

When we talk about boundaries and consequences we are talking about letting 'nature' or 'the system' take its course. When we call the police after a crime we're following the system. When we bill someone for criminal damage we're acting reasonably by asking them to take responsibility. This is appropriate consequence.

When we hurt someone emotionally or physically because we disagree with their behaviour we are not following the system – we are punishing them. This is never appropriate.

To stand back whilst someone faces the consequences of their action is a learning experience. Remember that people learn through consequence. To create that consequence 'artificially' is something quite different. If our task is to help people to develop so that they can survive 'in the real world' then the consequences they face must reflect that reality – not our own opinions about how the world 'ought to be'.

There is a legal principle here – it's based upon the European Convention on Human Rights and the UK's own Human Rights Act. The principle is ……

No punishment without law

One of the hallmarks of a civilised society is that the right to mete out punishment is taken away from the individual and placed in the hands of the state. That's what courts are for. That's why from time to time people are convicted of offences that really amount to 'taking the law into their own hands'.

If punishment is appropriate then the state will mete it out. Otherwise we are left with consequence but not punishment.

It is never the job of health and social care workers to punish anyone.

I remember as a newly qualified nurse assisting a doctor who was stitching self-inflicted lacerations on someone's forearm. The doctor deliberately neglected to use any anaesthetic in order to 'teach her a lesson'. The doctor was punishing my service-user.

There is no societal protocol that says people who do things a doctor disapproves of should be denied anaesthetic. The actual guidelines are very clear. It is not the job of health workers deliberately to cause pain when it can be avoided. That doctor was acting

as judge and jury. She had taken the law into her own hands and inflicted unnecessary pain as her own particular brand of 'justice'.

To my regret I was too 'green' and inexperienced to react. Nowadays I'd be much more forceful in that situation. But that's because nowadays I know that the doctor's actions were not only untherapeutic and counter-productive, they were also illegal.

Whether you're a nurse or support worker, doctor or social worker the rule is the same. It doesn't matter what field you work in from elderly care to learning disabilities, from medical wards to residential care homes the mantra is the same…..

No punishment without law.

The Challenge 14: Specific behaviours

We've covered some of the basic parameters of challenging behaviour work so far. Now I'd like to begin thinking about specific behaviours and the way we can deal with them when they 'crop up'. We'll cover some strategies in the next post or two in the series but for now I'd like to ask you just to think about these particular behaviours and what responses you'd try. I'll post my own thoughts on each behaviour type shortly.

Negativism

(Whatever we suggest won't work. It's hopeless)

Overpleasing behaviour

(I'll agree to everything but I won't do any of it)

Expert behaviour

(I always know best so I don't need to listen to you)

Silence

(If I don't speak I don't have to agree to anything)

Manipulation

(I'll play you off against each other and use each of you for different things)

Overly-demanding behaviour

(I know my rights – and even if I don't I'll make out that I do)

Sniping

(using humour to hurt others)

Angry explosions

(If I shout and scream loudly enough I'll get my own way)

The Challenge 15: Some strategies

Yesterday I posted a list of various problem behaviours to think about. Today we'll begin to look at possible strategies to deal with them. We'll start with 'negativism' and 'over-pleasing behaviour'. Both of these strategies are based upon the book *'Coping With Difficult People'* by Robert Bramson Ph.D.

Negativism

As a rule negativism is based upon a fear of failure. People who habitually behave like this have learned that if they don't join in they won't be blamed when things go wrong. They need to distance themselves from possible failures by pointing out that it won't work in advance. That way when things go wrong they can say "I told you so" and show that it's not their fault anyway.

The problem isn't really that they don't want to try – they just don't want to be blamed. So give them their escape clause as early as you can. Let them tell you all the reasons why it won't work and then point out that ***even though they may well be right*** you're going to try anyway. Make a point of making sure that others know that they have reservations about the planned activity as well. That lets them off the hook.

Finally – once you've given them their cop out – ask them for help and suggest a specific (and relatively simple) task to perform. You'll be surprised how often they'll do it and then go on to do other things too – so long as you keep giving them the escape route.

Overpleasing behaviour

People who say yes to everything generally do so because they're scared of offending you. So they agree to everything. This is a genuinely nice personality trait but it's over-used. They say yes to everyone else too – and nobody has time to do it all.

The result is that they let you down again and again because they want to be nice to you – they want you to like them. And that's the key.

The way to deal with this behaviour is to put them at ease – make sure they know how much you value their friendship or if that's not appropriate the fact that you always get on well with them in your work. Let them know how important that good relationship is to you.

Then make it clear that you know that the world isn't perfect and that you can't always have your own way – you can't always have the help you want because people are busy. What really annoys you is when people – other people – let you down because they're just too busy but don't say so.

You're glad that they don't do that to you because you'd hate to lose the good relationship you have with them.

Then ask if there's any reason why they might not be able to help? Any little thing at all. You won't change their over-pleasing behaviour completely overnight but you'll start to make a difference. This is a long road so remember what we said earlier about 'shaping'. You need to acknowledge and praise every little step toward honesty until eventually the person starts to be reasonable about what they can and can't do for/with you.

This same technique, focusing upon the relationship, is just as effective in getting people to give you honest criticism instead of 'polite wonderfuls'. But that one also takes time and the behaviour needs to be shaped. Reward the little steps along the way.

Based on the book 'Coping With Difficult People'

by Robert Bramson Ph.D. ISBN: 0-440-20201-9

The Challenge 16: More strategies

In this post we'll consider two more strategies for dealing with the challenging behaviours we outlined earlier. Today we consider the Expert and Silence. These behaviours can be both frustrating and counter-productive, especially when you need to get things done in a reasonable way.

Expert behaviour

Sometimes the expert really does know everything. If that's the case they may be annoying but they're also useful. In this situation acknowledge that they're good at what they do and ask their advice whenever you can – even if you know the answer to your question. This will give them what they need most of all – acknowledgement and an ego boost. It will do something else too.

You will show them that you recognise their brilliance. That will immediately make them think of you as cleverer than everyone else who doesn't appreciate them. They will start to form a better opinion of you.

Over time this favourable opinion will grow until they start to see you almost as an equal. You probably will never be their full equal because psychologically they need to feel superior but you'll be close and that's great – it means you can work with them. You'll know this has happened when they start to talk to you about all the other 'fools' that you both have to put up with.

Of course some 'experts' aren't experts at all. They just think they are – and they need to prove it. The trick with these people is definitely not to humiliate them – if you do they'll never stop trying to discredit you just to regain some ground for their bruised ego.

With these people the watch word is 'quietly'.

When the non-expert starts spouting their stuff it's necessary to let them know that you know better. But do it subtly. Simply point out that you thought something else and ask them where you have gone wrong. They'll feel respected but they'll also know that you know. Accept their answer with good grace – you've already done what you need to.

If it's important to disagree with them publicly then give them a way out – say what you think but then suggest that they might have been thinking about something else instead (be specific about the other thing if possible) and then apologise to them – obviously the rest of us weren't being clear about what we wanted to talk about.

Give them a way to save face or you'll have to deal with their discrediting sniper attacks for a very long time to come.

Silence

This is a common ploy. It's rather like the ostrich burying its head in the sand. The belief is that if they're not really 'present' they can't be hurt. This can be extremely frustrating – especially when you need answers or involvement of some sort.

The truth is though, that it works – and it works because most people find silence very uncomfortable and so they fill it – with words. The silent person knows that if they don't talk the other person will and that lets them off the hook. Your task is to turn the silence around and use it to your advantage – not theirs. So – to begin you start the

conversation as you normally would. When silence falls though – don't ignore it. Comment upon it.

"You're not saying anything – why is that?"

The direct question is important – it demands a response. And then you sit quietly – keep looking at them and wait – silently.

If this is uncomfortable for you do something in your head to pass the time. You might want to count the seconds and see how long the person will wait. You might want to solve little puzzles or plan your shopping list. Personally I love the theatre and so I often recite lines from Shakespeare silently in my head. The other person can't read your mind – they just come to know that the strategy hasn't worked.

When you can't stand anymore (at least after several minutes) ask again:

You're still not saying anything – why is that?

Then you return to silence and keep looking at them. This might well be enough but if you really don't get any success here after several questions (and periods of silence) move to the next strategy. Tell them that you're sorry they didn't let you help them as you would like but since they won't tell you what they want to happen you can only do what you think is right. Then tell them what you will do and say that unless they tell you differently you will assume that they agree.

Remember that the silent strategy was all about avoiding anything happening. This shows that it didn't work and may well be enough to get them talking at that point. If not at least they have learned that the strategy didn't work with you. As with other strategies the trick from here on is to shape their subsequent behaviour until eventually they learn that talking is best.

Based on the book 'Coping With Difficult People'

by Robert Bramson Ph.D. ISBN: 0-440-20201-9

The challenge 17: Even more strategies

In this third 'strategies' post we'll consider ways to deal with manipulation and overly-demanding behaviours. As before the strategies outlined are based upon Robert Bramson's brilliant work, 'Coping with difficult people'

Manipulation

This one is really very straightforward. It's impossible to play one person off against another if they talk to each other so that's the solution. The whole team talks openly – especially about allegations (unless safeguarding rules prevent this) or other unpleasantries – and ensure a whole team approach.

If ever you need to confront a service-user (or colleague come to that) about the fact that they have said different things to different people make sure that everyone concerned is present for that conversation. It's almost impossible to keep the manipulation going when all parties are listening.

Of course this may make the person go silent in which case just use the strategy for dealing with silence until you get past it. The trick is to show that this behaviour won't work with your team.

Overly-demanding behaviour (*I know my rights)*

In one sense this is easy to deal with but in another it's one of the most difficult challenges we face. Sometimes it requires real personal courage.

Realistically people who tell you that they know their rights generally don't – they simply know what they would like. These two things aren't necessarily the same.

So understand their rights yourself – this means knowing the law – remember that rights are given through law, not merely through preference.

If the person is correct then you abide by the law. If the person is not correct you still abide by the law – this probably means disappointing them.

That's simple to understand but the difficulty comes in dealing with what happens next. You might find yourself having to deal with all manner of challenging behaviours as a result. So the other thing to say here is become familiar with the rest of the strategies and principles discussed in this blog series so that you will be able to withstand their reaction.

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The Challenge 18: Further strategies

Finally in this little succession of posts on challenging behaviour ***strategies*** we'll consider sniping and explosive/hostile behaviours. As before I'd like to acknowledge the excellent work or Dr. Robert Bramson upon which these strategies are based.

Sniping

Snipers snipe because they're not brave enough to come out and fight in the open. This may be because they're naturally timid or because the group they're in just won't tolerate open attack. Nonetheless they generally have a need to put you down as a way of showing their own superiority. Make no mistake though – sniping is extremely effective – not least because the 'rules of the game' mean that the victim usually feels they have to join in.

So just like a real sniper with a rifle they shoot from behind cover (humour or from a distance behind your back). Your task is to take away the cover.

If they snipe at you don't let them pass it off as OK. Simply stop the conversation in its tracks and say:

"That was a funny joke but I thought I heard a dig in there. Did you mean it that way?

They'll say something like:

"Can't you take a joke?"

You say:

"Yes I can take a joke but I also thought I heard a dig in there. Did you mean it?"

They'll say something like:

"You're too sensitive."

You say:

"Maybe I am but I still think I heard a dig in there. Did you mean it that way?"

Whatever the sniper says you repeat the question until they answer it. The sniper has lost his or her cover. They must either say "yes" or "no" – there's no other option. If they say yes you can discuss it with them. If they say no then you can move on but either way you've stopped the sniper in his or her tracks.

Sometimes snipers tell stories behind your back with the intention that it'll get back to you. If this happens try hard to get the permission to confront the sniper from the person who told you what they said. If you don't get it you'll know that the person will never again tell you what the sniper said and that's great. After all you don't need that sort of negative information if you can't do anything about it.

Instead of approaching the sniper then you simply say to the other person:

"Well you know how it is – nobody's safe when 'John' is around."

That sentence should defuse the sniper's comments anyway.

If you do get permission then you approach the sniper and say:

"Mary said that you had told her …….. (repeat the lie). Did she hear you correctly?" It's important that you aren't accusing the sniper. You're just trying to clear up something you didn't really understand. That's why it's a question – did she hear you correctly – and not an accusation about how they were telling stories behind your back!

If the sniper says that Mary did hear correctly you can discuss it with them. Be sure to point out that in future you **expect** them to bring their issues with you to your face and not to others. People tend to respond very well when they're told what is expected of them. Even if the sniper isn't moved by the use of the word 'expect' it sounds strong and that's always positive when dealing with snipers.

If the sniper says that Mary misunderstood you say.

"OK – good. I'll tell Mary so right away."

Once again you have removed the cover from the sniper who may well have to explain some things to Mary later.

Be warned. Snipers tend to snipe because of self esteem and confidence issues. It is usually not appropriate to use the sniper techniques with service users who may have emotional or self-esteem problems.

Angry explosions

Exploders are essentially aggressive. They believe that their wants are more important than yours and use unfair methods to get their own way. They may well see you as unimportant and so they won't listen to you easily. They also tend to make snap decisions (because they don't listen to both sides) and then defend their opinions very aggressively.

The trick is to stand firm but don't fight. Essentially just let them run out of steam. Don't try to argue with them – you'll lose if you do. These people are truly out of control and that means that they are unpredictable and probably unable to reason through the problem until they've finished their tantrum.

Listen, listen, listen and then try to get a change of pace, sit down if you can or go for a walk – anything to alter the mood. Once the tantrum has run its course then they will be much easier to handle.

As with all these behaviour types the trick is to take away the 'pay-off' for them. Let them know by your reactions that they will not get their own way like this. That way they're likely to learn over time that it's not worth flying into a rage where you're concerned. This is basic operant conditioning in action. Above all – be reasonable with them at all times and so far as you can treat them as though they were being reasonable too. That way they're more likely to become reasonable – at least around you.

Some people look like exploders but actually they are very much in control. They have simply learned through previous conditioning that relentless, forceful behaviour works – and it does most of the time. They have also learned that this forceful, uncompromising

behaviour tends to make the other person frustrated and angry – at that point they have won the argument and they know it. So don't get angry – stay calm but immovable.

Remember that this sort of behaviour only works if you play the game and either give up or lose your temper – so don't do either. The main technique is to interrupt you – never to let you 'get a word in'. So whenever they interrupt stop them – calmly but forcefully. Say:

"John – you interrupted me"

Then carry on speaking from where you left off.

Don't say anything else. Especially don't point out that interruptions are rude. Don't say "Don't interrupt me" either. Both of these are likely to be seen as aggressive and will prompt a more serious attack – perhaps even an explosion.

You will need to repeat this many times before they get the message but eventually the bulldozer will start to see you differently. They may even want to be your best friend. This is because they respect strength – in many cases it's the only thing they ever respect and so by standing up to them you've proven yourself to be the one thing they admire.

Don't be surprised if instead of hostility you find yourself invited in for a cup of tea. And if that happens accept it graciously – it's sincere and you might as well be friends with them rather than a target.

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The Challenge 19: Expectations

Experience is what happened when you didn't get what you wanted.

People learn by experience. If you have managed to survive as a worker in either health or social care then this is especially true for you. It's no exaggeration to say that social care workers who don't learn and adapt their behaviours and attitudes because of what they see and experience tend not to last very long. They burn out when their naivety leads them into trouble time and time again.

So the ability to reflect upon what has happened and to distinguish between people who are 'difficult' to cope with and those who are not is a vital skill for us. It keeps us safe and it helps us to handle the 'awkward' situations that crop up with alarming regularity. Learning from experience helps us to predict future behaviour and so we can avoid problems or at least prepare ourselves for them in advance. So far so good….

But there's a problem with this too – it's not a massive problem and it can be overcome but it's there none the less. Learning from experience means relying upon information that comes from the past. As we know this is vital. It's the stuff that successful careers are made of. But it's only a part of the picture. People have a future too.

If the service-user has been 'challenging' before it's tempting to assume that they will be challenging again. We make a prediction about what they will do next based entirely upon what they have done before. This is OK – in fact in risk assessment it's well known that the best predictor of future behaviour is past behaviour. But it's only a predictor – it's not a certainty.

The principles and strategies we've covered throughout this series are designed to change the pattern of people's behaviours. To make their future behaviour different from the behaviour of the past. If there's any point at all to challenging behaviour work it's to make a difference over time.

In their famous 'Pygmalion in the classroom' study conducted at 'Oak School' more than forty years ago Jacobson & Rosenthal demonstrated the power of prediction and its impact not only upon behaviour but even upon levels of achievement. Although the study was conducted with schoolchildren the lesson is clear and very disturbing. In essence they found that the attitude of authoritative others such as teachers (in social care settings, workers) actually causes the behaviours and levels of progress they expect. Fortunately their groundbreaking research findings have been republished and are well worth a look (Rosenthal R. & Jacobson L. 2003)

Similair findings are reported by the British Psychological Association (BPA 2000) in the 'Recent Advances' document describing a number of psychosocial approaches to care provision.

Key to the findings of the BPA is the concept of the self-fulfilling prophecy. This is the 'give a dog a bad name…' principle that seems to be mirrored throughout human existence. As a general rule people live up or down to the expectations others place upon them.

When we bring all this information together it is obvious that the most important part of challenging behaviour strategies is expectation. Our attitudes can create a self-fulfilling prophecy that keeps people behaving just as they always have done. Or, by expecting the best from people we can create that self-fulfilling prophecy too. We need to believe

that the other person is not only capable of adapting their behaviour but also that they are about to do so as a result of our interventions.

The way to solve the problem of 'experience' then is not to ignore it – that would be naïve. The solution is to acknowledge the value of experience but to understand that it is only part of the picture – it's only based upon the past and the future hasn't happened yet. Be cautious – remember the past and be prepared for the problems and challenging behaviours that **can** happen again but don't expect them automatically to recur.

Balancing the lessons of our experience, which is vital, with the much needed 'therapeutic optimism' that change can and will occur is not an easy task but it is ***the*** task, nonetheless.

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Rosenthal R. & Jacobson L. 2003, Pygmalion in the classroom, Crown House Publishing