



|        |                         |              |
|--------|-------------------------|--------------|
| TITLE: | MANAGEMENT OF BEHAVIORS | POLICY 20.01 |
|--------|-------------------------|--------------|

Authority: [RCW 388.78A.2600, Policies and procedures](#)

**PURPOSE:**

This policy provides guidance to staff as they interact with residents who display challenging behaviors.

**SCOPE:**

This policy applies to all Trouves employees.

**DEFINITIONS:**

**Aggressive/assaultive behavior:** is a forceful verbal or physical action a person takes to meet legitimate or perceived unmet needs or wants.

**POLICY:**

- A. Trouves provides support to the resident when challenging behaviors occur.
  
- B. The nurse evaluates the resident to determine what the unmet need is.
  - 1. The person may experience these unmet needs with feelings and emotional states such as anger, fear, frustration, anxiety, hurt, helplessness, hopelessness, loneliness, sadness and shame. The challenge for both resident and staff is to identify what needs are driving those feelings and the resident's aggressive and assaultive methods of meeting those needs.
  - 2. Pain may also be a trigger for challenging behavior. Because of cognitive deficits, residents may have difficulty telling us when, where and how they hurt.
  - 3. Traumatic physical, psychological, and/or sexual abuse may also play a part in challenging behaviors.
  
- C. The nurse and team may use interventions such as:
  - 1. Use firm, compassionate verbal reassurances. A fearful, frustrated, or confused person who is noisy and yelling needs verbal reassurance in a firm, compassionate manner. (We can reduce violence by giving a manipulating or intimidating resident the choice to freely verbalize their disapproval or to negotiate choices.)



|        |                         |              |
|--------|-------------------------|--------------|
| TITLE: | MANAGEMENT OF BEHAVIORS | POLICY 20.01 |
|--------|-------------------------|--------------|

2. Be aware of staff behaviors as they can violate basic, legitimate needs of the resident and provoke violence; e.g., inflexibility, ignoring the resident, condescending, demeaning tone of voice, body language, punitive responses, and power struggles.
3. Consult the service plan for interventions that have been effective for this resident.
4. Request the staff that has the best rapport with the resident to interact and work to find the unmet need.
5. Approach resident in non-threatening manner, and base interventions on specific nursing assessments which include identified unmet need(s) that is/are triggering the aggressive or assaultive behavior, as well as the residents presenting level of dangerousness.
6. Allow an adequate body buffer zone (out of kicking/hitting range up to six feet) when interacting with resident.
7. Approach obliquely from the side, avoid shoulder-to-shoulder, or face-to-face positioning and direct eye contact with some resident. Do not challenge the person.
8. Avoid blocking the resident's exits/ doorways. Allow flight to open space. Avoid cornering or trapping resident. That may increase their fear.
9. Generally, do not touch resident. Touch should be offered, not given; however, touch may be helpful with confused or demented residents.
10. Ask "What's the matter?" Find out what happened. Base verbal interventions on the nursing assessment (if disoriented, reorient: call the individual by name, tell the resident your name, where you are, etc.)

**EXCEPTIONS:**

No exceptions to this policy may be granted without the prior written approval of the Director.

**SUPERCEDES:**

None