

Understanding Behavior (Home Health Aide In-Service Training)

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Introduction

In this module... you will learn about:

- What affects a client's behavior.
- How you can influence a client's behavior.
- The client's psychosocial needs.
- Your responsibility in meeting these needs.

v07.09.15



Definitions

Anxiety: A feeling of worry or uneasiness.

Behavior: Action that can be observed and measured.

Depression: Feelings of deep sadness, often due to the loss of independence or physical ability.

Economic Depression (the Great Depression): A period in the 1930s when banks failed and many families lost their homes, jobs and possessions.

Hoarding: Gathering and saving things in a hidden place.

Motivated: Having a reason for doing something.

Orient: Helping the client to become familiar with people, place and time.

Positive Reinforcement: Compliments or rewards for doing something.

Psychosocial: An individual's mental or emotional processes which are used to interact with others.

Reminiscences: Recalling past experiences or events.

Remotivated: Having a reason for doing something again.

Self-esteem: Feelings about oneself.

Behavior

Behavior refers to the actions of people that can be observed or measured. There are many reasons why people behave the way they do. Some of these reasons are:

- **Self-esteem.** How worthwhile a person feels.

- **Beliefs.** What a person believes in.
- **Patterns of behavior.** The ways a person learned to behave as a child.
- **Personal value system.** What a person sees as important, based on beliefs about what is proper or decent behavior.
- **Judgement or ethics.** What a person sees as right and wrong.
- **Culture.** How people in the person's national or ethnic background expect the person to act.
- **Life experience.** Everything that has happened to the person.
- **Needs.** The person's need for approval, independence, and a sense of belonging.
- **Motives.** What the person hopes to gain.

Behavior is rarely simple. At any time many of these factors may be working together to cause a client's behavior. No two people are alike. Older people are especially different from one another. They have lived a long time and have had many different experiences. All these experiences affect their behavior.

The person who lived through the economic depression of the 1930s may view money and security very differently from a younger person who did not have this life experience. What appears to be stinginess and hoarding may be a logical response to memories of the past and fears of another economic depression. In order to influence your clients' behavior, you must first try to understand why they act as they do.

You should get to know the clients as people. Learn about their beliefs, cultures, and personal value systems. Learn about their life histories and what they want now, and learn what will make them happy. Sometimes if you show interest in a client's past, you can change the client's entire outlook and make him or her much happier.

Dealing with Loss

One of the life experiences of all people who live to old age is loss. It may be the loss of health, independence, job, friends, or a spouse. One normal reaction to loss is anger. Losing something you value or someone you love makes you angry. The client needs to be able to express this normal anger without being made to feel guilty. Another normal reaction to loss is sadness or grief. You mourn for what is lost. Depression can be a part of grief. Depressed clients may lose interest in the world around them. New clients are often angry or depressed over the loss of their independence.

Dependence

Overly dependent behavior may be the result of the client doing what he or she thinks is expected. Dependent people may also be afraid that no one will be there to help them if they appear to be independent. This may be a way of asking for affection or trying to keep someone caring for them.

The client's relatives may be encouraging the client to behave in a dependent manner. They may be trying to do too much for the client and reinforcing tendencies to dependent behavior. They expect the client to be dependent.

One way to respond to this is to point out and praise the client's independent behavior when relatives and friends are present. This will gently reinforce the importance of letting the client be more independent, and it may serve as a "model" they can follow for their own behavior. It is also important to reinforce and compliment the family on their positive attention and help to the client.

Stubbornness

Stubbornness may really be a fear of doing things differently. The fear of not being able to handle changes is common as a client feels less able to cope. Familiar routines always feel safer.

Low Self-esteem

Clients with low self-esteem, who don't see themselves as important any more, may become extremely demanding. This can be a way of demanding attention to prove to themselves that they are still important. These clients need constant reinforcement to feel worthwhile.

Expectations

Expectations also influence behavior. People tend to behave in ways that others expect them to behave. This is often referred to as a "self-fulfilling prophecy." This means that by expecting a certain kind of behavior, even if we don't like it, we may actually end up encouraging a person to behave that way. We communicate our expectations by what we say, how we say it, facial expressions, touch, and attitude. If you always expect positive behavior from your clients, that is what you will usually get.

Coping with Losses

Clients requiring home health care may be coping with many losses: the loss of health, mobility, or independence. They will probably focus most of their energy and interest on themselves. This may make them appear selfish and self-centered; however, this focus is often necessary in being able to cope with these changes. As the client becomes more secure and adapted to their new situation, the home health aide can help them direct some of this focus outward toward others and other activities.

Making an effort to know your clients and trying to put yourself in their place will help you understand their behavior. Always remember that the clients are just people, like yourself, who have probably been through severe losses and painful experiences. Health problems can be very frightening. Many older clients are facing the fact that they have entered the last stage of their lives, and they may always require some kind of assistance.

When you understand these fears and how they affect behavior, you can begin to help your clients behave in more positive, productive ways.

Remotivation

We do something because we are motivated to do it. We have a reason for doing it. Motivated means urged on or moved to do something. If what we do makes us feel good or produces a reward, we are motivated to do it again. Something extra done for a client is often rewarded with a smile and sincere thanks. When you feel good about what you have done and want to do it again, you will be motivated.

Older clients who have lost the strength and ability to do many of the things they used to do easily will often feel this loss as failure. They will be reluctant to do things. They will not be motivated to do things because failure doesn't feel good. When these clients again have the desire to do things, we say they are remotivated, or motivated again.

Helping Remotivate Clients

The client care plan will list the remotivation goals for each client. The client's family should become aware of these goals so that everyone can strive toward the remotivation of the client.

The home health aide has many opportunities on each visit to remotivate clients. The goal may be for the client to become ambulatory. This is a big goal for a client who appears not to be interested in sitting up without assistance. The home health aide should think in terms of smaller goals which would lead toward accomplishing the larger goal.

How you feel about yourself is called self-esteem. Clients cannot be motivated to interact with others until they feel good about themselves. Many times during the day, the home health aide has the opportunity to raise a client's self-esteem with compliments. Compliments must always be sincere. This should not be difficult as everyone has accomplishments, traits, and objects worthy of a compliment. A client may have beautiful eyes, a new hair style, a colorful robe, a caring family, or some fresh flowers. Noticing and commenting on these things helps make the client feel worthwhile and important. Attention and approval are powerful motivators.

Get to know your clients. You may find much about their past that interests you, and this in turn will help you find new ways to compliment them. Your interest and concern by itself may help remotivate someone who feels cut off from life.

Positive reinforcement means noticing and praising each step toward a goal and ignoring failures. All of us respond to praise. Praise motivates us to keep trying. On the other hand, being scolded or shamed makes us not want to try again. A client should never be scolded, shamed, or made to feel worthless. To motivate, praise the positive and ignore the negative.

Setting Goals

Set small goals that lead to bigger ones. A small goal may be simply to get the client to smile. A smile is a sign of a good feeling even if just for that moment. If you are interested in the client and convey this interest with positive comments during your visit, the reaction from the client may be a smile. The client will feel better and so will you when you see a small goal being met.

The next small goal may be for clients to express a positive comment about themselves. If you express positive comments about them, they will begin to see themselves in a more positive way and may express this.

A further small goal might be to have the client express interest in an activity requiring ambulation. By explaining how the client can participate in that activity, you are giving the client confidence. The next step may be assisting a client to perform the range of motion exercises. Eventually, you may be able to remotivate the client to become ambulatory. The big goal, at the end of all your small goals, may then be to get the client to participate in the activity.

It is important to remember that remotivation takes place in small steps and cannot be rushed. You must be patient in your efforts to remotivate clients. Appreciating and celebrating each small step taken are the rewards for progressing toward a bigger goal. They are also what motivates the client and yourself to continue the process.

It is important to realize that the goals of remotivation may begin with the smallest of tasks, such as brushing the teeth or learning to comb the hair again, and progress to very large goals, such as relearning to participate in an activity.

Psychosocial Needs

Basic needs are common to all of us, including clients requiring home health care. Everyone has psychosocial needs. These include needing to feel:

- Loved and appreciated.
- Approved of and respected.
- A sense of accomplishment.
- Recognized as an individual.
- Worthwhile and important.

When people require home health care, they may be facing losses and changes that make it difficult to fulfill these needs. For example, many older clients are losing the role of being an independent person. They may no longer have a job or a role as family caregiver, and the ability to come and go at will may be restricted. The clients must often depend on others for daily functions. The purpose and direction of their lives have changed.

Anxiety and Depression

Some clients go through a period of anxiety and depression during the initial stages of their health care. The home health aide can help the client overcome these feelings by being understanding, helping the client become comfortable in new routines, and respecting and appreciating the client as an individual.

Some ways the home health aide can help the client overcome feelings of anxiety and depression and fill psychosocial needs are:

- Orient the client to the healthcare plan. Explain the schedule, the routine, and the procedures you will be performing.
- Give the client your full attention when giving care. Listen and respond to the client. Take the client's comments seriously and do not pass them off lightly. Ask questions, but do not pry into anyone's personal life if this makes a client uncomfortable.
- Accept the client's feelings even if they are negative. The client may have good reason to feel negative. You can respond with statements which accept the client's feelings as real. For example: "You must feel rather unsure right now. I'll help you get used to the new routine." Accept the feelings, but then offer some hope.
- Don't respond with phrases such as "You shouldn't feel that way" or "Everything is going to be just fine." Also, don't say "I understand," because you cannot understand unless you have been ill and required home health care.
- Always address the client by name. Use Mr. Smith or Mrs. Jones unless the client has given permission to use the first name, and never use nicknames such as "honey," or "sweetie." This shows you recognize and respect the client as an individual. Remember the client's personal interests, likes and dislikes, and the names of family members. You can then make your conversation with the client more personal and individualized.
- Respond quickly to the client's requests for assistance. Making a client wait suggests that the client is unimportant.
- Encourage steps toward increased independence and trying new things. The more independent clients are, the greater their self-esteem will be. Praise each success, no matter how small, and work on improving problems.
- Help the client be well groomed each day. A good appearance will help the client feel worthwhile.
- Whenever possible, allow clients to make their own choices and decisions. This increases a sense of control

over their own life.

Give care in a calm, caring manner. Remember that it can be difficult to become dependent on someone else for your activities of daily living. Make the situation as comfortable as possible with a kind, considerate, matter-of-fact manner.

A gentle voice and a gentle touch convey a sense of warmth and caring. Holding a client's hand and a gentle hug convey affection and caring. But be sensitive to personal and cultural feelings. Some clients may not want to be touched or may not feel comfortable being touched by someone they have just met.

Respect the client's privacy. If others are there, suggesting they step out of the room or closing the door before offering care can show respect for the client's dignity.

Listen to and be interested in a client's reminiscences. These memories are saying that he or she was once independent and felt important. Reminiscing helps people come to terms with their life experiences.

Encourage clients to participate in appropriate activities. Being interested in others and in activities is a sign that depression and anxiety are lessening.

These are just some of the ways to meet the psychosocial needs of your clients. You will find many more as you strive to understand each client and his or her particular needs. If you treat all clients as you would like to be treated, you will be meeting their psychosocial needs to the best of your ability.