

ASSISTANCE TO INDIVIDUALS WITH MENTAL DISABILITIES AND BEHAVIORAL DISORDERS DURING FIDGETINESS

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Adults with mental disabilities in combination with behavioral disorders and special needs can use residential social care services, which in the Czech Republic are called homes with a special regime, or remain in their natural environment. These people often have a very difficult mental state, they may fall into a „period of unrest“, which may culminate in aggressive behavior towards themselves or their surroundings.

I give an example of good practice thanks to the described experiences of two of my students (Jana Hicová, Jiřina Nováková), who worked in a home with a special regime and shared their experiences not only with me, full-time students (workshop organization), but also worked on bachelor's theses. At this point, I would like to briefly present Jiřina Nováková's bachelor's thesis, which also included a methodology for helping nonprofessionals who can find themselves in very difficult situations when caring for a family member with a mental disability and behavioral disorder.

This facility provides basic activities, such as the provision of accommodation, meals, personal hygiene assistance, assistance or support in sociotherapeutic activities and activation activities. According to the Act of the Czech Republic No. 108/2006 Coll. on social services, the social service provider is obliged to update individual care plans of users of services with a risk in behavior, aimed at minimizing risky behavior. In the case of recurrent risky behavior, a section on the prevention of risky behavior and procedures for its elimination should be included in the individual care plan. The individual and risk plan must include all possible primary and secondary prevention procedures considered and a detailed specific description of worker procedures in the event of user risk behavior, including any procedures for action that may be taken. Procedures to eliminate risky behavior include primarily three areas, namely: risk prevention and mapping, distraction, gentle grips, and a safe stay room.

Prevention and mapping of risks of problem behavior

The creation of risk plans takes place individually with the client of the service, with a team of employees, or in multiprofessional teams. Risk situations are continuously evaluated. Preventive measures serve to ensure that the employee is able to identify triggers of risky behavior and choose the appropriate procedure to work with the client. Risky behavior in this sense also includes violent behavior and danger to each other (autoaggression, suicidal behavior).

Measures restricting movement

According to the valid rules for the provision of care, the Ministry of Labor and Social Affairs of the Czech Republic is not allowed to adopt and apply measures restricting the movement of people in social services. Exceptions are cases of direct threat to the health and life of others. If this measure is taken, it must last very short for the time strictly necessary in the mildest measure. Restrictions on a person's movement must always be preceded by an effort to calm the situation, for example, by listening, distracting, offering an interview, activities, activities. If the client does not calm down, the person must be informed of the restriction of movement. Only trained, accredited personnel may perform physical restraints using gentle grips. Grabbing must not hurt the client and must always be respected his dignity. If sedation does not occur, the person may be placed in a room set up for a safe stay, or medicinal products may be administered on the doctor basis of the called and in his / her presence. An appropriate document must be drawn up without delay in the use of measures restricting movement in social services, and the legal representative must be informed. The practice is that the worker who must intervene first chooses physical grips (known in social services as gentle grips), which must be appropriate to the client's age, size, and gender. It is not appropriate to immobilize the client during the intervention. If even these measures do not help, the worker can use the room set up for a safe stay; if even this measure does not work, the worker will call for medical help.

Once the restrictions on movement have been completed and the mandatory requirements have been met, it is necessary to evaluate the existing risk plan, discuss possible new risks, and follow-up preventive measures to minimize the recurrence of problem behavior.

New approaches in working with users in social services facilities

Various procedures, methods, and approaches to work are sought to improve the lives of users with behavioral disorders living in a home with a special regime. One of these approaches to working with the user is „The Road to Recovery,” written by American psychiatrist Mark Ragins, which describes the stages an individual must go through on the path to change. It is a phase of hope, empowerment, responsibility, and a new role. According to the author, hope is important to see as a positive image of the future, faith in oneself, and in the employee's emotional connection with the client. The task of empowerment is to see the client as a person, not a case, not to moralize, not to punish, to adhere to the two principles of respect and sincerity. It is good for the workers to come out from the role of nurses; they tried to do something different, not to stick to the role in which the client knows them. This will show their relationship to the client and it is possible to create new things. According to the principle of the responsibility phase, it is better to take a risk than to remain in sterility and eternal stress. Involve the client but do not force them to support him in making decisions. It is important to be

aware of your own prejudices that limit client behavior. In the last phase, which is a new meaningful life role, the goal is to help find new life roles in relation to work, family, friends, be less client and more human, start living your own life more (Ragins, 2019).

Employees of the Home with a Special Regime (Jana Hicová, Jiřina Nováková, Home with a Special Regime Pízn, <https://www.nassvetprzno.cz/dzr/>), who studied the bachelor's study program Social Pathology and Prevention at our university, are constantly trying to find new ones challenges, projects, trainings that would help them in their daily work. They have very good experience with the project „Where there is a will, there is a way“, which aimed to find alternative methods to improve the lives of people with mental disabilities combined with behavioral disorders and specific needs. The facility staff were educated under the guidance of excellent lecturers of various seminars, focused, for example on the sexual life of people with disabilities, crisis intervention, assertive techniques, and alternative communication.

Due to the lack of capacity of residential facilities, people with mental disabilities and serious behavioral disorders remain at home, and it happens that their uncontrolled behavior can be threatening for them and their caring family. This was the goal of Jiina Nováková's bachelor's thesis, which, as an experienced worker of a residential facility, wanted to offer home caregivers a methodological guide to the procedure in crisis situations.

We also present an example from the developed methodological manual, which concerns the methodological procedure „Communication with the caregiver during fidgetiness“ and recommended assertive techniques.

When caring for people with mental disabilities, combined with behavioral disorders and specific needs, we often encounter verbally aggressive behavior, which is manifested by anger, shouting, vulgar expression, and threats. The most common causes of this behavior are usually dissatisfaction with some of the basic human needs, stress, fatigue, fear, disappointment, or failure. To manage the verbally aggressive behavior of the caregiver, we can use one of the communication techniques, such as asking about specific circumstances.

and the people who caused the situation, affirming the right to anger, opening doors, listening, mirroring, accepting mistakes, expressing understanding, expressing appreciation. When talking to the cared for in a period of unrest, it is necessary to distinguish how they react to the situation.

Assertive communication techniques

Asking for details

When you ask for details, we show interest in the caregiver. We ask what was causing his agitation, what angered him. We ask for details of the situation. We pay attention to the cared for all the time, we show him our interest, we try to keep him, we calm down and divert attention from anger, but at the same time we try to find the reason what caused his restlessness.

Affirming the right to anger

We agree with the caregiver that if his anger is justified, he has the right to be angry. Otherwise, if your anger is not justified, we will understand and sensitively provide the caregiver with information on how to safely process your anger and resolve the situation.

Opening the door

We will offer the caregiver the opportunity to vent the accumulated negative emotions in a safe environment, for example, in his room, in a room where he feels safe and secure.... Let us be angry, but we must realize that anger is not directed towards us, and therefore we do not take his manifestations of anger personally (insults, insults, etc.).

Listening

We prove that we listen to the caregiver by letting him speak freely. In doing so, we express our interest in what the caregiver is saying, both verbally and gestures. We sensitively show that we perceive, hear, and understand it. For example, we nod or confirm. By listening, we can divert the caregiver's attention from his anger.

Mirroring

Mirroring is a technique in which we describe what he is doing in a suitably angry way or he says, but we do not communicate anything about our feelings and emotions. This technique should help the caregiver decide whether to continue his aggressive behavior or calms down.

Accept error

If the cause of the aggression is the caregiver's fault, it is appropriate for him to admit his mistake and apologized to the caregiver. It is important that there is an equal and responsible approach between people. Admitting our mistake and apologizing can be very important between the two parties, thus strengthening mutual trust.

Expression of understanding

If we find something in the expression of the angry that confirms us that he is justifiably angry, we express our understanding and sincerely say that we understand him. Truthfulness and trustworthiness are very important in this technique. This technique helps the caregiver to perceive a sense of acceptance and understanding and can reduce the symptoms of anger and also develop a relationship between them and the caregiver.

Expression of awards

In angry speeches, we try to find something we can appreciate, such as that he is interested in sharing his feelings, emotions, that he wants to solve the situation, and we emphasize its achievements and the pros.

Good practice

With good communication, we not only learn a lot of information that angered the caregiver, but mainly trust and a relationship between communicators. Gaining trust means that the other person will listen to us and will be willing to cooperate, which will distract from aggressive behavior.

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