

# Coping Strategies, Safety, and Communication Strategies in Behavioral Health Conditions

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**Boston Children's Hospital**  
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# ABCs of Behavior Management

To understand and respond effectively to problematic behavior, one must consider the event/situation before the behavior as well as the event/ situation that follows the behavior.

**A: Antecedents**

**B: Behaviors**

**C: Consequences**



# Identify and Define Behavior(s)

- Identify and define the target behavior.
- Be **specific** so that all are clear on what it looks like.
- It must be **observable** and **measurable**, so that all can agree that the behavior happened, and to what extent.
- “Acting out” and “behaving” are poor definitions of behavior.



# Safety Issues

- Belongings and Room searches- always be scanning for extraneous objects left in rooms. Complete a search every shift, if indicated.
- Patient belongings to be locked in patient locker outside of room
- Parents encouraged to leave belongings in the car, or place in parent lockers



# Decreasing Agitation

- Assess the situation: hungry, tired, anxious, distracted?
- Adjust the environment: remove distractions, minimize the number of people, the light and noise, etc.
- Make expectations clear: when the patient, parents, and staff knows what is expected of them, the success rate increases.



# Decreasing Agitation

- Give patients a choice when appropriate.
- Count down to transitions: whenever possible. Saying “5 minutes until..” or using a stopwatch or timer on an iPhone.

*Always make the transition at the stated time, whether it is an activity change or room change, etc...*



# Consequences “DON’T”

- **Delayed or disproportionate consequences:** will not be connected to the behavior, and may discourage the desired outcomes. Can be seen as punishment.
- **Negative attention:** some patients are looking for attention of any kind. This can deter desired outcomes, can be too critical of the patient, and discourage them.



# Consequences → “DO”...1

- Praise for positive behaviors. Even small ones.
- Active ignoring: for certain cases, minor behaviors. Not for destructive, harmful, or aggressive behaviors.
- Incentives: a specific toy, activity, or privilege that a patient can “earn” for positive behaviors.





# “DO” ...2

## Take a Time- Out:

- “I’ll give you some space and come back in 5 minutes, then maybe we can talk.”
- “We are going to take a break from this activity until you are in a better space.”
- “Mom is going to take a break, and give you some space to regroup.”



# Language and Communication

- Use language that is appropriate to the patient: (in his/her language, age and cognitive level,..)
- Verbal vs minimal verbal direction vs non verbal
- Take time when communicating.
- Make sure that they understood.
- Do not start the conversation with apologizing when you mean to accomplish a task.
- Beware of negotiating. Sometimes waiting is the right choice, sometimes it's now or never.



# Keep in Mind....

- Your personal feelings and affect
- Potential trauma of a patient, and touch in regular care
- Reminding the patient that it is our job to keep them safe
- Sticking to plans and protocols illustrates caring and security to the patient, and sets your coworkers up for success.



# Consistency in Practice

Consistency is important in all areas of care, but is especially important when caring for behavioral health patients. This is because there are times that a patient may not only take advantage of inconsistencies, but actively look for them, in an attempt to elope, self-harm, or harm others.

If you have questions at any time, please check in with the team caring for that patient.



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