

Behavioral Gerontology: Problematic Interactions in Nursing¹

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The quality of the interactions between certified nursing assistants (CNA's) and elderly people in need of care is of major concern. A positive evaluation of these interactions by the individual client makes that he will have confidence in future care. However, problematic interactions in nursing do happen. I will present just one of such cases and the way behavior analytic intervention did improve these interactions. In this case the need for intervention was claimed by the CNA's involved. CNA's can consult a Healthcare Psychologist in case of challenging behaviors of a client, in case of problematic interactions or when they are in doubt whether their caring is appropriate.

The case of Client A

Client A is a 75 year old man suffering from multiple sclerosis. His wife died nine months ago in consequence of a brain tumour. Mr. A is wheelchair bound and needs a lot of help with daily living skills. CNA's from the local Home Care Service (HCS) are coming on a fixed schedule several times a day. Mr. A blames the CNA's for being unprofessional and the HCS organization for being disorganized. CNA's are complaining that Mr. A is grumbling, is making unreasonable demands and is giving orders in an authoritarian manner. They experience their caring as very stressful, as a failure and a constant battle. In their view the ultimate example of lack of cooperation is illustrated by the fact that Mr. A refuses to hand over a spare key of the front door of his apartment, so when he is not close to

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the electronic device for opening his front door CNA's have to wait unnecessarily. To prevent further ad hoc negotiation over the appropriateness of the schedule HCS management put the schedule on paper as an agreement after fine-tuning to the wishes of Mr. A within the bounds of organizational possibilities. However for Mr. A the schedule feels as confronted with a *fait accompli* and proves that the HCS is flinching from his duty. CNA's qualify Mr. A's attitude to the schedule as rigid: recently he refused to open his front door at 10.15 pm for the evening shift and ordered her to wait in her car until 10.30 sharp according to schedule. This was the drop that makes the cup run over: consultation of the Healthcare Psychologist was called in.

Functional assessment of the interactions

It was assumed that Mr. A would not agree on direct intervention by a Healthcare Psychologist. Why he should? He is not in need of psychological help, he just want appropriate help from the HCS. So I decided to treat the team of CNA's involved as my client. That leaves me with an assessment of relevant environment-behavior relations based on what CNA's did report afterwards about the way interaction took place. Interviews with two of them resulted in the following information: Mr. A is very determined to live as long as possible in his own apartment and to stay away from being hospitalized in a nursing home. For him it is very important to be the captain of his soul. From a behavior analytic point of view: he guards this position through the exercise of personal control, he tries to control the world around. According to Skinner (1953) his behavior in doing so is a proper object of behavior analysis, and eventually it must be accounted for with variables lying outside the individual himself. Information from the interview reveals that situations in which caring pass off well and according to Mr. A's wishes, he is responding friendly and complimentary (Mr. A is well pleased with the domestic help of the HCS, a middle-aged woman who is coming twice a week). When CNA's generate aversive conditions for instance by refusing to commit themselves to the exact time of the schedule or by doing things in a different order as wished by Mr. A, he opposes these controlling attempts by countercontrol (Delprato, 2002). Mr. A's countercontrol involves both escape (grumbling, scolding, kicking up a fuss) and active or passive avoidance responses (giving orders,

making demands or refraining cooperation). Sometimes these responses are effective i.e. Mr. A is regaining control over CNA's controlling responses in a satisfying way, but for the most part his countercontrol does not result in improvement of his emotional state because his countercontrol is ineffective in either escape from or avoidance of the aversive control by CNA's. Yet this dysfunctional, maladaptive behavior is persistent. Presumably, because it offers some minimal protection against further deterioration i.e. an emotional state of sheer panic and anxiety. Empirical data on treatment of people with psychic problems or behavior disorders show that an individual becomes in a very uncomfortable emotional state when he is restricted in responses by which he is able to safeguard his well-being: the person is unprotected due to the lack of discriminative stimuli for successful behavior (Andreoli, 2000). In the case of Mr. A, successful intervention should aim at restoring successful behavior of both: Mr. A and the CNA's. Therefore functional assessment has not only to analyze environment-behavior relations of maladaptive behavior but particularly those of adaptive i.e. successful behavior. From the interview the following data were obtained on the behavior of the CNA's in various circumstances:

situation	unsuccessful	successful
Doing things in a different order with good reason	Just doing things without informing Mr. A in advance or arguing afterwards, rationalizing	Before you start: 'I know that it is important for you to know what will happen, so today I will start with and next I will...' (avoid extensive explaining)
Being too early or too late	' You know that the schedule is just a target time, no guarantee that we can be there exactly at that time'	'I know that it is important for you that we follow the schedule; I'm sorry for being too early / too late tomorrow I will go for it!'
Mr. A is giving orders	'I know what has to be done, I can't do more than my best'	'I know that it is important for you that we don't forget things to do and that we do it the way you like; today my planning is as follows... That will do for you?'

Table 1: Data Assessment Successful/Unsuccessful Behavior

Intervention

A meeting was arranged for all the CNA's involved. Data were presented and explained how variables lying outside Mr. A influence his behavior. Because he is heavily dependent of the help of others it is very important for him to safeguard his wellbeing by personal control as much as possible. Environmental circumstances that hinder him in his personal control will be experienced as aversive and therefore induce adaptive escape behavior (appropriate objection) or maladaptive escape behavior (e.g. scolding). Some environmental circumstances have the function of a warning signal that the exercise of his personal control will be restricted if Mr. A is not coming in action to avoid this. Again this active avoidance behavior can be adaptive i.e. successful in generating a safety signal for Mr. A, a signal that guarantees that he will stay in control of other people's, i.e. the CNA's behavior. In Mr. A's case expressing his wishes or giving instructions are examples of successful active avoidance behavior while giving orders in an authoritarian manner may turn up to be unsuccessful. From the examples of successful interaction in Table 1 it is clear that particular verbal behavior of the CNA's function as signals for Mr. A that he is or will stay in control of the actual situation. Due to the lack of concrete situational information we could not analyze afterwards the environment-behavior relations that induced the appearance of these signals: were they effected by adaptive active avoidance behavior of Mr. A or was he just lucky to profit from the result of environment-behavior relations that effected the behavior of the CNA involved? However for appropriate intervention answers to these questions are not relevant. What counts is that CNA's become more sensitive for cues (discriminative stimuli) for verbal responses which have a function as safety signals for Mr. A ("The more safety signals, the better" served as a motto after this meeting). During the meeting CNA's correctly argued that when Mr. A's personal control or countercontrol is maladaptive (grumbling, scolding, kicking up a fuss) they will be more inclined to restrict this maladaptive behavior. So attention needs to be paid on how restriction can be exercised in a way that challenging countercontrol will be prevented as much as possible. During the meeting CNA's were invited to think up some optional verbal feedback on those occasions and to test imaginarily how Mr. A should react to that kind of verbal feedback. Options that passed this test were: "I like to help you according your wishes, but I will not succeed if

you take this position on me” (in case of scolding) or “I can help you now, but if you do not accept this help you should manage it to night without my assistance” (in case Mr. A refuses to open the front door because the CNA is too early). It was emphasized that there is no obligation for actual execution of these options: they are just meant as explorations of someone’s individual behavioral repertoire in case of...

Results

Five weeks after the first meeting an evaluation was planned: interactions were dramatically improved. CNA’s reported that improvement occurred without any need of executing restrictive responses. One of the CNA’s expressed the change clearly as follows: “Mr. A does experience us now as supporters, not as opponents”.

Discussion

As a behavior-analytic practitioner I have followed with great interest recent discussions about what does and does not belong to the domain of applied behavior analysis (Holburn, 1997, 2001; Osborne, 1999; Hawkins & Anderson, 2002). Since I oppose eclectic approaches in psychology because of their unscientific opportunism, I am interested if my interventions can pass the test for being a behavior analytic application. According to Bear, Wolf and Risley (1968): analytic behavioral application is the process of applying sometimes tentative principles of behavior to the improvement of specific behaviors, and simultaneously evaluating whether or not any changes noted are indeed attributable to the process of application – and if, so to what parts of that process. (p. 91). For my part: the discussion is open now!

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