



PSYCHOSOCIAL NEWS:

The SSCIS Psychosocial Strategy for People with a Spinal Cord Injury

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The role of the psychosocial strategy is to assist you in gaining the knowledge and skills you need to effectively support the psychosocial wellbeing of people with SCI.

You know and understand what works for you in your practice setting, so your thoughts and ideas can make a difference.

If you have any ideas on what could assist you in your practice, if you would like to be further involved in specific working groups or have any comments about the strategy, your input is welcome! Please contact your representative on the Steering Group to feedback your thoughts and ideas, or contact the Chair of the Steering Group directly.

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Managing Challenging Behaviour

Interacting with some spinal clients in a variety of settings (acute, rehab and community) can be a very challenging experience. Especially when individuals may be uncertain, unhappy and demanding following a period of illness (physical and or psychosocial) or other difficulties. When individuals are unreceptive, it is likely that they will be unable to hear OR understand what you say AND be antagonistic to anything you say.

Not all difficult encounters can be blamed on the patient side of the interaction. All interactions between people are two way. What they say or do influences you, what you say or do influences them. From your point of view how you speak and what you say to a person will be very important, but also how you respond to challenging behaviour.

Determine the source of difficulty and be mindful of how the emotional reaction relates to the issues at hand. Defining your boundaries and knowing your "triggers" are important. Then you will be able to monitor your response and more easily empathize with the patient.

Understanding your own responses to other people's challenging behaviours also has a part to play in determining the outcome. In difficult situations knowing how to manage your own and other people's reactions will help you achieve a positive result.

Here are some challenging behaviours that you may encounter, along with strategies for management.

DEPRESSION

Do ✓

- ✓ Be interested in what the person is saying.
- ✓ Be encouraging and positive.
- ✓ Be prepared to take a little extra time.
- ✓ Present information in small segments.
- ✓ Ask questions to identify the problem.
- ✓ Ask questions at a slow pace so that you do not overwhelm them.
- ✓ If appropriate, acknowledge that they seem a bit 'flat'.
- ✓ Check that you have understood what they have said.
- ✓ Encourage them to write down the steps you want them to take.

It is unhelpful to....

- ≠ Rush the person.
- ≠ Present information too quickly.
- ≠ Overwhelm them with too much information.

ANGER AND AGRSSION

Do ✓

- ✓ Let the person speak.
- ✓ Listen carefully to the reasons for their anger.
- ✓ Acknowledge that they are upset or frustrated. (Say, you seem to be quite upset.)
- ✓ If applicable, apologise for minor errors made by you, your office or organisation.
- ✓ Show that you are listening by clearly summarising the complaint in your own words.
- ✓ Assure them that you are interested in helping them to resolve the issue.
- ✓ Ask questions to draw them out. (Say Can you tell me a bit more about what happened?)

It is unhelpful to....

- ≠ Tell the person to calm down or 'get a grip'.
- ≠ Raise your voice, or interrupt.
- ≠ Complete their sentences for them.
- ≠ Promise something that you know you can't deliver.
- ≠ Use the word 'but'.

UNCOOPERATIVE BEHAVIOUR

Do ✓

- ✓ Listen first to understand the person's perspective and concerns.
- ✓ Ask questions such as: *What do you think is a fair way to deal with this situation? or How can I help to resolve this problem?*
- ✓ Let them know what you are able to do to help.
- ✓ If they continue to insist on something that is unreasonable or that you can't deliver, you may have to repeat this (gently yet firmly) several times before they hear you.
- ✓ Use reasonable language and try to stay calm.
- ✓ Agree on an action plan that includes the things you will do and the things they need to do.
- ✓ Refer the person to your supervisor or manager if you are unable to resolve the problem.

It is unhelpful to.....

- ≠ Let the person's attitude and concerns become your problem.
- ≠ Become flustered.
- ≠ Show your frustration in your gestures, voice tone and other signals.
- ≠ Talk over the person.
- ≠ Raise your voice or shout.

GRIEVING

Do ✓

- ✓ If the person has lost a loved one, acknowledge their grief. (Say *I'm sorry for your loss.*)
- ✓ If they are grieving for a loss of lifestyle or independence, acknowledge this. (Say *I can hear/see that this is a difficult time for you.*)
- ✓ Be aware that they may want to talk about their loss.
- ✓ Listen carefully and try not to interrupt if they talk about their loss.
- ✓ Offer additional assistance or time to complete a task if necessary.
- ✓ Simplify instructions or information if necessary.
- ✓ Accept the presence of a friend, relative or other support person.
- ✓ If their request is unclear, say *How can I best help you at this time?*

Do you need something more?

For further resources on psychosocial aspects of SCI visit <http://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/resources> where you can download the *Guide for Health Professionals on the Psychosocial Care of People with SCI* and the *Directory of Information and Support*

For further information on the work of the Psychosocial Strategy Steering Group contact Annalisa Dezarnaulds via email: Annalisa.Dezarnaulds@SESI.AHS.health.nsw.gov.au



✓ If they are distressed and want to have a prolonged conversation about their loss, suggest a referral to psychologist or social worker.

It is unhelpful to.....

- ≠ Assume that the person is always like this.
- ≠ Assume that emotional distress is a sign of character weakness or mental illness.
- ≠ End the conversation just because they are tearful; instead, ask if it *would help to come/call back another time*.
- ≠ Try to become their grief counsellor. Suggest they speak with a psychologist, a social worker or their GP.
- ≠ Say you understand or share their loss. (We can rarely do that adequately.)

ANXIETY

Do ✓

- ✓ Assure the person that they can take their time.
- ✓ Use a calm and reassuring tone of voice.
- ✓ Acknowledge that it may be difficult for them to speak to you about their concern.
- ✓ Gently offer the option to speak with someone of the same gender, if you think they would prefer that. (Say *Would you be more comfortable speaking with one of our*

male/female staff about this?)

✓ Listen carefully and ask questions to let them know that you want to work with them to resolve the situation.

It is unhelpful to

- ≠ Rush someone by interrupting with your assumptions about their problem. (This can compound their anxiety or make them angry.)
- ≠ Adopt a tone of voice that suggests you are bored or irritated if they are unable to explain the situation.
- ≠ Show frustration if they are unable to make a decision

A wonderful acronym **PEARLS** to assist with relationship building;

- P**artnership- lets work together
- E**mpathy- that sounds hard
- A**pology - I am sorry for..
- R**espect – I appreciate your...
- L**egitimization – anyone would be
- S**upport – I'll stick with you

Ref: Department of Veteran Affairs website - Managing difficult behaviour website. See below.

A review of free resources

- * The **Way Ahead** - a directory listing more than 2000 mental health services in NSW, www.wayahead.org.au **Finding a mental health service in your local area has never been easier.** Or, find resources that explain mental health terminology and jargon, fact sheets on mental illness, information about mental health legislation, and government programs and rebates.
- * **Agency for Clinical Innovation (ACI) Website** www.aci.health.nsw.gov.au All the State Spinal Cord Injury Service (SSCIS) information and resources have been transferred to the new website including the psychosocial resources for people with a SCI. All SSCIS resources are available on www.aci.health.nsw.gov.au/networks/spinal-cord-injury/resources
- * **Black Dog Institute** www.blackdoginstitute.org.au A world leader in the diagnosis, treatment and prevention of mood disorders. Research/clinics/ community information/fact sheets.
- * **Australian Psychological Society** psychology.org.au/au/medicare/fact-sheet

- * **NICAN** www.nican.com.au Information on recreation, sport, the arts for people with disabilities. Aims to create active & dynamic national links between people, places & resources: info/membership/Qantas Carer Concession card.
- * **Department of Veteran Affairs at-ease.dva.gov.au**, in particular managing challenging behaviours/ understanding mental health & other resources <http://at-ease.dva.gov.au/www/html/857-managing-challenging-behaviours-title-page.asp>

community resources/find a psychologist. www.D_ability.org A place to discover life's possibilities beyond disability. Artyfarty/health & wellbeing/leisure and outdoors/sports/travel/ hotline.

- * **Beyond Blue** www.beyondblue.org.au Info line 1300 22 4636 Resources and information on depression/anxiety/ bipolar disorder. 'R U OK' campaign just launched.
- * **ParaQuad** www.paraquad.org.au Paraplegic & Quadriplegic Association of NSW Fact sheets and other resources.
- * **SCIA** www.scia.org.au Resources include Back on Track/ Accord/ SCI forum and the new **What Next? video series** for those who think they know everything about living with spinal cord injury and an essential learning tool for those who are struggling to understand their life with a new spinal cord injury.
- * **Breathworks** <http://breathworks-mindfulness.org.uk/> is internationally recognized as a leading provider of Mindfulness Based approaches to Pain and Illness (MBPI).

Dates for your diary

- * **October 2012** Information about the ANZCOS 2012 conference, *SCI New Approaches and Challenges*, which will be held from 24 to 26 October 2012 in Melbourne, is available at: www.dconferences.com.au/anzscos2012/ New LTCSA Psychology Group commences at POWH and RRCS.
- * **November 2012** Spinal Awareness Week
- * **December 2012** Vidyamala from Breathworks will be conducting workshop on mindfulness based pain and illness: date to be advised