

# BEHAVIORAL DISORDERS RELATED TO ILLNESS: METHODS AND MULTIDISCIPLINARY COORDINATION

**Healthcare professionals, caregiving teams in nursing homes, hospital services, home care services, and support structures**

Understanding, preventing, intervening, and coordinating as a team

<b>Duration</b> : 14 hours	<b>Modules</b> : 6 modules
<b>Lessons</b> : 24 lessons	<b>Audience</b> : Healthcare professionals and caregiving teams
<b>Format</b> : 100% online, asynchronous	<b>Provider</b> : N° 11757351875
<b>Certification</b> : Qualiopi	<b>Price</b> : On request

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## Course description

Supporting a person whose behavior is changing—agitation, refusal of care, opposition, wandering, shouting—requires much more than patience. It requires understanding what is happening, adapting your actions, coordinating your interventions with the team, and preserving your own capacity to care over time. This training provides you with a solid clinical framework to interpret behaviors: a behavior is never gratuitous; it always expresses something—pain, confusion, an unmet need, sensory overload, anxiety, or a poorly adjusted environment. You will discover concrete non-pharmacological interventions: environmental adjustments, structuring of care, positive communication, and personalization of the care pathway.

## Module summary

<b>MODULE 1</b>	Pathologies and Behaviors: Clinical Framework	5 lessons
<b>MODULE 2</b>	Non-Pharmacological Interventions	4 lessons
<b>MODULE 3</b>	Crisis Management & Post-Episode	5 lessons
<b>MODULE 4</b>	Emotional Dimension & Care Relationship	4 lessons
<b>MODULE 5</b>	Security and Risk Prevention	4 lessons
<b>MODULE 6</b>	Integrating DYNSEO into Care Project	1 lesson

## Learning objectives

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- Connect behaviors to underlying pathologies and identify modifiable triggering factors
- Implement non-pharmacological interventions: environmental adjustments, care structuring, positive communication
- Master crisis management and de-escalation protocols with clear team coordination
- Build the caregiver-patient alliance and practice self-regulation to avoid professional burnout
- Ensure safety and prevent risks while respecting legal and ethical frameworks
- Structure targeted communications and integrate cognitive stimulation tools into support projects

## General information

<b>Duration</b>	2 days of training (14 hours) divided into 6 progressive modules
<b>Target Audience</b>	Healthcare professionals, caregiving teams in nursing homes, hospital services, home care services, and support structures for people living with Alzheimer's disease, Parkinson's disease, depression, bipolar disorder, or any condition that may alter behavior
<b>Prerequisites</b>	None, training accessible to all adult audiences

<b>Price</b>	Sur devis - TVA non applicable (article 261-4-4° du CGI)
<b>Certification</b>	Qualiopi - Attestation de fin de formation
<b>Organization</b>	DYNSEO - N° de déclaration d'activité : 11757351875

**Lesson 1 - Associated pathologies: Alzheimer, Parkinson, depression/bipolar disorder, etc.**

- Alzheimer's: disorientation, memory difficulties, executive function impairment—wandering, agitation, refusal
- Parkinson's: anxiety, apathy, fluctuations, hallucinations—plan care during favorable 'on' windows
- Depression in elderly: irritability, withdrawal, somatic complaints; bipolar disorder: sleep as clinical marker
- Other causes: pain, uncorrected sensory disorders, environmental factors (noise, lighting, temperature)

**Lesson 2 - Overview of Behavioral Disorders**

- Behavior always expresses pain, confusion, unmet need, sensory overload, anxiety, or ill-fitting environment
- Agitation becomes aggression when directed; refusal reflects fear, misunderstanding, or processing deficit
- Psychotic disorders: validate emotion, provide security, don't debate reality
- Apathy requires external structuring; anxiety increases with uncertainty—reduce cognitive load

**Lesson 3 - Qualifying the impact on monitoring**

- Five-question grid rated 0-3: impact on essential care, safety, cognitive/emotional load, care organization, clinical trajectory
- Document triggering context, behavioral sequence, observable consequence—factual and reproducible
- Move from 'things aren't going well' to structured assessment guiding priorities

**Lesson 4 - Take into account the impact on caregivers**

- Three levels: cognitive (hyper-vigilance, fatigue), emotional (tension, distress), operational (delays, interruptions)
- Individual tools: STOP sequence, neutral verbal loop, micro-transitions after episodes
- Team coordination: shift-start brief, quick debrief, rotation on high-intensity tasks
- Organizational decisions: reinforcement, pairing, training, environmental adjustments, supervision

**Lesson 5 - Prioritize according to severity (warning signs, immediate actions to take)**

- Critical level—Act now: directed aggression, imminent fall, suicidal ideation, acute confusion, severe pain, hemorrhage
- High level—Intervene within hour: repeated refusals, escalating hallucinations, dangerous disinhibition, wandering toward risk
- Moderate level—Adjust and reassess: annoying but manageable behaviors without major immediate risk

**Lesson 1 - Environmental arrangements**

- Lighting: diffuse during day, warmer late afternoon, low floor nightlight; turn off strong ceiling lights after 6 PM
- Noise reduction: pads, soft-close doors, adjusted alarms, curtains, felt panels, carpets, quiet time slots
- Markers and orientation: clear eye-level markers for useful doors, blend doors to avoid, resource stopping points
- Bathroom, bedroom, dining: stage gestures in order, stable seating, visual contrast, clear floor paths

**Lesson 2 - Care structuring**

- Five-step cycle: Prepare (verify context, stage material), Make contact (position, announce, show before touching)
- Guide: 1-1-1 rule (one idea, one action, one sentence), binary choice, validate micro-success, 2-3 seconds integration
- Close: signal end clearly, gentle transition, restore control; Trace: factual three-line note
- Predictability, sequentiality, team consistency—transform gestures into predictable routine

**Lesson 3 - Positive communication**

- Alignment: verbal, non-verbal, and action must carry same message—short sentences, one idea at a time
- Emotional validation precedes factual information—name observed state, don't debate lived reality
- Rhythm and prosody: speak slowly, 2-3 seconds integration, micro-silences, common keywords repeated by all
- Language disorders: simplify for aphasia, avoid dual-task for Parkinson's, sensory cues for dementia

**Lesson 4 - Personalization of the care pathway**

- One-page quick biography: 3 life markers, 3 care-useful preferences, 3 discomfort triggers, 3 effective levers
- Shared, concrete, limited objectives—simple, observable, dated, answering what's important for person and health
- IF-THEN plan for sensitive situations: visible to whole team, avoids improvising, reduces response variability
- Family participation: 2-3 effective phrases, reference contact, integrate specific habits, pathway coordinator

**Lesson 1 - Secure the scene immediately**

- Peripheral vision: identify exits, obstacles, risky objects; open space, proportionate distancing, visible hands
- Reduce pack effect: one person leads, second supports outside visual cone, others move away
- Stimulus reduction: lower lighting, turn off radio, close noisy window, single leading voice
- Emotional validation: 'I see this is too much,' temporal marker, reduced binary choice, guided breathing

### Lesson 2 - Apply a de-escalation protocol

- Phase 1—Framework (10-20s): one voice leads, three-quarters posture, visible hands, 'I stay here with you'
- Phase 2—Validate rhythm (20-40s): name observed state, propose shared slowing, synchronize breathing
- Phase 3—Reduce cognitive load (30-60s): 1-1-1 phrase, show before touching, eliminate dual tasks
- Phase 4—Give control (30-60s): binary choice, simple role; Phase 5—Anchor (60-120s): chain micro-steps; Phase 6—Decide and close

### Lesson 3 - Coordinate team roles

- Leader: single voice, short instructions, consistency, emotion validation, clear decision
- Support: manages alert, prepares material, monitors peripheral safety, triggers reinforcement if needed
- Scribe: documents useful facts in two factual lines; Family coordinator: explains, desaturates room
- Team rhythm: 5-minute brief before shift, 3-minute debrief after, programmed rotation on high-intensity acts

### Lesson 4 - The importance of the post-episode

- Immediate (within 10 minutes): physiological/emotional recovery, team stabilization, minimal 2-line documentation
- Short-term (within 24 hours): mini experience feedback (5-7 minutes), adjust IF-THEN sheet, inform family
- Medium-term (within 7 days): recurrence prevention, look at modifiable variables, question somatic cause
- Why important: repairs care relationship, defuses event imprint, regains control, capitalizes learning

### Lesson 5 - Trace the event in a useful way

- Five blocks—max 10 lines: Context (time, place, people), Observable trigger and sequence, Applied measures and severity level
- Facilitating/aggravating factors: 2-3 concrete elements; Decision—short plan—responsibilities: what changes, who, when reassess
- Written in 2-3 minutes: observable action verbs, approximate durations, responses to levers, dated decisions
- Don't write: globalizing labels ('aggressive'), assumed intentions, moral adjectives

## MODULE 4

### Emotional Dimension & Care Relationship

4 lessons

#### Lesson 1 - Linking mood and behaviors

- Three dimensions rated 0-3: Anxiety/tension, Speed/energy, Self-esteem—orients intervention
- Anxiety amplifies defenses, feeds on unpredictability—reduce load, change objective
- Depression: initiation difficult, not bad will—micro-progression, temporally mark, name accomplished fact
- Apathy: structure rather than ask; Irritability: strict predictability, no surprises, avoid moralizing

#### Lesson 2 - Building the caregiver-patient alliance

- Trust: concrete gestures (on time, announce before touching, return when promised), simple language, use person's name
- Shared objectives: ask 'what's important to you?', negotiate acceptable targets, formalize pact in one sentence
- Predictability: routine (same schedules, opening phrases, score), micro-contract in three steps
- With cognitive disorders: attention proofs more than explanations—show object, respect modesty, binary choice

#### Lesson 3 - Involve the family in the follow-up

- Inform usefully: comprehensible reading of behaviors, simple words, show how to validate emotion, explain predictability
- Define precise roles: Calm anchor (seated, repeat key phrase), Marker guardian (verify daily cues), Transition manager
- Explicit relational pact: agree in advance what happens when it escalates—write in 3 lines in IF-THEN sheet
- Protect family: set boundaries, validate emotions, orient toward caregiver resources (support, respite, associations)

#### Lesson 4 - Practicing self-regulation for caregivers and avoiding burnout

- Before the act: stable posture, low shoulders, long breathing (15s), clarify intention, verify resources, request pairing if needed
- During the act: Rhythm lever (slow tempo, short phrases, 2-second pauses), STOP loop (<10s), regulation through simple action
- After the act: short decompression (60-120s)—sit, drink water, extend exhalation, write 2 factual lines, express debrief if intense
- Early exhaustion signals: irritability, cynicism, avoidance, hyper-control, sleep disorders—one signal for a week deserves action

## MODULE 5

### Security and Risk Prevention

4 lessons

#### Lesson 1 - Limit the risks of falls and elopements

- Three fall factors: Intrinsic (balance, weakness, pain), Iatrogenic (sedatives, anticholinergics), Environmental (floors, clutter, lighting)

- Primary prevention: Short screening (at entry), Targeted adjustments (matte floors, cleared paths, visible handholds, contrasts)
- Transition ritual: announce 2 minutes before, prepare support, move without dual task, anchor with first simple action
- Prevent fall when rising: 10-second PAUSE, verify dizziness/pain; Avoid escape: change scene, open secured exit, reinforce markers

### Lesson 2 - Secure the night and transitions

- End of day: warmer lower lighting, repetitive activities, decreased noise, announce program verbally
- Bedtime ritual: verify pain/thirst/urination, leave low floor halo, place aids within reach, clear reassuring phrase
- Night proper: calm hallways, continuous floor nightlights, matte floors, name and guide without long announcements
- Nighttime rising: three-stage (lying→sitting→standing), 10-second pause each; Bed-toilet: cleared path, contrasted seat, no distraction

### Lesson 3 - Respecting legal and ethical framework

- Informed consent: inform comprehensibly, verify adherence, respect refusal; if unable to consent, seek best expression of will
- Proportionality: any freedom-limiting measure must be least effective means, shortest duration, after trying alternatives
- Dignity, modesty, intimacy: announce before touching, cover body, no infantilizing language, knock and wait at bedroom door
- Useful traceability: note objective, alternatives, measure, duration, deciding person, information given, reassessment date

### Lesson 4 - Structuring targeted transmissions

- Five stable blocks: Priority reason, Recent pattern, Tested actions and effect, Current decisions, Expectations for next shift
- Roles: one transmission coordinator per shift, caregivers report in standardized keywords, single spokesperson
- Quality indicators: >90% transmissions under 6 lines, 100% risk cases with explicit threshold, >80% with clear IF-THEN plan

## MODULE 6

### Integrating DYNSEO into Care Project

1 lesson

### Lesson 1 - SCARLETT, Your Memory Coach and CLINT, Your Brain Coach

- SCARLETT—designed for seniors with cognitive disorders: memory coach without pressure, no timer, benevolent atmosphere
- Works without Internet, avoids comparison, preserves self-esteem—ideal for nursing homes, post-confusion episodes
- CLINT—designed for motivated adults: performance-oriented, 30+ training games, personalized coach advice, tracking by cognitive functions
- Both applications: over 30 games targeting memory, attention, perception, language, planning—adaptable to individual needs

## Teaching methods

- 100% online training, accessible from your computer or tablet
- Progress at your own pace, whenever you wish, without time constraints
- Concrete tools: impact assessment grids, 6-phase de-escalation protocol, documentation template, IF-THEN sheets, team rituals
- Bonus: Introduction to EDITH applications (memory coach) and JOE (brain coach) featuring 30+ games for cognitive stimulation