

Withdrawn behavior management

Withdrawn behaviors typically involve a loss of interest in activities that were previously enjoyed.

Patients with various mental health conditions, including depression, anxiety, and schizophrenia, can exhibit withdrawn behavior. Examples of withdrawn behavior include missing work, not attending family activities, and missing community events.

When hospitalized, patients with withdrawn behavior may refuse to participate in activities and spend most of the day in their room. The nurse's role in managing withdrawn behavior focuses on encouraging the patient to reconnect with society to promote recovery.

Implementation

- Review the patient's medical record for history of a condition associated with withdrawn behavior and for the patient's background, past behaviors, therapeutic interventions, and responses to those interventions *to identify past behaviors and individualize interventions.*
- Perform hand hygiene.
- Introduce yourself to the patient and explain your role.
- Confirm the patient's identity using at least two patient identifiers.
- Provide privacy.
- Avoid being overly cheerful. *Being overly cheerful may convey a lack of understanding.*
- Monitor the patient's safety and protect the patient from self-harm, as needed

Clinical alert: Patients with major depressive disorder can lack the energy required to commit suicide; however, as their energy increases, they may be at increased risk for suicide. Be alert for suicide risk if a patient who was previously depressed suddenly becomes energized.

- Manage the patient milieu *to maintain social interaction.*
- Encourage the patient to attend unit activities and participate, as applicable, *to increase the patient's awareness of the environment and start the recovery process.*
- If applicable, provide behavioral interventions, such as teaching social skills, problem-solving techniques, and activity scheduling.
- Praise the patient for exhibiting effort, as appropriate. *Patients may be experiencing decreased energy and need positive reinforcement.*
- Explore the patient's social supports. Involve family members or other support people, if able.
- Help the patient set realistic goals to reconnect with family, friends, and society. Explain that, although the patient may not feel like interacting with others or attending social activities, these behaviors will help in reaching the patient's goals and promoting recovery.
- If the patient doesn't interact or only interacts minimally, try these interventions *to promote interaction and a therapeutic relationship:*
 - Limit the amount of noise and number of people who can interact with the patient *to avoid overwhelming the patient.*
 - Use shorter visits with the patient if the patient can't participate in long interactions.

Don't make demands?.

- Sit with the patient for a few minutes periodically throughout the day, even if the patient isn't communicative, *to convey interest and caring*.
- Perform hand hygiene.
- Document the procedure.

Special Considerations

- Mental health conditions can affect the way a patient interacts in a social setting. Be sure to observe a patient with withdrawn behavior in a social setting (when possible) to determine the level of functioning.

Documentation

Documentation associated with withdrawn behavior management includes:

- safety concerns identified
- participation in unit activities
- behavioral interventions attempted
- identified social supports
- goals set
- response to interventions
- teaching provided to the patient and family (if applicable)
 - understanding of that teaching
 - follow-up teaching needed.