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Planning the Management of Difficult / Challenging Behaviours

CHALLENGING BEHAVIOUR POLICY: Our Home promotes an environment where people feel safe. Understanding reasons for behaviour is the key to managing it.

REFERENCES:
SNZ 8141: 2002 & **SNZ 8141: 2007**
The Code of Health and Disability Services Consumers' Rights
Privacy Act 1993 / Policy Privacy & Dignity / Policy Restraint Minimisation
Jane Verity Insite Newspaper Article April - May 2008

DEFINITION: OF CHALLENGING BEHAVIOUR

If it annoys anyone to a point of **stress** then it is a challenging behaviour:

- Behaviour **that might hurt someone** [E.g wandering onto the road, hitting].
- Behaviour that **needs more staff** on duty [E.g. repeat fallers, uncontrolled incontinence, awake all night].
- **Inconveniencing other resident** who then feels unhappy or stressed / angry [e.g. arguing or going into other residents rooms as though their own, even into their possessions].
- Behaviours that **others feel is unacceptable** [E.g. nudity in public]
- **Whereabouts unknown** [Worry over a lost resident can be very stressful to staff].

NB: Strange or quite different behaviour is only a 'Challenging Behaviour' if it causes an unhappy / negative reaction in another. In other words, if no – one minds, then its NOT challenging.

Understanding Behaviour

Before we can understand Challenging Behaviour we need to be clear what we mean by Behaviour. Behaviour is anything that you **SEE** person a person **DO** – where you can **SEE** the action:

- Sitting
- Laughing
- Crying
- Hitting

Emotions **ARE NOT** behaviours:

- Happy
- Sad
- Anxious

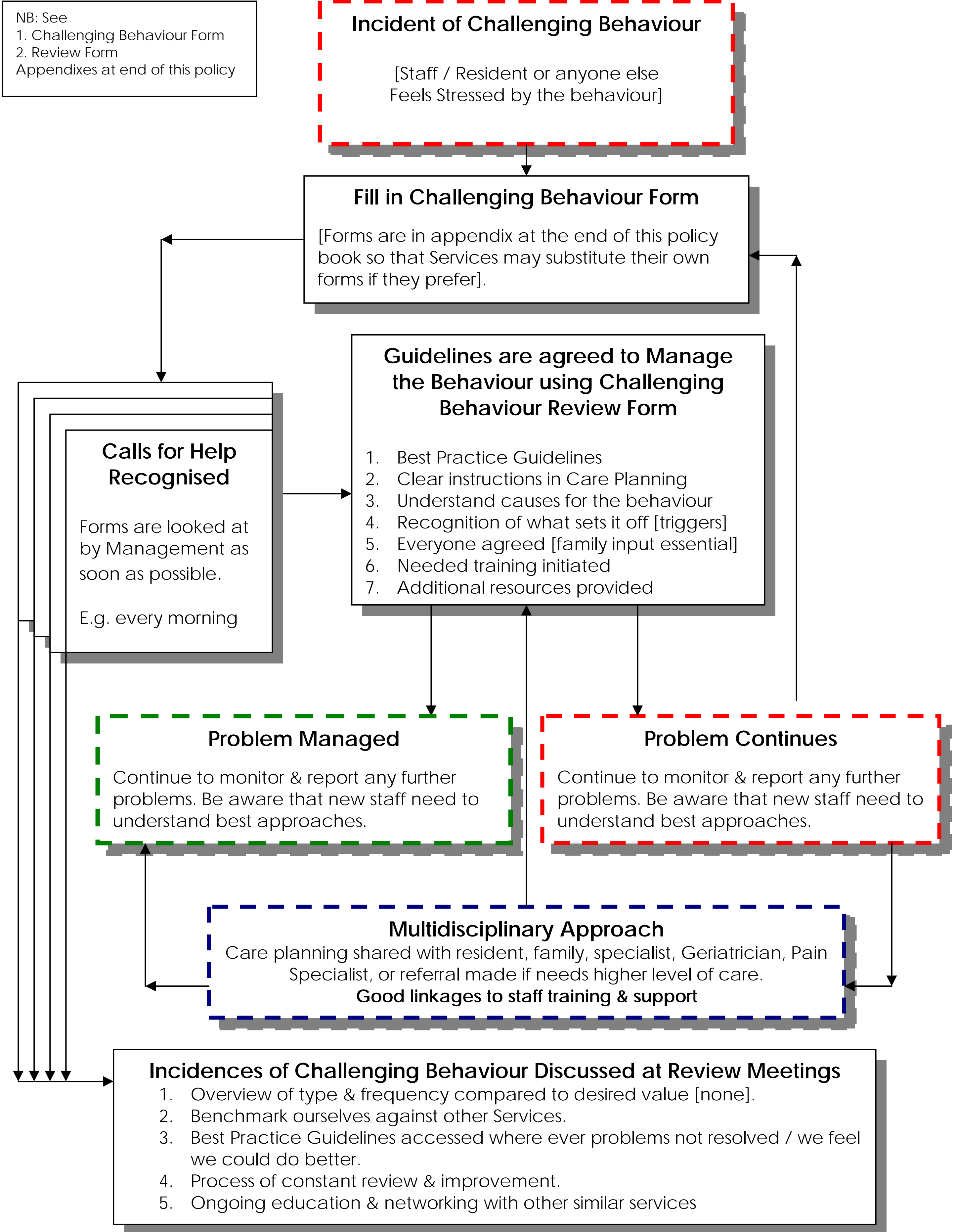
Note - Challenging Behaviours can be:

1. Resident vs resident
2. Resident vs staff
3. Staff vs staff
4. Visitor vs staff
5. Visitor vs resident
6. Or any other combination

Vs = causes to be stressed or distressed

They are FEELINGS. Saying someone is "anxious" tells us little as we all behave differently when we are feeling anxious. One person might bite their finger nails. Another might pace the floor. It is better to be clear about the behaviour arising out of the anxiety. **This distinction is vital when we talk about people with Challenging Behaviour.** We need to understand how the person is feeling before we can help them.

Process for the Management of Challenging Incidences



Jane Verity Spark of Life Solutions [Recommended Trainer]
www.dementiacareaustralia.com.au

Challenging Behaviours arising out of unmet needs:

Physical unmet needs are:
- Illness
- Constipation
- Thirst or hunger
- Infection
- Pain

Environmental needs not met:
- Missing home
- Need for peace & quiet
- Lack of pleasant sounds or smells
- Need to personalise the environment

Emotional needs not met:
- To be needed and useful
- To have opportunity to care
- To love and be loved
- To have self esteem boosted
- To have the power to choose

Trainers Resources

Benny is an intellectually disabled old man living in a Rest Home.

- Benny goes on a van ride about once a fortnight. The van does not stop anywhere for Benny to get out and explore. He only gets to look because the other residents are too frail to get out.
- He goes to church once a week [he loves singing].
- One day a week a volunteer comes to help residents make pom poms. Benny does not like pom poms any more.
- No one comes to visit Benny any more since his mum died.
- Sometimes Benny will hit other residents or throw things at them.
- Other residents tell him he is “bad” or tell on him when he is “naughty”.
- Benny has his own TV in his room
- His health is good and he enjoys food

Behaviours that arise when needs are not met are:

- Repetitive behaviours [requests, pacing or smoking]
- Accusations
- Verbal and physical aggression

Step Wise Approach – ask what needs are not being met?

Step 1: Check for unmet physical and environmental needs and solve these.

What is the need?

How can we solve it?

Step 2: Realise unmet emotional needs and solve them.

Realising unmet needs and finding solutions goes to the core of the problem and enables the problem behaviour to dissolve or disappear. Meeting these needs helps prevent challenging behaviours

Problem Based Learning

Trainers Guide:

1. Introduce Benny from the page, above.
2. What could we do for Benny to fill his unmet needs.
3. Without social and emotional needs being met, Benny expresses his unhappiness. Discuss unacceptable behaviours. Prompt: Are they

- Repetitive behaviours?
- Accusations?
- Or are they verbal and physical aggression?

Prompt: Different people express distress differently. Discuss this concept by talking about difficult behaviours in residents or clients in your facility.

Discuss Benny's emotional needs that are not being met:

Ask staff to tell you why they think a need is unmet. Then, come up with ways to solve this for Benny. *Prompts are in red.*

- To be needed and useful

[Benny has nothing meaningful in his day – no task or responsibility, challenge or good thing to look forward to].

- To have opportunity to care

[Benny has no friend or pet.]

- To love and be loved

[Benny is grieving the loss of his mother. He cries about this. He cries easily.]

- To have self esteem boosted

[Benny is viewed as a trouble maker and other residents tell on him. Staff try and be firm with him and send him to his room. He has no challenges so he cannot feel that he has achieved anything].

- To have the power to choose

[Benny does not make any decisions. Staff buy his clothes for him and bring them to the Home. He eats what is on the menu.]

Please note: Staff are not mean nor unkind. In this Healthcare Help example, they just don't understand Benny's needs. It may be easy for staff to think of solutions, or it may be hard. Repeat the exercise with residents with problem behaviours in your facility. They too may have unmet needs.

Guidelines to Managing Challenging Behaviour:

1. Everyone is an individual – each person is special.
2. Best management will recognise triggers to unwelcome behaviour.
3. Recognising a trigger is the key to PREVENTING the behaviour.
4. Care Planning needs GUIDELINES for responses when the first signs of an unwanted behaviour are seen – when a 'trigger' is recognised.
5. Things to do next [de-escalation techniques] need to be clearly written.
6. Everyone needs to understand and agree the approach to take.
7. If there is challenging behaviour of concern, or repeat episodes of unwanted behaviour, as many members of the team as possible should review the plan on Review Form:
   - What happened,
   - Why did it happen,
   - How did we respond,
   - Result of the response
   - Other monitoring / interventions needed.

> Remember to look at **WHY** a person is behaving as they are.
>
> E.g. Are they sad or in pain?
>
> Is there nothing good to do?
> How have they been treated?

8. Challenging behaviour occurs at different times over the day and night. Care cannot be planned or evaluated on one nursing shift alone. If behaviour is difficult at night, changes may need to be made during the day – e.g. beware the person spending all day sleeping.
9. Consider the resident who is confused and agitated as not comfortable. All residents have the right to be comfortable - plans should describe how this might be achieved.
10. All humans deserve some control over their person, and their environment. Planning should allow opportunity for choice.
11. Special care: staff may be able to co-ordinate care with families, cultural / religious organisations to meet individual need e.g.: special food, religious ceremonies, conversation in preferred language.
12. Intervention is not always necessary: only if the behaviour is distressing or harming someone else. If no one is bothered by the resident behaviour, then it may be odd, but it should not be considered challenging. Some people are challenged by behaviour when others are not. Rule of thumb: If it annoys anyone to a point of stress then it is a challenging behaviour.

Stake Holders: People likely to be involved in the management of resident Challenging Behaviour:

- The resident themself, their partner, their family or an advocate.
- The Team Leader / RN
- The GP
- A cultural advisor, where appropriate.
- Specialist or technical input [psychologists, legal, pain specialist] where appropriate.

Triggers to Challenging Incidents

Short-term triggers are events that 'spark off' a challenging behaviour.

Common examples:

- **Provocation:**
  - Verbal taunts, gestures, physical contact. Staff may provoke someone by keeping them waiting, telling them resident what to do, talking about them rather than with them without even realising it.
- **Because of Failure:**
  - Unwanted behaviours come from feelings of worthlessness and unhappiness. These behaviours flag the need for greater care.
- **Miscommunication:**
  - A simple misunderstanding between residents [or staff or visitors] with different ideas about how they see things.
  - Can be related to dementias or medical conditions where people now lack understanding.
- **Frustrating Situations:**
  - A relatively insignificant request, demand or action may trigger an outburst of behaviour that has been building for some time.
- **Invasion of Personal Space:**
  - This can involve territory [own room], proximity [in personal space] or personal possessions. Infringements can trigger an incident. Staff need to set boundaries and to be sensitive.

- **Disappointment:**
    - Especially if related to a failure [inability to achieve]
    - May also be seen as loss [grieving for past ability / health now gone]

- **Limit Testing:**
    - People need to know their boundaries.
    - If we relent to repetitious request we teach that it is an effective way of getting something.
    - If everyone is consistent about agreed limits, residents learn boundaries to behaviour [it does no good to test the limit – it's fixed].

- **Behaviour out of Fear**
    - Can be violent / beware if someone feels trapped.
    - We need to provide a place where residents feel safe.
    - Examples
        - Family failing to visit as expected / desired
        - Altercation with another resident
        - Delusions or hallucinations
        - Night time
        - Grieving former better health

Physical sensations inspiring fear:

- Hunger or thirst
- Pain or inability to move about,
- Tiredness, noise or other irritation
- Heat or cold
- Sexual frustration, or pre-menstrual tension.

- **Intoxication & Unreality**
    - Alcohol can lead to excited or inappropriate behaviour that staff do not like including increasing the risk of vomiting & incontinence
    - Increasing falls risk
    - Making moving & handling carry much more risk

Drug Induced Psychosis:

- Marijuana can change perception limiting focus & concentration
- Illegal drugs usually trigger excitement, even hallucination [or changed perception] and delusions.

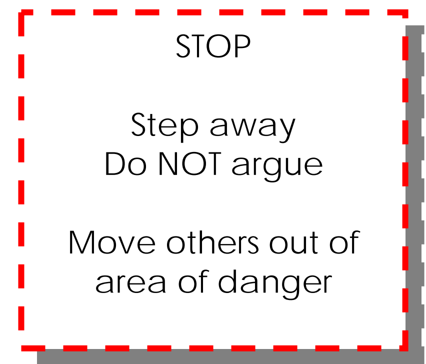
Key Points to an Environmental Approach to Avoiding Challenging Behaviours:

- Create a sense of warmth, comfort and control.
- A place where residents feel safe.
- Intergrated approach by staff – no playing one off against another
- Good reporting channels:
  - Use Challenging Behaviour Report Forms
  - Fast follow up to support the resident and staff.
- Incidences quickly drawn to Management attention
- Monitor people with known unwelcome behaviours adequately – you might need extra staff time for them.
- Multi-disciplinary approach [refer to specialist as appropriate].
- Clear individualised Care Planning that identifies problems and concerns
- Identify individual triggers
- Clearly state de-escalation techniques
- Avoid excess stimulation.
- Peace & Quiet: Noise and confusion and high emotion will be felt by residents – staff should not create great amounts of noise; rather, they are most professional quietly working in the background in the Home.
- Clear staff roles and adequate staffing levels help minimise problems.
- Interesting things to do so residents don't want to / need to behave in a challenging way for attention, or out of boredom.
- Beware of an audience inciting a situation.
- Disorganisation and staff conflict are most counter productive.

Punishment Guideline – What NOT to do [punishing is NOT OK].

- Physically asserting power eg: holding so as to restrain, pushing, hitting or shaking / hurting in any way
- Emotional threats, raising your voice
- Telling someone off / telling someone what to do.
- Telling someone NOT to do something in an unkind way.
- Talking to a resident as though they had to do as they were told.
- Withdrawal of privileges.

Keeping Staff Safe



Recognise the signs of an Angry Person

- Angry face / Rapid breathing / Flared nostrils.
- Clenched fists and teeth.
- Yelling
- Restlessness, repetitive movements.
- Pacing, gesticulating, and violent gestures, for example pointing.

Personal Space

- Closeness can be seen as a threat [especially standing above someone].
- Personal space differs between cultures. Most people have a bubble of personal space around them that we need to respect. Stand outside peoples personal space – e.g. slightly out of arm's reach.
- Avoid pointing at or touching angry people, or entering their personal space. Look at your own posture – is it confrontational? Looking down is more calming that 'eye balling' someone.
- Use touch with discretion – touching may cause someone to lash out.

Voice Tone and Volume

- By altering tone and volume we can change words into an insulting or sarcastic message. **Better to say nothing unless your tone is kind & caring.**
- Speak quietly & slowly, using short sentences.
- Talk in private, acknowledge & accept resident's anger. Listen to let them get it out [it may be well worth the time taken].

Eye Contact

- Eye contact with the person is important. It can show care & concern.
- Use an open receptive facial expression.
- Never stare.
- Remember cultural issues. Behaviour may be different in another culture from what you expect.

De-Fusing is therapeutic. It allows staff involved to share their feelings, and emotions about incidents at work allowing them time to talk about how they experienced the incident from their perspective. Support should be confidential.

Reporting an incident of challenging behaviour is de-fusing. See appendix 1 of this policy.

1. Each person involved can fill in an incident form if they wish.
2. Taking a professional stance and just reporting events can be helpful
3. Looking at WHY an incident occurred rather than WHAT happened often helps staff see it more professionally.
4. The commonest mistake staff make is not realising how the person exhibiting the behaviour feels, thereby not understanding that they need our help and care. That they may not be able to reason as we do, and by expecting them to, they can only fail.

De Briefing

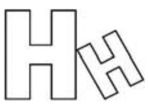
Prevents or reduces the chance of the same happening again by recognising triggers and patterns of behaviour. Ask what can we do differently, what did we do right, what else is needed?

Good management will 'de brief' staff after any challenging behaviour episode. Small team meetings, monthly staff meetings, one on one discussions are good ways to look at how we can all work together to make our Home as nice and as safe feeling as we possible can for residents and for staff. De briefing that makes linkage with future training helps this process.

Seeking Help

Where all that you try is still not working seek help

- From Managers
- From family who know what might have happened in the past and influence behaviours
- From other services



24 Hour Behaviour Log

Resident Name: ______________________________ Date: ________________

Preferred Name: ______________________________ NHI No: ____________

Please comment every shift

Choose a rating 1 – 10

Key: 1 = easy / happy 10 = most difficult / most stressful / unhappy

Time	Mood	Difficulty to Manage	Upset to others	Comment – Why difficult or stressful Or Make a positive comment	Sig
8 am					
9 am					
10 am					
11 am					
12noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					
12 pm					
1 am					
2 am					
3am					
4 am					
5 am					
6 am					
7 am					

Individual Risk Summary

www.hh.net.nz

NHI No:
Resident Name: ____________________ Date: ____________

Preferred Name: ____________________

To Self:

____
____
____
____

Early Warning Signs:
1.
2.
3.

Comment or Review:

Sign: ____________ Designation: ______

To Others or to Property:

____
____
____
____

Early Warning Signs:
1.
2.
3.

Comment or Review:

Sign: ____________ Designation: ______

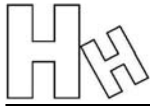
Medical:

____
____
____
____

Early Warning Signs:
1.
2.
3.

Comment or Review:

Sign: ____________ Designation: ______



Assessment of Challenging Behaviour

www.HH.NET.nz

To be used by all Care Staff when they feel stressed by Resident Behaviour

Name Person: ______________________ Date: ____________ Time:__________

Report by: _________________________ Designation: ____________________

1. Were there any early warning signs? TRIGGERS
2. What did the behaviour look like [Who did what when] [How long did it last? How fast did it get worse?]
3. Who got hurt (if anyone) & describe injury / What got damaged (if anything)
4. RESIDENT PERSPECTIVE: What happened before the behaviour started?
5. Contributing factors: (family, medical, environment, social, care given)
6. What happened before the behaviour [including was the person bored]?
7. What can we do to stop this happening again?

Please write on the back if you need more space. Write N/A [not applicable] in boxes not required.

Signed off at Review meeting: ____________________________Date: __________.

Designation

Challenging Behaviour Review Form

Use to document stqff review of Challenging Behaviour. Add to Problem & Solutions in Care Planning.

First signs of problem

Describe

How might it get worse?

Describe the challenging Behaviour

E.g. bored, nothing to do, needs an activity, substance use recently

WHY – What is causing this behaviour

1. Stop [yes I know you are probably rather busy]
2. One person recognise this person [face to face / by name / friendly / at their eye level]
3. ….

Ask the staff member who does NOT find this person a problem to share how they have success.

SOLUTIONS

Training Signing Sheet

Topics: Managing Challenging Behaviour

Date:____________ Trainer: ____

PLEASE PRINT CLEARLY

We have discussed Infection Control. I have been shown and understand what was demonstrated. Anything that I did not understand, I asked for and received adequate explanation.

First Name	Surname	Signed Employee