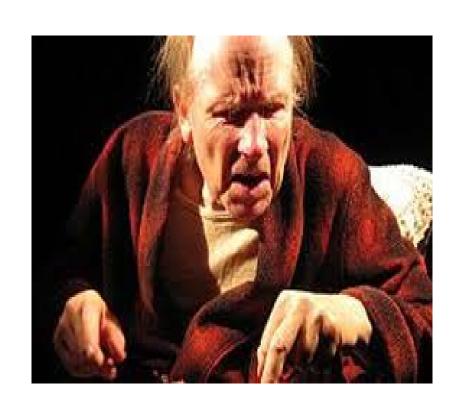
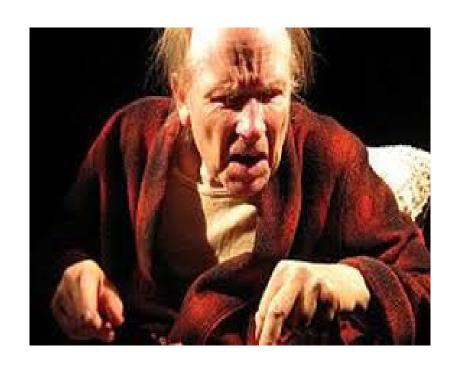
Dealing with challenging behaviours in a Care Home environment – the management of people with Dementia

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Look at me, tell me what you see?



Do you see a difficult, aggressive maybe even vile resident?



Then please look at me again. See me! not the dementia

What are "challenging behaviours"?



A challenging behaviour is ...

- A behaviour that has an adverse effect on the person with dementia or their carers.
- It is may be
 - Physical
 - Emotional
 - Environmental
- The absence of behaviour may also be considered challenging.

What behaviours do you refer to as "challenging"?



Challenging behaviours

- Physical aggression:
 - To others
 - hitting, kicking, biting, pushing, scratching, grabbing
 - To self
 - intentional falling, self harm
- Verbal aggression:
 - cursing, swearing, aggressive screaming, temper outbursts
- Hallucinations
- Delusions
- Depression
- Apathy

- Repetitive activity or motion
 - wandering, pacing, disrobing, rummaging
- Repetitive vocalisation
 - questioning, screaming, calling out
- Resistive to personal care
- Sexually inappropriate behaviours
- Eating inedible items
- Seeking exit, food, family
- Guarding- constantly watching or standing by doors but not trying to get to exit
- Sleep disturbances- insomnia, night-time wandering and restlessness, and daytime napping

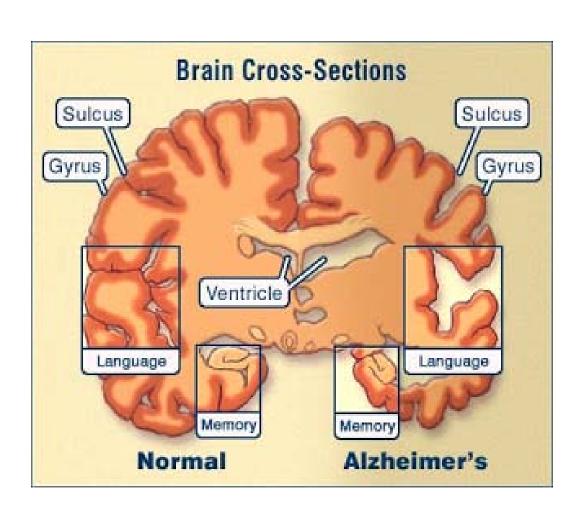
Which behaviours do staff find most difficult to manage?

Behaviours most difficult to manage

 Aggression 	70%
 Wandering 	55%
 Verbal and physical intrusiveness 	18%
 Harmful behaviour 	14%
 Socially inappropriate behaviours 	12%

Why do people with dementia exhibit challenging behaviours?

Damage to brain cells



Leads to:

- Cognitive impairment
- Behavioural and psychological problems

Is this the only reason for challenging behaviours in people with dementia?

NO!

Challenging behaviours from people with dementia (PWD) usually have meaning.

They are often signs that the PWD is trying to communicate a feeling or need.

Effect of dementia on Human Needs

 All human behaviours are attempts to communicate feelings, needs and wants.

 Dementia compromises a person's ability to recognise, meet and communicate their needs.

Unmet Needs in Dementia

The most common unmet needs of PWD are:

- relief from pain or discomfort
- social contact with others
- sense of occupation and sensory stimulation
- positive self experiences
- control over their lives

Table

Personal and environmental correlates of the different types of agitation

Correlates	Vocal/Verbal Behaviors	Physically Nonaggressive Behaviors	Aggressive Behaviors
Personal Attributes			
Gender Cognitive Health Affect Sleep Stress Social Function	female moderate impairment poor health/pain depressed affect sleep problems poor quality of social relations	moderate/severe impairment relatively good health sleep problems past stress	male severe cognitive impairment sleep problems poor quality of social relations
Environmental			
Social Location Activities Time Environment	alone in own room no activities evening/night	some others around in public spaces/corridors no activities all day normal environmental conditions (temperature, noise)	directed more at staff own room ——— evening, lunch cold or noisy at night
Possible Needs			
0 Cohen-Mansfield, 1998	loneliness fears pain depression	self-stimulation	evasion of discomfort attempt to communicate need

So the question is not -

"How can we manage challenging behaviours?"

It is

How can we help PWD meet their unmet needs?

My behaviour is my attempt at communicating with you.



Do not see an aggressive resident, See me! Reaching out for help

IMMEDIATE MANAGEMENT OF DIFFICULT SITUATIONS

- Become the detective!
- Use the ABC behaviour management principles
 - A = an activating event influences the resident's behaviour
 - B = behaviour occurs as a result of A
 - C = consequences occur due to the behaviour and how is managed
- D = Plan for the future
 - Learning and action points

What will you now do having considered that the behaviour may be:

- An attempt to directly meet a need?
 - pacing meets a need for occupation
- Communicate a need?
 - repetitive vocalisations aim to draw attention to the need for social contact
- Express the presence of an unmet need?
 - shouting as a result of frustration or pain

All of the above may relate to hunger or thirst.

What will you now do having considered that the behaviour may be:

- the result of uncomfortable environmental conditions?
 - challenging interpersonal or social relationships or situations
 - excessive demands placed on the person
 - the absence of visual cues to help the person remain oriented
 - lack of routine
- a response or reaction to the distress caused by hallucinations and delusions?
- the need for social contact?
- the need for stimulation?
 - too few activities during the day
- the side effects of medication?

CHANGE YOUR POINT OF VIEW

- Organisation
 - Person-centred perspective or philosophy
 - See the person first not their illness
 - Honour their personhood
- Individual
 - Don't take it personally when they:
 - repeat things, push you away or become irritable, agitated or aggressive while you are trying to provide care or support, when their mood changes and they start shouting or swearing at you

KNOW THE PERSON

- What is their history?
- What was their lifestyle?
- What are their likes and dislikes?
- What are/ were their hobbies and interests?
- Do they have any cultural, religious or other preferences?

- PUT YOURSELF IN THE PERSON'S SHOES-SEE THEIR POINT OF VIEW
 - Live in their moment!
 - Validate their feelings and thoughts about the issues they experiencing
 - Listen to what the person is saying and encourage but do not patronise them
 - Avoid trying to finish their sentences
 - Use non-verbal cues if speech is hard to understand

- ACCOMMODATE, DON'T CONTROL
- Redirect the behaviour to a safer, less disruptive activity
- Use distractions to curtail disruptive repetitive behaviours and restlessness
- Calmly reassure that everything is okay

- CREATE A DEMENTIA FRIENDLY ENVIRONMENT
- Use family and old photos to generate responses and prompt recall
- Play soothing background in communal places and resident's preferred music in bedrooms
- Use bright lighting to reduce sundowning behaviour problems
- Avoid patterned or highly textured surfaces
 - These may be misperceived by PWD and could worsen behaviour
- Use pictures and signs to aid recognition of appropriate rooms such as the toilet
 - The use of a red toilet seat in white bathrooms has also been shown to help people with dementia identify the toilet

SUPPORT STRENGTHS AND ABILITIES

- Encourage and support any independent ability
- Encourage engagement in preferred activities, matched to abilities

Encourage exercise and physical activities

- IMPROVE YOUR COMMUNICATION
- Always attempt to catch and hold the attention of the person before you start to talk and make eye contact
- Attempt to position yourself so that they can see you clearly
- Attempt to minimise competing noises such as the radio or TV or conversation of other people

- IMPROVE YOUR COMMUNICATION
- Speak clearly and calmly
 - Do not to speak sharply or raise your voice
- Use simple, short sentences and allow enough time to answer
 - Try not to hurry them
- Avoid asking direct questions; if you have to, ask one at a time and phrase them in a way that allows for a 'yes' or 'no' answer
- Do not keep repeating the same words if the person does not understand what you are saying
- Use touch involving hand massage to communicate with people who are unable to communicate verbally

REVIEW

- Regularly assess how difficult behaviours are managed and what could been done differently
- Think about what triggers a behaviour, how it might be avoided, and what might be tried if a similar situation arises again

Best Practice Principles

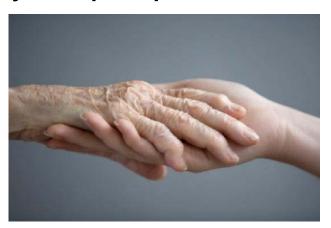
- Caring for people with dementia in residential care
- Person-centred care
- Flexible scheduling of care provision
- Having a philosophy of care
- Consistent staffing
- Interdisciplinary assessment, including life story
- Regular interdisciplinary reviews
- An interdisciplinary care plan in place that supports a consistent
- approach to care provision
- Staff are educated and trained in dementia care
- Small numbers of people living together with limited distractions

- Medication optimisation
- Focus on retained abilities
- Acknowledgement of previous skills
- Familiarity of environment (including staff)
- Family support and involvement important relationships supported
- Use of the environment as a therapeutic psychosocial tool
- Meaningful activities are provided
- Least restraint/No restraint is policy and reflects best practice
- Leadership support the staff and best practice
- Pain assessment and management
- Behaviour management guidelines in place

Lets continue to strive to provide care that honours the life history of PWD and their families, that supports their strengths and challenges, and maintains their dignity as people!









Thank you