

## Module 4

### Identifying Challenging Behaviours

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- ◆ Reporting and Assessing Changes
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## Outline

### Aim

In this module you will learn to identify when a resident's behaviour changes and what you should do when you notice any changes.



### Learning outcomes

At the end of this module you will be able to:



- explain why behaviour changes for a person with dementia
- recognise any changes in behaviour
- explain the importance of assessing changes
- document behaviours of concern.

### Resources required

To complete the training for this module you will need:

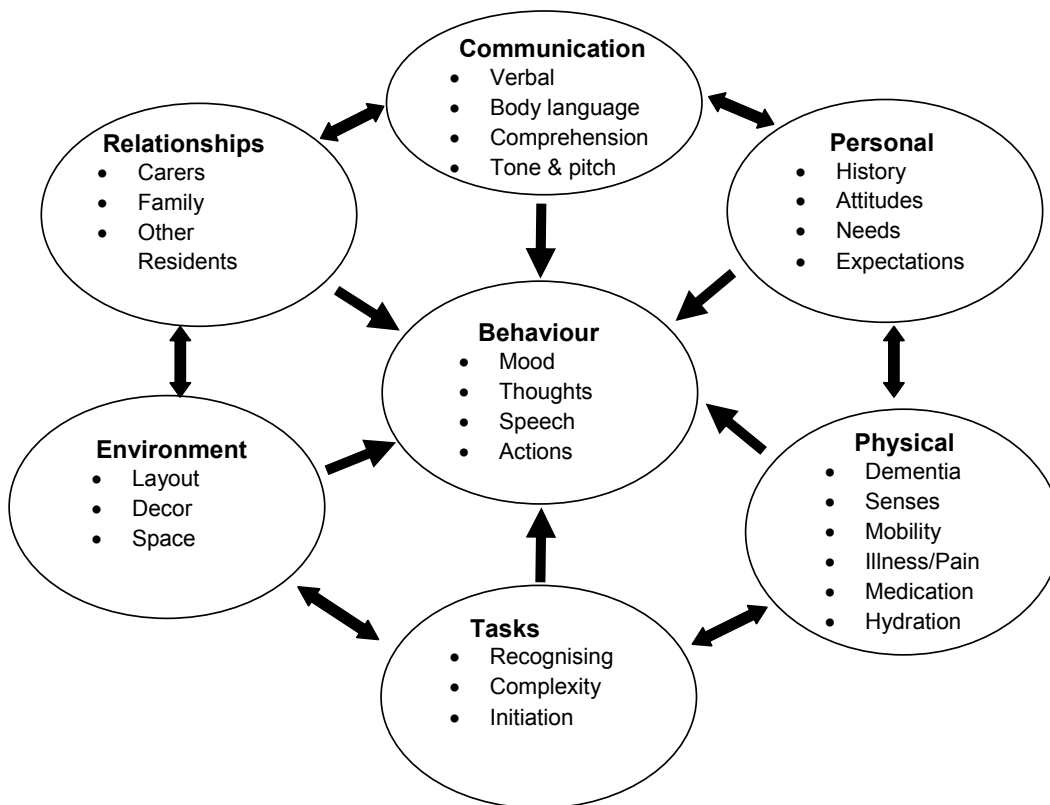
- access to the Aged Care Channel satellite program **Identifying Challenging Behaviours**.

## Why Does Behaviour Change?

**Common symptom** Changes in the behaviour of a person with dementia are very common.

**Reasons for change in behaviour** There are many reasons why a person's behaviour may change. Dementia is a result of changes that have taken place in the brain. It affects the person's memory, mood and behaviour. A person's behaviour can change in response to a number of things including:

- environment – the things around them
- relationships – the people interacting with them
- communication – understanding and being understood
- tasks – what they are doing
- physical factors – their health and well being
- personal preferences – their nature and temperament.



**Puzzle** Trying to work out why a person behaves in a certain way in different situations is like a big puzzle. We all have different coping mechanisms and may react to the same situation in different ways.

Consider this...



*Someone in your household has just put the stereo on in the next room. It is so loud the walls are vibrating. You do not like their musical taste and the noise is extremely unpleasant. You also have a very bad headache.*

What would you do?

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**Problem solving skills**

You have a range of problem solving skills that would help you to cope in situations like the one above. You may have:

- asked the other person to turn the music down
- turned the stereo off
- taken some headache tablets
- put in earplugs
- ranted, raved and yelled at the other person.

If one method failed you may have tried another way. As a last resort, if nothing else worked, you may have ended up in a huge argument with the other person.

**Reactive behaviour**

The person with dementia may have lost the ability to solve problems and think of a rational solution. Their behaviour is a response to changes in the world around them which are out of their control.

Consider this...



*You have dementia and have been wheeled into a concert at Restawhile Village. You do not like their musical taste and the noise is extremely unpleasant. You also have a very bad headache. You cannot tell anyone you don't want to be there and you cannot get up and walk out.*

How do you feel?

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How do you think you might react?

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**See the person**

You need to constantly see the person behind the behaviour. **Imagine yourself in their shoes.** Avoid arguments and accept whatever compromise will work.

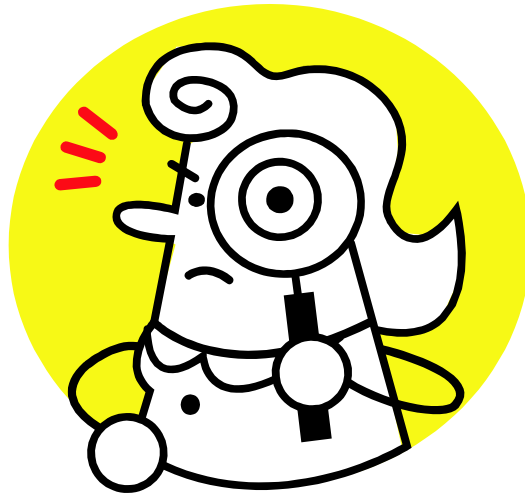
**Take note...**



**Remember...**

**A person with dementia has no control over their behaviour.**

**Don't take it personally!**



## Problem Solving Approach

### Challenge to the care worker

Caring for someone with changed behaviours can be a challenge. It can cause the person to be distressed and upset. It can also place enormous stress on the care worker when someone behaves in a strange or aggressive way.

### Solutions

Preventing and responding to changed behaviours can be very complicated. Every individual is different and sometimes finding a solution requires a bit of detective work. Sometimes the solution will be quite simple. However, in some cases you will not be able to prevent or respond to the changed behaviours because the person's brain is temporarily or permanently too damaged.

### Steps to finding a solution

There are seven steps you can take in response to changed behaviours:

1. Recognise a change in behaviour
2. Report a change in behaviour so the person may be assessed for potentially treatable medical conditions
3. Observe and document the behaviour
4. Look for triggers that influence the behaviour
5. Identify possible ways of responding
6. Approach the behaviour
7. Review the approach

**Identifying Behaviours**

**Looking Behind Behaviours**

**Responding to Behaviours**

### Modules

This module looks at **Identifying Challenging Behaviour**.

**Module 5** will look in detail at **Looking Behind the Behaviour** – why the behaviour may be occurring and what responses you could try.

**Module 6** will cover **Responding to Behaviours** - approaching the behaviour with a Care Plan and its review.

## Recognising Changes in Behaviour – Step 1

**What is a challenging behaviour?** A challenging behaviour may be described as any behaviour which causes stress or distress to a resident or their family, staff members or other residents.

**Why is it important?** It is important to identify any changes in a person's behaviour. You can then monitor and respond to the situation before it gets out of control.

**Common areas of concern** There are several behaviours that are of concern but are typical of dementia. They need to be responded to with care. They include:

- aggression
- resistance to care
- abusive language
- taking things and hiding them, hoarding
- verbal outbursts
- agitated and repetitive acts
- shadowing
- sexual behaviour
- catastrophic reactions
- wandering
- delusions and hallucinations
- suspicion and accusations
- sun-downing
- abrasive behaviour – tactless, insulting, demanding
- taking risks with safety
- toileting issues
- change in sleeping patterns.

**Reasons behind the behaviour** It is helpful to understand why the person may be reacting or behaving in a certain way. If you can discover the cause that influences the behaviour then you can try and prevent or respond to the situation in the future.

The following pages describe some of the commonly used terms to describe challenging behaviours and the possible reasons for these behaviours.

Some of these terms have negative connotations and can be discriminatory and judgmental. There is the potential to label people.

Take note...



**Remember...Behaviour always has meaning for the person!**

## Fact Sheet

<b>Aggression</b>	Aggression can be physical, such as hitting, or it may be verbal, when a person uses abusive language. Aggressive behaviour is usually an expression of anger, fear or frustration.
<b>Resistance to Care</b>	For the person with dementia the simple daily routine of bathing and grooming can be confusing and overwhelming. They may resist any attempt you make to assist them in these tasks.
<b>Abusive Language</b>	People with dementia often lose their inhibitions or learned social graces. People who have never used obscene language may start to use obscene language. It is usually an expression of anger, fear or frustration.
<b>Taking Things and Hiding Them</b>	A person who is going through the dementing process often has the sense that things are being taken away from them. In response they may take, hide or hoard things as a way of 'keeping things safe'. This problem becomes worse when people forget where they have 'hidden' their things. It is usually an expression that they feel unsafe and insecure.
<b>Verbal Outbursts</b>	A person who has lost the skill to communicate clearly may have verbal outbursts as a means of expression, protest, attention or self-stimulation.
<b>Agitated and Repetitive Acts</b>	Sometimes a person with dementia seems to be 'stuck' in the same activity or task. The message in their brain gets stuck like a needle on a record and they can't move on.
<b>Shadowing</b>	There may be times when a person with dementia follows their carer around like a shadow. This is usually because they are insecure and need reassurance.
<b>Sexual Behaviour</b>	People with dementia still have sexual needs and desires. Loss of inhibitions may mean they make advances to others, or fondle themselves in public.
<b>Catastrophic Reactions</b>	This describes an overreaction to a situation by the person with dementia. They may be unreasonable, very agitated or stubborn. They may also scream, shout, cry, or laugh uncontrollably and inappropriately. It is usually caused by stress or frustration.

Fact Sheet

# Fact Sheet

## **Wandering**

A common symptom of dementia is wandering or walking with no apparent meaning. This may be a way of using up excess energy, searching for someone or something from their past, to escape a noisy or busy environment, something to do or they may simply forget where they are going.

## **Delusions and Hallucinations**

A delusion means believing something that's not true, whilst a hallucination means seeing, hearing or feeling something that isn't really there. Delusions and hallucinations may be caused by conditions other than dementia such as medication and dehydration, so you need investigate these as possible causes. The delusions and hallucinations are very real to the people experiencing them.

## **Suspicion and Accusations**

People who are confused, deluded or hallucinating can make wild accusations. They are probably feeling very insecure.

## **Sundowning**

Some people with dementia may become more confused, restless and insecure late in the afternoon or early evening. This is called *sundowning*. It may be triggered by a lack of sensory stimulation after dark, but no-one really knows. It is usually an expression that they feel unsafe and insecure.

## **Abrasive Behaviour**

The lack of inhibitions in some people with dementia can lead to abrasive behaviour. They may be tactless, insulting, or demanding. It is not deliberate and is an expression of need or attention.

## **Taking Risks With Safety**

Towards the later stages of dementia the person may not recognise learned dangers such as those of fire or traffic. There may also be a tendency to put everything in their mouth as a means of sensory stimulation.

## **Toileting Issues**

People with dementia often lose the control of their bladder or bowel. This may be because they have forgotten where the toilet is, they couldn't undo their clothing in time, or they have forgotten how to go to the toilet. Sometimes a person may deliberately smear their faeces over the floor or furniture. It is thought this may be a desperate bid for attention by someone who has lost hope in life.

## **Change in Sleeping Patterns**

Problems with sleeping are a common occurrence for people with dementia. Some people sleep during the day, so they are awake and restless at night. Some are no longer able to tell the difference between night and day, while others are simply not as active as they used to be and therefore need less sleep.

Fact Sheet

## Reporting and Assessing Changes – Step 2

- Medical conditions** There is a range of medical conditions that present as dementia. If the condition is treated the symptoms of dementia go away.
- Delirium vs Dementia** Delirium is often mistaken for dementia. However, delirium is treatable so it is really important to diagnose the difference.
- What is delirium?** Delirium is an acute organic disturbance of brain function, which causes acute confusion that mimics dementia. The onset of delirium is very rapid.
- Signs and symptoms of delirium** The signs and symptoms of delirium may include:
- patchy memory
  - delusions and hallucinations
  - spatial disorientation
  - increased or decreased activity levels
  - disordered sleep/wake cycle
  - clouded consciousness
  - changed level of alertness.
- Common causes and contributing factors** Some common causes and contributing factors to delirium include:
- dehydration
  - urinary tract infections
  - constipation
  - infections
  - pain
  - anxiety
  - tumours
  - vitamin deficiencies – electrolyte imbalance
  - physical stresses
  - altered environment
  - psychological stressors
  - drugs
  - malnourishment
  - impaired hearing and vision
  - depression
  - acute confusion

Take note...



**It is really important if there is a change in behaviour to assess the reason why.**

## Treatment and management of delirium

Delirium may be prevented by:

- using clear communication
- minimising environmental 'confusers'
- reaffirming and reassuring the person
- maintaining hydration
- maintaining normality and orientation
- providing safety and protection
- maintaining consistency of staff/people interaction.

Delirium may be treated by:

- finding contributing causes and providing medical treatment
- managing the symptoms.

### Take note...



**It is really important if there is a change in behaviour to tell your supervisor...it may be treatable!**

### Consider this...



#### Scenario 1

*Jessica had cared for Mrs Brown in the Dementia Unit at Restawhile Village for six months. During this time Mrs Brown had never displayed any behaviour that caused Jessica any concern. One day when Jessica was helping Mrs Brown in the shower, Mrs Brown hit out aggressively and knocked the soap out of Jessica's hand.*

*Jessica mentioned this unusual change in behaviour to her team leader, who checked if Mrs Brown had a Urinary Tract Infection (UTI). The test came back positive. Mrs Brown was treated with antibiotics and returned to her usual calm and happy self.*

#### Scenario 2

*Mr Jackson was normally an early riser. When Matthew went to check on him he was still in bed, curled up in a ball and groaning. Matthew lent over Mr Jackson to see if he was alright. Mr Jackson lashed out at him.*

*Matthew had a chat to his supervisor and they agreed Mr Jackson seemed to be in pain. They assessed Mr Jackson and found he was in pain. With appropriate treatment Mr Jackson was his usual self.*

**Comment [AEC1]:** A little more detail about the cause of the pain and its treatment would be helpful here.

## Observing and Documenting Behaviour – Step 3

**Patterns of behaviour** Once you have identified that a person is behaving in a way that is of concern you need to look for a pattern. Speak to other people who care for that person and ask them about the behaviour from their point of view.

You need to consider:

- what is happening?
- when does it happen?
- where does it happen?
- how does it happen?
- who is there when it is happening?
- what is the communication like?
- why do you think it is happening?
- any other observations.

This information may reveal a pattern that tells us why it is happening and what we can do to prevent it from happening again.

Take note...



**It is really important to document any changes in behaviour so that, together with other people, you can identify anything which might influence the behaviour.**

**Observation chart**

Your facility will have a document which you can use to observe and record any changes in behaviour. It is usually called an Observation Chart or Behaviour Chart.

Find out...



Where are blank copies of the Observation Chart stored?

When and where are Observation Charts used in the facility?


What happens once Observation Charts are completed?

*You may like to compare your Observation Chart to the example on the next page.*

**Observation is really important**

It is really important that you observe carefully what is happening around the person and write everything down. What is concerning you about the person?

## Sample Observation Chart

When did it occur?		Where did the incident occur?		What happened?		Response Used and Outcome	Signed
		Who was there?	Where:	Before:	During:		
Date	Time	Who:	Where:	Response:	Outcome:		
 <p><i>Restawhile Village</i></p>		<p><b>Specific Behaviour:</b></p>		<p><b>Planned Response(s):</b></p>		<p><b>Sumame:</b></p> <p><b>Given Names:</b></p> <p><b>D.O.B:</b></p> <p><b>Room No:</b></p> <p><b>Doctor:</b></p>	
<p>Goal:</p>		<p>Period of Observation: From: / / To: / /</p>		<p>What happened?</p>		<p>Response Used and Outcome</p>	

**Progress Notes**

Any changes in a person's behaviour should also be written in the resident's Progress Notes each shift. This will alert staff working on the following shifts to monitor and observe the person's behaviour more closely. It will also alert them to the fact that they need to complete the Observation Chart documentation too.

**Care Plans**

The Care Plan should also be updated to reflect any changes in behaviour and any responses that have been put in place. You cannot evaluate positive or negative responses unless it is documented.

**Incident Reports**

In some cases you may also need to fill in an Incident Report. As a care worker, responding to aggressive behaviour in some residents can be a safety issue. It is an important Occupational Health and Safety (OH&S) regulation that incidents related to your safety at work are reported.

It also builds a file of evidence of a person's behaviour over time. Decisions regarding the person's care need to be based on such evidence.

**Consider this...**



**Case Study**

*Mr Jones had been at Restawhile Village for six months. He was extremely agitated and aggressive. Staff had tried all sorts of responses without success. It became obvious that Mr Jones needed to be moved to a high care Dementia Unit. At the Case Conference to discuss Mr Jones' on-going care needs the staff were able to review Incident Reports and Observation Charts that detailed Mr Jones' aggressive behaviour over the last six months. A decision was based on this evidence.*

**Find out...**



How do you complete an Incident Report in your facility?

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## Summary

### Why Does Behaviour Change?

- Dementia is a result of changes that have taken place in the brain and affects the person's memory, mood and behaviour.
- A person's behaviour may also be a response to:
  - relationships with other people
  - their own personality
  - the environment.
  - their physical well-being
  - the task they are doing
  - communication skills.
- Remember...The person cannot control their behaviour! Don't take it personally.

### Problem Solving Approach

- There are seven steps you can take in response to changed behaviours:
  1. Recognise a change in behaviour
  2. Report changes in behaviour so the person may be assessed for potentially treatable medical conditions
  3. Observe and document the behaviour
  4. Look for triggers that influence the behaviour
  5. Identify possible ways of responding
  6. Approach the behaviour
  7. Review the approach.

### Recognising Changes in Behaviour – Step 1

- There are several behaviours that are of concern and need to be responded to with care. They include:
  - aggression
  - resistance to care
  - abusive language
  - taking things and hiding them, hoarding
  - verbal outbursts
  - suspicion and accusations
  - agitated and repetitive acts
  - shadowing
  - sexual behaviour
  - catastrophic reactions
  - wandering
  - delusions and hallucinations
  - sun-downing
  - abrasive behaviour
  - taking risks with safety
  - toileting issues
  - change in sleeping patterns
- If you can discover the causes of the behaviour then in the future you can try to prevent the situation or you will be able to respond better to the situation.

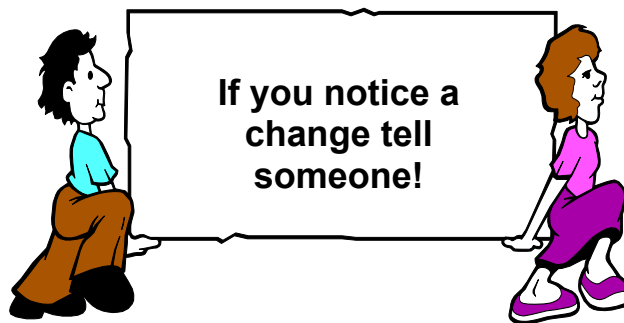
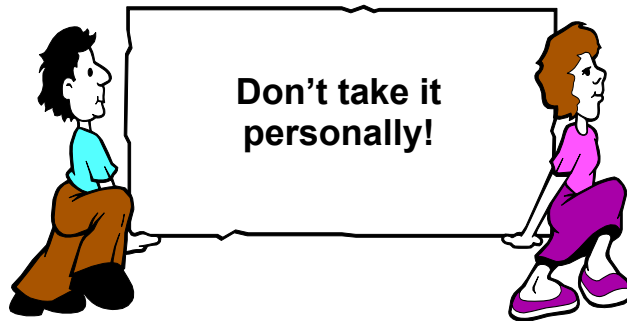
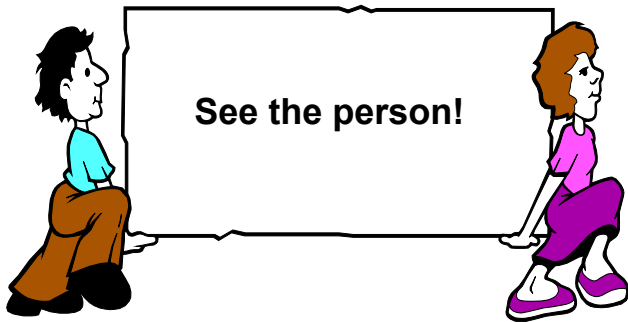
### **Reporting and Assessing Changes – Step 2**

- It is really important if there is a change in behaviour that you report it so the person can be assessed for potentially treatable medical conditions.
- There is a range of medical conditions like delirium, UTI, dehydration, constipation and depression that may affect a person's behaviour. If the medical condition is treated the behaviour goes away.
- You need to tell your supervisor if you notice a change in behaviour.

### **Observing and Documenting Behaviour – Step 3**

- It is important to document and chart behaviours of concern so that you can identify any patterns of behaviour and any triggers which may be setting off the behaviour. It is then possible to respond appropriately.
- It is important to fill in Incident Reports as part of OH&S regulations and to keep documentary evidence of changes in behaviour.

## Take Home Messages



## Review Activity

### Activity 1



Multiple Choice. Circle the correct answer.

1. Dementia is a result of changes that take place in the brain and affects the person's:
  - A. Memory
  - B. Mood
  - C. Behaviour
  - D. All of the above
  
2. A person's behaviour can be in response to:
  - A. Their environment
  - B. The people they are interacting with
  - C. Their physical well being
  - D. All of the above
  
3. A person with dementia may have lost the ability to:
  - A. Solve problems
  - B. Think of a rational solution
  - C. Respond with control
  - D. All of the above
  
4. If you can discover the cause of the behaviour then you can:
  - A. Ignore the behaviour
  - B. Prevent the situation or respond better to the situation in the future
  - C. Isolate the person
  - D. All of the above
  
5. Medical conditions that present as dementia and demonstrate behaviours of concern include:
  - A. Urinary Tract Infection (UTI)
  - B. Dehydration
  - C. Pain
  - D. All of the above

**Review Activity**

6. It is really important to report a change in behaviour because:
  - A. It gives you something to do
  - B. The family of the person will request it
  - C. It may be a treatable medical condition
  - D. All of the above
  
7. It is important to document any changes in behaviour so that you can:
  - A. See patterns of behaviour
  - B. Identify causes of the behaviour
  - C. Provide evidence of behaviour in Case Conferences
  - D. All of the above
  
8. When dealing with behaviours of concern you need to remember:
  - A. Behaviour is not deliberate
  - B. Don't take it personally
  - C. The behaviour is out of the person's control
  - D. All of the above
  
9. Aggressive behaviour is usually an expression of:
  - A. Anger
  - B. Fear
  - C. Frustration
  - D. All of the above
  
10. People who are confused may make wild accusations because:
  - A. They don't like you
  - B. They are deluded
  - C. They feel secure
  - D. They are bored