Managing Behaviour that Challenges

What is challenging behaviour?

- Behaviour that is challenging to manage
- Behaviour that is causing a barrier in the delivery of care
- Behaviour that has a negative impact on others
- Physical and verbal aggression
- Wandering, disorientation, poor compliance with care
- What is challenging for one person may not be challenging for others
- **Understanding WHY the behaviour is present is a key part of being able to respond to it.**

Why do people present as challenging?

People with dementia have the same ‘human’ needs as everyone else. Maslow’s hierarchy of needs shows these:

![Maslow's Hierarchy of Needs](image)

People living with dementia will still have basic needs, just like you and I. They may not be able to communicate these needs or understand some of them, but it is very important to remember this.

People may present as challenging because:

- They have a need that is not being met (any of the above)
• It is their way of communicating
• It is their way of expressing their emotions, fears and feelings
• They may be experiencing hallucinations, paranoid or psychological distress
• Their dementia has affected their self-control and they have less understanding of what
  behaviour is and is not acceptable
• They are trying to hide their condition or do not understand their need for help and care

What can we do about it?

• Check their unmet needs

<table>
<thead>
<tr>
<th>Checklist</th>
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<tbody>
<tr>
<td>✗ Are they in pain?</td>
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<tr>
<td>✗ Are they unwell or may have an infection?</td>
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<td>✗ Do they need the toilet or have they been incontinent?</td>
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<td>✗ Are they hungry or thirsty?</td>
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<td>✗ Are they experiencing side effects of their medications or have they been taking them?</td>
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<tr>
<td>✗ Are they scared or confused about what is happening?</td>
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<tr>
<td>✗ Consider the environment</td>
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<td>✗ Are they bored/lonely/looking for something?</td>
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<td>✗ Are they too hot or cold?</td>
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<td>✗ Check hearing aids / glasses are in place</td>
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• **Before you react**, take a deep breath, step back to give the person space and take some time. It may help to leave the room until you are both feeling calmer.
• **Call** a colleague for help if you need to
• If the person’s behaviour is violent, **try not to show any fear**, alarm or anxiety, as this may increase their agitation, as does an aggressive response.
• **Think** – does this activity need to happen now? Can you come back later and try again when the person is calmer? Before leaving, ensure that they are not in a position where they could be at risk of harm.
• **Make sure you are safe** – think about your position in the room and an escape route. You should not tolerate violence against you. If the person is not at risk of imminent harm, avoid causing them, and yourself, distress or harm.
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**Behaviour & compliance**

- **Reassure the person** – acknowledge their feelings / fears / worries / wishes
- Maintain **eye contact** and **explain** calmly why you are there / what the intervention is, in steps, and repeat if necessary
- Support and **facilitate independence**, autonomy and their own wishes where possible
- Keep your **body language** open and calm, sometimes mirroring the person’s body language can be helpful, so that you appear less of a threat
- Give the person plenty of **space and time** and **patience**
- Try not to take the behaviour too personally – this is likely to be a person’s way of communicating with you, rather than a personal attack
- Avoid moving too close or raising your voice

**Think VERA:**

**Validate**

**Emotion**

**Reassure**

**Activity**

Take a look at this video:  

**5 Step Process**

1. **Identify the problem** – is the behaviour causing a problem? Is the reaction or attitudes of other people? Is it the person’s environment? Are they in pain? – use your checklist
2. **Look at the situation** – when and where does the problem happen? Does the person act in the same way in the same place? Does it happen with the same person or in similar circumstances? Who are the other people involved? Are there any patterns?
3. **Look at how the person is feeling when they behave aggressively** – are they unwell, in pain, uncomfortable? Over-tired, over-stimulated, scared or anxious? Embarrassed, ignored, misunderstood or feeling patronised? Are they delusional, having hallucinations or depressed? Bored, under-stimulated, lacking social contact? Is it a suitable environment?
4. **Is there anything the person could be reacting to?** – an unpleasant incident or association / personal dislikes or fears / change / a memory / being provoked or a conflict with another person.
5. **Develop a strategy to manage the behaviour** – talk to the person/their family/friends to come up with a plan. Some strategies will be more helpful than others and it may take a while to find the right one. Ensure that their physical heath is optimal and ensure contact with their health team.
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Behaviour & compliance

**Music**
- Can help to reduce aggressive behaviour
- What is their favourite piece/type of music? Artist or composer?
- Listening to music in groups
- Try putting on a person’s favourite music at the time of day their usually become restless or before an intervention that they usually become anxious about.

**Communications**
- Think about what you are saying – think about your language, phrases and detail
- Keep your information relevant
- Give time for the person to process the information and time to respond
- Think about your volume and tone
- Consider any language or communication barriers
- Ensure good body language and show the person you are interested

**Social Interaction and Stimulation**
- Basic need to spend time with other people
- Lack of social interaction leads to boredom, isolation and low mood
- Ensure the person regularly receives some one-to-one contact and support
- Chatting, reading together, listening to music together, no matter how structured or unstructured, is important
- Keep them up to date with current affairs and relevant papers and books
- Give them your full attention and make this part of their plan of care
- Planned and structured activities and activity rotas can be helpful
- Adapt daily activities so that they can get involved, such as laying a table, cleaning, planting seeds etc.
- When you find something that works well, keep doing it!

**Reminiscence**
- Recalling and talking about past experiences
- Sharing photos or family events / memories
- Don’t know about their past? Ask! Be curious!
- Past hobbies and employment – can you re-create these?
- Reminiscence is proven to improve the mood of many people with dementia.

**Changes to the Environment**
- Surroundings will impact on people’s behaviour
- Small changes can help
- Is there enough or too much light?
- Is it too hot or cold?
- Can the person find the toilet?

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Behaviour & compliance

- Remove obstacles
- Pictures and words to find the toilet / office / bedroom
- Ensure things are in reach that they may want e.g. drink, bag, puzzle, glasses, paper etc.

**Exercise and Activities**

- Hand massage
- Aromatherapy and other complimentary therapies
- Stimulating the senses: nature sounds, familiar actions such as folding clothes, sorting buttons
- Cognitive stimulation: day to day interests, newspapers, information relation to the present and reminiscing
- Light box therapy
- Animal therapy
- Doll or toy therapy
- Arts therapy including dance, drama, painting, singing etc.

**PRN Medications**

- These should be given with caution in some cases. Ensure you are familiar with the side effects.
- Follow prescription and give only as advised
- If you are using PRN medications regularly, speak with the prescriber
- Non-medical interventions (as above) should be considered before giving medication

**Dealing with Non-Compliance**

When a person with dementia refuses help...

We might call it:

- ‘refusal’
- ‘non-compliance’
- ‘un-cooperative’
- ‘resistance’

But what can we do about it?

- We can try to cooperate with them
- We can try to prioritise their interventions
- We can complete their care in stages with breaks
- We could do it differently
- We should compromise to help them feel at ease

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What might they be trying to tell us?
- They don’t want to do it
- They don’t know how to do it
- They don’t know why it has to be done
- They don’t understand what is happening
- They are being reminded about a difficult time from their past
- They feel ashamed

Why might they be refusing?
- They are in pain
- The environment is not suitable
- They are stressed, fearful, anxious
- Your approach
- Their physical or mental state
- They are misinterpreting the situation
- They don’t trust you
- The request/task does not meet their preferences / beliefs / values
- They are not ready to take part in the intervention
- They do not understand what is happening or what they are being asked to do
- They dislike being told or asked what to do and want to maintain control
- They do not understand or accept their own limitations

Routines
Consider what your own personal routines are, the ones that may differ from others.
Think about how you would feel if someone was trying to get you to take part in a different routine.

Small, individual routines can mean the most to a person:
- e.g. brushing your teeth before breakfast, not after
- e.g. disliking showers and only tolerating a bath
- e.g. not liking water in your ears
- e.g. washing your hair every third day
- e.g. their past career and what their routine was when waking / going to bed

It may be that you have not been able to find out these things about your residents yet. They may seem like minor details, but they might have a big impact on their cooperation and quality of life.

Also consider:
- It can be a good sign that residents do not want to comply with a rigid or set routine. It may be an indication that they are trying to maintain some control and are using their long term memory to recall their past.
- Has the person accepted they are in the care home? Or do they need reminding where they are, or that they are safe, or that they are being cared for? Disorientation can be a big factor.
Try to complete their care plans with their family and close ones, or even previous carers, so that you get a more person-centred understanding of what works – and does not work, for them.

- Religious and cultural beliefs and routines
- Remember that everyone is individual and will react and deal with things differently. Take time to read their ‘about me’ booklets and care plans.

**Personal Care**

The clue is in the title – its PERSONAL!

As cliché as it sounds, always consider “how would I feel, if I was somewhere strange, with someone undressing me, that I didn’t know”. The key is to put yourself in their shoes to really understand why they may not be wanting to cooperate with you.

**What might they be thinking and feeling?**

- “I don’t need help with this”
- “I’ve already had a wash today”
- “I’m embarrassed”
- “I don’t feel comfortable with a female”
- “Why is this young person trying to wash me”
- “What are they doing?”
- “Do they think I’m incapable?”
- “What will they say when they see I’ve had an accident?”
- “My husband won’t be happy if they see me like this”
- “Why isn’t my mum helping me?”
- “Are they trying to be intimate with me?”
- “Why are they not asking me to help?”

**How important is it?**

- Is the person at imminent risk?
- Is the intervention time specific?
- Is it putting others at risk?
- Can it wait for later?
- Can it be done differently?
- Can someone else do it?

**Finding alternative solutions...**

- Leave and return
- Try a different staff member; think age, gender, familiarity, continuity etc.
- Break it down in stages and give rests throughout
- Empower them and let them help
- Compromise; wash instead of bath? Mouthwash instead of toothpaste?

**Encouraging methods**

- Music
- Reassurance
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- Explanation
- Environment
- Distraction

Always consider, particularly during personal care: is there a history of abuse?

Food and Drink

Nutrition plays a big part in maintaining and improving the physical and mental wellbeing of all of us. This can be particularly important for care home residents with physical health conditions and those requiring special diets.

People living with dementia may not always be readily accepting of a balanced diet and this can be concerning for their care givers and family.

What might they be thinking and feeling?
- “What is this?”
- “How do I eat it?”
- “I don’t like that”
- “I wouldn’t cook that”
- “Who made it?”
- “Is it healthy?”
- “Is it poisoned?”
- “Where is it from?”
- “I don’t want to eat it here”
- “It’s too hot / cold”
- “It’s too bland / spicy”
- “I usually have sugar in that”
- “Did the person wash their hands before preparing it?”

How important is it?
- Are they at risk of malnutrition?
- Will skipping a meal affect a medical condition?
- Will it impact on taking medications?
- Are they dehydrated?
- Is there a special diet?

Find alternative solutions...
- Snacking
- Finger foods
- Food First advice
- Supplements
- Risk feeding
- Enrichments
- Involving them in food preparation or cooking
- Find out about preferences, likes, dislikes

Encouraging methods:
- Inviting presentation

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Medications

Medications are, for many, a key part in managing their physical and mental health and symptoms of their conditions.

When someone living with dementia refuses to take their medications, this can cause many issues for them and for their care givers.

What might they be thinking and feeling?

- “What is this?”
- “What will it do to me?”
- “What is it for?”
- “Why do I have to have it?”
- “I’ve already had one”
- “I don’t need that”
- “Are you trying to kill me?”
- “Why are there so many?”
- “What is wrong with me?”
- “Are you trying to poison me?”

How important is it?

- What impact will missing the medication have on their health and wellbeing?
- Does the person need follow up clinical checks, such as blood tests and pulse readings?
- Consider side effects and withdrawal symptoms
- Is it time specific?

Finding alternative solutions

Under the direction of the prescriber and/or pharmacist, there may be other options...

- Liquid suspension
- Orodispersible
- Transdermal
- Medication reduction
- Covert
- Review required?
- Polypharmacy?

Encouraging methods

- Explain purpose
- Explain benefits
- Prioritise most important medications first (with guidance from prescriber)
Do they need assistance or direction?
Do they need other medications to reduce side effects? Side effects could be an understandable deterrent for individuals not wanting to take their medications.

Further information

Further information, advice and guidance can be found via:

- www.alzheimers.org.uk
- BNF (British National Formulary)
- Care Home Initiative Team (ESNEFT)
- Local mental health community services (ESNEFT)
- Local dietetic and SALT services
- GP
- District nurses