

HEALTH SECTOR

CHALLENGING BEHAVIOURS

POSITIVE OUTCOMES GUIDELINES

PURPOSE

To provide guidelines for working with people with challenging behavior in residential aged care facilities using appropriate interventions and minimising restraint. These guideline will aim to help all workers in residential care facilities meet their responsibilities while caring for residents with challenging behaviours to ensure the residents live their lives with dignity and within a secure environment.

ACTIONS

INFORMATION
<p>A challenging behaviour is any behaviour which causes stress or distress to the person with the behaviour or any others interacting with them. Challenging behaviours are associated with a person’s decline in their cognitive capacity, generally due to dementia including associations with other medical conditions.</p> <p>The first step in the management of behavioral and psychological symptoms involves careful assessment and appropriate response to any physical, biological, psychosocial, cultural or environmental triggers, or other perpetuating factors including pain.</p> <p>Reference: NSW Health – Guidelines for working with people with challenging behaviours in residential care facilities.</p>

BEHAVIOUR IDENTIFICATION	
AGGRESSION	<p><i>May be related to:</i></p> <p>Pain, frustration, infection, fear, confusion, psychosis, excessive stimuli, change of environment, poor communication techniques, loss of control, drug reaction.</p> <p><i>Potential Strategies include:</i></p> <p>Distraction, diversion, staff training in managing approaching residents, peaceful environment, music, exercise, avoidance of identified triggers, appropriate light levels, reassurance with familiar objects, family support, noise and crowd reduction, assessment of family, social, psychological and occupational history, socialisation.</p>
AGITATION	<p><i>May be related to:</i></p> <p>Pain, anxiety, discomfort, constipation, incontinence, grief, change of environment, inappropriate medication regimes, restraint.</p> <p><i>Potential Strategies include:</i></p> <p>Modification of the environment, provision of lounge chairs and sofas for companionship, reassurance, stimulation, regular exercise, signposting, cues, asking the person if there is anything wrong, distraction, contact and closeness where appropriate, reducing crowding.</p>
ANXIETY	<p><i>May be related to:</i></p> <p>Interpersonal systems, change of environment, grief, pain, isolation, excess stimuli.</p> <p><i>Potential strategies include:</i></p> <p>Distraction, diversion, support, social interaction, exercise, asking what is worrying him/her, reassurance, familiar objects, counselling, cognitive behaviour therapy,</p>

	<ul style="list-style-type: none"> Record on a behaviour chart Look for triggers
Encourage family involvement	<ul style="list-style-type: none"> Explain the facility routine to the family Ask for help in planning care Ask for details of usual routines, likes and dislikes Ask for personal mementoes & photos to display by the bed Encourage contact as often as possible Support family in their acceptance of events
Brainstorm ideas for care	<ul style="list-style-type: none"> Examine behaviour chart for patterns or triggers Discuss possible causes of behaviour in group staff meeting with family Think about the effect of staff interactions, routines, environment Discuss overall aims – what is a reasonable change? Discuss possible methods of care and decide on strategies.
Instigate consistent plan	<ul style="list-style-type: none"> Make sure all staff members and family are aware of the plan Discuss plan at all handover meetings Monitor consistency of approach Plan regular evaluation and modification of care plan
Use effective communication skills	<ul style="list-style-type: none"> Use the preferred name and make sure hearing aid and glasses are on and in working order Provide appropriate language and cultural practices with INTERPRETER help Introduce yourself each time you approach the person Use careful listening skills and PRAISE Consider appropriate voice tone, body language, touch Give appropriate clues to reality when using known social history Accept and validate the feeling and ideas expressed.
Adapt environment	<ul style="list-style-type: none"> Adapt or modify detrimental environment (Homelike, light, noise etc.) Consider security measures (if wandering is likely)
Provide activity programme	<ul style="list-style-type: none"> Avoid boredom and loneliness Plan appropriate activity programme Consider discussions, reminiscence, music exercises, and visitors.
Medication – under strict orders from Treating Practitioner.	<ul style="list-style-type: none"> Consider medication TRIAL if depression, PAIN or psychosis is likely If person remains distressed, SHORT TERM traditional or atypical psychotropic medication MAY be helpful in small doses repeated often, but must be closely monitored for Parkinsonian side effects which are particularly likely in Lewy Body Disease.
Independence and mobility	<ul style="list-style-type: none"> Encourage person to do as much as possible for themselves Encourage participation in exercise programme Maintain dignity and promote self confidence Prevent loss of strength.
Normalise sleep-wake cycles	<ul style="list-style-type: none"> SHORT rest period only in the afternoon Exercise, stimulation and sunshine during the day Use bedroom for sleep only Avoid caffeine but provide light snack in the evening Provide help and reassurance with toileting and orientation at night Accept that a person may be wakeful at night and provide reassurance and gentle activities such as favourite music.

<p>Document, monitor and evaluate</p>	<ul style="list-style-type: none"> • All care and changes MUST be documented • Confused people cannot tell you what is wrong with them and cannot ask for help, particularly with PAIN management • Older people have changed symptom presentation • Monitor for new delirium and/or depression • Review care plan daily and modify when necessary • Consult with outside resources as appropriate
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RELATED DOCUMENTS

External Documents

Nursing Management of Disturbed Behaviour in Aged Care Facilities – Royal North Shore Hospital & Community Health Services Northern Sydney Central Coast Health Services.

NSW Health - Guidelines for working with people with challenging behaviours in residential aged care facilities

SafeWork SA – Managing the risks of Violence at work in aged care facilities.

