**Challenging Behaviour Guidelines**

**Purpose**

To provide guidelines workers who work with people with challenging behavior in worksites using appropriate interventions and minimising restraint. These guidelines will aim to assist all workers to meet their responsibilities.

**Actions**

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| **INFORMATION** |
| 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 can be associated with a person’s decline in their cognitive capacity, generally due to dementia or including associations with other medical conditions.  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.  Reference: [Challenging Behaviour Toolkit](https://www.sahealth.sa.gov.au/wps/wcm/connect/9204d10048770e36a8d3f9021cf34788/15019.5-+Toolkit+4-FINAL.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-9204d10048770e36a8d3f9021cf34788-n5i4lPD) |

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| **BEHAVIOUR IDENTIFICATION** | |
| **AGGRESSION** | ***May be related to:***  Pain, frustration, infection, fear, confusion, psychosis, excessive stimuli, change of environment, poor communication techniques, loss of control, drug reaction.  ***Potential Strategies include:***  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, occupational history and socialisation. |
| **AGITATION** | ***May be related to:***  Pain, anxiety, discomfort, constipation, incontinence, grief, change of environment, inappropriate medication regimes, restraint.  ***Potential Strategies include:***  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. |
| **ANXIETY** | ***May be related to:***  Interpersonal systems, change of environment, grief, pain, isolation, excess stimuli.  ***Potential strategies include:***  Distraction, diversion, support, social interaction, exercise, asking what is worrying him/her, reassurance, familiar objects, counselling, cognitive behaviour therapy, reducing excessive stimuli, increased involvement and collaboration with family and friends. |
| **DEPRESSION** | ***Depressive syndromes may be related to:***  Grief, bereavement, change in environment, coping skills, loss of familiar environment, loss of role, change in self-image, family history, poor coping, recent losses, disease processes, past history of depression.  ***Potential strategies include:***  Counselling, emotional support, companionship e.g visitor’s schemes, engagement in activities, cognitive behavioural therapy, observation, increased involvement and collaboration with family and friends, socialisation, exercise, pleasant events schedule. |
| **PSYCHOTIC SYMPTOMS INCLUDE: delusions, hallucinations, paranoid ideation.** | ***May be related to:***  Misinterpretation of the environment, drug toxicity, interactions, visual or hearing impairment, physical illness.  ***Potential strategies include:***  Emotional support, avoiding fatigue, provide rest periods, personalize environment /belongings, clear communication, always keeping an open mind, reducing stimulation and external stimuli e.g. TV, radio, listening to their concerns and offer reassurance, however do not reinforce the delusions/paranoid ideations. This needs to be applied with respect for and sensitivity to the individuality of each situation. |
| **SLEEP DISTURBANCES – include sleep – wake cycle problems** | ***May be related to:***  Pain, joint stiffness, poor mattress comfort, nocturia, noise.  ***Potential strategies include:***  Investigate the night time environment, including practices of night staff disrupting consumer/client’s sleep, creation of a sleeping environment, night lights, warm milk, relaxation music, caffeine restrictions, limit daytime sleeping, and increase daytime exercise. |
| **WANDERING** | ***May be related to:***  Pacing associated with agitation, restlessness associated with pain, anxiety, frustration, effect of medication, stress, boredom, fear, isolation, depression.  ***Potential strategies include:***  Asking the consumer / client / student what they are looking for or where they want to go, re-orientation, use of alarms and monitors, create safe wandering opportunities, walking programs, exercise, safe return programs, diversions, distractions, reminiscence therapy, participating in household activities. |
| **CONTROLS** | |
| **Gather Information** | * Medical history – liaise with GP, what affect’s the person’s life? * Social history – what important things have happened and what do they like to do? * Functional ability – what can they do? * Spiritual needs – what are their usual spiritual practices? * Observe and describe the behaviour * Record on a behaviour chart * Look for triggers |
| **Encourage family involvement** | * Explain the worksite routine to the family * Ask for help in care plan * Ask for details of usual routines, likes and dislikes * Encourage contact as often as possible * Support family in their acceptance of events |
| **Brainstorm ideas for care** | * Examine behaviour chart / plans for patterns or triggers * Discuss possible causes of behaviour in group staff meeting with family * Think about the effect of worker interactions, routines, environment * Discuss overall aims – what is a reasonable change? * Discuss possible methods of care and decide on strategies. |
| **Instigate consistent plan** | * Make sure all workers and family are aware of the plan * Discuss plan at all handover / staff meetings * Monitor consistency of approach * Plan regular evaluation and modification of care plan |
| **Use effective communication skills** | * 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** | * Adapt or modify detrimental environment (Homelike, light, noise etc.) * Consider security measures |
| **Provide activity programme** | * Avoid boredom and loneliness * Plan appropriate activity program * Consider discussions, reminiscence, music exercises etc. |
| **Medication – under strict orders from Treating Practitioner.** | * Follow all medications orders from treating practitioner. Medication plan to be in place. * Consider medication TRIAL if depression, PAIN or psychosis is likely |
| **Independence and mobility (Health Sector)** | * Encourager 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 (Health Sector)** | * 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. |
| **Document, monitor and evaluate** | * 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 * Monitor for new delirium and/or depression * Review care plan daily and modify when necessary * Consult with outside resources as appropriate |

**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.

[Challenging Behaviour Toolkit](https://www.sahealth.sa.gov.au/wps/wcm/connect/9204d10048770e36a8d3f9021cf34788/15019.5-+Toolkit+4-FINAL.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-9204d10048770e36a8d3f9021cf34788-n5i4lPD)

[SafeWork SA – Managing the risks of Violence at work in aged care facilities.](https://www.safework.sa.gov.au/__data/assets/pdf_file/0003/140772/Community-Workers-work-health-and-safety-guidelines.pdf)