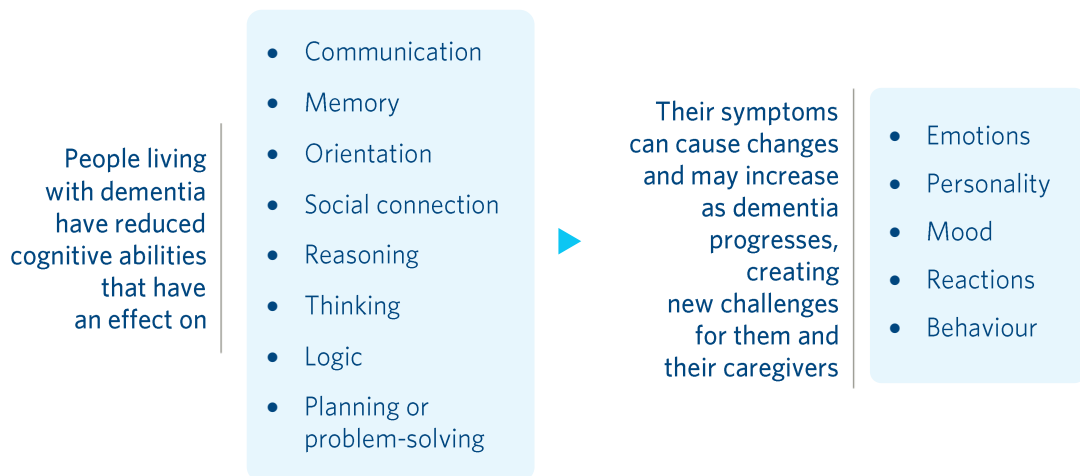


Behaviours that challenge | Ngā whanonga uaua

- Using the term 'behaviours that challenge' shifts the focus of attention away from individual pathology to finding care solutions.
- Behaviour and psychological symptoms of dementia (BPSD) are problematic behaviours linked to the dementing process.
- Not all behaviours are caused directly by dementia. Many are normal coping strategies used by all people to deal with difficult situations.
- People living with dementia experience changes in their ability to express and resolve their needs.
- People living with dementia respond from their reality, which we cannot change. We can change our approach to support them.



Environment determinants

- Unfamiliar or unstructured environment
- Too large, too small, too much clutter
- Over-/under-stimulation
- No orientation information or cues.

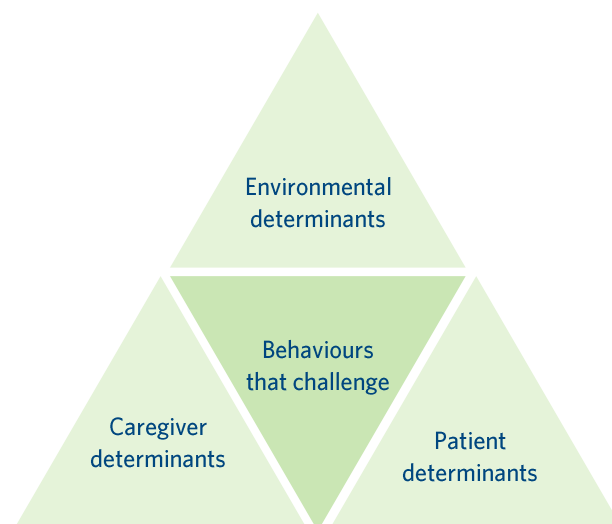
Patient determinants

- Have their basic needs been met?
- Impaired vision or hearing
- Acute illness, dehydration, medication, pain, physical discomfort or constipation
- Effects of fatigue
- Stress, coping abilities
- Expecting unfamiliar tasks beyond their abilities
- Cultural influences, life experience.

Caregiver determinants

- Experience/education/understanding
- Support – financial situations
- Other responsibilities
- Response to stress, resilience
- Adequate breaks, fatigue
- Communication, approach, workplace culture.

Conceptual Model of Behaviour diagram, depicts the many variables that can have an impact on behaviour that challenges (James 2017)



Understanding common, challenging behaviour with solutions for people living with dementia

Calling out/vocalising

The need to communicate never goes away. All vocalising behaviour has a meaning – an attempt to communicate or express a need. It may be true distress as a result of feelings of loss and being overwhelmed.

Common triggers include:

- physical: pain, hunger, the need to use the toilet
- environment: too busy or loud, a change in routine, unfamiliar environment, too hot or too cold
- psychological loneliness, boredom, anxiety, depression, delusions.

It can be difficult and frustrating to work out what people with dementia need, and it may seem like they are expressing behaviours that challenge for no apparent reason.

Assess and look for the meaning behind the behaviour.

- Assess, use tools to collect evidence, eg, behaviour charts, pain assessment.
- Identify and remove triggers.
- Don't ignore the person or talk over them.
- Find out information about them to personalise the response:
 - Attend to the need not the behaviour.
 - Try social interaction and sensory stimulation.
 - Create a low-stimulus environment.
 - Consider relaxing approaches.

Repetitive actions

A person living with dementia may do or say something over and over again, like repeating a word, question or activity, pacing, or undoing what has just been done. In most cases they are looking for comfort, security and familiarity. These actions are rarely harmful but can be stressful for caregivers.

- Look for a reason – try to find out if there is a specific cause or trigger for the negative behaviour.
- Focus on the emotion rather than reacting to what the person is doing, respond to how they are feeling.
- Turn the action or behaviour into an activity – if the person is rubbing a hand across a table, provide a cloth and ask for help with dusting.
- Stay calm and be patient – reassure the person with a calm voice and gentle touch (if appropriate).

- Provide an answer – give the person the answer they are looking for, even if you have to repeat it several times. It may help to write it down and post it in a prominent position.
- Engage the person in an activity because they may simply be bored and need a distraction, eg, take them for a walk or engage them in a puzzle.
- Use memory aids – offer reminder like notes, photographs, clocks or calendars.
- Take a break!

If the person is in a safe environment, and you are able to, walk away and take a moment for yourself.

Wandering, walking – common causes

- Memory loss: they may not remember their destination, it may be part of their normal past routine, eg, going to work or meeting a friend
- Physical needs: a need to go to the toilet, pain, hunger, thirst and so on
- Social needs: boredom, loneliness, over- or under-stimulation
- Sleep deprivation: increased mental fatigue, due to lack of sleep, can contribute to confusion and disorientation
- Side effects from medication: can cause disinhibited behaviour and restlessness, which can result in wandering
- Disorientation: confusion regarding time, time and identity, combined with memory loss and an inability to recognise familiar people and environment, may cause wandering in an effort to reach a more familiar and comfortable place.

How you can make a difference

- Provide individualised person-centred care.
- Focus on early intervention and prevention as well as treatment.
- Focus on accurate assessment.
- Develop a culture of caring that prioritises the quality of life.
- Create a social and physical environment that is responsive to changing needs.
- Involve family and friends.
- Reduce stress for the person with dementia.
- Focus on staff education.
- Do more of what works well.

Why people with dementia resist care

- Lack of insight
- Level of cognitive functioning
- A reduced ability to communicate their needs
- They can't understand what they are being asked to do or how to make it happen
- Mobility and dexterity
- Depression

- Unable to perform complex tasks involving a series of movements or goal-directed behaviour
- Unfamiliar environment
- Fatigue
- Self-defence reaction
- Embarrassment or humiliation
- Loss of dignity or privacy
- Apathy, loss of strength and stamina
- Suspiciousness, there is not enough trust
- Self determination – sense of independence, they may feel they are being bossed about or controlled
- Visual disorders – not recognising or identifying objects
- Design and layout of rooms making access difficult
- People working with them, or they themselves, not knowing how much assistance they need.

Suspiciousness, blaming, accusing

Memory and confusion may cause a person living with dementia to perceive things in new and unusual ways. Sometimes they may misinterpret what is seen or heard and become suspicious of those around them, even accusing others of theft, infidelity or other behaviours.

Don't take offence

Listen to what is troubling them and try to understand. Be reassuring, respond to the feeling and let the person know you care.

Don't argue or try to convince or correct

Consider that the accusations may be based on past experiences. What they are experiencing is real to them. Allow the person to express their ideas and acknowledge what was said. Validate their feelings, keep conversations simple. Try to find the underlying reason for their behaviour.

Switch the focus to another activity

Engage the person in an activity or ask for help with something.

Sleeping difficulties

People with dementia may have problems sleeping. Although the exact cause is unknown, sleep changes can result from the disease's impact on the brain. Discuss sleep disturbances with a GP/NP, to help in identifying causes and possible solutions.

Make a comfortable environment

The sleeping area should be at a comfortable temperature. Use nightlights, and take other steps, to keep the person safe, such as installing appropriate door and window locks.

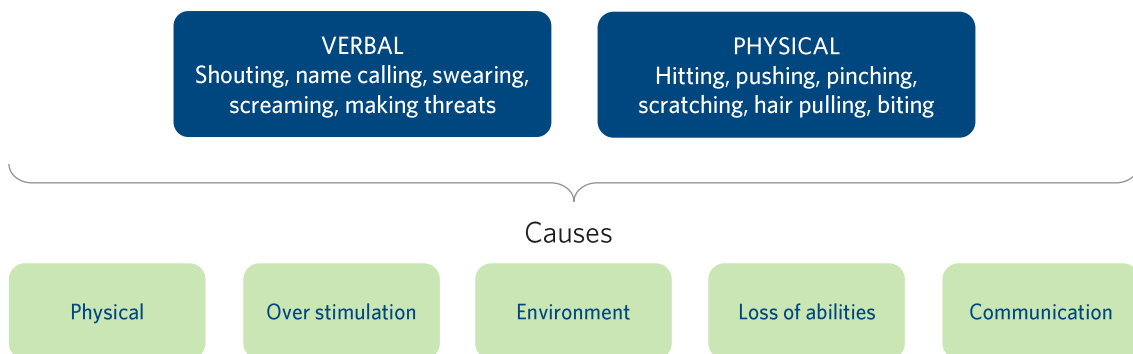
Maintain a routine (sleep hygiene)

- As much as possible encourage a regular routine of waking up, meals and going to bed at appropriate times.
- Reduce or avoid alcohol, caffeine, nicotine and other stimulants that can all affect the ability to sleep.
- Most experts encourage the use of non-pharmacological measures first, eg, relaxation techniques, hot drinks.
- Discourage screen use during periods of wakefulness at night because it can be stimulating.

Exercise

Physical activity may promote restfulness at night – this may include walking, swimming and so on.

Anger and aggression



- ▶ **Pain:** Can trigger aggressive behaviour for a person living with dementia.
- ▶ **Triggers:** Think about what happened right before that may have triggered the behaviour.
- ▶ **Focus on feelings not facts:** Look for the feelings behind the words or action.
- ▶ **Try not to get upset:** Be positive and reassuring, speak slowly and in a soft tone.
- ▶ **Limit distractions:** Examine the person's surroundings and adapt them to avoid similar situations.
- ▶ **Try a relaxing activity:** Use music, massage or exercise to help soothe the person.
- ▶ **Shift the focus to another activity:** If a situation or activity causes an aggressive reaction, try something different.
- ▶ **Take a break:** If the person is in a safe environment, take a break.
- ▶ **Ensure safety:** Make sure you and the person are safe. If the person is unable to calm down, seek assistance from others.

Interventions for behaviour and management

- Look for the causes behind the behaviour.
- Become a detective, not a judge.
- Contributing factors can be reduced or eliminated.
- Address unmet needs.
- Assessment using behaviour charts can provide evidence of frequency, patterns and identify triggers (collect evidence).
- Manage triggers.

Other useful assessment tools

- Cohen Mansfield Agitation Scale
- Abby Pain Scale
- Delirium screen and 4AT, eliminate reversible causes.

How you interact and communicate with the person living with dementia has a direct effect on their behaviour and how they will respond. Use validation diversion and redirection techniques. Address loneliness and isolation.

- **Consider:** sensory stimulation or a low-stimulus environment, pet therapy and exercise, and use their remaining abilities to occupy them. They respond from their reality, which we cannot change. We can change our approach to support them.

Medication can be considered as a chemical restraint when it is used to manage a person's behaviour or restrict their freedom of movement. There is now a movement towards reducing the use of antipsychotic medication for challenging behaviour. Non-pharmacological approaches need to be the first method of treatment. Antipsychotics are used when there is evidence of psychosis (delusions or hallucinations) and the person with dementia is in severe distress or harm will be caused to them, those who care for them or other people.

Consider referral to mental health for older people when:

- assessment for dementia of psychogeriatric (PG) level of care is required
- behaviour has been assessed and a delirium screen has been completed with treatment commenced for underlying cause
- the behaviour has not responded to comprehensive non-pharmacological treatments
- behaviour is dangerous, distressing, persistent, disturbing or damaging to social relationships
- medication review/advice of antipsychotic medication is required by a specialist.



Ensure clear reasons are written on the referral, to ensure this is the appropriate service

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Behaviours that challenge

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