Understanding and Treating Behaviour that Challenges

Background

What are behaviours that challenge?

They are behaviours that have an adverse effect on the person with dementia and their carers. It may be physical, emotional or environmental. Typically, behaviours that challenge are as a result of an unmet need the person is trying to communicate. Over time this can become a habitual response.

Current guidelines

Current guidance recommends the use of non-pharmacological, psychological and psychosocial approaches in the initial stages of managing behaviours that challenge (NICE/SCIE, 2006; Banerjee, 2009; National Dementia Strategy, 2009). Consequently, these are now recommended as a first line treatments (NICE/SCIE 2006; NHS Institute for Innovation and improvement, 2011; Banerjee, 2009).

Newcastle Model (James & Stephenson, 2007)

Why do behaviours that challenge occur?

A person with dementia may be unable to recognise their needs, know how to meet them, or communicate what they need to others. This may cause them to act in ways that are seen as challenging, including aggression. The behaviour might be the person’s way of expressing a need, an attempt to communicate it, or an outcome of the unmet need.

It may be:

- an inability to communicate fears and or distress
- a direct result of the changes in the brain caused by the dementia
- frustration at no longer being able to carry out tasks
- depression
- feeling unwell
- being unable to express pain

Remember — all behaviour, challenging or not, is for a reason

There can be many reasons why a person with dementia’s behaviour changes. It is through numerous systematic and innovative investigations, specific to each person, that we can understand why the behaviours occur.

STEP 1: Information Gathering

What information are we looking for and how do we gather it?

THE ENVIRONMENT
- Does the environment cater to the person’s needs? (bright, loud, visually confusing)

COGNITIVE IMPAIRMENT
- Neuropsychological assessment/observations

MENTAL HEALTH
- Mood assessments
- Anxiety
- Delusions/hallucination

PHYSICAL HEALTH
- Medical examinations: pain scales, urinary testing
- Medical history

BEHAVIOURS
- Define it!
- ABC charts, frequency and intensity of behaviour charts

APPEARANCE:
- Observations and record keeping: look angry, anxious, scared, depressed

MEDICATION
- Side effects of medication

PERSONALITY
- 1-1 conversation with client
- Speak to family

LIFE HISTORY
- Life Story Work: life experiences, relationships, attachments, loss, trauma, occupation, coping
- Speak to family

VOCALISATIONS:
- Observations and record keeping

When gathering this information, keep the following principles in mind...

STEP 2: Putting it all together

From this information, we can find out:
1) The triggers of the behaviours
   e.g. death of wife, admission to ward, unable to exercise due to pain
2) The needs of the patient i.e. 1:1 reminiscence and validation about his loss, pain management, opportunities for appropriate physical activity (Walk around garden)

STEP 3: Interventions

- Meet the need
- Life story work
- Medical assessment
- Consistency of approach
- Mindfulness
- Support groups
- Reminiscence therapy
- Anxiety management
- On-going monitoring and reviewing

To find out more...take a look at these references:
