

Module 1

‘Challenging behaviours’ or ‘unmet needs’: A clinical perspective



Key questions

- How does a clinical perspective explain ‘challenging behaviours’ or ‘unmet needs’?
- How does this matter for safety and care, particularly where there are diverse languages, cultures and faith backgrounds in play?

Objectives

In this module participants will:

- explore clinical perspectives on behaviours and unmet needs
- consider how behaviours and needs will vary immensely according to the individual's clinical profiles, and will also constantly change in individuals themselves over time
- consider how a better understanding of a person's clinical profile can contribute to safety, communication and care
- develop strategies for communicating and 'doing' safety and care through knowing a person's clinical profile.

‘Take each person as they come because they’re all so different. I just find with dementia it’s fascinating because it’s all under the same umbrella but out of 64 residents it affects each and every one of them differently, so differently.’

(Care worker, Australian background)

Outline

1. Exploring clinical perspectives behind 'behaviours' and 'needs'
2. Understanding the clinical variation between individuals and within individuals over time
3. Understanding the role of my behaviour: triggers and needs
4. Strategies for communicating and doing safety and care

Segment 1

Exploring clinical perspectives behind behaviours and needs

About dementia

Together, consider that dementia is:

- not just a normal part of ageing.
- not one disease, but an umbrella term for more than 100 types of changes in the brain that affect cognition, memory, emotion, behaviour and more.

What are some of the causes/forms of dementia that you know of?

Adapted from: <https://wa.fightdementia.org.au/about-dementia/what-is-dementia>

About dementia (contd)

Some people with dementia may experience changes in:

- mood +/- anxiety, depression, highs/lows
- behaviour +/- restlessness, wandering, agitation, aggression
- memory loss +/- language difficulties, perceptual changes, intentional movement, executive function

DSMU (2013)

‘Confusion. Not knowing where they are a lot of the time and just wandering, trying to get out, find somebody in familiar surroundings. They want to go home, see their children, find their partner who’s died 20 years ago, they forget. Refusal of ADLs, showers, washing, getting clean clothes on. Refusing to eat. Everything.’

(Care worker, Australian background)

Causes and perspectives

Video 1.1.

Consider a trainer's account of how some perspectives on dementia and behaviours are not always clinically based.

‘I’d say it’s a challenge sometimes. I’ve been doing this for five years. I’ve studied nursing as well which helps me to understand their behaviour. It’s not something they’re doing on purpose.’

(Care worker, African background)

Small group activity

Discuss together

- what you know about the many types of conditions (often lumped together as one condition, dementia)
- the ways in which the quotes on the previous slides highlight the need to understand the clinical profile of each person you care for
- why it is important for safety and care to understand that dementia will be different in different people.

Bringing it together

What key ideas have emerged about:

- the huge variation in types of dementia?
- how this variation may affect different people in different ways (behaviour, communication)?
- how understanding these differences is crucial for managing safety and care?

Segment 2

***Understanding the clinical
variation between individuals
and within individuals
over time***

Changing clinical profiles

- Think of a person you currently care for. What do you know about their clinical profile? What don't you know?
- How has it changed over time?
- How do you think their clinical profile may affect their needs and their behaviour?

^Yeah, and I guess there is that, seeing the increased confusion that a person might experience and then that resulting in some changed behaviours, that may be interpreted as "it's just the dementia" as opposed to, "there's an unmet need behind this", or "there's a change in health status" or something along those lines ...

(contd over)

(contd)

‘... We may be seeing then that "Oh, they've got these changed behaviours" is probably the worst words that are used around that and "We should expect that because it's their disease" ...

‘As opposed to "It might be the by-product of not being able to communicate appropriately", therefore those needs that you and I can express really easily which prevent us from having that behaviour, these clients don't have that capacity to do that.’

(Trainer, Australian background

'I guess "unmet needs" would be if they're in pain. Their medications might not be correct. If they're losing weight. There could be, obviously dietary concerns. Are they on the right diet? You'd look into that. Have they got dental issues? Things like that ... *(contd over)*

(contd)

‘We delve a bit deeper into everything really... say if they weren’t eating or suddenly became agitated for no reason, unexplained reason, they might have a urinary tract infection ... You do a urinalysis. If they were different from what they usually are, you’d go further, depending.’

(Enrolled nurse, Australian background)

Small group activity

Consider a time when you noticed a change in a person's condition or behaviour. Discuss in small groups:

- What did you do? What happened next?
- How do you think this variation between different individuals and within different individuals might affect how you 'do' safety and care? What options do you consider?
- How do you explain some of the challenges?
- How do you confirm your own understanding?

Bringing it together

What key ideas have emerged about

- knowing a person's individual clinical profile and how this impacts on their needs?
- noticing changes in their condition, needs and behaviours?
- how such variation influences *communicating* and *doing* safety and care?

Segment 3

***Understanding the role of my
behaviour: triggers and needs***

‘Now if you’re coming in to someone in aged care whose hearing and sight is down a bit anyway and they have other issues. They’re scared of falling, they’ve got painful areas, and if they’ve got people rushing in and they do not understand what is required of them, they feel that these people just rush in, pulling or pushing them around, and that can actually trigger that behaviour because they’re scared, or whoever is doing it is causing them pain.

‘Both of those things, there’s survival instincts they go to, and so that actually triggers the behaviour.’

(Trainer, European background)

Individual or pair activity

- Consider the kinds of things you do in caring for people that could be potential triggers (e.g. in your behaviour or in the environment).
- In what ways can you do things differently to minimise these triggers?
- Exchange examples of times when you noticed something that was a trigger, and then communicated it to someone else. (contd over)

Individual or pair activity (contd)

- What do you do when you cannot identify a trigger?
- Exchange examples of times when you noticed a need that a person was unable to express, and then communicated it to others.
- How did you communicate these triggers or unmet needs to your colleagues?
- How does this matter for care and safety?

Bringing it together

What key ideas have emerged about how:

- our own behaviour or environmental factors could create triggers?
- we might change what we do to minimise such triggers?
- we might be more aware of needs a person is unable to express?
- we communicate to others information about triggers and needs we have noticed?
- this influences *communicating* and *doing* safety and care together when we communicate (or don't communicate) this with others?

Segment 4

Strategies for doing safety and care

‘You’ve just told me that they’re cognitively impaired and you’re going to remind them to use the call bell. Yes, that’s part of a strategy, because it’s not to say you shouldn’t do that, but it’s thinking again about the individual.

‘Why were they getting up? Were they trying to get to the toilet? Do we need to put in toileting strategies? They were bored in their room. Well, we need to give them options of activities. Again, it’s thinking of that person and beyond “It’s their fault”.’

(Trainer, Australian background)

Video 1.2. Consider the perspectives of five care workers, an enrolled nurse, a registered nurse and a manager in the video.

‘Sundowning’ in dementia is very common, so there is a particular time when they start their behaviours, especially with him, like he starts around 3.00, so we need to pick up, like looking, observing for signs of his agitation. There can be any triggers, like for example for him, you cannot tell him what to do.

‘Those sorts of things you have to, like we have figured them out. So we have to ask him really passive questions, instead of saying ‘Do this’, ‘Can we ...?’, ‘Would you like ...?’, instead of asking directly, something like that. Giving him the leave to do it. He was in that kind of role before. So that worked out with him. (contd over)

(contd)

‘So what we do, when we find out all the strategies, we put them in his care plan. And we’ve got behaviour assessment as well. What we do is we keep updating, and then communicating with the staff, “How is it working?”

‘And then if some of the things are still not working, then we have to think ahead, out of the square, and think of something else as an alternative. This is the way I think it works.’

(Registered nurse, Indian background)

Group activity

Consider together the different ways you do safety and care based on how you know a person you care for according to their clinical profile. How does this influence:

- the ways you behave towards them?
- how you identify and minimise triggers?
- how you try to understand and anticipate their needs?
- how you communicate these things with your colleagues?

Bringing it together

What key ideas have emerged about:

- the importance of understanding that your behaviour is a potential trigger?
- how knowing a person's clinical profile can help you anticipate needs that they are less able to express themselves?
- the importance of sharing this information with others you work with?

Reflection and application

‘They’re “aggressive” or “they swear”, “they spit”, all of those things are handed over to new staff or other staff, so already you’ve got people going in with preconceived ideas about how it’s going to work, so their body language is different, the resident can pick up on the body language, so there’s a cycle.’

(Trainer, Australian background)

Bringing it all together

- What have you learnt from this module?
- How do you see the role of knowing the clinical profile, the potential triggers, and unmet needs of a person, for how you care for yourself and others safely?

What next?

On your next shift:

- Find out something new about the clinical profile of a person you care for by asking a staff member or reading their case notes.
- Do your own research on types of dementia.

The following sources may be helpful:

- <https://www.fightdementia.org.au/about-dementia/health-professionals/the-essentials>
- <http://www.nhs.uk/Conditions/dementia-guide/Pages/symptoms-of-dementia.aspx>

Over the next week

Person of the week

Working together (i.e. nurses and care workers), focus on one person you care for at a weekly meeting or handover.

- What knowledge about the person's clinical profile/type of dementia could be shared to better understand them and their needs?
- What triggers have been identified?

Over the next week

Person of the week *(contd)*

- How do different staff members anticipate the needs the person is unable to express?
- What successful strategies do different staff members use in caring for this person?
- How is this communicated clearly and consistently to all staff, including agency staff.

Over the next week

Person of the week (*contd*)

At the end of the week:

- What have we learned/noticed?
- What could be done differently?
- How does this matter for safety and care?

Further resources

My Aged Care

<http://www.myagedcare.gov.au/health-conditions/dementia>

Health Direct

<http://www.healthdirect.gov.au/dementia>

Alzheimer's Australia

<https://www.fightdementia.org.au/>

DBMAS

<http://dbmas.org.au/>