

Module 5

Managing risk in relation to *challenging behaviours* or *unmet needs*



Key questions

- How do people recognise and identify behaviour as posing risk?
- How is risk created in communication among people involved in care?
- What choices do people have to manage risk in communicating care?
- What strategies can be used to minimise risk and how these choices be collaboratively extended and shared by nurses, care workers and families of residents?
- How do these choices matter for safety and care, particularly where there are in play:
 - challenging behaviours?
 - linguistic, cultural and faith-based diversity?

Objectives

In this module participants will:

- understand how people recognise and identify behaviour as posing risk to safety and care
- consider how risk can be created by people communicating together in care
- explore the communicative choices people have to manage risk
- develop strategies for communicating that build rapport and minimise risk to safety and care.

'It was very scary. I was on night shift so I don't know what happened during the day. Night shift it's totally different because there's only one nurse that works in the night. An incident was just last night. I worked last night and we have this resident, and I was in the nurses' station and here he comes in. There's no sensor mat, there's no call bell in his room to indicate that he's getting up, because apparently they took it out, with the reason that he doesn't need any. So last night he walked out, because you couldn't understand him, anything that he says, he was just grinding his teeth, talking through his teeth. And not only that, the way he looks, it just scares you ...

(contd over)

(contd)

‘I spoke to the registered nurse who was working this morning and I told her ‘Round about 3.30 in the morning, that’s when the behaviour arises. When his behaviour arises, I intend to prepare food for him or a warm drink, a cordial, ready for him, and it actually works for him and he goes back to lie down and apparently last night he went straight to room number 9, and it’s a lady. She was distraught, she was crying.’

(Enrolled nurse)

What are behaviours of concern?

‘A behaviour of concern is any behaviour which causes stress, worry, risk of or actual harm to the person, their carers, staff, family members or those around them. The behaviour deserves consideration and investigation as it is an obstacle to achieving the best quality of life for the person with dementia and may present as an occupational health and safety concern for staff.’

(DBMAS, 2012, p. 5)

Outline

1. Understanding how people recognise and identify behaviour as posing risk to safety and care
2. Considering how risk can be created in communication among people
3. Exploring the communicative choices people have to manage risk
4. Developing strategies for communicating in ways that build rapport and minimise risk to safety and care

Segment 1

***Understanding how people recognise
and identify behaviour as posing risk
to safety and care***

‘The only thing that I tell new people is to be careful, be watchful. You might be having a very good conversation and within a minute they will switch. So you need to watch out for things like that.

‘I’ve been working with someone and they were just talking “Blah, blah” and the next thing “Boom”.’
[gestures being punched].

(Care worker, African background)

Triggers that may contribute to the behaviour

‘Trying to identify what might contribute to the behaviour of a person with dementia is a key element of the assessment process – these may be discussed as **triggers** for the behaviour which once identified provides the focus for interventions to reduce the behaviour itself and the impact of the behaviour on those involved.’

(DTSC, 2013, p. 24)

Individual or pair activity

Compare what happened when someone you know well and someone you do not know was annoyed or aggressive with you. In each case, consider:

- what led up to this, why they were responding to you like this and what the risks were for you and for them
- how and when you knew the person was annoyed with/ aggressive towards you
- how you felt and how your feelings affected how you responded

(contd over)

(contd)

- how you responded (the language that you chose and how you used your body)
- why you responded like that for each person
- what you understood about each person to make sure that they understand your response as you intended it
- other ways you could have responded that might have made the situation better or worse.

‘Yesterday, what happened, I’ll tell you. Up there is Vera, she’s very good with me. Some people say she is very aggressive with them. She’s very good with me. I just go and take my time. I was just taking off her shirt, it was just a little bit, I was just taking it over her head, it was a little bit stuck. She was a bit aggressive at that time. ‘No!’ I said ‘Vera, give me a good hug, don’t worry I’m not hurting you,’ and she gave me a hug. So I think love is good.

(contd over)

(contd)

‘But the dementia we can say that, but every time they change their behaviour. So we’re just careful at that time. Another carer, she was like ‘Just leave her if she’s aggressive’. I said ‘OK, I’ll try, if she’s OK I’ll try, if she’s aggressive I’ll leave’. But she was good. Maybe she understood at that time that I was not hurting her, just helping.’

(Care worker, Indian background)

Video 5.1. Consider the perspectives of three care workers, an enrolled nurse, a registered nurse and a trainer, on how to recognise and identify behaviour as posing risk.

Small group activity

In groups of three, compare your experiences to the experience of the care worker in Slide 13 -14 and those in the video.

Consider:

- How you identify whether a person is annoyed or aggressive? What are the differences?
- How do you respond to them if you know them and if you do not?
- What are you being careful of and what it would help you to know about the person in each case?

Discuss together

- What triggers help you to know when a person is annoyed?
- What do you need to know besides the triggers in order to respond in a way that reduces the risks?
- What difference does it make to know something about the person's clinical condition, their past, their family, their language and their culture?
- How does this understanding change the way you behave with the person?
- What risks does this understanding of the person minimise?

Bringing it together

- What key ideas emerged about how people identify a behaviour that may be challenging? About what people need to know to identify this correctly and to respond in way that reduces risk?
- What difference does it make if you know something about a person's clinical condition, their past and present situation, their family and their language and culture?

Segment 2

Considering how risk can be created in communication among people

Individual or pair activity

Consider what you would think and feel if you became seriously ill in a country where you were travelling alone, did not know the language or culture, and other people did not know you or your language and culture.

- What would you do?
- What help would you try to get?
- Who would you trust?
- What risks would you fear if a stranger offered to help you?
- What could reassure you to trust the person?
- What would reassure them to trust you?

‘Upstairs there’s a lady, she used to like me, but all of a sudden she kept telling people she doesn’t want me near her any more. Up to now, I still don’t understand the reason why. So I went to speak to the clinical nurse about it, and she said ‘she has a new care plan now, it indicates that she doesn’t want men any more’. So she has a choice.

‘So yeah ... whenever I’m working at that wing, they have to send me to a different wing and get someone over to attend to her care. So I’ve seen that a lot. I’ve seen people that don’t like me because I’m black. They’ve said it directly to me.’

(Care worker, African background)

Small group activity

- In groups of three, ask each other how you answered the questions in the first task.
- Compare your experiences to the experience of the person in the previous slide.
- What similarities and differences can you see?

‘Another example is Sarah. That lady she is very, everybody goes, “I can’t do her”. “OK, come with me, I’ll show you how we can handle her”. That lady, you’re just telling everything to her. Everything. If it’s a small thing you’re doing, just let her know. And don’t rush. “Sarah, it’s time to go to the toilet” [speaking slowly]. She just looks at me and I’m “Yes, time to go to the toilet” [whispers]. “So now, I put the walker here, you just hold it here, now stand up, that’s it”. She does it. “Now you walk. Come with me. Come to the toilet. Sarah, now it’s time to sit up”. Every single line you tell her and she is easy. If not, if you rush, she’s “Oh! Don’t worry, don’t do anything. No, no, no, nothing. I don’t want anything”.’ (Care worker, Indian background)

Video 5.2. Consider the perspectives of four care workers, a registered nurse and an enrolled nurse on how risk is created in communication.

Small group activity

Based on your own experiences discuss:

- Which people are you most comfortable being with and who is most comfortable with you, and why?
- What does this reveal about assumptions other people have about you, and that you have about other people (e.g. their personality, age, nationality, language, culture, religion, colour, health, gender, occupation)?

(contd over)

(contd)

- How can these assumptions lead to mistrust by distorting
 - how you appear to other people and how they respond to you?
 - how they appear to you and how you respond to them?
- To reduce these assumptions and risks, what does another person need to know about you and what do you need to know about them?
- How could you find out and confirm your understanding?
- What might you still need to find out?
- Who would you talk with to find out?

Bringing it together

What key ideas have emerged about the following:

- How does having assumptions about each other raise the risk of misjudging what each other says and does, and how people respond based on these misjudgements?
- How can these misjudged responses confirm for people their assumptions about each other?
- How can you enhance care and reduce the risk of challenging behaviours arising by reducing assumptions and finding about each other?

(contd over)

(contd)

- How can you enhance care and reduce the risk of misunderstanding, tension and unpredictable responses on each side by seeking to understand a person, not only when you are together, but over time and from their point of view?
- How people can better understand each other if they are part of a team who can share and support each other's understanding?

Segment 3

***Exploring the communicative choices
people have to manage risk***

'A lot of us well we have to rely on the regulars a lot more, so we'll be asking them a lot. Sometimes it takes me longer. If you don't know the residents it takes longer. The drug round used to take me a lot longer than it does now, because once you know the residents, you know individual tactics that work for each resident. A lot of them don't want to take their medication, and you'll go back three or four times, but once you work out, "What's the thing that will help with that resident?" Then it usually works unless they're having a bad day...

(contd over)

(contd)

A lot of it is practice. "What do I need to do?" So alright, is the room hot? So if I'm going to shower someone I'm going to need all these things. Towels, soap, everything before I start, and make sure that the room is warm enough.

'So just planning out in your head what you're going to do. So it's like two things, treating people with respect and decency, and planning out what you're going to do before you do it so that you can carry it out smoothly without endangering people's safety.'

(Enrolled nurse, Australian background)

Individual or pair activity

Consider the experience of the nurse in the previous slide.

Think of an experience in which you are told that a person you are caring for later that week may show behaviours of concern and that they come from a language and culture that you do not know.

Consider the following:

- How would you plan the encounter and what choices do you have in how you appear to the person, how you talk and behave with them?

(contd over)

(contd)

What would you need to know about the person and what might the person need to know about you?

Knowing something about each other's language and culture could help each of you to build rapport.

What are the first things that you might want to know about their language and culture?

How will you talk and behave with the person? E.g.

- What will you call them?
- How will you introduce yourself?
- How you will explain what you are doing?
- What you will say and do if the person seems agitated or fearful?

RN 1: This is the priority, we believe in the whole person. At the end of the day, we cannot make them upset, the task is important ... We know the consequences if the care hasn't been met, a particular task hasn't been done, what the bad consequences can be, but the person doesn't understand because that person's going through depression, going through other medical conditions, or maybe pain.

They don't know what's going on, so we need to focus on why. Not forcing that person to do something. Giving them choices about what they'd like to be doing. Sometimes they'll allow you to wash their face. Giving them other options. Giving them the right to choose. (Indian background)

(contd over)

(contd)

RN2: Sometimes we'll get her to hold onto something, like a baby doll. Or we'll give them a hot towel sponge, and that's a wash. (Asian background)

RN1: So distraction, trying different therapies. The doll therapy works with female residents. There is always some ways we have to find. (Indian background)

Video 5.3. Consider the perspectives of a manager, a registered nurse and three care workers on communication and managing risk.

Small group activity

In groups of three:

- compare how you answered the questions in the first task in this segment.
- compare your experiences to those of the people in the video and the RNs in the previous slides.

What similarities and differences can you see?

Discuss together

- How would you plan to appear to, and talk and behave with, a person who may show challenging behaviours?
- What would you find out about the person to give them choices that can develop trust and rapport between you?
- How would you find out about the person?
- How would you talk with the person in their language and your language about what you have planned, e.g. about a doll if you were giving to the person?
- What might you be able to tell from the person's responses? (contd over)

(contd)

- What choices would you give yourself and the person if they seem agitated or aggressive?
- What might you not be able to tell?
- How could you confirm your understanding, and what might you still need to find out?
- Who could you talk with about how best to plan and afterwards talk about your experience with the person?

Bringing it together

What key ideas have emerged about:

- how you can plan to talk and behave with a person who may show behaviours of concern?
- how finding out about the person, including their life, family, language and culture as well as their health can give people choices about how to appear to others and how to interpret what others say and do, that will increase care and reduce risk?
- how you can take a stance to communicating care that reduces risk and builds trust by attending to the other person's world as it is meaningful to them, and therefore includes the use words or phrases of their language and culture?

(contd over)

(contd)

- how you can communicate care in ways that acknowledge potential language difficulties of the person with dementia?
- how you communicate this information to others?
- why you should do this?
- how this influences *communicating* and *doing* safety and care together when people communicate (or don't communicate) this with others?

Segment 4

***Developing strategies for communicating
in ways that build rapport and minimise
risk to safety and care***

‘They’re not living in our workplace; we’re actually working in their home. And that’s where we have to change the perception and attitudes. So all this hurrying up and having this on time and the manager’s saying you have to do it, ‘Have you done it?’, this all comes from the old culture. Now we have just changed the way we work. Full stop. And if they want to have a shower at four o’clock pm well that’s their home, so then we have to adapt, simply to give them the shower at 4 pm. Don’t wash them at 10 o’clock when they may be drowsy, tired and anxious, not a morning person, whatever the reason.’

(Trainer, European background)

Individual or pair activity

Consider the experience of the trainer in the previous slide.

In each of the following cases, compare how you would feel if you were ill and a stranger whose language and culture you were not familiar with was treating you (a) in your home and (b) in hospital:

- how you would feel if the person got on with the task but did not seem interested in you or to care about you
- how the person might speak or behave that could upset or make you anxious or not trust them to care for you
- how the person could speak or behave with you to reassure and build trust and rapport with you.

‘The only thing that I tell new people is to be careful, be watchful. You might be having a very good conversation and within a minute they will switch. So you need to watch out for things like that. I’ve been working with someone and they were just talking “Blah, blah” and the next thing, “Boom”.’ *[gestures being punched].*’

(Care worker, African background)

‘Sometimes, if you don’t want it to escalate, you persuade them, if they refuse to listen, you have no choice, you just go, and come back. Come back with a different approach, change something.’

Care worker, African background)

‘So you can have very, very resistive behaviour where you go in and the person just resists everything that you do. And for that we would say, “Go away, let them settle, come back and try again later”.

‘They can lash out, they can be verbally abusive, they can be physically abusive.’

(Trainer, Australian background)

Small group activity

- In groups of three or four, ask each other how you would answer the questions in the previous (individual or pair) activity.
- Compare your experiences to the experiences of the people in the previous slide.
- What similarities and differences can you see?

Discuss together

- By how you speak and behave, how can you help a person to understand that they are more important to you than the task that you need to do with them?
- What ways of interacting with the person can you learn from the experiences of other staff and family?
- What can this tell you about the person as they change over time? About yourself as you change over time?

(contd over)

(contd)

- How can this help you predict and manage the situation when you are with the person?
- How could this change how you would speak and behave if the person appears agitated or aggressive?
- How might this change how you would explain what happened in reporting this as an incident report?

Video 5.4. Consider the perspectives of two care workers, an enrolled nurse and a registered nurse on developing strategies for working together and communicating to minimise risk.

Bringing it together

What key ideas have emerged about:

- how you can help the person to understand that they are more important to you than the task you/they need to do?
- how giving the person and yourself choices in this area while you are with them can enhance rapport, safety and care?
- ways in which you can plan, observe and work together with the person and others (staff, residents, family) to help you to decide which choices to give the person and yourself?
- how this information can be communicated to others?
- why you should do this?

Reflection and application

‘They need to take a deep breath and step back and look at things critically. So ‘What do I need to achieve this task?’ A lot of it is practice. ‘What do I need to do?’ So alright, is the room hot? So if I’m going to shower someone I’m going to need all these things. Towels, soap, everything before I start, and make sure that the room is warm enough. So just planning out in your head what you’re going to do. So it’s like two separate things, treating people with respect and decency, and planning out what you’re going to do before you do it so that you can carry it out smoothly without endangering people’s safety.’ (Enrolled nurse, Australian background)

Bringing it all together

Consider the different perspectives on managing risk that have been discussed in this module.

- What choices do you and others have to manage the risk of challenging behaviours when you are together?

What next?

On your next shift:

- Think of a routine task that you do with a person you care for.
- Plan how you speak and behave differently while doing the task to enhance trust with a person. This may mean finding out something new about the person, their clinical condition, their life and their language and culture, from the person, their room, other residents, their family or staff.

Over the next week – ‘Person of the Week’

Working together, focus on one person you care for at a weekly meeting or handover.

- What knowledge about trust and communication with the person could be shared to build rapport and a more trusting relationship with the resident, to better understand them and their needs?
- In which activities with the person would this be most important?
- What do you and other staff know / not know / need to know about the person’s language ability, language and culture that could help you do this?
- Plan and facilitate opportunities to enhance trust and reduce risk with this resident, for this week.
- At the end of the week, what have you learned/noticed? What could be done differently? How does this matter for safety and care?

Further resources

Dementia Training Study Centres (2013). *Introduction to assessment and management of behavioural and psychological symptoms of dementia for novice clinicians – online educational resource,*

<http://dtsc.com.au/resources/online-resources/>

Alzheimers Australia (2012). *ReBOC Guide* (Reducing Behaviours of Concern), <http://dbmas.org.au/resources/library/>