Challenging Behavior: Persons with Dementia

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understanding what actually behavior is
- Knowing how to reduce challenging behavior through person centered approach
- Recognizing that poor care and lack of understanding can cause challenging behavior
- Knowing about challenging behavior
- Understanding the facts that inflict challenging behavior

Complementary Manuals

- Equality, Diversity and Inclusion
- Promoting Dignity and Compassion in Care
- Mental Capacity Act 2005
- Improving Outcomes for People with Dementia
- Safeguarding Adults at Risk

Before beginning this manual have a think about and make some notes on the following questions using your personal experience and existing knowledge:

1. What types of behavior do you consider to be challenging?

2. Who might exhibit challenging behavior?

3. Who might be affected by challenging behavior?

4. Why might people behave in ways which are challenging?

Chapter One

Introduction to challenging behavior with dementia

Dementia changes a person's behavior, as the dementia progresses they can begin to behave in manners that others can struggle to understand. This usually occurs when the individual feels confused, distressed or struggling to understand things that are happening around them or when they are striving to communicate that they need something. These behaviors can sometimes be displayed quite dramatically so to the onlooker can be deemed as 'challenging'.

By examining the reasons for the behaviors and identify what it is the person needs then it helps reduce them or at least make them easier to deal with.
To understand them we first of all need to look at what 'Challenging Behavior' means.

Challenging behavior is a much misunderstood and misused term that is often used to label people whose behavior, for whatever reason, does not comply with society's normal expectations. Before we try to define challenging behavior let us first explore some of myths.

Myth one **– challenging behavior is only exhibited by people who have dementia, learning disabilities or brain injuries.**

False. I doubt there is a person in the world who has not used challenging behavior at some time or another, we just don't feel the need to label it when we encounter it outside a care setting. If we see a parent shouting at their child we don't think 'that person is using challenging behavior' we think 'that person is angry'; if we become frustrated trying to do a fiddly task and swear out loud nobody records the incident and investigates why we felt the need to use such language, it's just an accepted reaction to life's little difficulties.

Why then do we assume that people with dementia need to be controlled? Why do we not allow them to be angry or frustrated or excited and let them express that?

Consider also 'out of the blue' or unexpected actions; people with dementia may lash out without any apparent reason or warning. If this happens regularly it may be seen as evidence that the person's condition is worsening, they are becoming more unknowable. Look at the scenarios below and think about their similarities and differences:

Scenario: Bert is approached from behind by a care giver who taps him on the shoulder, he turns and punches her.

It is decided that Bert is becoming dangerous and his residential care home may no longer be able to support him.

Bill is walking down an alleyway when someone grabs him from behind; he turns and punches his assailant.

Bill has acted bravely and has a new story to tell his mates at the pub.

Both Bert and Bill acted instinctively to respond to a perceived threat. Bert didn't know that a care giver wanted his attention; to him the physical contact was as sudden and unexpected as what happened to Bill. Bill didn't know that the person grabbing him meant to hurt him, he made a logical assumption in a split second, Bert did the same but with, for him, harmful consequences.

Many so called 'challenging behaviors' are a normal part of life, if we see them as a problem we may view the person exhibiting them as a problem (Krishnamoorthy and Anderson; 2012); if we see them as a form of communication we are more likely to be understanding and tolerant.

Myth two **– Challenging behavior is a deliberate attempt to cause harm or to manipulate others.**

False. Challenging behaviors may be learned responses used because they achieved a certain reaction in the past but the deterioration in brain function that occurs with dementia makes it unlikely that actions are rationally planned to achieve a set goal.

This manual is not about controlling people's behavior physically or with drugs; it's about recognizing that challenging behavior may be a sign that people's needs are not being met. The focus when investigating behaviors must be on the wellbeing and best interests of the client, not the needs of the care provider or staff.

Here are two different ways of defining 'challenging behavior':

1. 'Severely challenging behavior refers to behavior of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit or delay access to and use of ordinary community facilities' (Emerson et al; 1988)

2. 'Active attempt by the person with dementia to meet or express a physical or psychological need.' (Sussex Partnership NHS; 2012)

Definition 1 in its reference to 'frequency and duration' identifies that some behaviors become challenging if they are repeated or persistent; Emerson also says that the harm done may be social; the person may be further excluded from 'normal' life by barriers to accessing 'ordinary community facilities'. Definition 2, which is solely concerned with the field of dementia care, highlights that challenging behavior may be a means of communication.

Challenging behavior claffication

There are many different types of behavior that meet the requirements of the definitions above to be recognised as challenging, they include:

Hitting, kicking, pinching, biting and other physically aggressive acts
- Shouting, swearing and verbal insults or aggression
- Wandering (another controversial term to be discussed later)
- Repetitive questioning
- Inappropriate sexual expression
- Self-harming
- Hoarding
- Non-compliance with care
- Urinating in inappropriate places
- Smearing faeces

This is by no means an exhaustive list but it demonstrates the variety of behaviors that may be described as challenging. Some of these such as hitting are obviously physically harmful; others have less obvious negative effects. Someone without experience of dementia might wonder why repetitive questioning was potentially harmful while a man whose wife asked him the same thing hundreds of times a day might recognise how much this increased his likelihood of shouting at her and his need for time away from her.

The main problem with the term 'challenging behavior' is that it can be used as a negative label to identify individuals as difficult or even dangerous. Vulnerable people who behave in ways which are challenging are often at increased risk of harm from the effects of their behavior or other people's reaction to it. If we single people out as being problematic we are more likely to treat them in a negative way and may not provide appropriate dignified and compassionate care.

It is vital to focus on people and not behaviors. In this manual we will look at why people may act in ways which are challenging, when it's necessary to act to influence behavior and when it would be more appropriate to improve understanding. We will also look at ways in which the actions of care givers and others may increase the likelihood of certain behaviors

We must take care to ensure that we are recording and investigating behaviors for all the right reasons; as we shall see in the next Chapter actions which one person might see as challenging may appear perfectly acceptable to another person or in different circumstances. People who have dementia face enormous challenges every day, it's important that their care givers help them to solve problems and that they do all they can to avoid increasing the need for people to behave in challenging ways.

Chapter Two

Description

The term 'challenging behavior' means different things to different people; when looking at the way someone behaves and the effects their behavior has we must ask several questions, including:

- What exactly is the behavior?
- Why is the behavior challenging?
- Who is being challenged?
- Are prejudices, stereotypes or labels affecting our perception of the client's behavior
- Have we lost sight of the person?
- Does the behavior require a 'solution'?

Definition of Behavior

We might record that Peter got agitated or Sonia was aggressive but what exactly do we mean? To avoid misunderstanding care givers must record everything they witnessed, not their interpretation of it. What one person sees as agitation, another may regard as excitement while a third term it nervous fidgeting.

Descriptive terms convey prejudice and are labelling while a good record of behavior is a factual account of actions taken and words spoken. Consider the differences between the two witness statements below, each describing the same event:

Witness 1 'Mrs B got annoyed with Mr R and threatened him with her dinner knife. She became agitated and aggressive. Mr R bravely disarmed her by knocking the knife out of her hand when she wasn't expecting it.'

Witness 2 'Mrs B was talking to Mr R while eating her dinner, I noticed that her speech had become louder and faster and that she was moving her hands around and waving her knife about. Mr R suddenly grabbed her wrist causing the knife to fly out of her hand. Mrs B has extensive bruising on her right wrist.'

The two witnesses saw the same things happen but witness one has decided that Mrs B was aggressive, and Mr R was potentially going to be attacked. Witness two has tried to state facts as seen and her account makes it less certain that Mrs B was being in any way 'threatening' or aggressive. In fact, the only person harmed in the incident was Mrs B.

When and how behavior becomes challenging

If by 'challenging' we mean causing harm (or having the potential to do so) we need to identify what risks there are. Challenging behavior may:

- Put people at risk of physical harm
- Put people at risk of emotional harm

- Socially isolate people
- Make providing care more difficult
- Offend others
- Be socially unacceptable
- Damage property

If when we analyze the behavior we find that no harm is being done we must reassess our understanding of what constitutes challenging behavior. For example, sometimes we assume that a behavior will be problematic because it goes against our expectations of what people are supposed to do, if we expect everyone to change their clothing and go to bed at night someone who would rather sleep in the lounge fully dressed challenges our perceptions of 'correct' behavior. Ask yourself honestly, if there are no physical dangers what harm can be done by a client sleeping in a chair?

It is important to be careful not to prioritise behaviors according to the impact they have on you or your colleagues. People who are physically demonstrative or loudly vocal may be at less risk of harm than someone whose behavior is more introverted and less likely to attract attention.

Case analysis:

Jack, who has vascular dementia, is physically large and vocally demanding. If care givers do not make sure that his needs are met he verbally abuses them. As a result, although staff find Jack rude and annoying they make sure that they respond quickly when he starts to get angry.

Jane, who has fronto-temporal dementia, is a quiet and reserved lady who, since she arrived at Shady Gardens has spent most of her time sitting in a chair staring into space. Recently she has taken to repeating the word 'nurse' over and over again. Nobody bothers responding to Jane because she doesn't appear to be talking to anyone in particular and anyway she is 'never any bother'.

Jack demonstrates very obvious 'challenging behaviors', his care givers can give many examples of his verbal, occasionally physical, aggression. However, the overall effect of Jacks manner is that his care givers make an effort to meet his physical needs.

Jane, on the other hand, does not give her care givers cause for concern. Because her vocal repetition is easy to ignore that's exactly what staff do. It never occurs to any of them that Jane's 'nurse, nurse' may be an expression of distress or that her needs are just as important as Jack's. Jane's passivity is challenging to her because her inability to express herself more forcefully leads to her neglect.

Victim of challenging behavior

The behavior of a person with dementia may have effects on:

- Themselves

- Their families and loved ones
- Care givers
- General public

Behaviors may negatively affect some people while leaving others unbothered. For example:

Sofia no longer recognises people around her, this is extremely upsetting for her family but not a problem for the staff at the residential home she lives in who are used to this and do not take it personally.

Carlton has difficulty coping with crowds of people so in busy places he shouts out as if being physically attacked, this annoys or frightens some people who don't know him but is ignored by his family and friends who recognise it as his way of coping.

Tanwar refuses to leave his room because his eyesight and hearing are failing making the premises beyond his room scarily confusing. His refusal makes life easier for his care givers but it leaves him isolated and lonely with a significant impact on both his physical and mental health.

Note: An increase in challenging behaviors can be the trigger for admittance to care. Behaviors that a care giver can tolerate during a shift may become unendurable for the family member living with it 24 hours a day, 7 days a week. It is important to recognise the challenges faced by loved ones and to support them in maintaining their relationship.

Case analysis

Suki is told that the lady she is about to care for is awkward, aggressive and obstructive. Colleagues tell Suki that the lady deliberately gets things wrong when dressing and is generally a nightmare to get ready in the morning.

Sammy is given a client's profile, it tells her the lady she is about to see has Alzheimer's disease which has severely affected her short-term memory and her ability to process information. The notes remind Sammy to take tasks one at a time and to be patient.

These are two different ways in which a new care giver might be introduced to a client. The first is labelling and creates expectations of challenges that might not exist if the lady was treated with compassion and understanding.

The second example helps the reader to understand the challenges that the client may face and gives suggestions for avoiding difficulties.

Assuming that Suki and Sammy are being introduced to the same lady (Sharon), consider the following questions:

1. As Suki and Sammy enter Sharon's room for the first time how might their expectations of Sharon differ?

2. Which of the care givers is more likely to be patient and tolerant if Sharon seems confused or is slow to do things?

3. If Sharon urinates in her bed minutes after being asked if she would like to use the toilet which care giver is most likely to assume she has done this on purpose?

The 'culture' of a home will affect the attitudes and working practices of all staff. By 'culture' we mean the influence of senior staff members' behavior and language on the rest of the care team. When owners, managers and senior care givers are seen to treat clients with dignity and respect and talk about them as people, the other staff will be encouraged to provide professional and appropriate care. When those in authority are dismissive of client needs and use unpleasant or inappropriate terms to describe them they can create an institutional environment within which clients are seen as obstructions to the smooth running of the home.

Prejudiced or stereotyped images of people with dementia can also lead to the misinterpreting of normal behaviors as challenging. For example, if a care giver considers anyone over the age of 65 to be incapable of sexual feeling they will view any apparently sexualised behavior as deviant or unacceptable.

Dehumanizing people with dementia

It's a commonly held belief that dementia causes a kind of living death which takes away the person leaving behind a body and a malfunctioning brain. Children and partners talk about 'losing' their loved one as if the person they knew no longer exists and there is now a stranger in their place.

Note: 'It is important to remember that a person's personality endures through the course of dementia; their individuality will be apparent in various ways and at different stages of the illness.' (James; 2011)

We must not dehumanise people with dementia, they are still individuals worthy of respect and dignity. In units 3 and 4 we will look at ways in which you can put yourself in the place of the person with dementia and try to see the world through their eyes. Being able to understand why a person may respond to events the way they do helps you to tolerate behaviors you might otherwise experience as challenging.

Supporting people with dementia

Behaviors which threaten the physical and mental wellbeing of clients must be investigated; however, do not assume that the problem lies with the individual with dementia. In the next Chapter we will focus on the role of the care giver in reducing (or increasing) the likelihood of challenging behaviors.

People with dementia need support to maintain quality of life; care givers must be sensitive to the role of challenging behavior as communication. The biggest 'challenge' to the care team is to identify what the person is trying to say, this may point the way to an appropriate solution. For example, if you found that a person screams were their way of telling you they were hungry the 'solution' is to provide food.

Medication

Medicines that may be prescribed to deal with the symptoms of dementia include:

- Anti-psychotics (e.g. haloperidol, risperidone)
- Sedatives / benzodiazepines (e.g. diazepam)
- Anti-depressants (e.g. citalopram)
- Anti-convulsants (e.g. sodium valproate)
- Anti-dementia drugs (donepezil)

Although medications can be beneficial in reducing the effects of symptoms such as psychosis there are significant and serious side effects associated with their use. Health professionals including doctors and care givers should ensure that medication is prescribed in the best interests of the clients and not to make them more compliant and easier to manage. Most medicines should be short term solutions to specific problems and are not intended for long term use.

Possible complications include:

- Increased risk of death – anti-psychotics present a particular risk of sudden death when taken by people who have dementia with lewy bodies; their use should be tightly controlled and monitored
- Dependency
- Sedatives increase the risk of falls
- Over reliance on sedatives may affect people's ability to interact socially, be active and enjoy reasonable quality of life
- Polypharmacy is a problem for older people who may be on several types of medication with increased risk of interactions and side effects
- Medications can be used as an 'easy fix' meaning that people's needs are not met in other, more appropriate, ways.

Overall summary

'Challenging behavior' means different things to different people; take care to separate your feelings from facts. You cannot use your personal prejudices to decide whether a behavior is challenging or not, you must identify ways in which it actually causes harm to the individual or to people around them.

If behaviors are affecting people's wellbeing, isolating them from society or making it impossible to provide appropriate care then we should act to identify ways in which we might help to reduce incidents or to minimise their impact.

Chapter Three

Behavioral influences

Human behavior is a complex subject which people have been writing about and arguing about since the beginning of civilization. There are many different theories about why people act as they do and we cannot possibly cover them all here. What we will do is look at some simplified theories about the way people behave.

People's behaviors are responses to things they feel inside (internal stimuli) or are affected by (external stimuli). Examples of internal stimuli include hunger, thirst and pain; external stimuli include heat or cold, noise and advertising.

As babies and young children our behaviors are instinctive and unselfconscious; as we get older we learn that different behaviors get different responses from others, we are also taught that certain behaviors are 'correct' or desirable and others are not.

Consider the following:

1. When you have a shower at home you wash thoroughly and sing loudly. Would you do the same at the local swimming pool?
2. You are at an expensive restaurant with someone you want to impress; do you act in the same way as when you go to a burger bar with your mates?
3. If you get hot and uncomfortable at home, you might remove a layer of clothes and your shoes; would you do the same in a work meeting?

The actual ways in which people respond to stimuli are shaped by many factors including:

- Culture – people from different countries, religions or societies have different ideas about 'correct' behavior
- Situation – behavior that is acceptable at a football match would be out of place at a snooker tournament
- Education – formal schooling encourages children to conform and follow rules
- Society 'norms' – in public places most people try to fit in, not stand out, so the majority follow set patterns of acceptable behavior
- Previous experiences – for example, if we are rewarded for acting a certain way we might try to repeat that
- Personality – outgoing, extrovert individuals will behave very differently to shy introverts
- Presence / absence of other people – certain habits, like nose picking, are best done in private

People who ignore social conventions, or who are unable or unwilling to adapt their behaviors to suit different situations, may become outcasts who make other people feel uncomfortable. Their behaviors 'challenge' people's view of what's appropriate.

A person with dementia may start to behave in unexpected ways for a variety of reasons, including:

- Loss of ability to recognise feelings
- Memory loss
- Difficulty communicating
- Loss of inhibitions (disinhibition)
- Sense of embarrassment
- Altered perception of reality
- Hallucinations
- Reduced sensory awareness
- Poor mental health
- Poor physical health
- Impaired problem solving ability

Inability of recognizing feeling

Our most basic needs are for food, water and warmth and we soon learn to recognise our body's signals that tell us we are hungry, thirsty or cold. But, what if we no longer understood what those signals meant? What if we knew that we needed something but didn't know what that something was?

If we can't identify what we are feeling we can't know how to appropriately communicate our need so our responses to internal stimuli, whether physical or emotional, become confused.

Memory loss

When someone with dementia asks the same question over and over again, or can't answer a question about something they did five minutes before, it can feel like they are being deliberately obstructive. The most common symptom of dementia is memory loss and if it is frustrating for observers it must be infinitely more so for the person themselves.

Communication difficulty

Memory loss, impaired language skills, sensory impairments and loss of physical abilities can all affect people's ability to communicate. This can lead to misunderstandings when speech is misheard or misinterpreted or frustration when the person cannot get their needs or feelings across.

Disinhibition

Disinhibition is particularly associated with fronto-temporal dementias; the person is no longer able to regulate their actions or emotions according to what is socially acceptable or appropriate.

People affected in this way may laugh at funerals, cry uncontrollably for no apparent reason, swear or use offensive language, make personal comments about people around them, strip off in public or make inappropriate sexual advances.

Loss of embarrassment feeling

Dementia does not immediately remove people's self-awareness; many people with dementia have an insight into their condition, this is particularly true of those in the early stages of the illness.

Humans do not always like to admit to weaknesses, it may be easier to say that we don't want to play music any more rather than admit that we can no longer remember the notes; if we don't want to face up to increasing forgetfulness we may accuse others of moving (or stealing) things which we ourselves have misplaced and we may avoid the company of others if we struggle to put names to faces.

Changed understanding of reality

As dementia progresses the affected person may become less and less aware of their environment and events around them and more preoccupied with their previous life. The 90 year old widow may be, in her mind, the young mother whose husband is at work, the retired doctor has patients waiting if only he can find his bag. Using 'reality orientation' care givers and health workers would have reminded the widow that her husband was dead and her children grandparents themselves, the doctor would have been advised to stop worrying about his bag because he gave up work years ago.

The problem is that the person with dementia does not believe that they are a younger person they know it (Stokes; 2007). If your brain tells you something is true that is your reality and nobody is going to persuade you differently. Therefore, daily life for someone with dementia can be extremely distressing as they fail to find the familiar faces, places and objects which they associate with the period of time they remember most clearly.

Imagine that you have woken up in a strange bed with no memory of how you got there. You want to get home, so you get up and look for some clothes to put on, but you can't find anything that looks like yours. You wander out into the corridor and bump into a lady pushing a trolley; when you ask her for your clothes and tell her you want to go home she looks at you and says, 'Don't be silly, you live here now'.

Would you believe her?

How would you feel?

Hallucinations

Hallucinations are more common with some types of dementia than others but both auditory and visual hallucinations may be experienced. It may be possible to reduce the likelihood of hallucinations by improving lighting, ensuring that hearing aids, glasses etc. are properly maintained and being used and by identifying things in the environment that may be causing confusion such as poorly positioned mirrors.

If the hallucinations cannot be prevented, then it may be necessary to identify whether they are upsetting for the person experiencing them and whether anything can be done to reduce distress. For example, if the person is seeing people who aren't there, are they scared of them and is there any action we can take that would make them less frightening.

Remember, hallucinations are reality for the people experiencing them; you will not be able to convince them that what they are seeing, or hearing does not exist through logical argument or reasoning.

Sensory failure

Failing senses will increase the risks of hallucinations and altered perceptions; they will also increase the likelihood of confusion and make it more difficult for the person with dementia to make sense of the world around them and to maintain social interactions.

For example:

If the person cannot see properly they may become afraid of moving around in case they fall or bump into things and they may find it difficult to carry out tasks such as dressing or eating.

If the person's hearing is poor they will struggle to maintain conversation; they may give confusing responses because they have misheard questions and they may be unable to enjoy watching television or listening to music. Background noise may become a major irritation.

Mental health problem

People who have dementia are at increased risk of developing mental health conditions, most commonly depression and anxiety. The elderly are also at greater risk of delirium which will make them significantly less able to make sense of the world around them.

It is important that you do not assume that all changes in behavior or mental wellbeing are a result of dementia. If a person's behavior alters suddenly or if their normal habits or personality undergo a significant change you should consider the possibility that other factors are to blame (these changes may also be due to medication or physical illness).

Difficult physical condition

A person's physical health can affect their brain function; infections can cause confusion, pain and stiffness can affect people's motivation and ability to carry out every day activities.

If the person is unable to tell you that they have a problem such as toothache they may resort to challenging behavior to communicate their distress. This may include head banging, screaming or lashing out at people who go near them.

Problem solving failure

Consider the following:

Your neighbor is playing loud music and you are annoyed by it. You go and knock on their door and politely ask them to turn it down – problem solved.

Now imagine that you are being annoyed by the music but do not know how to communicate with your neighbor; how will you resolve your problem? Without being able to plan a reasonable response to irritations we may end up acting in ways which appear irrational, for example we may become aggressive towards the neighbor or we may try to get to the source of our problem (the music equipment) and damage it.

Don't label the behavior, find its meaning

As we identified in Chapter one challenging behavior is a form of communication. Instead of labelling people according to the way they behave we should be seeking to find out what is motivating them to act in the way they do. We may find that we can understand why the person is acting in a certain way and we may gain an insight into ways in which their quality of life could be improved.

Chapter Four

Identifying behavior

If you are concerned about a client's behavior you need to follow a process to identify whether you have reason to be concerned, investigate the behavior and take action to resolve risks and reduce any harm caused.

Documentation

One of the most common ways of recording is available through Standex but this is just one way of recording behavior which you have concerns about.

Another model you could follow when recording and investigating incidents is the ABC system where A stands for antecedent (what happened before); B stands for behavior (what exactly happened); and C stands for consequence (what happened after).

Here are examples:

Antecedent	***Behaviour***	***Consequence***
Observations may include: Who was around the person? Where was the person? What time of day was it? Had the person taken medication / were they due to take any? What was happening? E.g. was the television on, were people arguing, were people eating	Record exactly what the person did – not what you thought it meant. i.e. not 'Mr R was agitated' but 'Mr R paced up and down muttering to himself and slapping the air'	What happened after the incident or as a result of the behaviour. Was the person punished or rewarded in any way? How did the person act afterwards? What action had ended the incident?

A – Mrs Kaur was alone in the lounge watching Countdown. Mr Jackson entered the room and turned the television to a different channel.

B – Mrs Kaur screamed at Mr Jackson and attempted to hit him with her walking frame

C– Staff entered the lounge and put Countdown back on, Mrs. Kaur stopped screaming

It's important that all your records are factual and as descriptive as possible, someone reading your report should understand exactly what occurred, not your impression of it. So, for example writing 'Mrs. S was confused' would not tell anybody what Mrs S did, it would only reveal what you interpreted Mrs S's behavior to mean.

The ABC approach may be helpful if similar incidents are happening regularly; by looking at reports it may be possible to see that there is a common link; for example, the person may act aggressively when a particular care giver is present or they may be more likely to have violent outbursts when their pain medication is due.

Other answers may be found by looking at the consequences, for example if the person's behavior regularly results in them returning to their room to spend time alone, maybe this is where they would have preferred to be in the first place. In this situation a solution might be to make sure the individual has as much privacy and time alone as they want.

Reducing challenging behavior

Although one of the methods above are useful to help identify patterns of behavior it is of limited use for understanding why behavior occurs and how clients can be better supported in future.
One of the best ways to get to the bottom of someone's behavior is to get to know them, spending time with them and those who know them best. By combining your observations of the client with knowledge of their personal history and physical health you are more likely to get a true picture of their motivations.

Sometimes we find behaviors challenging just because we do not understand them and our ignorance can make us afraid or intolerant but by getting a true picture of what motivated their behavior you are then able to develop a strategy to offer support.

Start to make changes and see if they make a difference to the persons' behavior. It may be that different methods need to be tried before you find one that works. One of the important things to remember when making changes is consistency. Each member of the care team needs to be working in the same way in order to get a true view of the effect the changes are making.

Also important is to include the input of every member of the care team, people see things from different angles so give a more balanced view. For example, a new care giver may be able to see things from a fresh angle so identify things that more experienced colleagues may have overlooked.

Behavior Management Tips

Think about asking the GP to check for any physical causes and treatments.
Try to remember that the individual is not behaving this way on purpose. The way they see things may differ from others. Try not to take things personally.

The persons' dementia may be affecting their memory, but they still have emotions and feelings, consider how they are feeling, what they are trying to express and how you are able to support them.

Consider what you know about them and their life, does that have any relation to their behavior.

Reflect on the individual's behaviors previously in situations, how that relates to their current behavior.

Consider whether they need an eyesight or hearing check and that their glasses or hearing aid are in good order.

When you are working to reduce challenging behavior it's important to be consistent, each member of the care team should be working in the same way to achieve an agreed goal. It's also important to be creative and to allow everyone involved to contribute ideas; sometimes the newest care giver can see things from a fresh angle that their more experienced colleagues may have overlooked.

Below are some scenarios to help you think about how you could understand and respond to challenging behaviors in ways which protect the rights and meet the needs of people living with dementia.

Case study

Penelope 'wanders'; she spends all day walking in an apparently aimless manner from room to room in the home.

Wandering is a controversial term which some consider to be labelling; take care to ensure that you are not assuming a problem where none exists simply because the behavior is a common symptom of dementia. Bear in mind that walking is a physically beneficial activity which we would be encouraging in other circumstances.

The questions to ask here are why is Penelope wandering and is she at risk of harm?

People 'wander' for different reasons including:

- To find a thing, a person or a place
- Because they have forgotten where they were going or why
- They are not happy where they are and want to leave
- They are bored
- They are worried about something
- They want to be active

Reasons for investigating Penelope's wandering would include the possibility of harm if she fell or left the building and the fact that it may be an indicator of unmet needs (boredom, unhappiness).

If you believed that Penelope was at risk of physical harm you would put in place measures to protect her; these should keep her safe without unnecessarily restricting her freedom of movement.

If you felt that Penelope was exhibiting a need for mental or physical stimulation then you would try and involve her in activities or spend more time engaging her in conversation and making her feel at home.

Case study two

Colin is a 98 year old man who is in the late stages of dementia and is physically very frail. He spends a great deal of time in bed. Recently Colin has started to smear faeces across his bedclothes.

The smearing of faeces can seem a very deliberate act calculated to cause inconvenience and provoke a reaction. It is highly unlikely that an elderly man with dementia will be acting maliciously and it is essential that you are patient and compassionate when faced with such situations.

Colin may have significantly reduced sense of smell and touch, it's possible that he is stimulated in some way by the feel of the faeces; giving him materials such as modelling clay to handle may meet his needs in a more acceptable manner.

Alternatively, Colin may have been feeling uncomfortable and put his hand into his underwear to find out what was causing his discomfort. On finding that his hand was soiled he automatically wiped it on his bedding. Minutes later Colin repeated the process as he had forgotten his previous experience.

Case study three

Mrs. Harman is a new client, when a care giver starts to help her undress she kicks her.

Although there may be many possible reasons why Mrs Harman has kicked her care giver there are two which are more likely than others:

1. Mrs Harman is in pain and her care giver has unknowingly made it worse
2. Mrs Harman is reacting instinctively to a stranger acting inappropriately

Whenever clients with communication difficulties behave differently they should be referred to their GP for a pain assessment and to look for signs of infection or other physical illness.

Remember that people with dementia may have significant short term memory loss and care givers must take this into account when providing personal care. Imagine if you

were approached by a stranger who immediately tried to remove your clothing; I'm sure you would react violently too.

Case study four

Mrs Lamb is constantly looking for her children, she wants to get them ready for school. She is always asking people if they've seen them and looks visibly distressed when they say no; she walks away wringing her hands, calling out and, occasionally, sobbing.

This is a good example of challenging behavior as a symptom of poor mental wellbeing where action needs to be taken not to prevent the behavior but to make the client's life more bearable.

Supporting Mrs. Lamb to overcome her distress is going to be an extremely difficult task requiring patience, understanding and kindness. As we identified in Chapter 3 Mrs. Lamb doesn't think her children are somewhere waiting for her, she knows they are. Mrs. Lamb's reality is of the life she lived 60 years ago as the mother of two small boys.

Some practitioners argue that people with dementia should always be told the truth; others maintain that lying is acceptable if you are doing it for the right reason. I would suggest that you need to find the right approach for each individual and this may require trial and error.

Telling Mrs. Lamb that her children are grown up may be unnecessarily harsh and distressing while 'playing along' may leave Mrs Lamb feeling that she has been cheated in some way.
Mrs Lamb certainly needs to feel cared for and supported; family visits are to be encouraged and any activity that will keep her occupied may stop her worrying about her children. Talking about her children and her life as a housewife will give her the chance to feel valued and will show her that someone has time to listen to her and validate her feelings.

Conclusion

To reduce challenging behaviors in people with dementia care providers must be committed to providing the highest quality care possible and to working as a team to ensure an acceptable quality of life for each individual client.

Challenging behaviors will be more common when clients are bored, unstimulated and unfulfilled. When people are treated with dignity and respect; are encouraged to be active and made to feel loved and wanted they will be less likely to exhibit signs of aggression, anxiety or confusion.

With patience, empathy and understanding you can significantly improve the mental wellbeing of people with dementia.

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