

## A Needs- Led Approach to Understanding Challenging Behaviour

### Challenging Behaviour

“Any behaviour which causes significant distress or danger to the person or others, or any expression of distress by the person.”

M.Bird(2001)

*And the person does not respond to interventions*

Challenging Behaviour is behaviour that is difficult for us to deal with. It leaves us feeling angry and helpless. Sometimes we feel sad and hopeless too. *But the behaviour is our challenge.*

Our challenge is to understand the message and engage with the need not being met

- What is the person trying to tell us?
- Why in this way?
- What needs are not being met?
- How can we meet this person's needs?

Common feelings/assumptions about challenging behaviour

- **It's the dementia/stroke/LD**
- **They've always been this way**
- **That's disgusting**
- **This is hopeless**
- **I am helpless to make a change here**

**All behaviour is understandable on some level**

### Fundamental Attribution Error

The tendency to be biased toward positive explanations for our own negative actions (e.g. that it was not in our control, that we were acting out of character)

*and*

the tendency to be biased towards more negative explanations for the negative behaviour of others

**Why is it important to know about the fundamental attribution error?**

- We should be aware of our own biases when we go in to work with CB. We tend to hold a biased view on why people behave the way they do.
- It is a human phenomenon. We can assume everybody makes this error at some time re CB ('he knows he's doing it' v 'I was drunk, I wasn't in control')
- The way we respond to a situation depends on how we understand the situation and how it makes us feel
- When we are working with relatives/ carers who have problems with CB, we can help them by reframing the behaviour (changing their attributions)

**Unmet Needs**

It is increasingly recognised that challenging behaviour in dementia is often an attempt at communicating an 'unmet need'. People with dementia and other mental health problems often lose the ability to communicate in ways that we find easy to understand. What we see as bizarre, sometimes frightening behaviour is that persons way of telling us what their needs are.

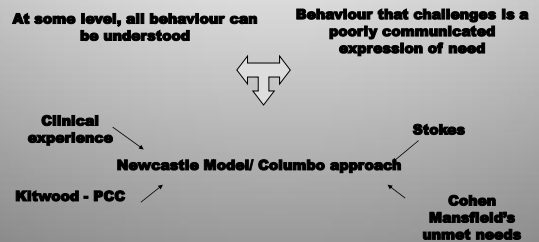
**Introducing the Newcastle ("Columbo") Model to Understand Challenging Behaviour**

- A needs led formulation based framework to make sense of behaviour

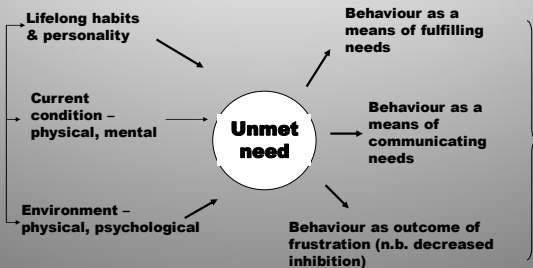
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- Process to apply new knowledge

**Understanding Challenging Behaviour**



**Cohen-Mansfield's Unmet Needs Model**



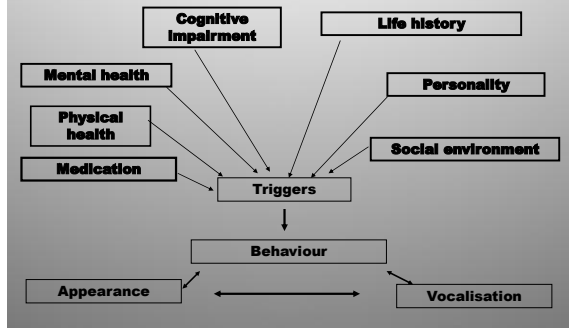
**Application of the Newcastle Model**

- Using the Colombo approach to connect information & reach formulation of difficulties
- Identifying unmet needs of patient/client from formulation
- Developing care strategies to meet needs & manage risk

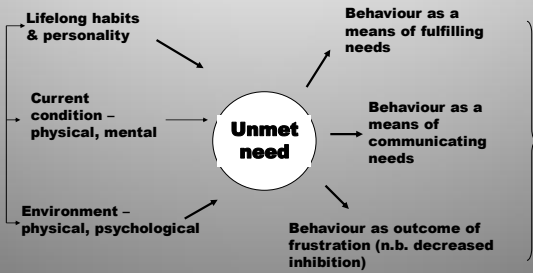
Two sources of information help us understand challenging behaviour:

- Information about the person
- Information about the behaviour

**A framework to understand challenging behaviour**



**Cohen-Mansfield's unmet needs model**



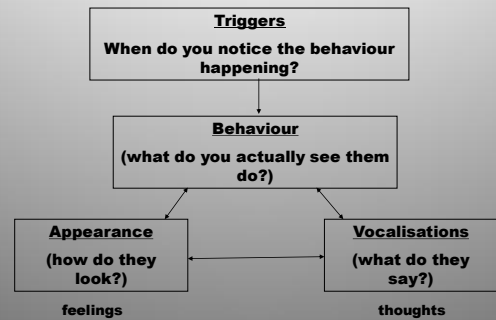
**A process to develop an understanding of CB**

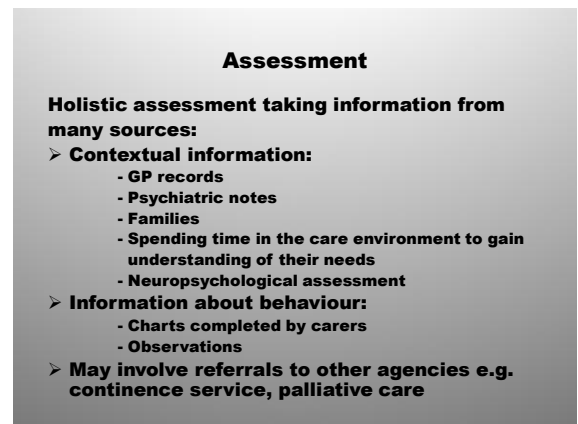
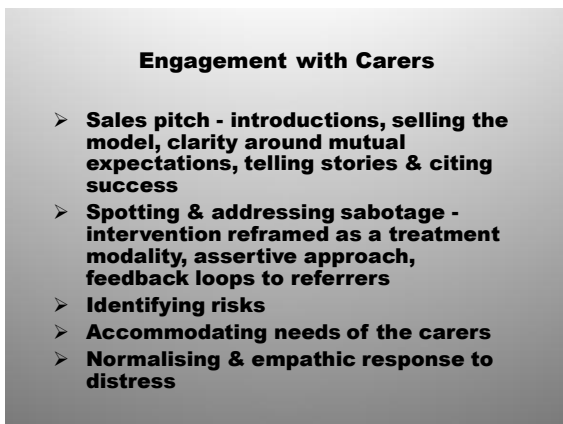
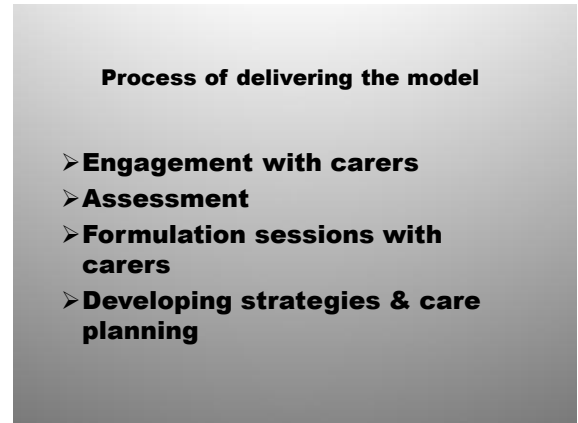
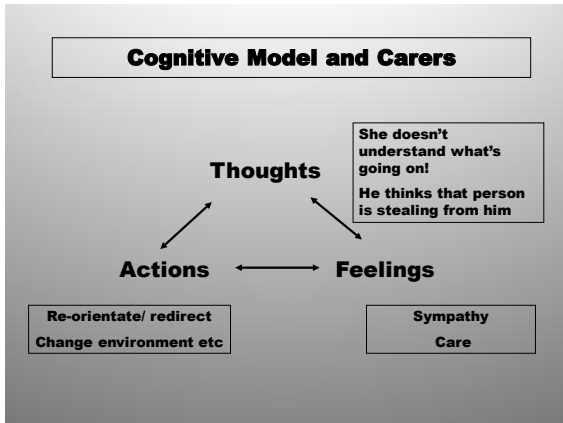
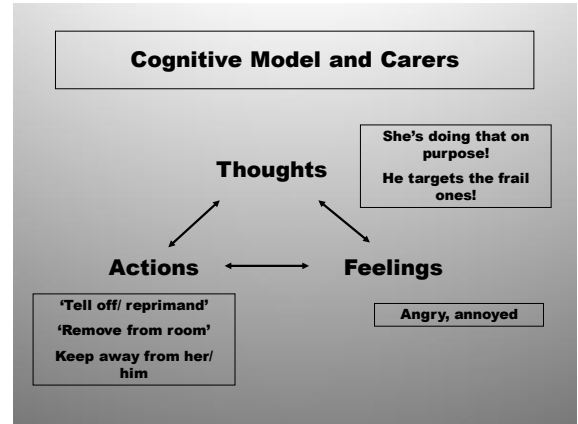
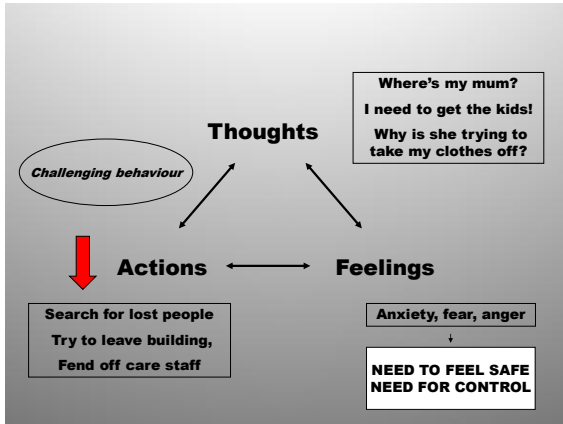
- Assessment  
Staff  
Family & friends
  - Formulation presentation
  - Care planning and monitoring
- } collaborative  
inclusive  
respectful  
curious

**The Behaviour**

- What is happening?
- With or to whom is it happening?
- Where is it happening?
- When is it happening?
- How does the client look?
- What is the client saying?
- What effect does their behaviour have?

**The Behaviour**





## Formulation

### Formulation Sessions

- Identifying the person and their experience as the main focus
- Pulling the information together to develop a story
- Challenging unhelpful stories about the person
- Creating discomfort with current position e.g. "she's always been like that"
- Carers as experts AND carers as learners – information giving
- Engage carers in finding solutions

### Why Conduct Formulation Sessions ?

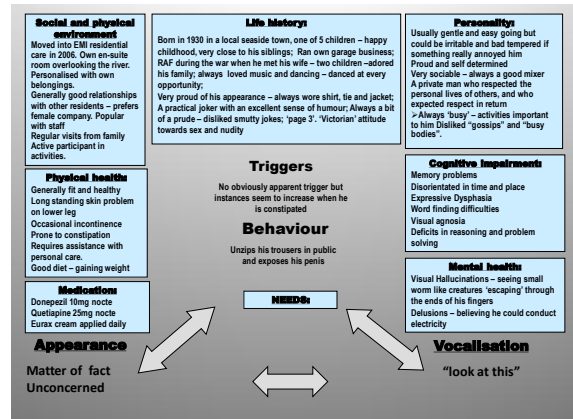
- Central to success of interventions
- Avoids 'Chinese Whispers' & accusations of 'ivory tower' practitioners
- Changes staff perspective on person
- Move from problem to be solved to needs to be met

## Developing Care Strategies

- Needs-led
  - Developed by carers, bespoke to care environment
  - 3-tier approach to care planning
1. Meeting unmet needs (avoidance)
  2. Identify and address antecedent behaviour (proactive)
  3. Manage challenging behaviour (reactive)

## Case Study

- 75 year old man with longstanding dementia.
- Challenging behaviour – exposing penis in public
- Placement under threat
- Family concerns about the future



### Possible Explanations

1. To meet a sexual need
2. Trousers too tight – rubbing on him, causing discomfort or a sexual response
3. Expressing a need to urinate
4. Responding to delusions/hallucinations
5. Constipated
6. Habit – some men seem to derive comfort from 'fiddling' with their bits

### Agreed Interventions

1. Determine whether this behaviour is sexual in nature or due to some other reason.
2. Rule out the need to urinate
3. Staff feel behaviour is more frequent when Alfie is constipated – to monitor bowel habits
4. Alfie to be allowed/supported to meet any sexual needs he may have in the privacy of his own room (to discuss with wife)
5. Obtain bigger trousers for Alfie (to discuss with wife)
6. When Alfie does expose his penis staff to ask him to "put it away" – he usually responds positively

## Outcomes

- Staffs' understanding increased
- Incidences of exposing penis stopped altogether
- Further medication avoided
- Move to EMI nursing avoided