



Cognitive Impairment and Challenging Behaviour

e-learning module

1. Introduction (1 of 1)

Cognitive impairments and behavioural problems are very common in neuroscience patients. They can present as threatening and hostile to staff, insisting on discharge despite not having mental capacity to make treatment and discharge decisions. They can present a risk to themselves, other patients and staff.

The aim of this course is for staff on neuroscience wards to further develop their skills in providing appropriate care for these patients by influencing their behaviour utilising environmental, social and psychological/behavioural approaches.

It is also important for you to remember that in providing care you need to ensure that you take care of yourself. Providing this support to neuroscience patients is very demanding of your own resources and skills. Make sure that you take time to discuss difficult issues with colleagues and managers and ask for advice if you face difficult situations that cannot be readily addressed or resolved.

2. Learning Objectives (1 of 1)

On completing this course you should...

- ✓ Have a greater awareness of what is meant by challenging behaviour in patients who also have cognitive impairments
- ✓ Be aware of how environmental factors can influence behaviour, leading to problems
- ✓ Have a greater awareness of what is meant by de-escalation and how it can be used
- ✓ Recognise which behaviours require intervention
- ✓ Recognise how psychological approaches can help in re-directing attention and influencing behaviour
- ✓ Recognise factors that can contribute to challenging behaviour
- ✓ Be aware of how some social interactions can lead to behavioural problems.

3.1. Challenging Behaviours / Definition (1 of 1)

What do we mean by the term challenging behaviours?

Not all patients who are acutely ill, or in the process of recovering from their illness or injury to the brain are accepting of the care and treatment that they receive and this can present a big challenge to staff aiming to provide the best care and treatment.

Many such patients are confused, they have difficulties with memory or thinking things through and be impulsive in what they say and do. Due to their cognitive impairments, they may not have capacity to make all of the decisions about their care and treatment.

Such patients exhibit behaviours that can become very challenging for staff to respond to, so that patient safety, their care and dignity are not compromised

Challenging behaviours are behaviours that interfere or prevent a patient from receiving the treatment or care that is necessary for their recovery, at a time when they may not have capacity to make such treatment or care decisions for themselves.

3.2. Challenging Behaviours / Categories and Examples (1 of 4)

Challenging behaviours can be placed into one of four categories. Have you experienced patients displaying any of these?

1. Verbal aggression

- Making loud noises and shouting angrily (not always directed at a specific person).
- Making rude comments or swearing.
- Making sexist and/or racist comments.
- Making moderate threats directed at a person.

3.2. Challenging Behaviours / Categories and Examples (2 of 4)

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- Making sexist and/or racist comments.
- Making moderate threats directed at a person.

2. Aggression against objects:

- Rattling bedrail.
- Pulling clothes and covers.
- Throwing plates or cutlery.
- Pulling or picking at switches.
- Dismantling equipment.
- Smashing locks.
- Barging at doors.

3.2. Challenging Behaviours / Categories and Examples (3 of 4)

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- Making moderate threats directed at a person.

2. Aggression against objects:

- Rattling cot sides.
- Pulling clothes and covers.
- Throwing plates or cutlery.
- Pulling or picking at switches.
- Dismantling equipment.
- Smashing locks.
- Barging at doors.

3. Intentional or unintentional aggression against self:

- Picking or scratching skin/wounds.
- Touching or trying to remove vital attachments.
- Actively pulling out vital attachments.
- Picking at tracheostomy tube.
- Being restless.
- Repeatedly getting out of the bed or chair when unsafe to do so (high risk of fall on getting up).
- Refusing food or drink
- Constantly repeating self

3.2. Challenging Behaviours / Categories and Examples (4 of 4)

Challenging behaviours can be placed into one of four categories. Have you experienced patients displaying any of these?

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4. Agitation or aggression against other people:

- Threatening gestures such as making a fist or rude gestures but without making direct contact with a person.
- Arguing with other patients.
- Swinging at a person but not making direct contact.
- Wandering, but not actively seeking to leave the ward.
- Hitting, grabbing, pushing or kicking others.
- Actively leaving the ward when clinically unsafe and found to not have capacity to make this decision.

3.3. Challenging Behaviours / Causes (1 of 4)

So what causes challenging behaviour? Here are some examples of situations where behavioural problems often develop. Think of a patient that you have known in such a situation. What did he or she do? How did you react?

Following a traumatic brain injury a person experiences a time period where he or she is unable to learn and retain new information and lay down new memories. This is called **post-traumatic amnesia**. This time period can last from a few hours to several weeks.

3.3. Challenging Behaviours / Causes (2 of 4)

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Following brain surgery or acute neurological illness a person may experience a period of **confusion and disorientation**.

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Following brain surgery or acute neurological illness a person may experience a period of **confusion and disorientation**.

Behavioural problems can develop **after a seizure**, if a person feels disorientated.

3.3. Challenging Behaviours / Causes (4 of 4)

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Following a traumatic brain injury a person experiences a time period where he or she is unable to learn and retain new information and lay down new memories. This is called **post-traumatic amnesia**. This time period can last from a few hours to several weeks.

Following brain surgery or acute neurological illness a person may experience a period of **confusion and disorientation**.

As a person recovers from the **post acute stage of the illness or injury**, they may still struggle to make sense of what has happened to them.

Behavioural problems can develop **after a seizure**, if a person feels disorientated.

3.4. Challenging Behaviours / Contributing Factors (1 of 5)

The examples given on the previous slide show just a few situations which may lead to the development of behavioural problems. But what causes behavioural problems to be displayed?

There may be a wide range of contributing factors which lead to a patient feeling overwhelmed and frightened and behavioural problems emerging.

The diagram on the following slide shows just some of the most common contributing factors and we will look at some of these in more detail within this section.

3.4. Challenging Behaviours / Contributing Factors (2 of 5)



3.4. Challenging Behaviours / Contributing Factors (3 of 5)

The contributing factors mentioned on the previous slide may occur in isolation or at the same time. How do you think this makes the patient feel? Lets have a look what they might be thinking...

That person won't let me finish speaking

I don't want to do something that hurts

It's too noisy

I don't know where I am

Who are these people?

I can't remember what they said about my treatment

I'm upset and scared

I can't concentrate

I don't understand that person

3.4. Challenging Behaviours / Contributing Factors (4 of 5)

Lets look at some of the contributing factors in more detail.

Neurological damage on the brain and general medical and physical problems can have an impact on the functioning of the brain (e.g. when the patient is in delirium).

This can cause problems with memory, attention, perception, understanding of language and problems with speech and reasoning skills.

Imagine you are a person who has difficulties understanding or indeed remembering what you have been told about your care or treatment. How might this make you feel? How might you react when you are given care or treatment when you don't understand or remember what it is about?

3.4. Challenging Behaviours / Contributing Factors (5 of 5)

Lets look at some of the contributing factors in more detail.

Level of understanding by staff as to the way the patient's medical condition can affect their behaviour. This includes all staff on the ward who come into contact with the patient.

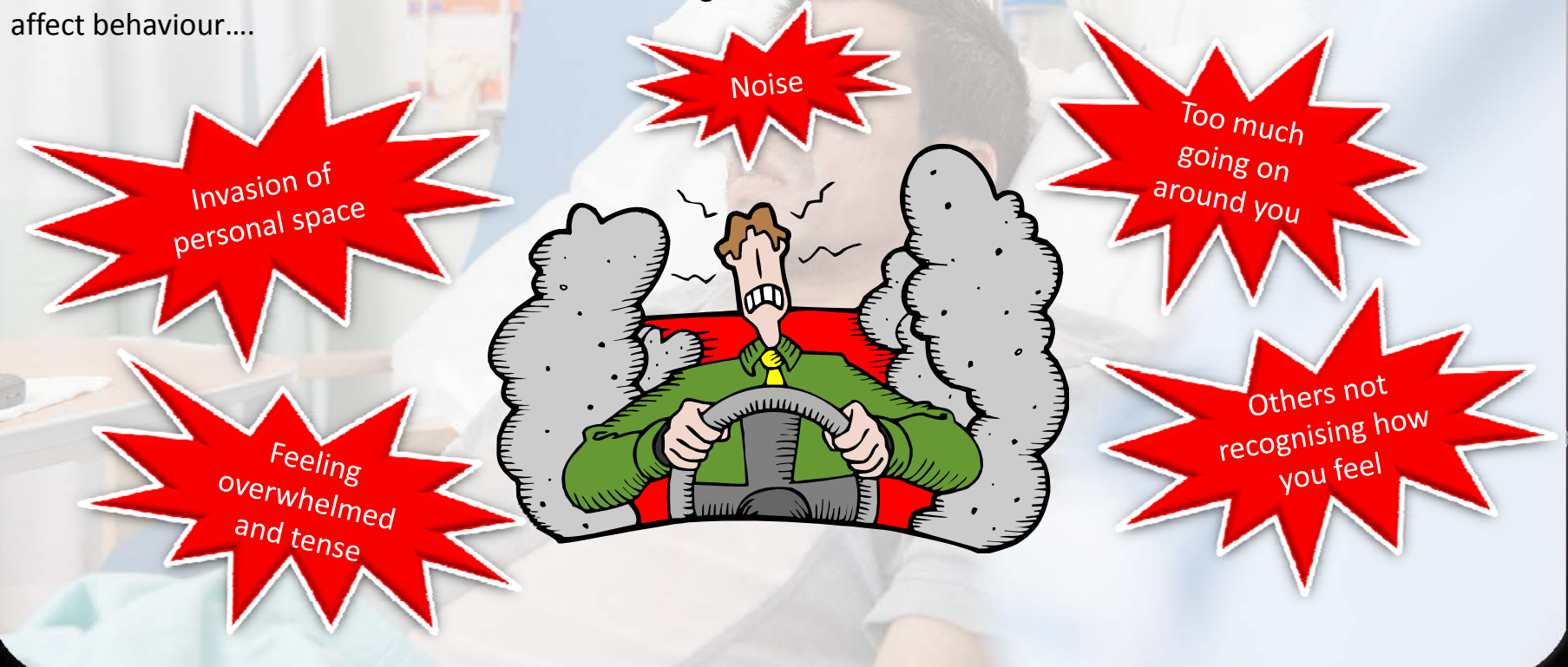
The level of understanding by friends and family is equally important, so that they can work with you to achieve the best care for their friend or family member.

The emotional reaction of friends and family can be a factor causing behavioural problems, especially where a patient sees their visitor upset or angry.

3.5. Challenging Behaviours / The Environment (1 of 5)

One of the most important factors affecting behaviour is a person's immediate environment.

Environmental factors can trigger challenging behaviour even in a person that has not had a brain injury. Consider the picture below. Have you ever felt like that? What do you think triggered how you felt? Now consider a person who has difficulties with concentration and reasoning skills. Lets consider some of the environmental factors that can affect behaviour....



3.5. Challenging Behaviours / The Environment (2 of 5)

The environment can have a direct effect on behaviour by creating over or under stimulation.

Over stimulation

Patients recovering from the acute phase of a neurological illness or brain injury are particularly susceptible to the effects of over stimulation. The main reason for this is their reduced speed of information processing capacity, as well as other cognitive difficulties such as problems with memory, perception and reasoning skills. They are therefore easily overwhelmed by environmental stimuli, leading to tension and agitation.

Possible Causes of Over Stimulation

- a generally noisy and hectic ward environment
- sharing a room or bay with other persons that are loud, perhaps because they too have similar difficulties
- too many visitors all at the same time, for the individual person, or others in the same bay
- exposure to radio or television as well as all of the other environmental stimuli
- people talking and trying to engage a person in an activity, all at the same time
- no quiet space for a person to go, to achieve respite from constant environmental stimulation

3.5. Challenging Behaviours / The Environment (3 of 5)

What can you do to reduce the effects of over stimulation?

Consider the layout of the ward and whether the person can be **moved to a quieter location** within the ward. Where possible move a person into a **side ward**, this being the most ideal way to influence the immediate environment, creating a personal space. If this is not possible, consider **partly drawing the curtains** to shield the patient from constant visual over stimulation. But do not close the curtains fully as a person may feel too enclosed – which can also trigger agitation.

Discuss with relatives and explain the need to **limit visitor numbers** during this acute phase of a person's recovery.

Where possible switch TV off. Do not leave TV or radio running whilst talking to the patient, or whilst providing care or other treatment.

Avoid doing two things at the same time. For example giving both an explanation and asking a person to do something. Remember that a person will struggle doing two things at once

Make a point of **keeping your own tone of voice low.**

3.5. Challenging Behaviours / The Environment (4 of 5)

Under stimulation

Under stimulation can occur at a point where a person is starting to emerge from the very acute phase of their recovery. They are likely to still experience impairments in attention and speed of information processing, memory and in their reasoning skills, but are starting to be generally more aware of the hospital environment. Such a person may have spells of experiencing over stimulation, followed by spells of under stimulation. Typical reasons are:

- Boredom
- Being unable to engage in a purposeful activity without help
- Not having any visitors or people to talk to
- No distracting activity taking place
- Being unable to properly communicate own needs

Under stimulation can also trigger challenging behaviour as a person tries to regain some influence over their immediate environment, their care and general welfare.

3.5. Challenging Behaviours / The Environment (5 of 5)

What can you do to reduce the effects of under stimulation?

Spend short periods of time (5 minutes) **talking and listening to the patient.**
Repeat regularly throughout the day.

Engage patient in a preferred activity such as a game for a short period (5 – 10 minutes) and **repeat at intervals.**

Involve the patient in an **activity that he/she can safely engage in on the ward** and that acts as distracter.

3.6. Challenging Behaviours / Social Interaction (1 of 11)

The second most important factor that can trigger challenging behaviour is our social interaction with people.

Consider an ordinary social situation where you are an outsider, needing to join a group. This could be a work group or a new social group which you need to attend for own personal welfare.

How do you feel during such new situations?

How would you feel if the members of the group talk to each other much more, than they talk to you?

How would you feel if they huddled together talking in small groups, but excluded you from their talk?



3.6. Challenging Behaviours / Social Interaction (2 of 11)

Imagine you join a new group but are not fully included in their activities or discussions. You are also being told that it is in your interest to stay with the group. How do you think you might feel and react?

Would you...

Think that people are talking negatively about you?

Become paranoid and worry that something bad will happen?

Start to feel tense and anxious?

Start to feel hostile or suspicious?

Interpret people's posture and facial expressions in a negative and threatening way?

Overhear partial conversations that give you the impression that people say worrying things about you?

Feel frightened and think you need to get away?

Do you think your interpretation of the situation is accurate? Or, is it possible that you may have over-reacted and jumped to conclusions in thinking in this way?

3.6. Challenging Behaviours / Social Interaction (3 of 11)

Our social interactions can be misinterpreted during ordinary day to day situations. We all use our mental skills of perception, attention and information processing, memory, reasoning and judgement to evaluate and interpret social situations. Such mental skills stop us from jumping to conclusions as for example shown in the previous slide. They also help us to evaluate and reflect on situations guiding our responses in social situations.

Consider a person who as a result of their neurological illness or brain injury is experiencing cognitive difficulties and therefore unable to fully comprehend or retain information, or reflect on their own thought processes. Such a person can have:

Problems fully understanding;

Your communication with them

What is expected of them

Why they are receiving treatment

3.6. Challenging Behaviours / Social Interaction (4 of 11)

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Problems fully understanding;
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What is expected of them
Why they are receiving treatment

Problems with interpreting situations due to;
Difficulties with attending to the conversation (*attention and concentration*)
Taking in and remembering what is said (*memory*)
Thinking about what is said and weighing up various alternatives (*problem solving*)
Jumping to conclusions and reacting impulsively (*flexible thinking*)

3.6. Challenging Behaviours / Social Interaction (5 of 11)

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Jumping to conclusions and reacting impulsively (*flexible thinking*)

3.6. Challenging Behaviours / Social Interaction (6 of 11)

Such difficulties can have a direct impact on a person's behaviour and their communication. A person, unable to make sense of what is happening around them, or unable to fully communicate their needs may feel they need to take desperate measures.

When confronted with this situation, ask yourself some simple questions about the behaviour you are seeing and what the patient might need or want...

Is the patient
thirsty or
hungry?

Is the patient
too hot or
cold?

Is the patient
bored?

Is the patient
in pain?



The next slides show how you can use good social interaction skills to reduce challenging behaviour, or better still, prevent it from developing in the first place.

3.6. Challenging Behaviours / Social Interaction (7 of 11)

What can you do to improve social interaction?

1. Anticipate and be sensitive to impairments in mental abilities. Try the following:

- Try to gain attention through eye contact or a verbal response where possible.
- Talking slowly and in a low voice (low voice has a calming effect).
- Be specific in what you say rather than giving long explanations.
- Use short sentences to explain (increases chance of a person retaining information).
- Repeat information as often as is necessary using the same words (helps person to retain the information).
- Use gestures, pictures and symbols.
- Give the person plenty of time during the interaction.

3.6. Challenging Behaviours / Social Interaction (8 of 11)

What can you do to improve social interaction?

2. Recognise that people may interpret situations differently from how you see them, or how you try and convey them. Use the following methods:

- Don't invade the personal space of the patient by standing too close. Keep reasonable distance
- Don't touch the patient unless it is essential for their care (might be perceived as intrusion or threat)
- Use appropriate eye contact (don't stare but also don't avoid)
- Convey respect and give plenty of time to listen (makes person feel they are taken seriously)
- Stay calm and model calmness to the patient (creates an expectation of calmness)
- Do not insist on clarifying something, if what the patient says is clearly incorrect (whilst in a confused state). Simply listen and either let it go, or use other psychological methods (see following slide) if the patients start to become increasingly agitated.

These simple methods allow a person who feels confused and frightened, to feel that they have some control over what is happening around them, and they may therefore be less prone to react with agitation and aggression.

3.6. Challenging Behaviours / Social Interaction (9 of 11)

What can you do to improve social interaction?

3. Utilise simple psychological techniques to steer a person's behaviour in a different direction.

These can be useful if a person borders on agitation, won't let go of a particular topic as a result of perseveration (caused by the brain injury) and is showing increasing signs of distress and irritation as result of this.

Practice these methods with a colleague to develop your skill and confidence in using them.

Redirection

Purposefully redirect a patient's attention away from the source of irritation, by introducing a different and perhaps more pleasant topic or activity. Sources of irritation can be particular features within the environment or a person, but also specific thoughts, evident as verbal comments that are continually repeated by the patient.

3.6. Challenging Behaviours / Social Interaction (10 of 11)

What can you do to improve social interaction?

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Substitution

This involves modifying an existing behaviour into something that is no longer a nuisance or threat to staff or patients. It is especially helpful with repetitive motor behaviour such as picking or pulling, i.e. at wounds or other items. An example would be giving the patient an alternative item to touch or pull where repetitive motor behaviour does not cause harm.

3.6. Challenging Behaviours / Social Interaction (11 of 11)

What can you do to improve social interaction?

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Reframing

This involves paraphrasing a patient's comments and presenting them in a more positive way.

3.7. Challenging Behaviours – The Behaviour Hierarchy (1 of 3)

Now that you have an understanding of what can cause challenging behaviour, the next step is to ask yourself “Do I need to intervene?”. Look at the behaviour hierarchy below and think of examples of behaviours that fall into those categories.

TAKE ACTION!

Behaviour that is dangerous to self and others.

Behaviour that interferes with treatment.

Behaviour that is socially unacceptable and results in others feeling uncomfortable.

NO ACTION REQUIRED:

Behaviour that is unusual but not unacceptable.

3.7. Challenging Behaviours – The Behaviour Hierarchy (2 of 3)

On looking at the behaviour hierarchy it soon becomes clear that it is not always necessary to “do something” when a person exhibits certain behaviours.

The obvious example is behaviour that is unusual but not unacceptable. This may include some eccentric behaviours that may make you smile or frown, and that would be unusual in a hospital setting, but not be completely out of place in a different social setting.

Such behaviours are best “let go” without comment by anyone, or specific attention given to them.

There is a good chance that they simply resolve as a person recovers and regains orientation and insight into what has happened to them.

3.7. Challenging Behaviours – The Behaviour Hierarchy (3 of 3)

The second area is behaviour that is socially unacceptable and results in others feeling uncomfortable. This includes swearing and some sexist and racist comments. Whether it is necessary to intervene depends on the circumstances of the behaviour occurring.

Early on in their recovery many patients are disinhibited, they are unable to properly regulate what they say, and are impulsive in what they say or do. They are prone to react to their environment, e.g. a particular person walking past, or their accent. They often recognise later, that what they said or did was unacceptable and are very upset about behaving in this way.

It is important to recognise such situations in which the most helpful approach can be simply to “let it go” without paying any particular attention to it. The inappropriate behaviour may then just settle on its own.

There are other situations where a person may have developed a behaviour pattern early in their recovery stage that has become embedded as part of their behaviour and this can include behaviour that is socially unacceptable. Such behaviour often requires specific interventions.

3.8. Challenging Behaviours / De-escalation (1 of 7)

What should you do when the behavioural problem is escalating?

Sometimes, even though you have provided a calm and relaxing environment, been mindful of your own verbal and nonverbal communication and interaction with the patient, and sensitive to the fact that the patient may perceive the situation differently, their behaviour may still escalate. This can show itself in increasing verbally threatening behaviour and sometimes physical threats towards a person or objects in the environment, such as banging at doors.

So what is the next step?

De-escalation



3.8. Challenging Behaviours / De-escalation (2 of 7)

De-escalation is a calming technique that is particularly useful in dealing with physically aggressive behaviour and agitation. To use this technique you need to keep the following key points in mind:

1. Be prepared to take time to be with the patient using this technique
2. Do not enter into an argument with the patient
3. Stay calm!
4. Use the communication techniques described on the following slide

3.8. Challenging Behaviours / De-escalation (3 of 7)

Acknowledge the EMOTION in what the person is angry about.

Siding with the patient increases the likelihood of effective engagement with you and the process

Avoid direct disagreements and make no demands

Engage the patient in conversation and **gradually shift** the topic away from the problem issue to a different issue.

Make sure you **consistently model calm behaviour** through your **low voice** and body language (don't invade personal space, good eye contact, but don't stare)

De-escalation Communication Techniques

3.8. Challenging Behaviours / De-escalation (4 of 7)

FINAL EXERCISE: Think of a clinical situation that required de-escalation.

What behaviour did the patient show?

Threatening to hit someone?

Standing over another patient and shouting?

Trying to abscond and banging at door?

3.8. Challenging Behaviours / De-escalation (5 of 7)

FINAL EXERCISE: Think of a clinical situation that required de-escalation.

What could have contributed to the behaviour escalating?

Being told that they cannot yet be discharged home?

Evident dislike of another patient or staff member?

Busy environment with patient having no quiet space?

Repeatedly talking about the same issue becoming increasingly fixed on this and pre-occupied about a course of action?

3.8. Challenging Behaviours / De-escalation (6 of 7)

FINAL EXERCISE: Think of a clinical situation that required de-escalation.

What could have been done, or was done, to de-escalate the situation?

Re-direction could have been used early on.

Information about not being able to go home could have been conveyed in a different way.

The patient could have been moved to a different area of the ward.

3.8. Challenging Behaviours / De-escalation (7 of 7)

FINAL EXERCISE: Think of a clinical situation that required de-escalation.

What can happen if the situation is not de-escalated

Patient can abscond placing self and members of the public at risk.

Actual physical aggression toward a person or object.

Need to use restraint, both physical restraint and chemical, via medication.

3.9. Conclusion

Please take a moment to read through and reflect upon what you have learned about the following:

What is meant by challenging behaviour in patients who also have cognitive impairments.

The many factors that can contribute to challenging behaviour.

Recognise which behaviour requires intervention.

How environmental factors can influence behaviour, leading to problems.

How some social interaction can lead to behavioural problems.

How psychological approaches can help in re-directing attention and influencing behaviour.

What is meant by de-escalation and know how to use it.

Congratulations, you have now completed the course.