Neurobehavioural Disability/ Clinically Related Challenging Behaviour

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Structure of Course

- Session 1
  - What is it?
  - Why does it occur?
  - Prevention
  - Common neuro-behavioural difficulties and how to help

- Session 2
  - De-escalation – reminders
  - Types of behaviour modification
  - Developing interventions
  - Measuring outcomes

- Session 3
  - Review of interventions from clinical areas
  - Obstacles to change
  - Reflections on practice

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Learning Outcomes

- You will be able to recognise the early signs of NBD.
- You will understand some of the causes of NBD and how they relate to unmet needs or communication difficulties.
- You will be able to use this knowledge to develop a basic psychological formulation for individual patients.
- You will understand the core principles of NBD rehabilitation.
- You will be able to consider how to reduce the risk of NBD occurring by identifying and reducing triggers.
- You will be able to develop and implement an intervention plan and assess the impact.
- You will be able to support carers in managing NBD.

www.nhsprotect.nhs.uk/reducingdistress

NHS

Protect

Meeting needs and reducing distress

Guidance on the prevention and management of clinically related challenging behaviour in NHS settings

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Neurobehavioural Disability – What is it?

"***Any non-verbal, verbal or physical behaviour exhibited by a person which makes it difficult to deliver good care safely.***"

NHS England, Meeting Needs and Reducing Distress (2016)

AND

..*"**is likely to lead to responses that are restrictive, aversive or result in exclusion**"*.

Challenging Behaviour – A Unified Approach (2007)

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What examples of NBD have you come across?

Is this NBD?

- A patient rings a bell for toilet assistance and gets angry when s/he has to wait 45 minutes
- A patient in a side room has sexual contact with their partner
- A patient will only eat off a red plate
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Types of Behaviour

Non-verbal	Verbal	Physical
Agitation	Shouting	Scratching
Wandering	Swearing	Grabbing
Intimidating facial expressions	Crying	Pushing
Intimidating body posture	Repetitive statements or questions.	Striking objects
Withdrawn, refusal to move	Personal comments or questions	Inappropriate touching
	Racist, sexist or offensive speech	Self harm
		Removal of lines, catheters
		Absconding

Most frequent problems after TBI

PROBLEM	1 YEAR	5 YEARS
Personality Change	60	74
Slowness	65	67
Poor Memory	67	67
Irritability	67	64
Bad Temper	64	64
Tiredness	69	62
Depression	51	57
Rapid Mood Change	57	57
Tension & Anxiety	57	57
Threats of Violence	15	54

(From Brooks et al 1986)

Problems after stroke risking NBD

	Admission – 2 weeks	3- 6 months
Cognitive impairment	55%	35-38%
Dysphasia	52%	15%
Depression	2%	31%
Apathy	35%	
Emotional Lability	11-34%	
Irritability	12-53%	

- http://www.reducingdistress.co.uk/reducingdistress/video-3-prevention-and-care-strategies/

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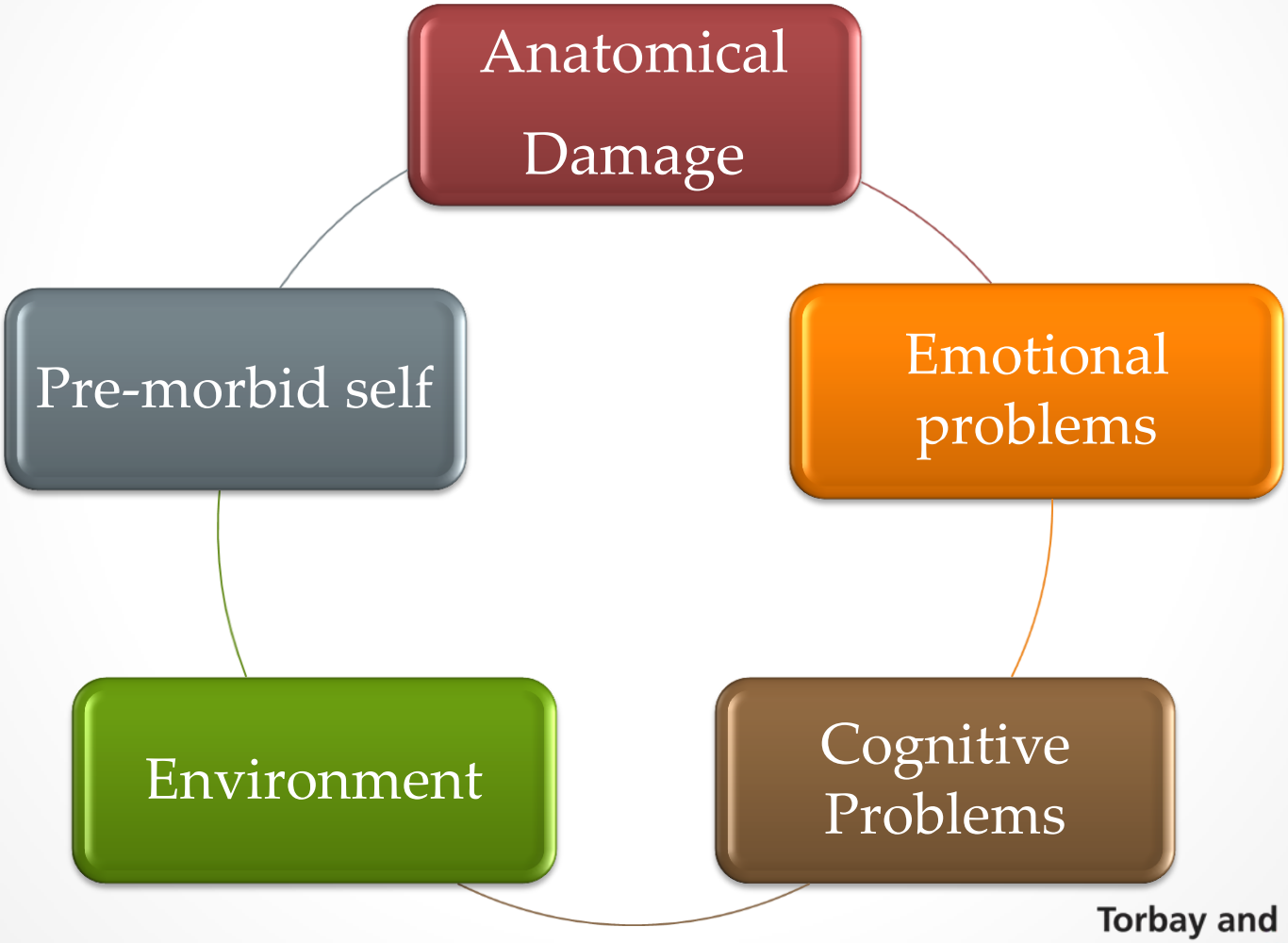
Why do people have difficulties?



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Damage to emotional circuitry – what are these expressions?

Emotions

Imagine you go to sleep as normal. You are planning a walk with a friend the next day. You wake up in the morning but you can't move. When you talk your partner stares at you and says *I don't understand you*. You want to scream because you are asking what has happened and can't understand why they aren't telling you.

People you have never seen before pick you out of bed and put you in an ambulance. You are in your night clothes. You just want a shower and to see your friend.

A woman leans close to your face and says "*It's Ok, you're going to be OK*". But it's not OK. It is like you have woken up in a nightmare world.

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Cognition

What problems do you see after brain injury?

Common cognitive problems after stroke & TBI

	Stroke – 0-4 weeks (1)	**TBI** (2)
Visual perception	32.4%	12%
Executive functioning	31.5%	34%
Abstract reasoning	24.3%	-
Language	21.6%	6%
Verbal memory	21.6%	16%
Visual memory	16.2%	13%
Processing speed	-	29%

Environment

You're in a shared bedroom.

Someone cries out every night.

You can't get to the toilet.

Strangers take your clothes off and wash your body.

Breakfast is at 8am. Every day. The tea makes you feel sick.

You can't get out.

Reasons for NBD - Environment

Noise	Imposed routines
Light	Cultural factors
Temperature	Lack of information
Busy environment	Lack of contact with family/friends
Unfamiliar surroundings	Lack of continuity of care or staffing
Over stimulation	Pace of activity
Under stimulation	Stopping a coping behaviour – smoking/drinking

Our personality

- Do you love meeting new people?
- How do you cope with colleagues who drive you mad?
- What makes you feel better when you are down?
- Do you believe that emotions are controllable?

- http://www.reducingdistress.co.uk/reducingdistress/video-4-staying-safe/

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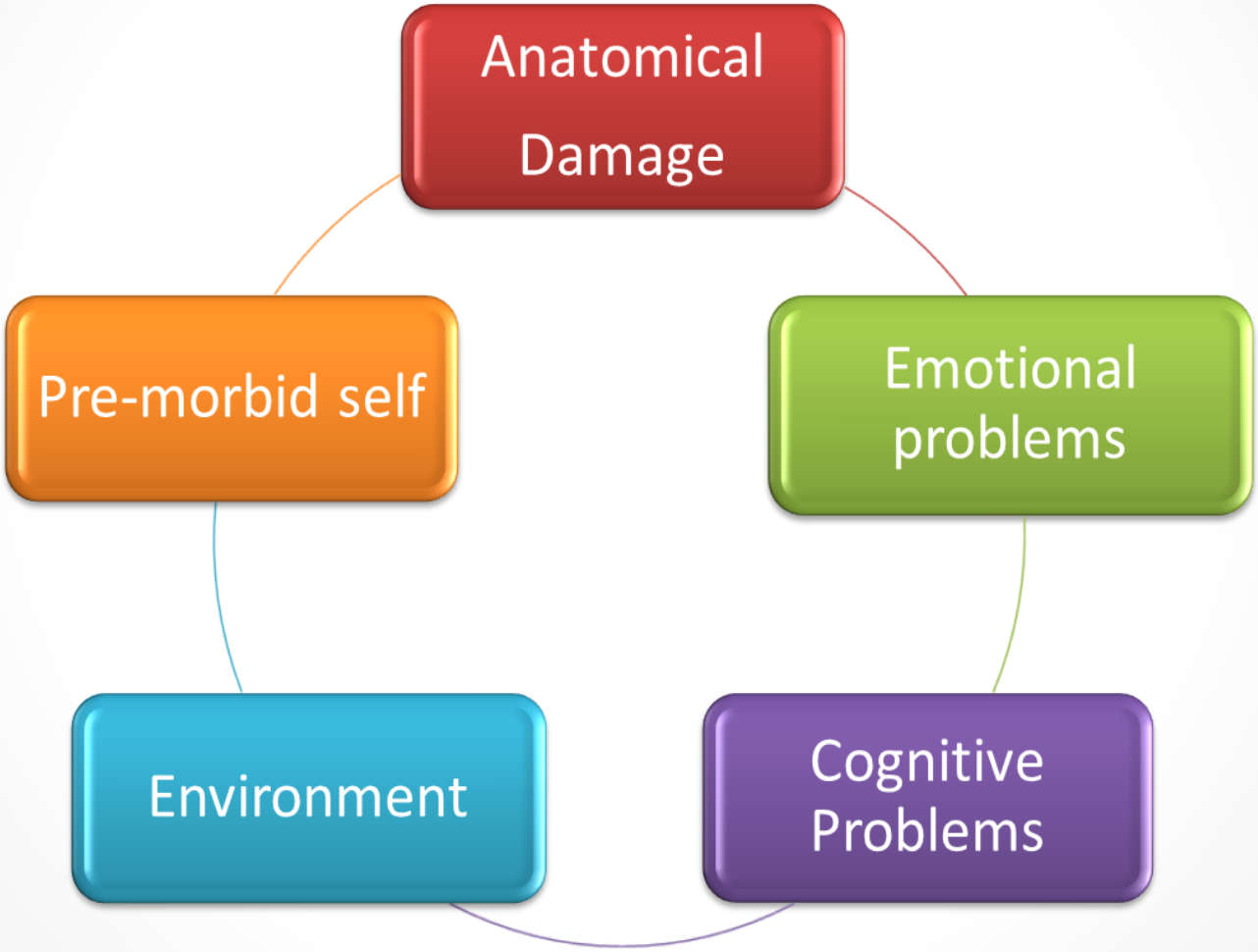
So:

- Your brain is damaged
- You're scared and confused
- You can't concentrate for more than 5 minutes
- You have no privacy
- No one can understand what you're saying
- You only hear your name. All other words sound meaningless but you nod your head when the nurse speaks to you because you feel this is what you should do. She says to her colleague "*See I told you she does understand*".

What are you going to do?

What do you want most from people around you?

Supporting patients with NBD



Break

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Prevention: Service

- What do they like to be called?
- Gather information about the person and develop a personal profile.
- What is a soothing activity for them? Use personal objects.
- Share ideas about the reason for behaviour with the MDT.
- Have a written formulation in the notes.
- Agree a plan to minimise distress and risk of NBD including communication strategies.
- Ensure plan is monitored and reviewed weekly.
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Prevention: Environment

- If person has communication difficulties ensure that communication aids are consistently available.
- Make environment as home like as possible; e.g. personal objects and photos.
- Reduce noise; busyness.
- Maintain day and night time routine and sleep hygiene.
- Appropriate stimulation and activity.
- If confused – always check that the person is orientated to the environment.

Prevention – Precursors

Signs that indicate the risk of challenging behaviour:

- Tense or angry facial expressions
- Prolonged restlessness/pacing
- Increased breathing, muscle twitching
- Increased volume of speech
- Refusal to communicate
- Prolonged eye contact
- Expressing a wish suggesting distress; e.g. "*I want to go*".

General Rules when Spotting Signs

Ask:

Hypothesise: What is the person finding aversive? Why are they finding it aversive?

What do they think is happening? Do they see something as a threat?

Are they in pain?

Empathise:

What do you think they are feeling? Note and detach your own feelings.

Act:

De-escalate.

Reduce the causes of aversion where possible. Increase attractiveness of situation.

Incorporate reasonable requests.

- Communicate with the team.

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General Rules when Spotting Signs

Hypothesise Feelings:

You seem very angry; *You look upset*

Empathise

Can you tell me what's happened? Maybe you are angry because… Check you have understood. Repeat back what you have heard. Summarise.

Act:

Turn slightly – don't front up a patient

What can I do to help?

Would it be more helpful if I….

I am going to walk away for 5 minutes because I can see that you are angry and this is upsetting for both of us.

Use visual signal: hand up "*Stop*".

Always thank people when they control behaviour:

It was helpful that you managed the anger today.

STICK TO THE PLAN

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De-escalation

- Avoid trying to control the situation, focus on what is causing distress.
- Think about PVP: Posture, voice and pace. Think SLOW
- Move from task focus to initiating conversation.
- Explain what you are going to do and why.
- Reach an agreement: "*Here is your medication, how would you like to take it?*".
- Remove equipment if this is the cause of the distress and it is safe to do so.
- Focus on distracting topics, eg hobbies, family.
- Don't make promises you can't keep e.g. *I'll be back in a minute*" when you're busy.

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Common NBD Problems and Interventions

Agitation

Why

- Result of neurological damage
- A stage in recovery
- Result of disorientation and confusion

Signs

- Restless, fiddling, calling out

Empathy

- Patient likely to be scared, disorientated

Possible Intervention

- Gentle re-direction; model calm behaviour
- Allow excessive talking; encourage personal effects
- Reduce environmental stimulation

Impulsivity & Disinhibition

Why

Damage to frontal lobes

Signs

Verbalise thoughts or act without thinking of consequences

Empathy

Patient may have no awareness, consequently feedback appears meaningless to them and adds to frustration. Families may be embarrassed.

Possible Intervention

Encourage patient to stop and think

Clear, agreed feedback on why it is not appropriate

Will require behaviour modification

Lack of Insight and Awareness

Why

Diffuse damage - frontal, temporal parietal areas. Often right hemisphere

Signs

Denies any problems. Unrealistic expectations. Awareness is hierarchical.

Empathy

Loss of identity. Denial may be helpful.

Possible Intervention

Discussion with patient on what has changed/not changed.

Breaking down goals into small steps.

Planned activities that allow success as well as failure.

Encourage self-assessment

Explosive Anger & Irritability

Why

Result of neurological damage.

Interaction with pre-existing factors

Signs

Low tolerance to minor irritations

Environmental Risks

Over-stimulation: noise, busyness

Empathy

Patient likely to be stressed and frustrated

Possible Intervention

Reduce environmental stimulation

Encourage patient to a quiet area

Speak slowly and quietly

- May require a behavioural plan

Reflective Practice

Break into groups

See page 7 of the Workbook

Think about a patient you have worked with.

Why do you think they were behaving this way?

What did you notice?

What do you think they were thinking of feeling?

What helped?

What else might have helped?

Final message

"The critical dimension of ALL care is to be kind, compassionate, respectful and to treat the person how you would like to be treated."

Meeting Needs and Reducing Distress; NHS England (2016)

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