

UNDERSTANDING BEHAVIOURS OF CONCERN

IN CHILDREN, ADULTS AND OLDER PEOPLE



WHAT ARE BEHAVIOURS OF CONCERN?

Sometimes the person you care for may display behaviours that worry you. These are known as 'behaviours of concern' or 'responsive behaviours'. They may be actions, words or gestures in response to something important in the person's personal, social or physical environment.

Examples include:

- Self-Injury e.g. banging their head, biting themselves, tearing at their
- 2 Emotional Outbursts e.g. crying screaming, shouting, laughing inappropriately
- Aggression Towards Others e.g. hitting, punching, kicking, biting, pulling hair.
- Sexualised Behaviour e.g.
 masturbation in public,
 inappropriate touch/comments
 staring.
- Destruction of Objects e.g. ripping clothes, smashing plates, throwing
- **Eating Non-Food Items** e.g. clothes, paper, bedding, leaves, plaster.
- Other Behaviours e.g. spitting, soiling, smearing, swearing, running

These behaviours may be displayed by people regardless of their condition but can be more common when a person is living with dementia, intellectual disability, mental health difficulties, substance use,

A behaviour of concern can be viewed as a behaviour which has a jeopardising effect on the safety and/or wellbeing of the individual or on others.

It is so important that we understand what is and what isn't a behaviour of concern. An example of this may be if an individual was refusing to adhere to personal hygiene, this would not necessarily be considered a behaviour of concern, this refusal may be due to a lack of social understanding, they may not recognise the need to adhere to personal hygiene.



TIME FOR SELF-REFLECTION

It is not uncommon for people to display behaviours of concern. Each person regardless of their capacity or cognitive impairment will engage in a behaviour of concern at times.

- Think of a time when somebody took your
- Think of a time when somebody drove out in front of you on a busy road.
- · How do you respond to these situations?
- Why do you respond in this way?

Is it because you feel that you don't have control over the situation, or perhaps because you didn't know it was going to happen. Were you angry because the person that took your parking space ignored your communication – your indicator was flashing or you were pointing with your finger that you are waiting for that space?

Now think of the person you care for.

How much control do they have in their life? How predictable is their life? How often is their communication ignored or misunderstood? Remember how you reacted when those needs weren't being met for you? Many people we care for encounter these complexities daily and for these reasons, understandably, behaviours of concern or responsive behaviours are more common for people living with complex needs.

SPACE	FOD	DFFI	FCT	ION

Take a moment to reflect on these questions and write down your thoughts before moving on.				

WHY DOES THE PERSON I CARE FOR ENGAGE IN THESE BEHAVIOURS?

There is always a reason why a person will display behaviours of concern. "Every behaviour serves a purpose/function". Often, the person who is displaying these behaviours is unable to communicate what they need or how they feel. They may be trying to take control of a situation and trying to get their needs met. It's important to pause and consider what the reason behind the behaviour is.

For example, is the person you care for:



Is feeling unwell or in pain?



Is feeling overwhelmed?



Is feeling bored or ignored?



Has had a recent change in medication or a change in routine?



Is confused maybe about change, not understanding what is happening next?



Is feeling scared or threatened – do they have enough personal space?

Is frustrated or angry at not being listened to or understood?

If you can understand the reason behind the behaviour, you may be able to find ways to address the problem.

CASE STUDY 1

Maggie is a 40-year-old woman with a moderate intellectual disability. She was getting up at night and stripping the bedlinen off the bed. She was in and out of the bathroom, sitting on the toilet and constantly washing her hands. She was talking very fast and appeared to be confused about the events of the day. This new behaviour was causing her mother great distress, as mum needed to sleep at night, because she was also caring for Maggie's brother who was living with early onset dementia. After several nights of broken sleep, Maggie visited the doctor and it was discovered that Maggie had a urinary tract infection. This explained the behaviour related to stripping the bed in the fear that it was wet and constant use of the bathroom at night. With medication, the infection went away and Maggie and her mum began to sleep at night time again.

CASE STUDY 2

Janine has dementia and engages in pacing up and down, biting her arms and pinching others during the day. Her husband Derek recorded the behaviours for a week and noticed that they always happened approximately 60 minutes after eating. This suggested that Janine may be experiencing digestion issues. A visit to the GP ruled out any medical causes and visit to a nutritional therapist resulted in a trial of a dairy free diet. This new diet coupled with a tummy massage 60 minutes after eating reduced the frequency of the behaviours by 85% over 2 months.

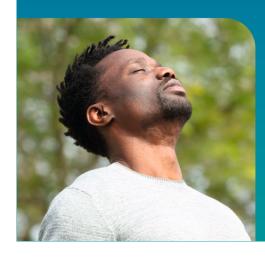
WHAT CAN FAMILY CARERS DO?

- Rule out any underlying medical reasons for the behaviour by discussing it with the GP.
- Once medical issues have been ruled out, keep a log of the behaviour. Record the time and dates and make a note of what was happening just before the behaviour and what is happening directly after the behaviour e.g. how do people respond. Consider things like the light in the room, the temperature, who is present, what activity had just taken place / was about to happen. These are known as 'triggers. Keep a log and start to see if there are any patterns.
- If the person you care for finds it hard to communicate is there a way to help them? For example, could you use pictures for them to point out the things they need? E.g. pictures of food, pictures of a drink, pictures of a tablet (medication for pain), picture of a car (do they want to leave).
- When the behaviour is taking place, if it's not causing harm to the person or others, is it possible to ignore it or to distract them from the behaviour?
- Explore if there is any way that you could meet the behavioural need alternatively. For example- if your family member rips up photos. Could you provide them with a box of paper that would be ok for them to rip up?

- Consistently reinforce appropriate behaviours.
- Model the behaviour you expect
- Leave the person to calm down, if possible
- Remove others from the environment, if possible.
- Be aware of your own body language and
- Support the person in an environment where emotional regulation is supported, turn down the music, remove/dim any stimulants, offer a drink/cup of tea.
- Discuss the behaviour respectfully with the person you care for and/or with their care team to explore the reasons behind the behaviour where possible.
- If the behaviours are frequent or extreme and you need more support, ask your GP to refer the person you care for to a psychologist or behavioural therapist to conduct a functional analysis of the person's behaviour.

CASE STUDY 3

William cares for his son Paul who is autistic At night time Paul smears his faeces in the bedroom onto the bedlinen and furniture. William began to keep a log of the incidents and he noticed over time that this only happened when Paul's mum was working on a night shift. This suggests that Paul is displaying this behaviour as he may be missing him mum, or is anxious about her being gone from the home. William placed a photo of mum next to Paul's bed on the nights when mum worked and also left some playdoh by the bed so that Paul could touch and feel that as a substitute to smearing his faeces. William gave lots of reassurance to Paul on these nights and over time the behaviour reduced



LOOKING AFTER YOURSELF

When the person you care for is displaying behaviours of concern, it can be worrying, upsetting, and at times uncomfortable for you, the family carer. It is vital that you, as a family carer, also get the support you need. Family Carers Ireland has a range of practical supports in place including education, training, respite, counselling and advocacy, we also offer full wellbeing reviews for family carers, advice around rights and entitlements and peer support groups.

ABOUT US

Family Carers Ireland

is the national charity dedicated to supporting the

355,000+ FAMILY CARERS

across Ireland who dedicate their lives to caring for their loved ones, including children and adults with physical or intellectual disability, frail older people, those with palliative care needs and people living with chronic illness or addiction and mental health issues.



If you have been affected by the content in this leaflet, please call our FREEPHONE Careline on 1800 24 07 24.

To find out more about Family Carers Ireland, please visit www.familycarers.ie.

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