ABC of Behaviour Management

The ABC approach is a way of characterising events and resultant behaviours. A behaviour in response to an activating event generates a consequence. If the consequence is inappropriately managed, the situation may escalate and in turn become another activating event.

Click the following for more information on each step in ABC of behaviour management:

- Activating event
- Behaviour
- Consequence

Scenario

Joe is 75 and suffers from behavioural and psychological symptoms of dementia. His aimless wandering is perceived as intrusiveness. When confronted he becomes aggressive.

A = Activating Event

Joe wanders into co-resident's room. Co-resident orders Joe out.

B = Behaviour

Joe responds with verbal aggression.

C = Consequence

Staff assess the situation and talk to Joe in a warm and friendly manner that is respectful and maintains dignity. Staff use communication techniques aimed at diffusing the aggressive situation.

D = Decide & Debrief

Joe's aggression de-escalates and staff and others undergo debriefing.

By not confronting Joe in his anger and by using appropriate communication techniques, the **(C)** moves to **(D)** rather than **(A)**, allowing staff to distract him with an activity rather than an **(A)** activating event. The circle is broken.

When reviewing the ABC with the resident, their family and the care team the following questions should be posed:

- What is the actual problem & whose problem is it?
- What are the contributing factors?
- How can we better manage this? Brainstorm ideas to come up with an effective management plan
- Where to from here? Does the resident require referral to a specialist service?

A = Activating Event

Questions to answer:

- When & where did the behaviour occur?
- What was the person doing immediately before the behaviour occurred?
- What was happening around the person at the time?

Assess environmental factors:

- Noise (eg. TV loud, music loud, staff change of shift, meal time clatter)
- Clutter (eg. Furniture, people)
- Bright lights/glare on the floor
- Mirrors
- Temperature (eg. Too hot/cold)
- Recent changes to environment (eg. Renovations, staff/resident changes)
- Does the environment provide a safe area for residents to wander around?
- Does the environment encourage independence, dignity and mobility?
- Does the environment accept the client's cultural and lifestyle habits?

Assess physical factors:

Adapted from Banazak D. (1996) Difficult dementia: Six steps to control problem behaviours. Geriatrics, v.51,n.2

Metabolic	Hyperthyroidism, hypothyroidism, hypercalcaemia, hyponatraemia
Infections	Urinary tract infection, pneumonia, septicaemia
Neurologic	Stroke, subarachnoid haemorrhage
Traumatic	Chronic pain, head trauma, fractures such as hip & rib
Systemic	Hypoglycaemia, vitamin B12 deficiency, folate deficiency

Medications	Sedatives, antihistamines, alcohol
Impaction	Faecal

- Has there been a recent change in medication?

Does the person have:

- Impaired vision or hearing
- Acute illness, eg. UTI, pneumonia
- Chronic illness, eg. Angina, CCF, diabetes
- Chronic pain, eg. Arthritis, ulcers, headaches
- Dehydration
- Constipation
- Fatigue or physical discomfort

Assess psychological factors:

- Does the person have a history of psychiatric illness?
- Has the person experienced a recent loss or an accumulation of losses?
- Does the person appear sad? Eg. Tearful, withdrawn
- Are past events influencing present behaviours? Eg. Post traumatic stress, POW, abuse
- Does the person appear to be responding to hallucinations?

B = Behaviour

The International Psychogeriatric Association (IPA) convened a Consensus group, consisting of some 60 experts in the field, from 16 countries, to produce a statement on the definition of behavioural and psychological symptoms of dementia. The group reached consensus that: "The term behavioural disturbances should be replaced by the term behavioural and psychological symptoms of dementia (BPSD) defined as: Symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia."

The IPA provides a simple grouping of BPSD and the definitions used are included below.

Behavioural symptoms

Usually identified on the basis of observation of the patient including:

- Physical aggression
- Screaming
- Restlessness
- Agitation
- Wandering
- Culturally inappropriate behaviours
- Sexual disinhibition
- Hoarding
- Constant questioning
- Cursing and
- Shadowing

Psychological symptoms

Usually and mainly assessed on the basis of interviews with patients and relatives; these symptoms include:

- Anxiety
- Depressive mood
- Paranoia
- Hallucinations and
- Delusions

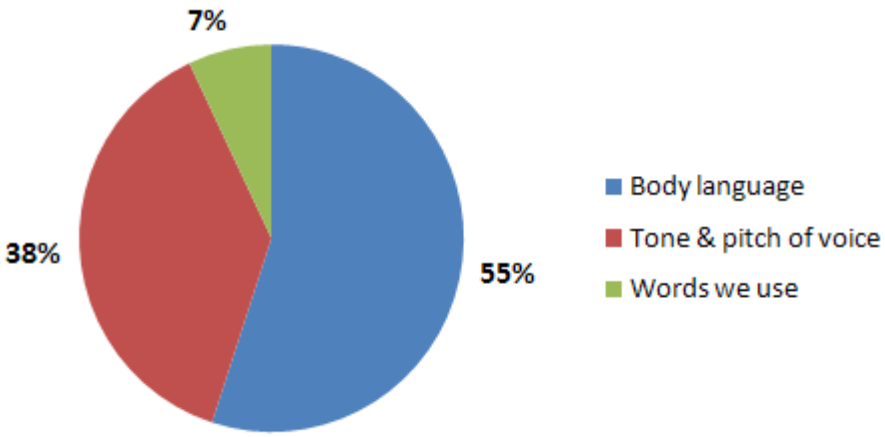
"A number of studies looking at the occurrence of BPSD in nursing home populations have found these symptoms occur in up to 90% of patients" (IPA, 1998).

C = Consequence

What was the consequence of the behaviour for the patient, for staff and for other residents? Was the patient told off, ignored, restrained, sedated, or guided back to where they started?

The consequence of the behaviour is very much dependent on the staff's interpretation and reaction to the behaviour. At this stage, communication is the main factor to influence the behaviour and its consequence.

Remember the three parts of communication:



The attitude and manner of the care staff are extremely important. People with cognitive impairment are extremely sensitive to non-verbal cues and mirror the affective behaviour of those around them. A patient, calm and gentle manner is contagious and has a positive effect. It is important to be aware that if body language indicates a feeling of tenseness, frustration or anger, it may contradict the words being used.