Episode 2: How to work with challenging behaviours

Intro 0:05

Welcome to the psychology of case management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

Shabnam 0:20

Thank you for joining us in today's podcast, I am Shabnam Berry-Khan. I'm a clinical psychologist and personal injury case manager. And today's discussion and dilemma will be around challenging behaviours, particularly in brain injury cases, but not necessarily so. We know that challenging behaviours can arise at any time, after an injury, following a brain injury, following any catastrophic injury. And it's not unusual to see challenging behaviours in any stage, immediately after an injury. I suppose if I'm thinking brain injury, that stage is often known as the post-traumatic amnesia stage, and it can often be a time where we see behaviours that are challenging, that are difficult to manage, as a client adjusts to their new sense of who they are, and what's been going on, often very confusing for them. But it also can extend into early stages of recovery as well. In fact, actually challenging behaviours can develop even many years after any injury. And because they are quite complex, they're complex to understand and certainly complex to try and manage. Because the fact is, I guess, around challenging behaviours… may not just be linked to the individual themselves, but also to external factors outside of that individual's control. But I think, for us in the personal injury world, I think the bottom line is that anyone who is displaying challenging behaviours as a result of their significant injury, we very much feel that our role is to try and understand and support that person so they can live a better… have a life with a better quality. And that, ultimately, is why we do what we do. And if challenging behaviours are presenting, it's something that we would want to, I would imagine, trying to support our client with. And to that end. Today I am talking to Dr. Alice Nichols. Alice is a clinical psychologist, and has been for about 10 years now. And she has a strong client base and experience in catastrophic injury, she has seen both adults and children with catastrophic injuries with brain injuries, and spinal cord injuries as well. So he's a really good person to have on the show today. She's got some particular interest in working and understanding risky behaviours, and thinking about behavioural interventions in a positive way that fosters learning, and thinks about how to sort of move away helpfully with everyone concerned, if you like with the system, you know, very much in mind. So, therefore, Alice is no stranger to challenging behaviours in individuals who have experienced brain injury. So, Alice, welcome to the podcast!

Alice 3:15

Thank you for having me. It's lovely to be here.

Shabnam 3:18

Great, no, thank you - appreciate your time! So maybe the first point, to start off with, so we kind of have a baseline of what we're talking about here is: what are challenging behaviours from the viewpoint of a psychologist, and how would you sort of define, I guess, challenging behaviours for our audience?

Alice 3:36

Yeah, that's a really good question, because it's a phrase that gets bandied about a lot. And I think sometimes it's possibly overused as well. I guess my favourite definition is really thinking that challenging

behaviour is behaviour that puts the client or the people around them at risk of harm, or, and I think this is quite a crucial point, or that potentially limits their ability to access the community. So some things might not actually cause anyone immediate physical danger or psychological danger, but would potentially get them banned from shops, or from the GP's surgery. And so would lead to a restriction in their their ability to live life to the full. Generally, it's about risk. But sometimes it's about very disruptive behaviour too, that causes disruption and distress to people. And that, you know, that can lead to breakdowns and relationships in that placement. It can mean that the difficulty at staff for so, yeah, generally thinking about risk, but not discounting those kind of more tricky behaviours that might cause them difficulty in getting them their needs met.

Shabnam 4:50

Yeah, no, that's really helpful actually, because I think the distinction is important because a challenging behaviour doesn't have to be risky, but it could be quality-of-life-impairing. And, I suppose, possibly vice versa? Can you give us some examples, perhaps, of challenging behaviours within those two sorts of categories? I know you've already said the sort of behaviours that could limit access to the community. I'm just curious, from your experience, what could that look like? You know, it might be just helpful to have that, you know, in mind for our listeners.

Alice 5:25

I think it's quite useful to think about what how frequent that behaviour is, sometimes. So there are some behaviours, okay, just doing it once would be a really big deal. I guess I masturbating in public, particularly near schools is a big no-no. But swearing in public? I mean, if it's occasional, it's not the end of the world, is it? But actually, if you took someone, whenever you took anyone into someone into a supermarket, they repetitively swore very loudly, that would be a problem. So yeah, frequency and intensity, kind of have a… there's a relationship between the two. So if it's low-intensity but high-frequency it can still be really disruptive.

Shabnam 6:10

Hmm. Have you got any examples of challenging behaviours that we might see, perhaps, with our brain-injured clients? I know that's not a very narrow question at all, but – work with me here! – in terms of what we might sort of typically see in… so a lot of our clients are cared for at home, as you know, may or may not have access to the community. But you know, they're often in a complex system. So they've got maybe family, you know, parents and siblings, I'm just thinking about paediatric cases in my head at the moment, but, of course, challenging behaviours are not only in paediatric cases, but I'm just thinking: there's care teams, and multidisciplinary teams, there's quite a lot going on for our clients. And the kinds of behaviours that we do see can vary hugely.

Alice 7:05

Yeah, I guess then something that I see a lot of, and I guess, is aggression towards either self or others. So it might be self or it might be others. But when that that client has kind of reached a point of overwhelm, or anger or distress, but maybe, yeah, maybe people who haven't got particularly good emotional regulation skills, and that's quite common after a brain injury, or people struggle to manage their emotions, for multiple reasons, some of them: some of them physiological, some of them, you know, as a result of the psychological trauma. But yeah, what we might see as people being quicker to anger and to become aggressive towards others, or themselves, or both, and I guess, some of the intensity of that would be about who was around them. So if there were small children around them, that would be a lot more challenging. If they live by themselves and had a you know, really well-trained care team... So it is also about who's in the environment with that person?

Shabnam 8:07

Yes, you mentioned training, and that maybe will be something that we touch on a bit later on. But yeah, that's really helpful, you know, that there are so many behaviours that can be tricky to manage that we see in our personal injury work. And it can be massively disruptive and destructive in some cases. I'm just thinking, if you were to help us understand a little bit about an underpinning to where behaviours perhaps come from, or how we can think about those behaviours within a sort of framework. I'm just curious as to what you would say to us about that. Is there a framework, indeed, that we can think about, when when we have our clients with challenging behaviours?

Alice 8:57

Yeah, so we know from a really basic behavioural perspective, that we, I mean, all of us, challenging or not, all behaviour is performed, because either it gains us something pleasant, or helps us to avoid something unpleasant. Maybe 'pleasant' is not the right word: I probably mean 'desirable' or 'undesirable'. Because I think something that people miss out of this, when it gets talked about, is that often what people gain is an emotional expression or an outlet. And that doesn't really, you know, easily marry up with it being a positive experience, but it's the need that needs to be met. So, example of someone who is perhaps being pushed really hard in rehab, is really struggling with their adjustment to their injury and has a lot of distress around them. And actually, has had enough of being pushed and ends up, you know, screaming and becoming very distressed and maybe hitting at people… What they're gaining is an outlet and an expression. It's not like they're getting a Mars bar. So they are gaining something, but it is quite a complicated thing that they're gaining. And they're gaining it that way, because there's no other way of gaining it. And actually, if we went back to that person and thought about how they were being pushed, and how perhaps they had done too much physio that day, or they'd had too many appointments that week, you could also argue that that behaviour is communicating that that client has done too much that week, that that client is not being heard, that that client is really, really distressed. They're really struggling. And that's, you know, that's not being thought about when their week's being planned out. So yeah, I guess we come back to it being about a communication of unmet need. So when people are behaving in a way that they're clearly not enjoying, what I like to think about is not really what are they gaining, but what needs are being communicated. In all my time working with people with challenging behaviour, it always comes down to their needs not being met, or they're not, they're not being heard. And that's particularly difficult when people have communication difficulties after an injury. Even when they don't, this is quite difficult to communicate. So even if they don't necessarily have an impairment in their ability to speak, it can be that it's just too difficult and too painful to talk about.

Shabnam 11:37

Yeah, yeah. So I mean, I was gonna say that the communication may be, you know, very much so, based on an emotional motivation, ultimately, then, there's something very sort of emotionally simple about what they're trying to say, but they are communicating it in this more behavioural way. And so in a way it's not, I think, what I hear you say is that it's not really about the behavioural focus, it's perhaps peeling that away a little bit. Understanding what the emotional drive is behind that.

Alice 12:12

Yeah. I think it's so easy to get hung up on reward and punishment. And I think people tie themselves up in knots thinking about reinforcing or not reinforcing the client's behaviour. And that comes from some old-school psychology that isn't massively helpful, kind of being misunderstood, I think, in relation to challenging behaviour, is what we've what we've got here and people in distress with needs aren't being met. And I think that's what we need to come back to.

Shabnam 12:38

Yeah, yeah. The other thing that that we often talk about when we think about behaviour management is consistency. For me, that is such an easy word to say, That's such a difficult thing to think about when, you know, in line with what you've been saying about understanding the purpose of the behaviour, what needs need to be met? And yeah, you know, what is the behaviour trying to communicate? To me, consistency is about everyone jumping on board that same sort of mantra of understanding what the purpose is, what the communication is, for this individual. So there's a real systemic element to it that involves other people. And so the relationship, immediately from understanding the behaviour, isn't just something that is understood or that is evident between you as a practitioner and your client who is exhibiting the behaviour: you have to broaden it out to the family, to the care team, because that consistency is so crucial. Otherwise, you're on your own amongst, within this sea, if you like, of different opinions. And what you understand is going to be watered down, almost… probably not a very good analogy. But if that makes sense, that everyone has to be singing from the same songsheet in order for that underpinning that you've talked about, to then be able to strategize from it. Everyone has to buy into the idea. Is that fair to say?

Alice 14:13

Yeah, and I think really this is why it helps to work with everyone from the beginning, is we need to be… I guess, we need to be sure that the understanding is correct, in the first place. And I think we only really come to that from multiple perspectives. I think all of the guidelines around the of challenging behaviour, talk about multiple perspectives, you know, because just one care worker and one parent will see something different or have different ideas. And I think when we're assessing someone with challenging behaviour, we're looking to see, I guess we're gathering lots of different hypotheses about what's going on. And we need to do that by going to everybody in the system and asking them what they think is going on, what they're seeing, what they're not seeing. And, you know, their concerns about the person. And that does serve two functions: because actually, one of them is gathering information about behaviour, about the client and their needs. But it's also getting everybody on board, it's getting them to think, you know, think psychologically, think about the client, and try and understand the behaviour, rather than, I guess just worrying about and panicking about it: thinking, actually, there is something going on here, and we can figure it out. And here's this person here with me, who's gonna help us figure it out. So, actually, it's a source of support for the system to have a psychologist come on board and say: What's going on, you know, how are you? How are you with that? What's going on? How are you? You know, let's figure it out together. And actually, when you've brought someone in at that stage, when you then come back to them later, you know, after some behaviour recording, and you've observed the client yourself, when you come back to them and say, "Look: I've done this and this, and I've taken what you've said on board, and this is what I think," they're far more likely to get on board with it, and to either agree to an understanding, or perhaps revise an understanding with you because you know, we don't always get it right as psychologists; a lot of this is hypothesis-making and testing. So I guess you need everybody to be consistent, in… so you need to involve everybody. Because if people don't agree with what you're saying or doing, it's not gonna work. Actually, it could even be counterproductive. So yeah, definitely, we need everyone to be singing from the same hymn sheet or should be… even if they don't necessarily agree, agree to test out, you know, agree to like, let's try this and see, you know, when we have our hypothesis, or a formulation, so, like an understanding of the type of behaviour, I always write in my report that, yeah, it's tentative. This is an understanding that might be helpful. This *might* be what's going on. And actually, we're not necessarily saying this is fact, we're saying let's run with it, because it's the best guess we've got at the moment. And based on that, let's try out acting as if this was the case. And see if that makes a difference. And if it doesn't, then we'll reconsider. And, actually, if it works, it still doesn't mean that we were right. It just means that it worked. And that's, that's all we're really aiming for at the end of the day.

Shabnam 17:25

Absolutely. And I think, you know, that's the closest you're gonna get to that 'magic wand' that psychologists are often thought to have: this, you know, wonderful sort of: Come in, and within, you know, a few sessions, you magic the problem away, I wish that were true.

Alice 17:40

It's so seductive, isn't it, this idea that we're going to come in, we're going to know what the problem is, and we're going to fix it. Yeah, I think it's very easy to get sucked into that.

Shabnam 17:50

But the next best thing, for me, would be - very much so - having the sort of professional network in agreement that this isn't going to be a quick-fix solution, and that is going to need the time invested to get everyone on board. Because that is the key: as soon as you've got everyone on board, from what you're saying, and certainly my own experience is that you can then… we are the the sort of the scientific experiment, if you like, you've got the hypothesis, we are the different you know, we're the extra bit of chemical here and, you know, the extra drops of whatever there to make the understanding of that hypothesis, or to test it, the testing of that hypothesis, a bit, you know, that bit more scientific. We need a little bit of this, a little bit of that. But it does need that mindset, I think, from those involved, be it the case managers, solicitors… whoever needs to be on board with it to to see that, because we're, you know, you're a psychologist, you're just not going to be able to jump in there and fix it quickly. And that kind of leads me to my next question, actually, because obviously psychologists are not necessarily the obvious thought that people have: we've got behavioural problems, let's get a psychologist involved. For some that may be the case, but for others, they may wait wish to kind of understand a little bit more themselves, maybe help a psychologist along, if they do decide then to get a psychologist involved. I'm thinking, what do case managers and citizens need to perhaps think about practically at the point of working out whether this is a problem that they can try and fix themselves, or to try and understand themselves, or whether this is something then they need to seek additional specialist help from, say, a psychologist about. What would you advise in terms of practical steps, if you like, in understanding the purpose and the communication and thinking about the system around the clients?

Alice 19:51

Okay, so, assuming before they get the psychologist involved?

Shabnam 19:55

Yeah, kind of thinking, "Oh gosh! Someone, or I have identified challenging behaviour. Right. First things first, what do I do? What do I need to think about around this?"

Alice 20:07

I guess *risk* would always be my first concern: who's at risk, and how much risk? And is there a risk management plan in place? And sometimes that, you know, it doesn't look pretty. Sometimes it's like, actually, when this person becomes aggressive, people are at risk of getting seriously hurt. And in the short term, it might mean, telling staff that actually, they need to be prepared to phone the police and things about that. I mean, that's like the worst case scenario. But it might also mean that actually, they need to leave the room, or they need to make the room safer. If things are getting smashed, it might be that the things that are getting smashed get removed. So before we start doing anything clever, we need to make things as safe as possible. And it's, you know, to be very honest about that, that might also mean talking to the safeguarding team, if we think people are at serious risk. So always start off with the risk, which I'm sure managers are doing anyway, then check in with the staff team. I think the impact of working with

challenging behaviour on staff can just be so huge. You know, it can be very distressing and stressful for care staff to be seeing, and I haven't even mentioned the families, have I? But yeah, for people that are living with their families, you know, checking in with them too, because they are the care team too, aren't they? And, of course, they've got so much more of an emotional connection going on there. So, check in with people, check in with where they're at. Are they coping? Yeah, because potentially, care staff could walk; family relationships could be breaking down. And yeah, that definitely needs assessing really, okay.

Shabnam 21:40

And I suppose the point that you've made earlier about training would probably come in here as well.

Alice 21:47

Yeah. Sometimes there might be training needs in there, or there might be a need for additional training. But sometimes it's just reassuring people that we don't know what the right thing to do is at the moment, and that we need to figure that out. Let's just start to unpick what's going on. But this isn't something that anyone has a magic fix for. I think, you know, for care staff that can be really reassuring to hear. They think, "Oh, this is my job, and I should be doing it. And should be looking after this person." And actually, they're banging their head against the wall. You know, immense feelings of failure going on there with people caring for others. So yeah, so you're really kind of coming alongside the care team, checking in, checking that they're okay, and they're coping, and giving them some reassurance, giving them additional training if they need it, supporting as best you can.

Shabnam 22:42

You mentioned recording data in passing earlier. And I'm wondering if there's anything that would be appropriate for a non-specialist to be thinking around, because I… the sense I'm getting, very much so, is prevention is far more important than being in the midst of a challenging behaviour episode and firefighting your way through that. You know, kind of bringing it back down to the sort of prevention thing, which… as a psychologist, I know that recording is part of the data collection, which then helps direct us towards, in theory, an idea of, you know, what is the trigger? What is an antecedent, if you like. I'm wondering, then is, is there something, data-collection-wise, that case managers and care teams can be thinking about?

Alice 23:31

The data collection is so helpful, especially when we come to assess the client, but also much later on, when we're trying different things out, because we want if we want to know whether anything we do differently is making a difference, then we're gonna need to see whether it's having an impact on the frequency and the intensity of the behaviour. So, yeah, we want as much detail as possible. But if that's not possible, if people are struggling to get it down, then actually, you know, anything's better than nothing, just to have a baseline of how often something's occurring is helpful. In terms of assessment it's going to be even more helpful to have what was going on earlier that day. Had there been any warning signs? Had anything unusual happened in the last 24 hours? And then, you know, what happened in the run-up to the incident itself? And then what exactly happened in the incident? And how long did it last often doesn't get recorded, I know, a lot of people already have incident forms from their organizations, anyway, most of them are fine, but make sure they're recording how how long an incident went on for and how it resolved. And what happened afterwards, thinking about the hours afterwards, how was the person in that time? And what happened?

Shabnam 24:50

Yeah, that's really helpful, actually. Because I think, just thinking back to our incident forms, yeah, it's not often that you would have the duration of the actual episode on there. And then what happened afterwards? It's very much a case of perhaps what happened before and what happened in the moment, but those fine details, I can see how helpful they would be to a specialist coming in.

Alice 25:14

Yeah, the more detail the better, but sometimes… if someone's hitting someone every couple of minutes. I have seen cases like that where people, they are just hitting the people that are around them. It might be that it's just not realistic to do that kind of level of breakdown. And actually just having them keeping a tally can be helpful, because it just gives us that information about how often it's occurring. And whether some days are better than others, even. Because all of that is important when we come to assess.

Shabnam 25:42

Yeah, definitely. And I suppose some of that can be subjective as well, you know: How was it for you, as a care team member or as a family member, to experience that? That could give you an extra sort of, bit of clue for, in terms of the practical steps that you might take towards your care team as well. So all of that data recording is not just about the behaviour itself, I suppose. Like you say, it's the impact it has on the care team and the family that needs to be taken into consideration. I would like to probably ask you a last question, if that's all right, for now, although this is a massively interesting topic, and I think there's so many angles that we could take with it. Probably the hardest question of all: what would your top three tips be for those listening in, bearing in mind the majority of our listeners will be probably case managers and Personal Injury solicitors. What do you think your top three tips would be for them to kind of take home, having heard what we've said today?

Alice 26:45

Okay, so I'll have to give this a little bit of thought. I think my top tip, or my take-home message, is that challenging behaviours are always communicating an unmet need; that might not be on purpose or consciously, but where there is challenging behaviour, there is an unmet need. And we have, what we need to figure out is what is being communicated. And recording can be a helpful part of that.

My second top tip is that, often when I come to assess people, I run through lots of different questions, but the two most useful questions seem to be: if you wanted to guarantee the behaviour of concern would occur, what would you do? So, I'm not saying anyone would ever do it, but if you wanted to make someone behave in the way that we were discussing, what would you do? And if you wanted to do everything you could to prevent the behaviour occurring for a certain period of time, again, what would you do? And those questions - you could just ask the whole care team those questions - just starting to ask those questions will give you some really good insight into what's triggering the behaviour, and what's helping to decrease the likelihood of the behaviour. So that's a really sort of basic bit of assessment that can just start you to think, "Well, let's do more of that. And let's do less of that. And let's start to hypothesise about what's going on for the client."

I guess my final, but possibly the most important one, is checking in with your staff team. How are they coping and what support do they need? Because actually keeping them engaged, keeping them talking is going to help keep them on board and help them keep helping your client. So, always come back to what their sense is of what's going on and how they're managing.

Shabnam 28:36

Yeah, I think that's super important, because we all know that without the care team… well, even losing one care team member is just massively destabilising: for the client, for the family, for the rest of the care team. And it makes our work so much harder. And recruitment isn't cheap, it's not easy; it's really hard to

find the right person, particularly if challenging behaviours is a feature of how your client presents. So I know, I really agree with that last point in particular, and I think you're right to prefix it with, you know, "possibly the most important of all." Yeah, no, thank you so much. That was really helpful. I know it was a bit of a whirlwind tour in the challenging behaviours as seen through the eyes of a psychologist who has masses of experience, so I really appreciate your time today, talking about this, and yeah, I guess I would summarise it to say that I guess challenging behaviours are not always easy to work with. They're not always easy to define actually, even, and I think people do have different levels of, say, tolerance with them. And you know, what is considered challenging for one is not considered challenging to others. But I think the the ideas that you've given today in terms of risk and limiting access to the community, and thinking about frequency, intensity, are really good starting points as to what objectively perhaps is helpful or unhelpful for this client, and what they can achieve, and what I guess what their goals are. And, fundamentally, it is a multidisciplinary perspective. It isn't a psychologist coming in and going, "Right, this is it." It has to have the buy-in of everyone, ideally including the client, though that's not always possible. But certainly the family, the care team, the multidisciplinary team, and of course, case manager, and to some degree, as well, of course, our Personal Injury solicitors who are either trying to understand what's going on for the clients on a day-to-day basis, either for a case that's unsettled, or certainly understanding the funding position if the case *is* settled. So I hope this has been helpful to our listeners, in terms of navigating a little bit through those challenging behaviours. But thank you once again, Alice, for your time, and I look forward to chatting with you again. Thanks to all for listening. See you next time. Bye bye for now!

Shabnam 31:15

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