



St Andrew's
HEALTHCARE

Managing Challenging Behaviour in Older People: Evidence for the Prevention and Management of Aggression in a Specialist Service

Dr Inga Stewart

Dr Graeme Yorston

Dr Caroline Knight

MANAGING **CHALLENGING BEHAVIOURS** IN OLDER PEOPLE WITH COGNITIVE IMPAIRMENT

Melbourne, Victoria, Australia – Thursday 28th May 2009

Structure of Presentation

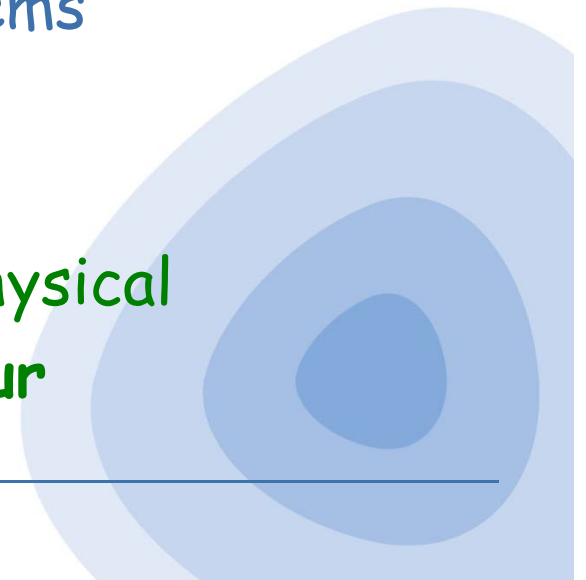
- ❖ Townsend – St Andrew's Healthcare
- ❖ What we did: audit procedure
- ❖ The OAS-MNR tool
- ❖ Outcome of the previous audit
- ❖ The Prevention & Management of Aggression Group (PMAG)
- ❖ Outcome of the current audit: what we found & what we learnt
- ❖ Issues for consideration



Specialist Services: St Andrew's – Townsend

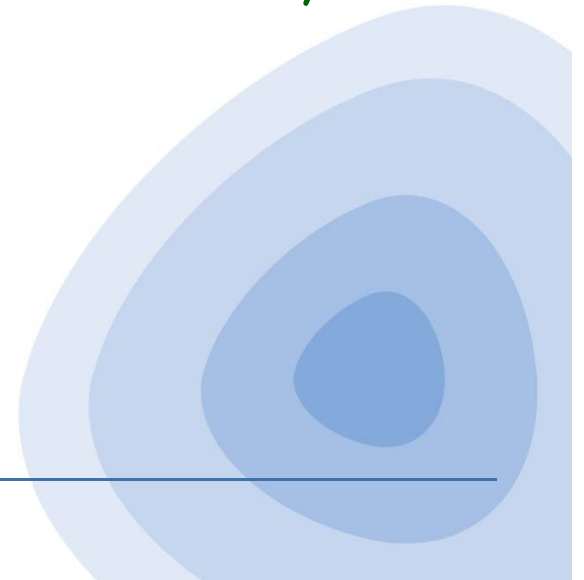
- ❖ Early-onset, Acquired, Static & Progressive Neurological Conditions
(e.g. dementia, Huntington's disease)
- ❖ Older Men with a Forensic History
- ❖ Specialist Older Women's Service
- ❖ Severe & Enduring Mental Health Problems
- ❖ Long-term Care for the Frail & Elderly

**Extremely complex needs:
psychiatric, cognitive, forensic, physical
& severe challenging behaviour**



What we did: Procedure

- ❖ Continuous observational data concerning all aggression across all wards during a 3-month period was recorded on the OAS-MNR
- ❖ For each separate incident data was collected concerning:
 - ❖ Setting event: Time of day, structured session, noisy environment, epileptic activity
 - ❖ Antecedent (directly before)
 - ❖ Type of aggression
 - ❖ Severity of aggression
 - ❖ Intervention used by staff





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The Overt Aggression Scale – Modified for Neurorehabilitation (OAS-MNR)

Alderman et al., (1997) Brain Injury: 11, 503-523

1. BEHAVIOURS

	Verbal aggression VA	Physical aggression against objects PO	Physical aggression against self PS	Physical aggression against other people PP	
1	Makes loud noises, shouts angrily, is not person directed e.g. bloody hell.	Slams doors scatters clothing, makes a mess in response to clear antecedent (without others being at risk of being hit)	Picks/scratches skin, hits self, pulls hair (with no/minor injury)	Threatening gesture clearly person directed, swings at people, grabs clothes, spitting at people.	1
2	Mild personal insults clearly directed at some other person, not including swearing/offensive sexual comments. e.g. you are stupid, idiot.	Throws objects down, kicks furniture without breaking it, marks the wall.	Bangs head, hits fist into object, throws self onto floor or into objects (hurts self without serious injury)	Strikes, kicks, pushes, pulls hair (without significant injury)	2
3	swearing, moderate threats clearly person directed at others or self e.g. Fuck off you bastard.	Breaks objects, smashes windows.	Inflicts small cuts, bruises, minor burns to self.	Attacks others causing mild-moderate physical injury (bruises sprains, welts) to person aggression directed at.	3
4	Clear threats of violence directed at others or self e.g. I'm going to kill you.	Sets fire, throws objects dangerously (some other person is at risk of being hit, regardless of intention)	Mutilates self, causes deep cuts, bites that bleed, internal injury, fracture, loss of consciousness.	Causes sever physical injury (broken bones, internal injury) to person aggression directed at.	4

2. ANTECEDENTS (enter order occurred when possible)

Set One Contributing Factors (coded 1-3)		Set Two Observed directly before aggression Coded 11-25)	
1 Structured activity		11 Given direct verbal prompt to comply with instruction	
2 Noisy environment		12 Given verbal guidance/advice to assist completion of task/activity.	
3 Had epileptic fit in last 24 hrs		13 Given verbal/visual feedback about performance e.g. token feedback.	
		14 Direct response to other clients verbal behaviour.	
		15 Request specifically denied by other person.	
		16 Any other verbal interaction.	
		17 Physical guidance/facilitation including TA.	
		18 Direct response to other clients physically aggressive behaviour when directed at them.	
		19 Direct response to other clients physically aggressive behaviour when not directed at them	
		20 During restraint/whilst being assisted to seclusion.	
		21 Given item e.g food.	
		22 Purposeful behaviour is TOOTS by person to whom it is directed at.	
		23 Obviously agitated or distressed	
		24 No obvious antecedent	
		25 Other (please specify below)	

3. INTERVENTIONS

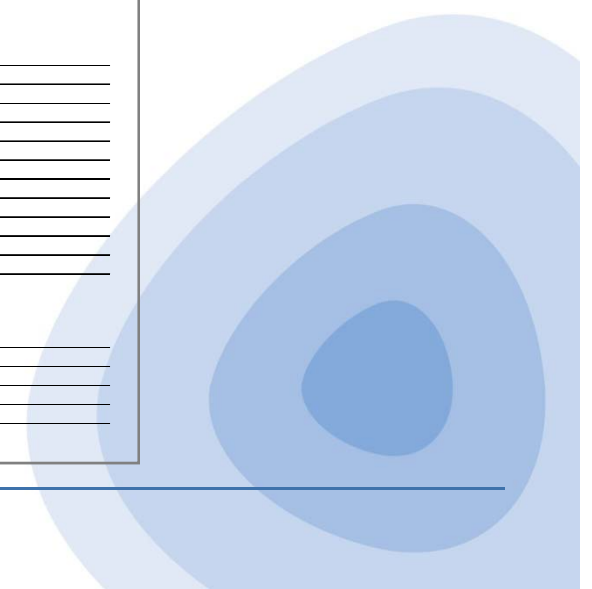
A	B	C	D	E	F	G
Aggression ignored. TOOTS	Talking to patient including prompts.	Closer observation	Holding Patient (physical restraint)	Immediate medication given by mouth.	Immediate medication given by injection.	Isolation without seclusion.
H	I	J	K	L	M	N
Seclusion	Use of other restraints	Injury requires immediate medical treatment for patient.	Injury requires immediate medical treatment for other.	Special programme	Physical distraction (leading the patient away)	Other

OTHER ANTECEDENTS:

Date time antecedent

OTHER INTERVENTIONS:

Date time intervention



1. OAS-MNR BEHAVIOUR CATEGORIES

	Verbal aggression VA	Physical aggression against objects PO	Physical aggression against self PS	Physical aggression against other people PP	
1	Makes loud noises, shouts angrily, is not person directed. E.g. "Bloody hell".	Slams doors scatters clothing, makes a mess in response to clear antecedent	Picks/scratches skin, hits self, pulls hair (with no/minor injury)	Threatening gesture clearly person directed, swings at people, grabs clothes, spitting at people.	1
2	Mild personal insults clearly directed at some other person, not including swearing/offensive sexual comments. E.g. "You are stupid, idiot".	Throws objects down, kicks furniture without breaking it, marks the wall (without others being at risk of being hit).	Bangs head, hits fist into object, throws self onto floor or into objects (hurts self without serious injury)	Strikes, kicks, pushes, pulls hair (without significant injury)	2
3	Swearing, moderate threats clearly person directed at others or self e.g. "Fuck off you bastard".	Breaks objects, smashes windows.	Inflicts small cuts, bruises, minor burns to self.	Attacks others causing mild-moderate physical injury (bruises sprains, welts) to person aggression directed at.	3
4	Clear threats of violence directed at others or self. E.g. "I'm going to kill you".	Sets fire, throws objects dangerously (some other person is at risk of being hit, regardless of intention)	Mutilates self, causes deep cuts, bites that bleed, internal injury, fracture, loss of consciousness, loss of teeth	Causes severe physical injury (broken bones, internal injury) to person aggression directed at.	4

2. ANTECEDENTS

Contributing Factors	Observed Directly Before Aggression
<ol style="list-style-type: none"> 1. Structured activity 2. Noisy environment 3. Had epileptic fit in last 24 hours 	<ol style="list-style-type: none"> 11. Given direct verbal prompt to comply with an instruction 12. Given verbal guidance/advice to assist completion of task/activity 13. Given verbal/visual feedback about performance 14. Direct response to other client's verbal behaviour 15. Request specifically denied by other person 16. Any other verbal interaction 17. Physical guidance/facilitation 18. Direct response to other client's physically aggressive behaviour when directed at them 19. Direct response to other client's physically aggressive behaviour when not directed at them 20. During restraint/whilst being assisted to seclusion 21. Given item e.g. food 22. Purposeful behaviour is ignored/"played down" by person to whom it is directed 23. Obviously agitated or distressed 24. No obvious antecedent 25. Other (please specify)

3. INTERVENTIONS

A	B	C	D	E	F	G
Aggression ignored or “played down”	Talking to patient including prompts	Closer observation	Holding patient (physical restraint)	Immediate medication given by mouth	Immediate medication given by injection	Isolation without seclusion
H	I	J	K	L	M	N
Seclusion	Activity Distraction	Injury requires immediate medical treatment for patient	Injury requires medical treatment for other	Special programme	Physical distraction (leading the patient away)	Other

OAS-MNR: Example

OVERT AGGRESSION SCALE - MODIFIED FOR NEUROREHABILITATION

Name	NICK ALDERMAN
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Date	Time	Antecedents			Aggression (type, rating)	Intervention (A-I)	Multiple Recordings (✓ when multiple identical incidents take place in quick succession)
		Contributing factors ✓ or ✗		observed directly beforehand (1-25)			
		Structured activity	Noisy environment				
11/6	10:25	✓		11	VA1	A	✓✓✓
11/6	10:30	✓		22	PP2	L	
11/6	10:36		✓	16	PO3	D	
11/6	10:50			23	VA3	A	✓✓
11/6	11:00	✓		24	VA1	A	

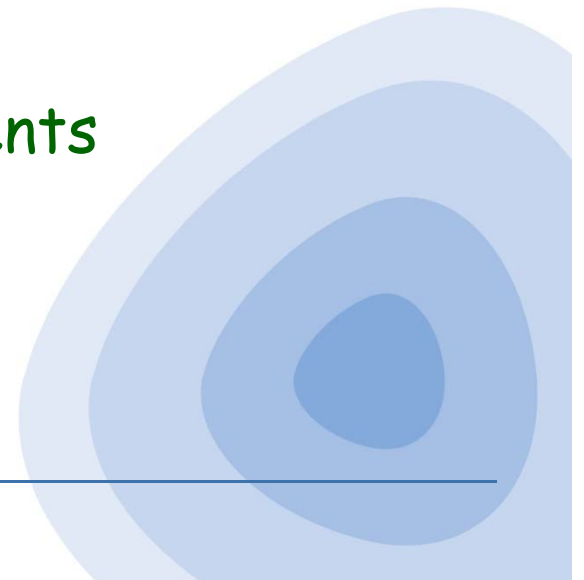
The Outcome of the First Audit of Overt Aggression (2005)

- ❖ Substantial amount of aggression
- ❖ Weighted severity comparable with Acquired Brain Injury (ABI) populations
- ❖ Clear need for specialist services for older people who exhibit challenging behaviour

Stewart et al., (2008) PSIGE Newsletter: 103, 66-75.

St Andrew's – Townsend Prevention & Management of Aggression Group (PMAG)

- ❖ To produce action plan to further review how to reduce or manage aggression
- ❖ Representatives from the MDT
- ❖ Key issues:
 - ❖ Prevention of aggression
 - ❖ Management & treatment of patients
 - ❖ Support for staff



St Andrew's – Townsend PMAG Recommendations

❖ Prevention

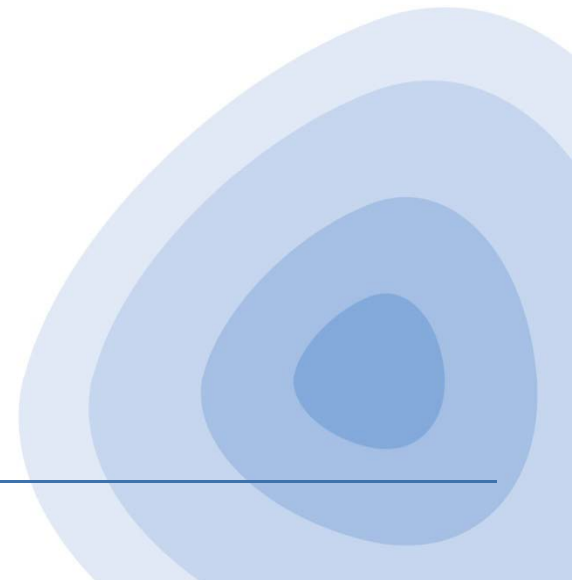
- staff skill mix
- training
- PMAV teams

❖ Management

- response procedures / bleep holders

❖ Support for staff

- building on good clinical supervision
- managing staff breaks
- acknowledging when things go well

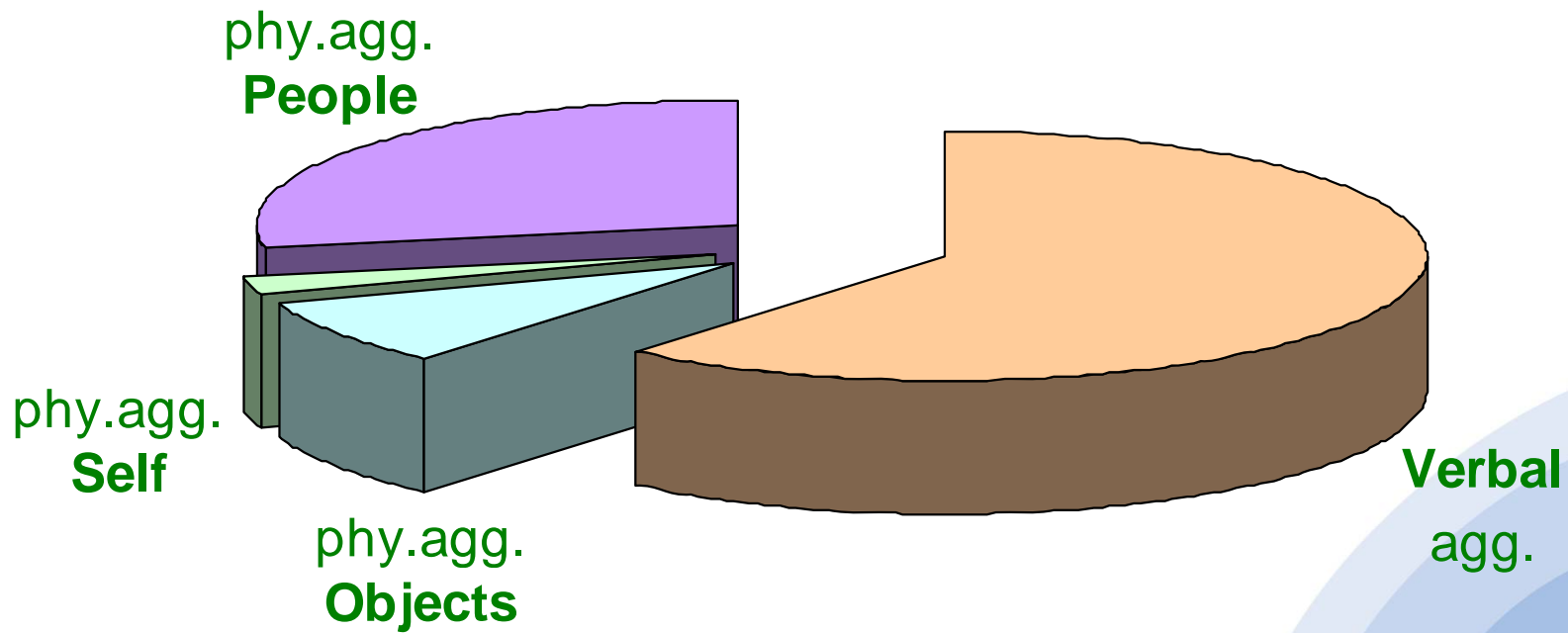




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What we found: Results of the current audit

What type of aggression happened most often?

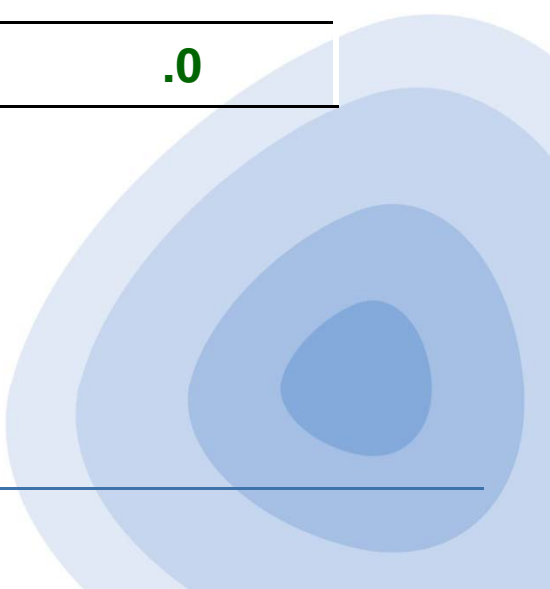


What type of aggression: frequency & weighted severity?

	Frequency	Percentage	Mean weighted severity	SD
<i>Verbal aggression</i>	2662	61.0	1.99	0.990
<i>Physical aggression against objects</i>	378	8.7	3.97	0.855
<i>Physical aggression against self</i>	97	2.2	5.47	1.370
<i>Physical aggression against others</i>	1224	28.1	6.59	2.842
<i>Total</i>	4361			

What typically happened before?

	Frequency	Percentage
<i>Contributing factors</i>		
Structured activity	1415	32.4
Noisy environment	164	3.8
Epileptic fit in last 24 hours	2	.0



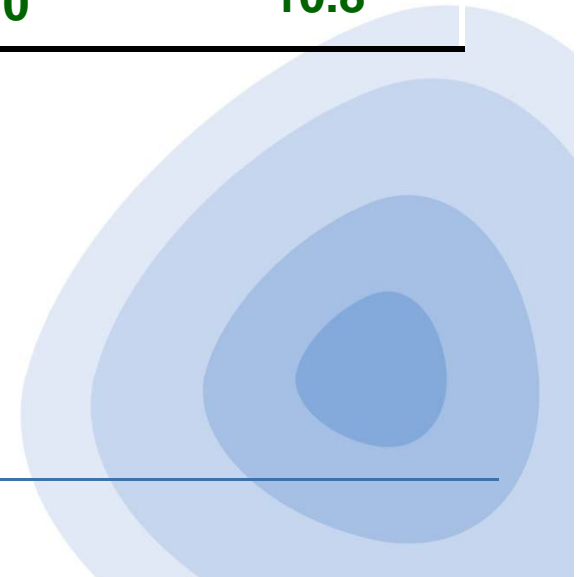
Frequency Percentage

Observed directly before aggression

Agitated or distressed	1453	33.3
No obvious antecedent	1354	31.0
Direct verbal prompt to comply with instruction	794	18.2
Given verbal guidance/advice	217	5.0
Request explicitly denied	98	2.2
Other	94	2.2
Other verbal interaction	87	2.0
Response to other client's verbal behaviour	83	1.9
Physical guidance/facilitation	77	1.8
Given item	48	1.1
Given verbal/visual feedback	24	0.6
Response to physical aggression directed at other	14	0.3
Purposeful behaviour is ignored	10	0.2
Response to direct physical aggression	7	0.2
During restraint	1	.0

What time of day?

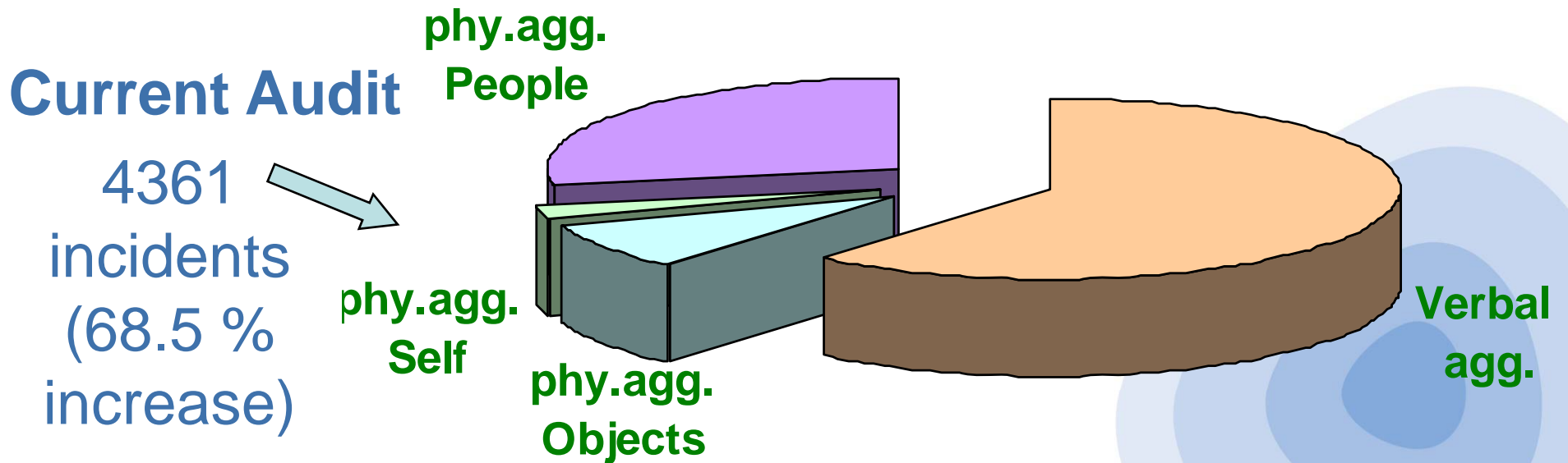
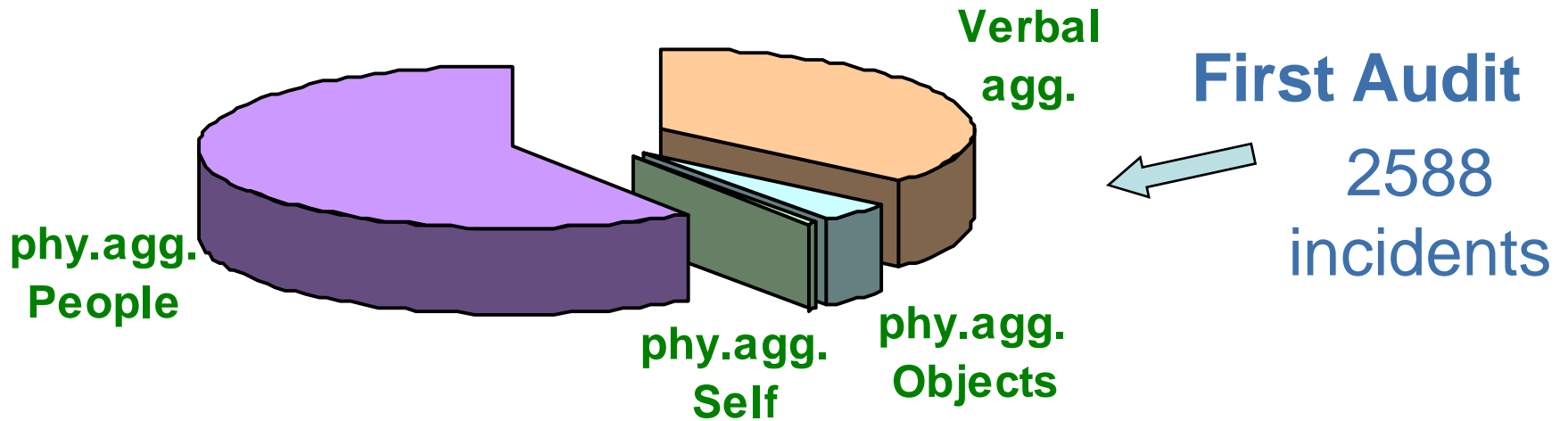
	Frequency	Percentage
Morning (07:00-12:00)	1843	42.3
Afternoon (12:00-17:00)	2048	47
Evening and Overnight (17:00-07:00)	470	10.8



How did staff respond to the aggression?

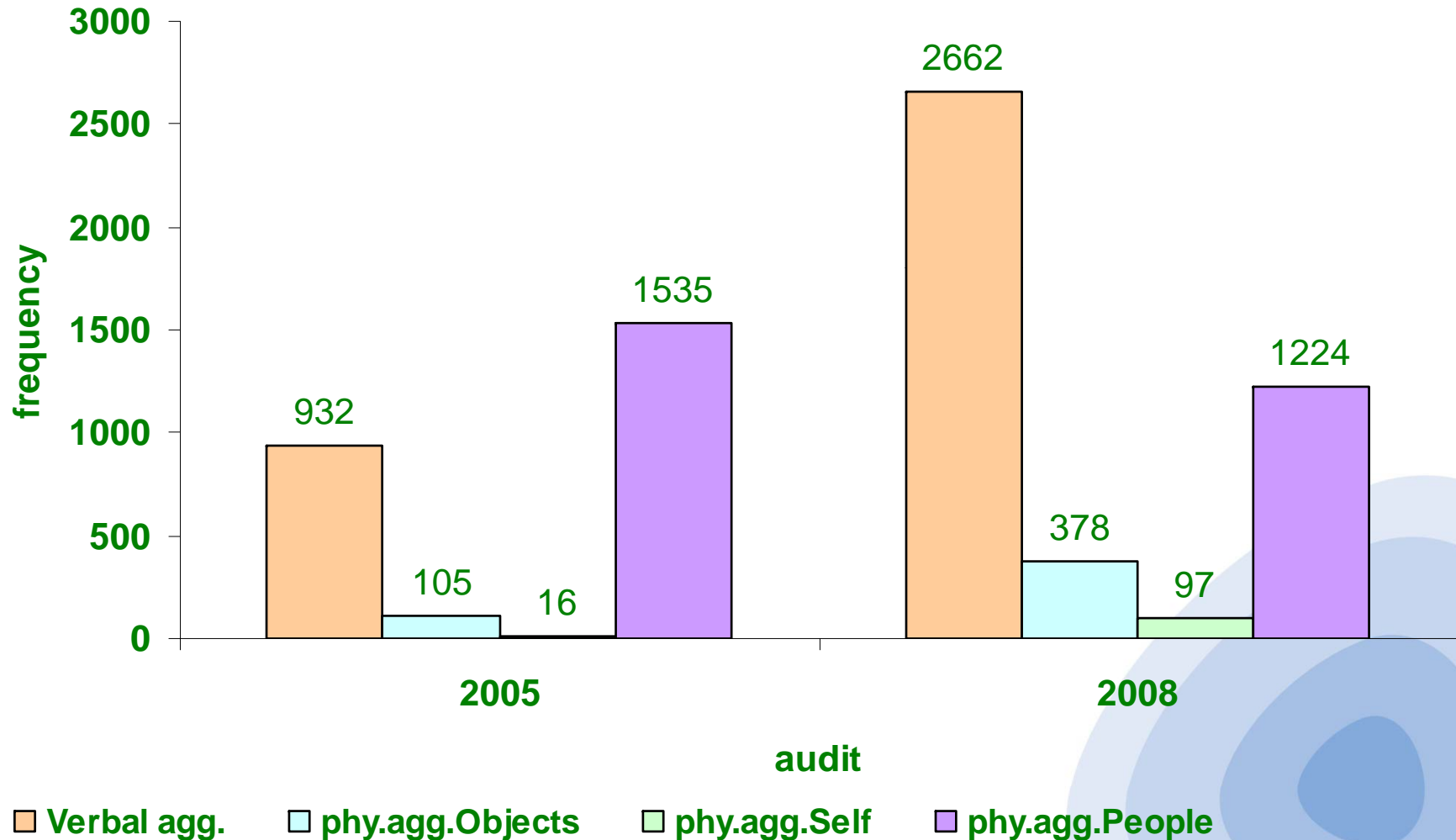
	Frequency	Percentage
Aggression ignored/played down (TOOTS)	1949	44.7
Talking to patient	1756	40.3
Holding patient (physical restraint)	381	8.7
Physical distraction (leading patient away)	110	2.5
Other	46	1.1
Immediate medication by mouth	33	0.8
Closer observation	31	0.7
Activity distraction	29	0.7
Isolation (without seclusion)	24	0.6
Immediate medication by injection	1	.0
Special programme	1	.0

How did the audits compare?



How did the audits compare?

Frequency of Aggression

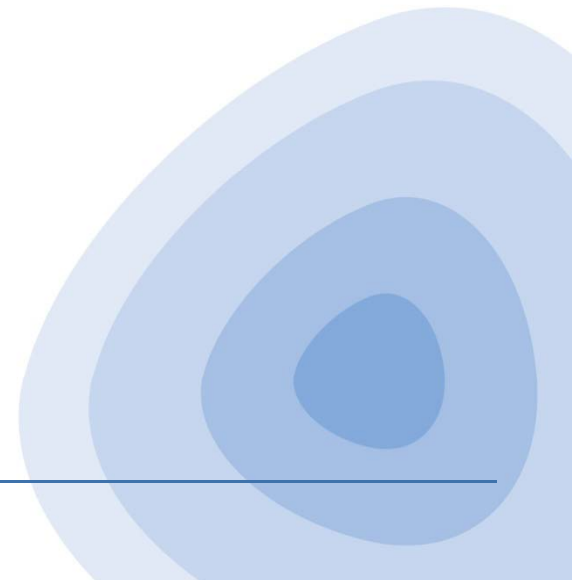


How did the audits compare? Key Changes

- ❖ Recorded frequency of agg. increased by 68.5 %
 - Change in patient group?
 - Change in staff recording behaviour?
- ❖ **Severity** of recorded agg. **decreased** by 33.89%
Frequency of physical agg. directed at other people decreased by 20.26%
 - Lower impact behaviour better captured?
 - Staff de-escalating earlier?
 - More meaningful activity/better communication?

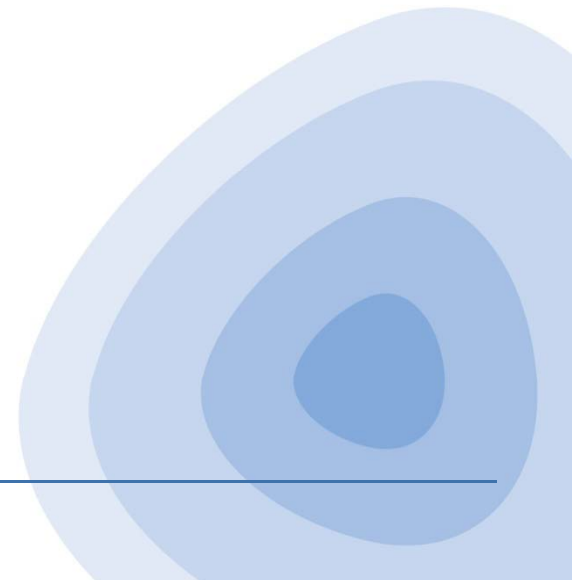
How did the audits compare? Key Changes

- ❖ Top 3 antecedents remained the same
- ❖ Interventions reduced in intrusiveness
- ❖ More aggression occurred between 12 noon and 5pm but less occurred during the evening and over night



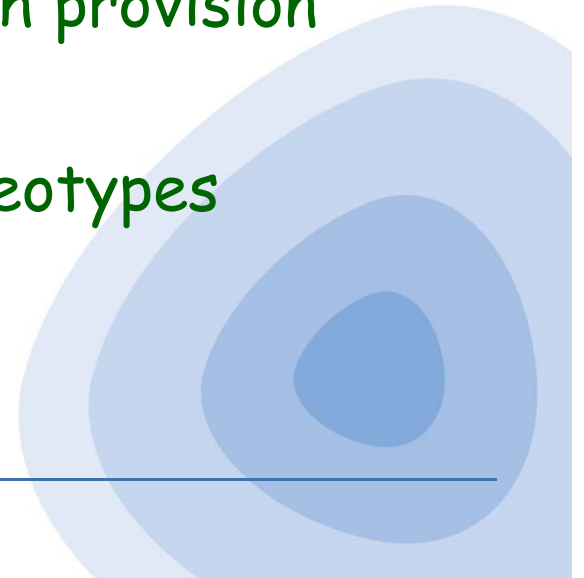
What did we learn from the PMAG?

- ❖ Is zero tolerance from our patients realistic / achievable?
- ❖ Notice & utilise the skills of the Multi Disciplinary Team (MDT)
- ❖ Acknowledge the importance of an open culture
- ❖ Key role of feedback / communication
- ❖ Focus on collaborative problem solving
- ❖ Mutual ownership of change



Issues for Consideration

- ❖ What does the existence of aggressive behaviour mean for older adult services?
 - ❖ Population ageing = increasing service need??
 - ❖ Service planning: inpatient & outreach provision
 - ❖ Tackling discrimination through stereotypes



Issues for Consideration

- ❖ How can we build on our successes so far?
 - ❖ Focusing on reducing physical aggression against objects and self
 - ❖ Learning from best-practice during an incident
 - ❖ Improving support for staff further as well as feedback in relation to OAS-MNR data





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Thank you

Dr Inga Stewart

Chartered Clinical Psychologist

Email: istewart@standrew.co.uk

Website: www.stah.org