POSITION STATEMENT

On

Management of Challenging Behaviours in People with Dementia

1. AIM OF THE POSITION STATEMENT

This position statement applies to people living in supported accommodation and those living in the community.

The aim of the position statement is to ensure that medication or restrictive practices to manage challenging behaviour in people with dementia are used under strictly controlled circumstances that will promote the well-being and interests of the person with dementia and in accordance with the principles of s.4 Guardianship Act 1987. This position statement is not intended to apply in circumstances when psychotropic medication is prescribed to treat:

- psychosis or depression;
- a specific medical illness (eg. epilepsy).

2. BACKGROUND

Dementia refers to a degenerative neurological condition that results in a loss of intellectual function (eg. the functions of thinking, remembering, reasoning) of sufficient severity to interfere with an individual’s daily functioning. Dementia is not a disease in itself but a group of symptoms that may accompany certain diseases or conditions.

People can develop dementia as a result of a wide variety of causes. While dementia is more common in older people, it is also experienced by younger people (eg. those living with HIV/AIDS). Behavioural disturbance, depression and psychotic symptoms are frequently manifestations of dementia but they may also occur with other psychiatric disorders.


The Tribunal also supports the provision of care with minimal restraint in the least restrictive environment for people with dementia who require management of their challenging behaviour.

The Tribunal recognises that people with dementia may not be in a position to learn new skills because of their condition. Nevertheless, it is most important that non-pharmacological strategies are adopted to support the person and assist them to retain their skills when possible. Medications are most effective when combined with behavioural and environmental strategies. As a core principle, the Tribunal encourages environmental
adaptations whenever possible, to prevent or reduce the occurrence of challenging behaviours.

When medication is used it is important to ensure the person is monitored for side-effects and that the lowest possible doses are used. Strategies to address challenging behaviour in a person’s care plan could include: providing staff support and redirection, identifying and removing circumstances that lead to challenging behaviours, physical contact with the person to prevent them injuring themselves or others, administering psychotropic medication to relieve specific symptoms of anxiety, aggression etc.

The Tribunal supports the adoption of evidenced based practice. It is important to ensure that behaviour management practices are regularly reviewed and revised in the light of new research.

The Guardianship Tribunal has the authority to empower an appointed guardian to consent to behaviour intervention and support that includes restrictive practices (eg. physical restraint or exclusionary ‘time out’) that are used to contain and reduce challenging behaviours when it is clearly in the best interests of the person to do so. The Tribunal may also be approached to consent to medication that is used to control challenging behaviour, or to authorise an appointed guardian to be able to consent to medication as a means of behavioural intervention and support. However, such use of psychotropic medication should be carefully administered and monitored so as to optimise the use of medications for people with dementia who are experiencing behavioural disturbances, particularly as such disturbances can be transitory.

A guardian may not need to be appointed to approve a care plan that does not include restrictive practices. As a matter of sound practice, a person’s family/ significant others should always be consulted in the development of their care plan.

A guardian may not need to be appointed if there is a ‘person responsible’ who can consent to psychotropic medication that is provided to assist/ manage the person’s behaviour within the context of a Behaviour Management and Activities plan that does not include restrictive practices.

There may be other circumstances that require the appointment of a guardian, such as irreconcilable conflict amongst family members.

3. DEFINITIONS

Restrictive practices are practices which, in the absence of formal consent, may be deemed unlawful as they limit or confine a person’s movements, access, freedom etc. Examples include:

- physical restraint and physical contact where the person objects; and
- exclusionary time out.

Psychotropic medications are a sub-group of medications that affect the central nervous system and have an impact on a person’s mood and behaviour. They include neuroleptics (drugs that reduce hallucinations, thought disorder and
delusions), antianxiety and antidepressant medication, antiepileptic medication, benzodiazepines and antiandrogen medication (eg. Cyproterone). NOTE: the use of androgen-reducing medication for behavioural control is a special medical treatment under the Guardianship Act and only the Guardianship Tribunal or a specifically authorised guardian can lawfully consent to their use.

Some people with dementia symptoms may be prescribed cholinesterase inhibitor drugs, which attempt to slow the cognitive decline caused by a dementing illness. The prescription of these medications is not intended to be covered by this position statement.

4. POSITION STATEMENT

4.1 Need for Assessment
Restrictive practices and medication to manage challenging behaviours should only occur in the context of a thorough, documented assessment of the reasons for the person’s behaviour and where systematic attempts to use positive interventions to address the person’s needs (eg. redirection and reassurance) have been found inadequate.

It is most important for the Tribunal to have access to such an assessment when it is approached to appoint a guardian with authority to consent to restrictive practices or medication to manage challenging behaviours (including consents to special medical treatment).

Restrictive practices and medication may need to be used in an emergency to prevent harm to the person or others. However, if they are required on a continuing basis, they should be provided only in the context of a behaviour management and activities plan and a care plan that reflects a person-centred approach to all activities of daily living, e.g. hygiene needs, as well as spiritual and social activities. A Behaviour Management and Activities Plan should be developed from the behavioural assessment that has been conducted for the person.

4.2 Behaviour Management and Activities Plan to accompany application
When an application is made to the Tribunal seeking the appointment of a guardian to consent to a behaviour management and activities plan that includes restrictive practices, a copy of the assessment and relevant plan should accompany the application.

A copy of the Behaviour Management and Activities Plan should also accompany an application for consent to major medical treatment that involves the provision of psychotropic medication to assist in the management of challenging behaviours.

The plan should include:
- a description of the behaviours, including when, where and how frequently they occur;
- an analysis as to why they are happening now;
• evidence of an assessment that includes the elimination of medical issues e.g. the person is unwell or in pain (e.g. the person’s behaviour changed because they are constipated or have a urinary tract infection);
• identification of any environmental triggers for the behaviour and whether the person’s environment has changed;
• a description of the person’s major likes and dislikes and how the person’s individual preferences are being used to minimise challenging behaviours (e.g. responds to hand massage, particular music preferences etc.) and;
• if multiple challenging behaviours are involved, information that identifies and prioritises the behaviours to be managed;
• What medications (including PRN) the person is receiving; and
• What medical conditions the person has

4.3 Positive Interventions
Positive (non-restrictive) interventions are the preferred method of providing support to people experiencing behavioural disturbances. Things such as altering the person’s routine, being flexible about when to conduct activities of daily living, avoiding activities that overstimulate or provoke anxiety and modifying the person’s environment to suit their needs are all useful positive interventions. Other positive interventions, such as warmth, affection, music, massage or favoured foods, can assist in ameliorating the incidence of challenging behaviours. No authority is required to provide such interventions as long as the person with dementia is not objecting to them.

4.4 Consent needed for Restrictive Practices
A guardian needs to be authorised to consent to restrictive practices if they are to be used in an attempt to manage or change the behaviour of the person.

4.5 Physical restraint to be specifically identified
If the Tribunal considers it is appropriate for the guardian to have the power to authorise the use of physical restrictive practices (that might otherwise be unlawful), specific authority to exercise such functions will be contained in a ‘restrictive practices’ function in the guardianship order. A ‘restrictive practices’ function will only be provided within the context of positive interventions referred to in 3.3.

4.6 Duty of Care and Restraints
A guardian does not need to be appointed to authorise restraint that is used to provide a safe environment if there are no concerns held by any of the relevant persons involved. For example, a resident who has had a fall and sustained an injury with some blood loss may need to be seated in a lounge chair with a tray table in front of them for a while, to stabilise their injury. A guardian would not need to consent to this procedure, unless the person or someone else was objecting to the practice. Similarly, a postural aid that incidentally may limit the person’s freedom of movement will not require the consent of a guardian if it is appropriately applied, the person does not object and none of the relevant people involved hold any concerns regarding its use.

In some situations, people may need to be restrained for periods of time to ensure their safety (e.g. the person who forgets they are unable to walk safely without
assistance may be seated behind a tray table for a while). When such practices are implemented in accordance with best-practice standards which ensure the person is not restrained for unreasonable lengths of time, they are regularly walked and toileted and have a variety of environments to experience, there may be no need for a guardian to authorise the use of such restraint. However, if the person is objecting to the use of restraints, or if any one else has concerns about how or for how long the restraint is used, an application should be made to the Tribunal if the concerns cannot be adequately addressed informally.

*Example: A resident, in nursing home accommodation, continually pulling at a lap restraint.

4.7 **Legality Unclear**

If the legality of the use of restraint or confinement is unclear, an application should be made to the Tribunal to determine if there is a need to appoint a guardian authorised to consent to the use of restrictive practices in the best interests of the person.

4.8 If the Tribunal considers it is appropriate for the Tribunal, the ‘person responsible’ or guardian to consent to the use of medication to manage challenging behaviours, this should be done with a request to consent to medical treatment. This is the appropriate method to provide for consent to medication to manage challenging behaviour regardless of the cause of the person’s disability. The use of medication to manage challenging behaviours is not a restrictive practice. However, the Guardianship Tribunal considers that substitute consent for the use of medication to manage challenging behaviours can only be given in the context of an individual Behaviour Management and Activities plan that provides positive interventions to support the person as well as the medication.

4.9 **Regular Review by Tribunal**

Restrictive practices and psychotropic medications are a significant intrusion on people’s liberty and they can be misused. People can also get used to restrictive practices, and because challenging behaviours in people with dementia can be transitory, it is appropriate for the Tribunal to regularly review the use of PRN and other major medication and restrictive practices to ensure alternative approaches are trialled and adopted and that major medications are reviewed and adjusted regularly.

4.10 **Short Order if no plan**

When an application is made in response to a crisis (eg. the behaviour places the person or others at immediate risk), the care provider often presents a reactive strategy. The care provider should also undertake to provide an assessment of the person’s behaviour and to develop a comprehensive individualised Behaviour Management and Activities plan based on positive interventions. The Tribunal has the capacity to make a short order (e.g. 3 months) when no proper plan is yet in place.
5. INITIAL HEARINGS

5.1 Information required by the Tribunal for initial hearings, includes:

- a summary of the relevant history and current circumstances of the person, including their current Behaviour Management and Activities plan and functional skills and other important aspects of the person's lifestyle and activities;
- a report, indicating incidence and severity of the problem and any assessment of the causes and/or function of the challenging behaviour, including evidence that the person has been medically assessed to exclude delirium or pain as a cause of behavioural disturbance;
- details of all aspects of the individual behaviour management and activities plan, not just those involving intrusive or restrictive practices. This should specify procedures to be used, the circumstances in which they will be used and how they will be evaluated;
- a brief description of relevant alternative procedures and treatments with an explanation of why the proposed behaviour management and activities plan was selected;
- a description of the likely consequences of not implementing the individual behaviour management and activities plan;
- a description of previous behaviour management strategies and their effectiveness;
- a description of the person’s ability to understand and consent to the proposed individual behaviour management and activities plan;
- details of medication previously or currently used or proposed to manage the challenging behaviour;
- records of PRN administration of medication and details of when this prescription was last reviewed; and
- any other relevant reports, such as psychological or psychogeriatric assessments.

6. REVIEW HEARINGS

6.1 The Tribunal requires service providers to provide certain documents for review hearings of orders that include restrictive practices functions, including:

- a copy of the current individual behaviour management and activities plan including both positive and restrictive strategies, and the assessed reasons for the challenging behaviour;
- data summarising the incidence of challenging behaviour and the use of restrictive practices;
- a report that contains information on:
  - significant developments or changes in the person's life
  - the implementation and effectiveness of the individual behaviour management and activities plan (including relevant data and analysis)
  - review and any change to the individual behaviour management and activities plan
  - a report from a treating doctor with specialist knowledge of dementia, where possible, in relation to any use of psychotropic medication
- any changes to the rationale for the individual behaviour management and activities plan.

7. REPORTING REQUIREMENTS OF THE APPOINTED GUARDIAN

7.1 The Tribunal requires the appointed guardian to provide certain documents for review hearings of orders that include restrictive practices functions, including:

- a report on the use of restrictive practices including information on
  - how often the individual behaviour management and activities plan was discussed with the guardian;
  - how often the guardian has been asked to consent to a individual behaviour management and activities plan that includes restrictive practices;
  - any changes made to the individualised behaviour management and activities plan;
  - the success or otherwise of the positive interventions; and
  - the guardian’s assessment of whether the individualised behaviour management and activities plan has been successful.

8. ATTENDANCE REQUIREMENTS AT HEARINGS

8.1 The people who should be present at initial hearing and review hearings are:

- the person (unless this is contraindicated taking into account the capacity of the person to contribute to the hearing and stress the hearing may impose on the person);
- the proposed or appointed private guardian;
- the author of the individual behaviour management and activities plan (at least available by telephone);
- at least one person who is actively involved in the implementation of the care plan (eg. a key staff member, primary carer or nursing unit manager);
- the applicant (for initial hearings); and
- interested family/significant others/advocates.

9. RELATED DOCUMENTS:

Guidelines for Implementation Strategies for Challenging Behaviours
Behaviour Management Pre-Programme Mental Health Checklist
Behaviour Chart (Qualitative)
Duration Chart 24 Hour Behavioural Chart Sleeping and Screaming
Behavioural Monitoring Chart