

## National Unit Specification: general information

**UNIT** Recognise, Respond and Report Challenging Behaviour in a Care Setting (Intermediate 2)

**NUMBER** D8MK 11

### COURSE

### SUMMARY

This unit is designed to develop an understanding of challenging behaviour and how respond to and report it in a care setting.

### OUTCOMES

- 1 Recognise and describe challenging behaviour.
- 2 Respond to and report challenging behaviour.

### RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally be expected to be working in a care setting.

### CREDIT VALUE

0.5 Credit.

### CORE SKILLS

Information on the automatic certification of any core skills in this unit is published in *Automatic Certification of Core Skills in National Qualifications* (SQA, 1999).

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## Administrative Information

**Superclass:** PN

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## **National Unit Specification: statement of standards**

**UNIT** Recognise, Respond and Report Challenging Behaviour in a Care setting (Intermediate 2)

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

### **OUTCOME 1**

Recognise and describe challenging behaviour.

#### **Performance criteria**

- a) Identify the behaviours which may be perceived as challenging.
- b) Identify and describe factors which may give rise to challenging behaviour.
- c) Identify and describe when an individual's behaviour is outside acceptable boundaries and/or agreed goals.

#### **Evidence requirements**

Written and/or oral evidence to show the candidate has met all the performance criteria.

### **OUTCOME 2**

Respond to and report challenging behaviour.

#### **Performance criteria**

- a) Describe your role and responsibilities as a worker in responding to incidents of challenging behaviour ensuring that it is in line with current legislation and organisational policies and procedures.
- b) Describe your role and responsibilities as a worker in reporting incidents of challenging behaviour ensuring that it is in line with current legislation and organisational policies and procedures.
- c) Describe ways in which your own behaviour could contribute to minimising and de-escalating incidents of challenging behaviour, whilst promoting the rights of those involved and ensuring that it is in line with current legislation and organisational policies and procedures.
- d) Identify factors which could help the individual to manage his/her own behaviour.

#### **Evidence requirements**

Written and/or oral evidence to show the candidate has met all the performance criteria.

## National Unit Specification: support notes

**UNIT** Recognise, Respond and Report Challenging Behaviour in a Care Setting  
(Intermediate 2)

This part of the unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this unit is at the discretion of the centre, the notional design length is 20 hours.

### **GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT**

It is expected that candidates undertaking this unit are employed as or seeking work as care workers. Therefore the content should reflect the circumstances which would be realistically encountered within their work role and their organisation's policies and procedures.

The focus should be on the role and responsibility of a care worker in relation to dealing with challenging behaviour. Candidates should also be encouraged to reflect on and develop the appropriate skills for identifying and de-escalating potentially challenging behaviour with clients and others involved in care. (Others may include family members, visitors or the multi-disciplinary team.)

A care setting may include home care, day care, residential care or a community setting.

#### **Outcome 1**

It should be highlighted that challenging behaviour may result from the individual's emotional state due to a perceived threat. As a result of this an individual may speak forcibly to the point of making verbal threats, or use threatening body language particularly hand movements. On occasions, the individual may resort to inappropriate sexual contact or physical violence.

Some of the perceived threats are – invasion of personal space, feelings of disempowerment, ridicule, being ignored, 'losing face', cultural differences, exclusion and feelings of loss of control over the situation.

Factors that may give rise to challenging behaviour can be discussed under the following headings:

**Physical** – eg: Parkinson's disease, alzheimer's and other forms of dementia, confusion, brain injury, the use of certain drugs, alcohol, acute confusional state, and sensory impairment.

**Environmental** – eg: group settings, lack of physical space, lack of privacy/personal space, noise levels, and isolation.

**Psychological and emotional** – eg: feelings of grief and loss, anxiety, fear, changes in circumstances, reaction to stressful situations, loss of roles, hallucinations and delusions.

**Abuse of power** – eg: restricting choice or making choices for the client.

**Age** – eg: an older person being treated like a child.

Care workers should be aware that their own responses and reactions might trigger incidents of challenging behaviour. Examples include shouting, teasing, provoking a reaction or touching in a manner indicating an attempt to control.

Acceptable boundaries are mutually agreed ground rules and limitations on behaviour.

## National Unit Specification: support notes (cont)

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Agreed goals are specific outcomes that are measurable, realistic and time bound.

### Outcome 2

The care worker's response to challenging behaviour should be in line with their organisation's policy and procedures. At no time should a care worker compromise his or her own safety. In some situations the most appropriate response is to withdraw from the situation and seek assistance.

Calming measures aimed at de-escalating the situation include:

- Verbal communication skills – calm tone of voice and verbal responses that clearly indicate that the care worker is actively listening and is willing to discuss the situation
- Respect client's personal space. Keep a safe distance and allow the client to remain in their recent position
- Encourage client to talk rather than act out in anger.

The client's needs, feelings and responses should be addressed through the de-escalation of the incident and identification of the factors which precipitated the incident of challenging behaviour. It is important to recognise elements of the environment, the medical condition or problems in communication which may contribute to the problem. The following are some strategies which could be used:

- Too much or too little stimulation can produce stress, anger or frustration. The care worker needs to think about what was going on before the incident
- Simplify environment by reducing noise, number of people and clutter
- Provide meaningful and achievable activities
- Break down tasks into small manageable steps
- Keep daily routine as consistent as possible. Avoid changes and surprises.

At all times the client should be supported. The care worker should know the procedures to follow. As a result of the incident there may be a need to review the goals and boundaries. Reporting incidents, both verbally and in writing must follow the guidelines laid down by the organisation's policies and procedures. In order to get the incident into perspective and find answers, it is advisable to look at the behaviour objectively. The ABC approach can be useful to examine challenging behaviour (Chapman, Jackson and McDonald 1999). 'A' explores the activating event, 'B' examines the actual behaviour and 'C' considers the consequences.

The care worker should have the opportunity to de-brief their feelings and gain support, and to reflect on the factors which led to the incident. The record should include the client's views, situational factors and the care worker's actions.

## National Unit Specification: support notes (cont)

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### GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT

Staff/trainers should ensure that this emotive subject is discussed in a sensitive manner.

#### Outcomes 1 and 2

A range of learning techniques could be used to establish an understanding of challenging behaviour. These could include discussion groups, role play, video analysis, and individual reflection of personal and/or work experiences.

Care workers should familiarise themselves with their organisation's policies and procedures for responding to and reporting challenging situations. The Health and Safety at Work Regulations (1992) and R.I.D.D.O.R. (1995) should be highlighted as the legal framework for risk assessment and reporting of incidents. Legislation such as the European Convention of Human Right's Act (1998) and Adults with Incapacity Scotland Act (2000) may provide useful frameworks for discussion.

### GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT

#### Outcome 1

Candidates could be presented with a case study to analyse and answer or they could produce a reflective account.

#### Outcome 2

Candidate's written reflective account or role-play scenarios dealing with a potentially abusive situation.

#### References:

Chapman A, Jackson G and McDonald C (1999) *What Behaviour? Whose problem? A guide to responding to the behaviour and aggression of people with dementia for staff working in nursing homes and residential care homes*. University of Stirling, Scotland.

### SPECIAL NEEDS

This unit specification is intended to ensure that there are no artificial barriers to learning or assessment. Special needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering special alternative outcomes for units. For information on these, please refer to the SQA document *Guidance on Special Assessment and Certification Arrangements for Candidates with Special Needs/Candidates whose First Language is not English* (SQA, 1998).