APPENDIX C – Distressed Behaviours Aid Memoir

Actions	Notes (if required)	Tick when completed
Past History Read the past history section of the care plan if you feel there is insufficient amount of information about the person, arrange to speak to the person, a family member or friend as soon as possible to get a clear picture of their past including any traumatic experiences.		
Ensure you have information regarding the person for the 5 psychological needs so we can support each individuals needs; **Identity** – Is the person's choices around their identity being met? and the individual supported to be diverse and themselves? Are they being reminded of who they are, their values and personality traits, sense of self? **Occupation** – What did/does the person do as a career? What place of work? Are they missing this? What could we do to support that part of their life they are now missing? **Comfort** – What brings the person comfort? Is this readily available for the individual? Is something missing? What can we do/give them that would bring comfort? **Inclusion** – Is/has the person been a part of a group? Is the person included in conversations and doesn't feel excluded? Can we invite some of them to the service? Use video calls?		

Attachment – Does the person have an attachment to a certain person, hobby or item? Is this available to them? How can we still include this in their daily lives?		
Potential Triggers Get a clear picture of the repeated distress, read the ABC charts to help get a better understanding of any triggers remember to check the following and deal with any identified issues: **The environment** – Noise, temperature, décor, lighting can all be a trigger. **Other people** – What interactions have taken place? Are there too many people? Does the individual like their own space? Has the other person been upset or loud? Is it too many people causing an overload? **Emotional response** – We all have emotional responses when we are tired, fed up and feel on edge. Something small can therefore cause an emotional response. If the behaviour is a one off it could just be an emotional response which we all can experience. **Pain** – Could the individual be in some pain or discomfort? Check temperatures, look for other signs and symptoms, skin looking paler for instance, clammy skin, holding certain body parts, grimacing. **The activity** – Is not being able to complete an activity or being		

excluded from the activity causing a response? **Time of day** – Is there a pattern to the individuals distress? Is the time of day significant? Eg. When the person would have gone to work or got the children ready for school.		
TRAVEL – Use these to approach the individual and try to reduce the distress: **Trigger** – what was happening both before the event and at the time? **Respond** – Think about what we say and how we say it. Are we using parental language, rather than adult to adult respectful language? Can the person see us? What does our face say? **Avoid confrontation** – confronting people when they are distressed will create more distress, stay calm. Don't 'tell 'people off by saying things such as 'calm down'. Think about how many staff respond to the individual. More than one can feel threatening. Equally it is important that we don't just avoid the situation. **Validate the emotions**. Look behind the words at what people are feeling. What emotions are people expressing? Ensure that the person knows you are there to help. Phrases such as "I can see you are really upset but I am here to help. I am on your side" can really help.		

Listen and log what has helped. Make sure others know what helped by using effective communication and care planning so they can try it if they need to. Using tools such as the ABC tool can help		
Communicate as a team Have a team meeting and discuss the person, what has been found out about the past history? Are we meeting all psychological needs? Review any trends from ABC charts? What clues have we found?		
Ideas Use the clues to start thinking of ideas that will help. Give them a try and report back what worked, what didn't work.		
Continuity When you have come up with ways that have supported the individual and reduce the distress, ensure it is shared with the whole team, added to the care plan, reviewed and consistently used.		
What if doesn't work? Don't worry if you have tried several things and they haven't worked, at least you are trying and by eliminating some of the options you are getting closer to a solution that is right and works for the person.		