GUIDELINES FOR THE BEHAVIOURAL ASSESSMENT TOOL

Developed by the GPEP team and based on the GPEP model this tool is to be used to:

a) Collect assessment information on a resident/client whose behaviour:
- has recently changed
- interferes with care
- is a danger to himself/herself or others
- interferes with quality of life

b) Assist staff/family/resident in developing an individualized care plan that is resident need focused.

Directions for Use: Refer to the Clinical Practice Guidelines for Identification of Agitated and Excessive Behaviours.

1. Describe the behaviour (action that you see or hear). Consider using Identification of Behaviours and Guidelines for Interventions.

2. Check "X" yes or no if the behaviour is new.

3. Describe when this behaviour occurs. Consider using Behaviour Patterns Record (be specific, time of day, number of times a week, etc.).

4. Work through the four areas of influences which are identified in the GPEP model using the key questions (use the chart and other team members to gather the information).

PSYCHIATRIC INFLUENCES (CUE QUESTIONS)
(Consider the following)
Dementia

- Does the resident have a diagnosis of dementia?
- Does the resident have a chronic progressive memory loss?
- Is the resident chronically disoriented to: time, place, person?
- Does the resident have difficulty solving problems, making choices, making decisions?
- Does the resident have difficulty with ADL's that are related to cognitive impairment, not physical impairment?

Delirium

- Has there been a relatively recent onset of confusion (days to weeks)?
- Do the symptoms of confusion fluctuate throughout the day and night?
- Is the resident restless and awake during the night and sleepy during the day? (day/night reversal)
- Does the resident have hallucinations/illusions?
- Does the resident have a recent onset of difficulty with ADL's that are related to cognitive impairment, not physical impairment?
- Are there any signs/symptoms of acute illness or episodic chronic illness? (Infections, CHF, COPD)
- Has there been a new or change in medication?

Depression

- Has the resident's mood been consistently depressed for at least two weeks?
- Is the resident irritable?
- Have you observed a decrease in appetite, weight, energy or sleep?
- Has the resident talked about wanting to die or to kill him/ herself?
- Is there a decrease in the resident's ability to think clearly or concentrate.
- Somatic complaints?

Psychosis

- Describe the hallucination(s) or delusion(s)

Other Psychiatric Diagnosis

- Does the resident have a diagnosis of any of the following psychiatric disorders: Schizophrenia, Delusional disorder, Bipolar Mood Disorder, Anxiety disorder, etc.

Briefly describe the behaviours that you observe in the resident that fit the syndrome of dementia, depression, delirium or other psychiatric disorder.

Identify the action to be taken, such as other assessments, e.g. MMSE, Cornell Depression Scale, behavioral logs, Geriatric depression scale, pain scales, sleep logs, weight charts, food and fluid intake logs, Confusion Assessment Method [CAMI]

What are the psychiatric medications

PHYSIOLOGICAL INFLUENCES (CUE QUESTIONS)
(Consider the following)
Acute Illness
Are there symptoms of any common acute illnesses?

- Infection (urinary tract infection, pneumonia, wound)
- Metabolic abnormalities (electrolyte imbalance, hypo/hyperglycemia, etc.)
- Skin conditions (cellulitis, ulcers)
- Vascular conditions (MI, CVA)

Chronic Illness
Have any of the resident's chronic illnesses become unstable?

- Chronic Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Arthritis, Diabetes, Parkinson's, Hypertension etc.)

Pain

- Is there a new onset of pain?
- Is there a worsening of chronic pain?
- Have there been any unwitnessed falls?
- Is the resident able to report pain?
- Analgesia issues:
  Is the resident receiving PRN pain medication? (how often is it being used?)
  Does the resident require regular pain medication?
  Is the form of medication appropriate for the resident and the degree of pain? (pill, liquid, injection, patch)

Any concerns or changes?

Constipation
Incontinence
Sleep
Appetite
Dehydration
Weight Change

Medications

- Is the resident a new admission? Were they actually taking their medication at home?
- Have there been any changes in medication dose or frequency?
- Has the resident been refusing medication?
- Have any new medications been started?

Other Physical influences including mobility, hearing and vision.

Briefly describe the symptoms that you observe in the resident.
Identify other assessments, which are required, e.g. physical exam, C&S, blood work, x-rays, intake & output logs, weight logs, BM records, movement charts, medication records, pain assessment.

PSYCHOSOCIAL INFLUENCES (CUE QUESTIONS)
(Consider the following)

Personal Routines

- Does the resident have specific preferences around their daily routine(s)?
- Are there personal preferences that clash with facility routines?

Early Life Factors and Life Events

- Has the resident had an abusive/neglectful childhood? (could lead to lack of trust or disrespect for authority)
- Has the resident experienced any major life events? (war, economic depression, etc.)
- What was the resident's work history?

Significant Relationships

- Does the resident have a good social support system?
- Have the social supports changed since coming to the facility?
- What is the state of their current relationships?
- Is the primary support away or experiencing added stress in their life at the moment?

Personality Style

- How does the resident/family and friends describe the resident's personality style?
- In the past, how has the resident handled stress? Are they comfortable talking, or do they withdraw when stressed?
- Do they tend to be more independent or dependent?
- Do they tend to have a more rigid/obsessive personality style?
- Do they tend to be quiet and self-absorbed, or always look after others?
- How has placement in the facility affected their sense of role, purpose, and self-esteem?

Losses

What recent losses has the resident experienced?

- Loss of independence, loss of autonomy?
- Loss of a loved one?
- Loss of their customary roles?

Coping Strategies

- What is the resident's perception/view of illness/disability?
- What meaning is ascribed to illness/disability?
- How do they behave when faced with adversity?

Interests (see attached Individualized Interest Chart)

- Give details as to what increases the stress/anxiety of the resident
- Also include what gives them pleasure (useful for care planning)

Cultural/Spiritual wellbeing

- Are the resident's cultural/spiritual needs being met?
- Is there conflict between the environment and the resident's culture?
- Is there conflict between cultural expectations and how care is being delivered?

Briefly describe the symptoms that you observe in the resident
Identify other assessments, which are required, e.g. Social Work interview, Activities assessment, Pastoral care concerns, etc.)

ENVIRONMENTAL INFLUENCES (CUE QUESTIONS)
(Consider the following)
Physical Environment

- Is the environment over-stimulating/not stimulating enough?
- Is it too hot/cold/bright/dark/noisy, etc.?
- Are there private spaces?
- Are there assistive devises to encourage independence?
- Space to move around?
- Personalized room?
- Appropriate signage?
- Cues to reminisce about or connect with the past?
- Space to spontaneously interact with others?
- Access to outdoors?

Social Environment
Communication Abilities

- Does the resident have a cognitive, physical, vision or hearing deficit that will affect communication? Describe.
- Is English their first language?

Decision-making Opportunities

- Resident/family input into decisions?

Participation in Facility Life and Emotional Wellbeing

- How does the resident participate in the events of the facility?
- Are they involved in meaningful activities? How often in the day?
- Do they initiate interaction with others? How?

Response to Others

- Does the behaviour increase/decrease in the presence of others? (in the dining room, group activities, in crowded areas, etc.)
- Is the resident responding to the behaviours of those around him/her?

Staff Approach

- Is there an approach that works well with the resident?
- Does my body language (touch, posture, how fast I move, how loud I speak, my facial expression, etc.) affect the resident's behavior?

Briefly describe the symptoms that you observe in the resident.
Identify other assessments that are required, e.g. occupational therapy, physical exam including vision, oral hearing, medication review.

Summary of Actions Required
Identify: the actions required as per the assessment sheets
Indicate: who will be responsible for the action (name and discipline)
Identify: the date to be completed