

BIELD HOUSING AND CARE
POLICIES PROCEDURES AND GUIDELINES
ALL SERVICES

4.0.3 RESPONDING TO STRESS/DISTRESSED REACTIONS

Introduction

Stress is a normal part of everyday life and every one of us will experience stress at some point in our lives. Many events that happen to us and around us and many things that we do to ourselves put stress on our body. We can experience stress from our environment, our body and our thoughts. Stress can affect all aspects of our life including our emotions, behaviour, thinking ability and physical health. How we react to stressful situations and cope with them is unique to each individual. What is stressful for one person may not be for someone else. Our past lives or experiences can influence our ability to recognise and cope with stressful situations, as can illness and progressive conditions such as Dementia. For some people stress/distressed reactions are a response to pain, medication, drugs, alcohol, confusion or environmental factors. Whatever the reason, it is important that our staff respond sensitively, appropriately and proportionately to any situation where a Service User is stressed or distressed. Understanding what causes stressed/distressed reactions in people we are supporting is very important. If we are able to understand and recognise why people react to certain situations, we can support them and use the Assessment, Support Planning and Review Process to reduce or eliminate the likelihood of the stressed reaction re-occurring.

Definition of Stress/Distressed Reaction

Stress is the body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental and emotional responses. Stress that continues without relief can lead to a condition known as distress. Distressed reactions of sustained intensity, frequency or duration can place the physical safety of the person or others at risk. These can be behaviours which may seriously limit the use of, or the access to, the Services and/or facilities we provide.

The absence of a legal definition or medical diagnosis to validate this term means that it should only be applied to a person with caution, recognising that the use of a label can be unhelpful and cause exclusion.

Staff should be aware of the context within which they work, and recognise the impact of personal, environmental and circumstantial factors on an individual's behaviour. In broad terms verbal abuse or threatening behaviour can be encompassed within the term 'stress/distressed reactions'.

The aim of this Procedure is to provide Guidelines on the underlying principles which should be applied when identifying, assessing and responding to stress/distressed reactions. It also provides Guidelines on how stress/distressed reactions should be documented as part of an ongoing review process.

Legislation Relating to Stress, Distressed Reactions

1. The Human Rights Act 1998
2. The Protection of Vulnerable Groups (PVG) (Scotland) 2007
3. Mental Health (Scotland) Act 2003
4. Regulation of Care (Scotland) Act 2001
5. Health and Safety at Work Act (1974)
6. Adults with Incapacity Act (Scotland) 2000

Policies and Procedures Relating to Stress/Distressed Reactions

- 3.1 Values
- 3.2 Mission and Vision
- 3.4 Equal Opportunity
- 3.5 Charter of Rights for Service Users
- 3.6 Philosophy of Care
- 3.11 Power of Attorney
- 4.01 Risk Taking
- 4.02 Safeguarding Adults
- 4.04 Restraint
- 4.2.1 Assessment, Support Planning and Review
- 4.3.1 Key Working
- Accident/incident/Violent Incidents

Best Practice Guidance Relating to Stress/Distressed Reactions

1. Rights Risks and Limits to Freedom (Mental Welfare Commission Scotland)
2. Safe to Wander (Mental Welfare Commission Scotland)
3. Health and Social Care Standards
4. The Care Inspectorate Hub
5. Scottish Dementia Standards
6. Promoting Excellence Framework

The Most Common Types of Stress/Distressed Reactions Include:

▪ Verbal outbursts	▪ Bullying
▪ Chest pain, shortness of breath	▪ Avoiding others
▪ Crying or withdrawn behaviour	▪ Swearing
▪ Hitting out	▪ Agitation
▪ Destruction of property	▪ Excess alcohol intake
▪ Self-harm	▪ Drug misuse
▪ Manipulative behaviour	▪ Disinhibited behaviour

This list is not exhaustive and people can display a range of stress/distressed reactions which can be difficult for staff to manage. It is important that Service Users, the people important to them and our staff are given the appropriate level of support and guidance.

Principles

1. Distressed reactions should not be a normal part of a Service User's everyday life or impact on their quality of life.
2. Our response to stress/distressed reactions is professional, sensitive, measured, non-judgemental, effective and appropriate.
3. Service Users should not be discouraged or excluded from certain activities as a matter of course because of unsubstantiated risks of stress/distressed reactions.
4. Service Users should be involved as far as possible in deciding what constitutes a stress/distressed reaction for them and any strategies put in place should be, wherever possible, with their informed and expressed consent.
5. The Identification, Assessment and Management of stress/distressed reactions should be as far as possible a positive experience, which promotes or enables the person to maintain Independence.
6. The Behaviour Support Module or ABC tool should be used as part of the Assessment and Support Planning Process.
7. People important to the Service User should be involved in the Risk Planning, Support Planning and Review Process and any decisions which could potentially restrict the Service User's freedom.
7. The use of physical interventions such as restraint should only be applied if all other options have been considered.
8. Staff should seek guidance and support from Management on what constitutes a reasonable and responsible response to stress/distressed reactions.
9. Our staff are able to work in a safe environment free from physical or mental abuse.
10. Mechanisms should be in place to provide support and counselling for staff.
12. Reporting Procedures should help us to monitor the frequency and circumstances of stress/distressed reactions, identify possible triggers, and evaluate strategies which may be put in place to avoid and/or manage them.

Learning and Development

1. Bield's Policy and Procedures in responding to stress/distressed reactions should be discussed at Induction and through Supervision. All staff should read and sign the Policy and Procedures to confirm that they have read and understood the principles.
2. All staff should complete stress/distressed reactions 1 day classroom training within the first 6 months of employment and 3 yearly thereafter.
3. All staff should complete dementia e learning training.

4. All Staff who have direct or substantial contact with people living with dementia should complete a 1 day dementia awareness course.
5. Non-violent Crisis Interventions Training is available for Staff on request through the Learning & Development Team.

Personal Development Plan

Applying Learning into Everyday Practice

It is the responsibility of each member of staff to apply their learning to the workplace and to take some responsibility in identifying areas of their performance which could be improved. Applying training to everyday practice can be a challenge in itself, as severe distressed reactions may not be a regular occurrence in a Service, therefore staff have little opportunity to practice their skills. After staff are involved in an incident they should use their Action Learning Logs to record **What Went Well, What Could They Have Done Better** and **What Further Training or Workplace Coaching** they require.

The Role of the Key Worker

The Key Worker is quite often the first person to notice changes in the people they are supporting. They have in depth knowledge of how the person is normally, how they are likely to react in certain situations and how they interact with other Service Users and Staff. The role of the Key Worker is paramount in the Assessment, Support Planning and Review Process. The information they record in Daily Notes, one page profiles, life stories and Support Plans should give a clear picture of how to support the person when they are feeling frustrated, lonely, angry, sad, or unwell.

Supporting and Involving Families and Carers

Seeing the person you care about in a distressed state can be upsetting for families and can often lead to misconceptions that staff are ignoring the behaviour or not managing the situation appropriately. Involving families as early as possible in the Assessment and Support Planning Process can help alleviate their anxieties and reassure them that the team is monitoring and planning how best to support their relative. Involving families in reviews and keeping relatives updated on a regular basis can help them feel included and supported. If difficult decisions need to be made about the use of planned restraint, families, supported the multidisciplinary team, should feel more confident about the decision if they have been involved throughout the process.

The **AIMS** Approach

Consistency of approach by the whole staff team is central to initially **acknowledging** that a person is having stress/distressed reactions, **informing** the family, power of attorney, health and social work team, **monitoring** and recording appropriately through the Behaviour Support Module (ABC tool) and Risk Assessing, **Support Planning** and Review.

- **Acknowledge**
- **Inform**
- **Monitor**
- **Support Plan and Review**

Using the ABC Tool to Assess, Support Plan and Review

The ABC tool is a useful method of identifying the triggers or cues which may cause stress/distressed reactions and can help us support people to manage or avoid those triggers. The ABC tool plays a small but important role in the Assessment and Support Planning Process. How we use the information and apply it in practice is much more important. The ABC tool on Caresys, also known as the Behaviour Support Module, is used in our Services.

A = Known as the antecedent, this is information relevant to what happened directly before the stress/distressed reaction occurred. By gathering this information we can begin to see where the possible triggers might be.

B= Behaviour- This is where we record the detail of the behaviour, for example, if the person was shouting, swearing, hitting out. Again by gathering detailed information about the behaviour we can see the 'reaction' the person had to the possible 'trigger'.

C= Consequence- This is the section that we would record the result of the behaviour. What were the consequences of the reaction to the person, themselves and others? Did the person harm another Service User or member of staff? Were other people affected by the behaviour? Were they distressed and upset? Did they require to have prescribed sedative medication for example.

By using this tool each time the distressed reaction occurs, we should be able to identify risks, patterns in behaviour, triggers and cues.

Recording

Information from the Behaviour Support Module can be used to put a Risk Plan in place to reduce the likelihood of the stress/distressed reaction re occurring. Actions from the Risk Plan should be transferred and included in the stress/distress Support Need. The Support Need should describe the possible triggers that are likely to cause the reaction, any techniques that can be used to alleviate the reaction and the protocols which should be in place if the reaction escalates. This might include, for example, recording in what circumstances there is a need to administer sedative medication and the outcome of any intervention.

Reporting Incidents

We have a duty to report accidents or incidents to meet our statutory and legal requirements. In any circumstance where staff are exposed to, the focus of, or involved in violent incidents in the course of their work, a Violent Incident Form and Employee Accident Form should be completed. There may be circumstances where the member of staff is the 'trigger' or predisposing factor in the stress/distressed reaction, either consciously or unconsciously. In this case, an investigation should take place in line with Safeguarding Adults Policy and Procedures. Accidents and incidents involving Service Users should be reported through the Non-Employee Accident Reporting Procedures. Incident reports enable us to monitor trends and patterns in our Services, provide targeted training, and give us the relevant information when we need to involve multidisciplinary teams to put strategies in place to support people or ultimately move people on from the Service for more specialised care. For further information please refer to Bield's Health and Safety Policy and Procedures.

Supporting Staff

Debriefing staff after an incident is extremely important. Debriefing should always take place as close to the incident as possible but this is not always practical. Talking through the incident either individually with a Manager or with the rest of the team gives staff the opportunity to share what they have experienced in a safe place, amongst people who can provide peer support. It is also a good opportunity to gather information which can be used for reporting purposes and recording in the Behaviour Support Module. Staff should always be offered the Counselling Service provided by Bield if they require further support. Time off to recover from incidents can be arranged with the agreement of the Manager and Service Manager.

Changing the Key Worker and Rota Management

In some circumstances it is necessary to change the Key Worker and make reasonable adjustments to the rota so that the staff member has less contact with the person or no contact at all. In a situation where the staff member has been placed in danger they have the right to request that they are no longer involved in the person's support. Managers should respect this decision, not view this as a sign of personal weakness or avoidance.

Changes should generally be carried out following a review with the person, their representative, social work and health professionals, the staff member (if appropriate) and Manager of the Service. The outcome of the review is agreed and recorded. Changing the Key Worker is good practice if it is of benefit to the person and their family. Adjusting the rota can be used as a short term measure to give a member of staff time to regain their confidence and rebuild professional relationships with Service Users and families. It should not be used as an avoidance strategy or long term solution.

Normalising Behaviour

Stress/distressed reactions should never be regarded as 'normal' behaviour and become part of the person's day to day life. Stress/distressed reactions require a degree of energy and are emotionally and physically exhausting for people. Every effort should be made to find out the cause of the stress/distressed reaction and find solutions or strategies to respond to them. It is the responsibility of each member of staff to inform the Management team if they have observed a person displaying stress/distressed reactions. Team meetings, handover meetings and other methods of team communication are ideal forums to share information and discuss Service Users' particular issues.

Anti-social Behaviour (Retirement Housing)

Service Users or visitors who display anti-social behaviour towards other Service Users living in our Retirement Housing Services will be managed through Bield's Anti-social Behaviour Policy and Procedures. This may include referral to the tenancy sustainment team. Members of staff who are abused, threatened, or assaulted in circumstances relating to their work will be managed through Bield's Violence at Work Policy and Procedures.

Useful Techniques to De-escalate Situations

Although there are techniques we can use to de-escalate situations we must remember that everyone is different and what works for one person may not work for someone else. Similarly a technique that is effective the first time may not work the next time we use it. It is sometimes the case that we don't have time to select the techniques that we want to use in a particular situation

and our response may be reactive. It is good practice to record the techniques that staff have found useful in responding to and de-escalating the stress/distressed reaction.

1. **Listen and Observe**- Listening to people and observing their body language is the first most important thing that you should do. This gives you an indication of the severity of the distressed reaction and what your actions should be.
2. **Tone and Pace**- By lowering the tone of your voice and slowing the pace of speech the person is less likely to feel threatened and should make it easier for them to understand what you are saying.
3. **Eye Contact**- Look at the person rather than avoiding eye contact with them. This can make people feel reassured that you are taking their situation seriously and they can trust you.
4. **Personal Space**- Make some space between you and the person. An arm's length away from the person is a recognised appropriate distance.
5. **Offer Clarity**- If the person is angry about something, try to give a clear explanation about why the problem happened. If you don't have the answer tell the person you will pass this to your Manager.
6. **Diversion** – try to divert the person's attention to focus on something that they like talking about or something that comforts them, such as family photographs, personal mementos, music, etc.
7. **Touch and the Senses** – some people respond positively to touch or hand massage and this can have a calming effect. Pieces of cloth soaked with essential oils such as camomile and rose placed in various parts of the room can help to calm and soothe.
8. **Playlists for Life** – listening to music which is familiar to the person either through speakers or via headphones can help to reduce distress.
9. **Relaxation Techniques** – encouraging the person to slow their breathing to match yours can be used if the staff member is skilled and trained to use this technique.
10. **Mirroring** – this can be used if the person has profound communication difficulties.
11. **Give Some Space** – make sure that the person and others around them are not in any immediate danger and leave them. Return a short while later when they appear calmer.
12. **Change the Worker** – in some circumstances a change of face may be all that is required.
13. **Change the Environment** – often the stress/distressed reaction is due to environmental factors such as an unfamiliar room, changes in temperatures, unfamiliar faces. Encouraging the person to move from the environment which is causing them distress and taking them to somewhere familiar can alleviate distressed reactions.
14. **Exercise and Walking** – encourage the person to go for a walk or walk with you, preferably in the fresh air.

This is not an exhaustive list and there may be other techniques of which staff are aware. There may also be techniques that family, friends or health and social work professionals can suggest and these should be recorded in the Service User's Support Plan.

Interventions When Techniques Are Not Appropriate

1. **Pain Relief-** Ask the person if they are in pain. If the person has severe communication difficulties use the Abbey or Doloplus pain scale to assess the person's level of pain. Consider changing the person's sitting or lying position to relieve pressure on limbs. Decide if the person requires their pain relieving medication.
2. **Medical Intervention-** Contact the person's GP or the paramedics/ambulance service for assistance.

What to do when a situation escalates or there is an unplanned situation

Physical Intervention – The use of restraint

If distressed reactions persist and the person is likely to cause harm to themselves or others around them, staff should assess if there is a real risk of serious injury/harm and believe that intervention can be achieved without injury to them or others. Restraint as defined by the Mental Welfare Commission occurs '*when the planned or unplanned, conscious or unconscious actions of staff prevent an individual from doing what he/she wishes to do and as a result places limits on his or her freedom*'.

Restraint should only be used as a last resort when all other methods have been tried. Refer to the Restraint Policy and Procedures for further Guidance.

If, in the judgement of a worker, it is not safe to intervene physically, it is vital to access help from other agencies as quickly as possible. The Police Service should be contacted immediately by telephoning the emergency services number or by contacting them through BR24. Staff working on their own should contact Emergency Services on their mobile phone or go through the Guardian Angel Service (0141 950 1025). For more information refer to Bield's Policy and Procedures on Lone Working.