1-201 Aggression management restraints and quality of life

TIPS Question:

How do you strike a balance between aggression management and resident restraint which affects the resident's quality of life?

Response:

When aggressive behaviour is a problem, developing a care plan that enables as much independence as possible while at the same time minimizes the possibility of risk to the resident and others is often a challenge. To achieve what is sometimes a delicate balance close and supportive collaboration with all partners in care is essential.

- Together you want to clarify what is the behavioural concern(s) – there may be more than one issue so you want to determine the risk (and for whom) associated with each problem (RISK framework, Question 3 of 6 Question Template)
- Accommodation/compensation for some of the behaviours will hopefully be possible by adjusting approach, flexibility in care routine, environment, etc. – so, clearly identifying those behavioural concerns with a high degree of associated risk will be important.
- Once you have identified the behaviours of greatest risk to the person and/or others it will be important to determine whether or not there is a pattern, what triggers may be contributing, etc.- this will hopefully allow you to focus your intervention more specifically; the DOS or Cohen will be very helpful.
- Having as clear an understanding of the possible cause(s) of the behaviour (PIECES framework, Question 5 of 6 Question template) will form the necessary foundation for determining the most meaningful treatment intervention – this knowledge, together with an assessment of the associated risk will guide care planning; as we keep in mind that all behaviour has meaning and it our task is to determine (as difficult as it sometimes is) what the resident is trying to communicate to us through his/her behaviour – what is the need?
- If the assessment findings reveal safety to be a significant issue it is very important that all partners in care collaborate to explore possible treatment interventions – assessing the risk/benefits of each; being as creative as possible in terms of nonpharmacological/environmental possibilities
- Determining who is the Substitute Decision Maker (SDM) will be important as he/she should play a critical role in the discussions about treatment – how can you meaningfully partner/communicate with that individual to plan care; communication is most effective if it is proactive and regular.
- Keep in mind, for the SDM to give informed consent, he/she must be provided with:
    - All relevant information about the condition or illness
    - Recommended treatment
    - Expected benefits, risks, side effects
    - Alternative courses of action
    - Likely consequences of not having treatment
- Every organization/facility has its own policies/regulations re: the use of restraints and it is outside the mandate of this training initiative to offer any specific recommendations regarding their use – and I know your question was not intended to address this specifically. However, the balance between providing care that both enhances independence and quality of life as much as possible, and keeps the person and others safe will only be achieved if the assessment is comprehensive.
- If it is felt by the team that treatment interventions (that are restrictive to the person) are necessary then careful and precise monitoring and reassessment should also be essential – with continued close collaboration within the team, including the family (SDM).

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! PIECES participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*