1-202 Attention seeking behaviour

TIPS Question:

Attention seeking behaviour seems to increase in my client's case when I give her more attention/time. Gentle explanations that "I don't have time now" or reasoning is not effective. What would be the best care strategies to decrease behaviour?

Response:

For the purposes of this question I will assume that she has been assessed using the 6-question template. Main points of interest that come to mind regarding this assessment are the following:

- In regards to this woman's intellectual functioning, assessment with MMSE and the Clock will assist you in helping other team members with her behaviour in the context of her cognitive ability. It may also be helpful to note in the evaluation of her care plan cognitive/behavioural problems exacerbated by specific factors such as physical illness, mood, etc.
- What is this resident's reality at this time? How do we ensure that all partners in care have a good appreciation of this woman's situation? Has her mood been assessed using SIGECAPS and/or the Cornell Depression Scale? To what extent, if any, is a mood disorder contributing to this woman's need for attention? Knowing as much as possible about any previous psychiatric history will be important. Assessing environmental factors and ensuring as good an understanding as possible of this lady's life story, previous personality, etc. will be valuable.
- The care planning process will be driven by the findings of your assessment. Think back to the "Idea Cafe" on Day Two of the training. What were the best steps for providing the best care strategies?
- Remember: 1) Determine the goals, obstacles, actions/abilities, and leadership 2) Decide on the plan 3) Communicate the plan 4) Try out the plan, and 5) Evaluate, reformulate. With this lady, it appears you may be at the 'evaluate and reformulate' stage of the plan.
- It is accepted that humans benefit from attention. I hesitate to call all behaviours "attention seeking" because I do not want staff to label people and possibly ignore other causes for challenging behaviours. Having said that I based the concept of the 'Pro-Attention Plan' (introduced during Fall education) on the premise that all clients would benefit from attention. Specifically, attention not related to care, meals or medications. The pro-attention plan is particularly helpful when staff are giving a client a lot of attention already. The structure of this plan enables staff to give the attention more according to their schedule and enables the client to receive attention consistently. This feeling of consistency that the client would feel usually results in a decrease in acting out for attention.
- Two things came to mind when I read your question: 1) You note that the client's behaviours 'seem' to increase when you give her more attention/time. First of all, implement a charting system to objectively measure whether that is happening. This can be done quite simply based on a behaviour flow chart or D.O.S. It would be valuable information if her behaviours are increasing. Find out if it is related to particular staff, certain times of day, etc. Often we are surprised when we chart behaviours and see the actual patterns. 2). Consistency is the primary reason behaviour plans do not work their best. If you are giving this lady attention according to the pro-attention plan schedule, take a look at the schedule. Does it involve people other than yourself, is it consistent with number of visits, is it consistent with the same number of minutes per visit. Is the same thing said to terminate each visit i.e. myself or _____ will be able to chat with you_____.
- Reasoning may not seem effective, but it probably is at some level. It is great that you are being gentle and respectful. If the client is cognitively capable of understanding, then keep attempting to reason in a consistent manner. It sounds like this lady's behaviours are quite challenging and you are making a lot of effort. Charting these efforts will give you more information to evaluate and reformulate your behaviour plan. This documentation will also show the commitment you and the team have for this client.

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.*