

Newcastle Behaviour Checklist (CH)

Newcastle Challenging Behaviour Service, NTW NHS FT
(reproduced with permission of ianandrew.james@ntw.nhs.uk)

(i) Description of the problematic behaviour

Please give a brief description of the behaviour:

.....
.....
.....
.....
.....

Please tick ALL the items that best describe the behavioural problem.

Physical aggression	Resistive to care	
Verbal aggression	Disruptive repetitive noise	
General agitation	Over-activity	
Interfering with others' items	Following others/Trailing	
Hoarding things	Masturbating in public areas	
Excessive walking & pacing (previously called wandering)	Inappropriate exposure of parts of body	
Falling intentionally	Constant requests for help	
Handling things inappropriately	Repetitive questions	
Dismantling objects	Eating inappropriately	
Faecal smearing	Screaming	
Physical sexual assault	Throwing things	
Verbal sexual disinhibition	Acts of self harm	
Depression	Inappropriate urination	
Other:	Other:	

(ii) Where the behaviour takes place

Please tick the rooms in which the problem behaviour happens			
Bedroom		Bathroom	
Corridor		Toilet	
Dining room		Other, please specify:	
Communal room			
Kitchen			

(iii) Triggers and interactions associated with the behaviour

<p>Many behaviours are triggered when carers/staff are required to intervene with someone in order to reduce risk or to maintain wellbeing.</p> <p>Please tick the sorts of carer/staff actions that might be triggering the problem behaviour.</p> <p>It is acknowledged such actions are generally done in residents' 'best interests'.</p>			
<i>Trying to assist the person ...</i>		<i>Trying to prevent the person ...</i>	
To get out of bed		Leaving the building	
To go to bed		Shouting continuously	
To get out of soiled sheets or clothes		Removing too many clothes	
To get dressed/undressed		Seeking reassurance excessively	
To go back to their room (eg. to preserve dignity)		Walking excessively up and down corridor	
To take medication		Being aggressive to someone else	
To eat something		Being possessive about someone else	
To return an item they've taken that was not theirs		Going into someone else's room	
To go to the toilet		Putting too many clothes on	
To wear continence pads		Packing their bags because they want to leave	
To do something it would be in the person's best interests to do		Doing something they shouldn't be doing in general.	
To bathe/shower		Harming themselves	
Other:		Other:	

Please think about the person's behaviour, and answer the following questions regarding:

- (i) The causes of his/her behaviour.
- (ii) The ways the situation could be improved.

(i) POSSIBLE CAUSES OF PROBLEMATIC BEHAVIOUR

	<u>EMOTIONAL</u>	<u>Definitely not</u>	<u>Probably not</u>	<u>Unsure</u>	<u>Probably yes</u>	<u>Definitely yes</u>
1. Anger		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Depressed/Sad		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Embarrassment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxious/Fearful		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Boredom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Frustration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Grief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PHYSICAL/MEDICAL</u>						
8. Pain (e.g. arthritic, dental, spinal)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Infection (e.g. urinary)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sensory impairment (e.g. poor sight or vision)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Poor sleep pattern		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Stress associated with family visits/involvement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Diarrhoea/overflow		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Definitely</u> <u>not</u>	<u>Probably</u> <u>not</u>	<u>Unsure</u>	<u>Probably</u> <u>yes</u>	<u>Definitely</u> <u>yes</u>
14. Other physical health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Eating poorly, leading to distress & confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Delirium due to infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Speech and language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Side effects of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Drinking poorly, leading to distress and confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Problematic constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MENTAL</u>					
21. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Seeing people or things (i.e. visual hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hearing voices (i.e. auditory hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Impulsive behaviour (frontal impulsiveness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Memory difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Suspicious thoughts (i.e. paranoid ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Holding a belief leading to agitation (eg. I need to collect child from school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Definitely not</u>	<u>Probably not</u>	<u>Unsure</u>	<u>Probably yes</u>	<u>Definitely yes</u>
29. Misidentifying people (i.e. mistaking someone for another person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Disorientation with time and the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ENVIRONMENTAL/SOCIAL</u>					
31. Not liking current environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Not liking other people (e.g. staff, carers, residents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Lack of activity in environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feeling alone or abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Staff/carers' actions unintentionally causing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Inadequate support (e.g. staffing level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Carers too task-focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Noisy, overly crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Unfamiliar carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ii) FEATURES THAT MAY HELP IMPROVE THE SITUATION

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Better communication
between staff about how
to deal with situations | <input type="checkbox"/> |
| 2. Activity therapy (eg.
art, reminiscence, music,
exercise) | <input type="checkbox"/> |

	Definitely not	Probably not	Unsure	Probably yes	Definitely yes
3. Initiating/increasing pain relief	<input type="checkbox"/>				
4. Learning about the person's background (i.e. life history)	<input type="checkbox"/>				
5. Providing 1:1 support time	<input type="checkbox"/>				
6. Giving person more choice about his/her own care	<input type="checkbox"/>				
7. Being friendlier with the person	<input type="checkbox"/>				
8. Giving staff more training in challenging behaviour	<input type="checkbox"/>				
9. Providing greater levels of staff/carer input	<input type="checkbox"/>				
10. Doing care tasks slower to reduce levels of confusion	<input type="checkbox"/>				
11. Spending more time providing reassurance	<input type="checkbox"/>				
12. Spending more time trying to understand the causes of challenging behaviour	<input type="checkbox"/>				
13. Staff/carers using greater consistency in approaches	<input type="checkbox"/>				
14. Providing more structure and repetition for the person	<input type="checkbox"/>				
15. Using appropriately targeted therapeutic lies	<input type="checkbox"/>				

	Definitely not	Probably not	Unsure	Probably yes	Definitely yes
16. Increasing levels of meaningful activities	<input type="checkbox"/>				
17. Better signage around home/ward	<input type="checkbox"/>				
18. Providing access to garden and outdoor facilities	<input type="checkbox"/>				
19. Physical investigations (GP visit, urine test, etc)	<input type="checkbox"/>				
20. Improving person's home/living environment	<input type="checkbox"/>				
21. Adding/altering mental health medication	<input type="checkbox"/>				
22. Adding/altering physical health medication	<input type="checkbox"/>				
23. Better person-centred style of communication from carers	<input type="checkbox"/>				

Please provide any further comments regarding:

(i) Causes

(ii) Features to improve the behaviour