

# Responding to distress and behaviours that challenge:

## Short-term intervention and long-term planning

This guidance has been produced to support staff respond to residents living with dementia, long-term and short-term mental health conditions, and residents who may experience confusion and distress leading to behaviour described as 'challenging'.

The term 'challenging behaviour' has been replaced in this guidance with the term 'distress response'. Distress can occur as a result of a person being challenged in some way, often indirectly, resulting in distressed behaviour. A person-centred approach requires us to understand the individuals needs:

**A distress response is communication of an unmet need.**

Two frameworks are described in this guidance to assist you to support residents.

1

### VERA framework (page 1)

A framework to use 'in the moment' when you are supporting a distressed resident with no time to plan.

2

### Truth & Lies framework (page 2)

A framework to use for long-term planning when a resident regularly experiences distress and a consistent approach needs to be agreed on to support them.

### Physical Health

In addition to cognitive or psychological issues, distress may be brought on by factors such as pain or infection. If this is a possibility these must be checked as the interventions described in this guidance alone may not alleviate distress.

# 1 VERA framework

VERA is a stage by stage process of communication that guides you to providing a compassionate and caring response. VERA was developed by nursing students to improve how they supported someone who was distressed and confused.

The four stages below make up the VERA framework.

Validate	Emotion	Reassure	Activity
Accept the person's reality, avoid correcting the person or not listening to their concerns even if you believe them not to be true.	Acknowledge the emotion, what feeling is driving the person's behaviour? Are they anxious, scared, what do they need?	That you are here to help, by listening to the person and trying to meet their need... if they feel scared help them to feel safe.	Use meaningful distraction, what can be done in the moment to take the person's mind off their concern?

## Example:

When you visit Derek at home in his apartment, he is moving furniture around. When you ask him what is wrong he tells you that he is 'late again for work' and fears that he is 'going to be fired'.

Derek



## Possible responses:

Validate	Emotion	Reassure	Activity
"You sound really worried Derek, can you tell me about your work?"  This addresses what Derek is seeing as the problem. Derek's problem has been accepted and not questioned and he is encouraged to say more.	"I would feel worried too if I thought I was going to lose my job"  This connects you to an empathic understanding of the worry that Derek has.	"You are safe here Derek"  This simple statement of fact communicates the intention that no harm, real or imagined, will come to Derek.	"We have some work to do here Derek. Can you help me with this furniture?"  This activity fits with Derek's preoccupation with work, and incorporates his behaviour rather than invalidates it.

The success or failure of this approach is recorded and discussed with others involved in the planning of Derek's care and support.

## Example:

When you visit Lyssa at home in her apartment, Lyssa appears confused and has tried to start making lunch for two people. Lyssa is concerned that someone normally helps her, and says her husband, James, left home this morning and has not come back to help. You know that when Lyssa's son visits he comes in the morning and Lyssa's husband died several weeks ago.

Lyssa

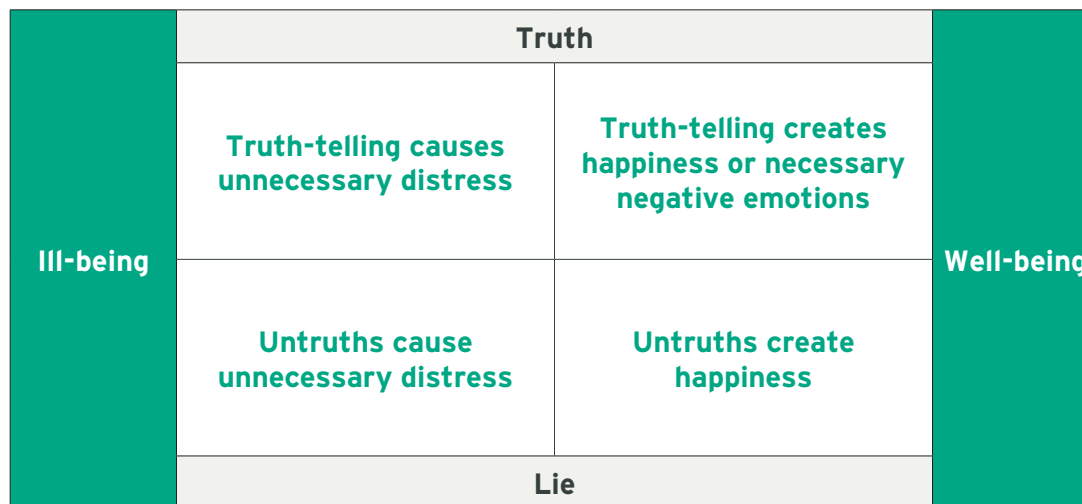


## Possible responses:

Validate	Emotion	Reassure	Activity
"You sound worried, have you been on your own for long today?"	"I would feel worried too if I didn't have any help"	"You are safe, I'll make sure you are alright"	"We have some work to do here Lyssa, can you help me prepare lunch?"

## 2 Truth & Lies framework

This framework was developed as part of a Mental Health Foundation inquiry into the use of truth-telling and untruths in dementia care. The framework can be used to plan a long-term strategy for supporting residents whose understanding of reality fluctuates and creates potential for distress responses.



### Example:

Lyssa is walking around the village street near her apartment and is distressed and confused. When you ask Lyssa what is wrong she tells you that her husband James is 'not here, he's gone missing' and is worried that when she woke up he was not in their apartment. This is a regular occurrence, James died several weeks ago and Lyssa's understanding of this loss is not always clear.

### Possible responses:

Truth-telling creates happiness or necessary negative emotions	Truth-telling causes unnecessary distress	Untruths create Happiness	Untruths cause unnecessary distress
<p>"Lyssa, a few weeks ago James was very ill, you were with him during a stay in hospital where he died"</p> <p>If Lyssa is <b>able</b> to recall the loss of James, although the news may upset her it allows her to go through a grieving process</p> <p>People living with dementia can grieve and have an emotional response to a loss. Even if the person is unable to recall the facts surrounding the loss.</p>	<p>"Lyssa, a few weeks ago James was very ill, you were with him during a stay in hospital where he died"</p> <p>If Lyssa is <b>unable</b> to recall the loss of James, truth-telling will continually cause distress and harm Lyssa's long-term well-being.</p>	<p>"I can't find James now, I see you're very worried but I'm here. Let's get you home and comfortable, perhaps on the way you can tell me about James"</p> <p>The focus is on addressing Lyssa's worry and distracting her train of thought</p> <p>"Lyssa, James has probably gone out, he's always busy isn't he, I'm sure he is fine"</p> <p>Lyssa is being told an untruth that reassures her that James is fine.</p>	<p>"Lyssa, James has probably gone out, he's always busy isn't he, I'm sure he is fine"</p> <p>If Lyssa is <b>able</b> to recall the loss of James and understands that something is wrong, this untruth is likely to prompt distrust, confusion and further distress.</p>

Successes and failures are recorded and discussed with others involved in the planning of Lyssa's care and support. Consistency is key to the use of this framework, ill-being may be caused if Lyssa is given inconsistent responses. An approach must be agreed upon and used by everyone.

**Cruse Bereavement Care 'Bereavement, Loss and Dementia' - [www.cruse.org.uk/bereavement-and-dementia](http://www.cruse.org.uk/bereavement-and-dementia)**

Blackhall A et al (2011) VERA framework: communicating with people who have dementia. Nursing Standard. 26, 10, 35-39.

Kirtley, A. and Williamson, T. (2016). What is Truth? An inquiry about truth and lying in dementia care . Mental Health Foundation.