

## Psychological Interventions in Response to Stress & Distress in Dementia

### H 2.5 Quick reference Guide when Completing ABC Charts

1. What is the specific behaviour you are analysing?

**Example:** Repetitive shouting 'Help me, Help me!'

2. What is the date and time

**Example:** Monday at 8pm

3. Where was the person? For example, the kitchen/ at the back door/ in the toilet/ in the day room or travelling FROM somewhere to another place?

**Example:** Sitting in the day room in the corner

4. Who was present in the environment? Remember to include yourself!

- Were there other people before this who had just left?
- Was the person alone prior to your arrival?

**Example:** Penny, Iain, and myself (nursing assistant)

5. Completing the A's: How noisy was the environment? Was it hot/cold temperature? Lighting? Who else was there? Was someone else agitated? What **just happened?**

**Example:** 'Penny was sitting in the day room watching the television. Iain walked behind her and touched her head. It was warm and quiet in the day room'

6. Completing the B's: What happened? How did the person behave? How often did it occur?

**Example:** 'Penny screamed after Iain touched her head and shouted "Help me! Help me!" for approximately 30 minutes'

7. What did the person say at the time of the incident?

**Example:** "Help me. Help me"

8. Completing the C's:

- How was the situation resolved?
- What did you do to try and reduce the distress? What did you say?
- How did you try to comfort the person?
- Did they respond to your touch?
- What tone of voice did you use? Did people leave or arrive to assist?

**Example:** Two other staff came to assist, but Penny increased her shouting. Staff left day room and redirected Iain away. I tried to reassure Penny by stating "Its okay Penny, you are safe now" in a soft tone and stroked her hand. I began talking about the dogs she had when younger.

9. How did the person look **before the incident** in terms of the emotions being experienced? (there are tick boxes for you to use)

10. How did the person look **during the incident** in terms of the emotions being experienced? (there are tick boxes for you to use)

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### H 2.6

### What are ABC Charts?

ABC charts help us to assess the situation surrounding the distressed behaviour. They give us time to reflect and consider what was happening before, during, and after an episode of stress or distress. The examination of completed ABC charts can provide some answers, or at least some theories, about the causes of the behaviour or in other words, the **unmet need**, that is being communicated. The ABC chart aims to shed light on the emotion that the individual may be experiencing at the time (fear, anger, sadness, anxiety, frustration), what might the individual be thinking, and what they are trying to communicate to others. It is a method for analysing what just happened and to consider all possible clues in the environment that may be triggering or maintaining someone's distress. It also helps us record and monitor how often the person is experiencing distress, and monitor any improvements over time.

- 1) The first rule of ABC charts is to **be specific about what it is you want to assess**. For example, stating that you are assessing 'agitation' is not specific enough. Ask yourself how you know the person is agitated. It should be as specific as 'Pushing' or 'Stripping off clothes'.
- 2) The second rule is that you should complete ABC charts consistently – if you start the process, you should complete them **every time** the distressed behaviour is displayed.

### How to complete ABC Charts

ABC Charts should only include your **observations - NOT personal opinion or impressions**. They are a factual and objective tool. Think of it like presenting evidence in a court of law - report what you saw and heard only. Do not begin to try to guess '**why**' the person acted in a certain way. This comes later!

Record all sections of the ABC chart. If any are missed then the chart is not going to be as helpful. For example, the date and time are important to record. This can provide a clue as to whether the person tends to become distressed at a particular time of day. Sometimes patterns can emerge e.g. when sedative or painkilling medication is wearing off or has just been given. If the behaviour occurs before lunchtime, this could indicate hunger. Does this occur on a Sunday when four family members visit and perhaps over-stimulate the person?

### ABC stands for:

**A – Antecedents:** This means what was happening just prior to the individual becoming distressed. Antecedents can trigger or reinforce distress. Identifying antecedents helps to identify causes of distress so that preventative action can be taken in the future.

**B – Behaviours:** This is simply a description of the behaviour(s) witnessed by you/staff/carers. You should not interpret the behaviour – just provide factual details as to where the person was, what they said or did, to whom etc.

**C – Consequences:** These are the responses or outcomes to the distressed behaviour, either from others or the person in distress. This helps to determine what might be

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achieved by communicating their distress. For example, in many instances, ABC charting can highlight the things that have been successful in dealing with distress, and these can be incorporated into a person centred care plan.

### **Why have we to fill in ABC charts?**

By completing ABC charts, we are learning about the individual rather than using a 'one-size-fits-all' approach. All individuals are different and what makes one person distressed won't necessarily make another individual distressed. Rather than using methods or ways of interacting simply on 'hunches', 'trial and error', or 'what seemed to work for someone else', the ABC assessment process should guide the development of a person-centered and individually-tailored support plan. It is everyone's responsibility to contribute to the assessment and recording of the needs of an individual with dementia.

### **What happens after the ABC charts are completed?**

After ABC charts are completed over a period of 1-2 weeks, a trained member of staff can analyse all of these and help the team develop a shared understanding of the individual's distress, the causes and some of the thoughts and emotions which may have triggered the distress. Once we understand this, we can then develop an understanding of what we can do to reduce their distress and meet the needs which are currently unmet. This will form part of the person-centered care plan.

Continued monitoring of distress in individuals can tell us if the person-centred care plan is working.