

BEHAVIOURS OF CONCERN:

A RESOURCE FOR SUPPORTING INDIVIDUALS



Shared health
Soins communs
Manitoba



BEHAVIOURS OF CONCERN

Purpose and Overview

The purpose of this resource is to offer a lens for understanding behaviours that we may see exhibited in individuals that we serve. This includes exploring why behaviours can occur, what they might look like, and how we can offer support to the person. Through review and reflection, we can enhance the nature of our interactions and improve the care that we provide.

When people are under stress, they can behave in ways that may be hard to understand. Behaviours of concern (BoC) are behaviours that people do that may be a problem for the individual and others. The context in which the behaviour occurs is important. For example, yelling at a sporting event may not be problematic if you are cheering for your team, however yelling at your friend may negatively impact your relationship. It's important to recognize these behaviours and try to figure out what purpose they may be serving.

Remember, people can behave in many different ways. It is only a behaviour of concern when it is causing problems for the person and/or those around them.

All human beings behave according to a variety of factors. These can include:

- personal life experiences;
- attitudes and expectations of oneself and others;
- physical and social environments;
- historical and existing systems;
- physical and mental health.

People living with a mental illness may or may not present with BoC. For those that do, sometimes BoC are a response to the symptoms they are experiencing. This is more likely when someone is having difficulty communicating or coping with what they are going through. While understanding the impact that various mental illnesses can have is important, there is often more than one reason someone presents with a BoC.

Why Do Behaviours of Concern Occur?

All behaviours happen for a reason. When someone is demonstrating a “challenging” behaviour, it's important to understand they are usually trying to:

- Meet an unmet need (feels deprived)
- Avoid or escape something (feels threatened)

The reasons for someone's BoC may be varied and can serve multiple functions. Focusing on the function and determining the purpose of the behaviour is more constructive. This can help to understand how it is serving the person and prevents blame being directed at the individual. Some functions may include:

1. To Express Physical Sensations or Discomfort



The person feels pain in their body.

The person is having medication side effects.



The individual feels sick.

To experience pleasant sensations (e.g., to move or use five senses such as touch, smell, hear, taste, and sight)



2. To Communicate a Need or Concern



The person is hungry or thirsty.

The individual wants to do something else.



The person is feeling lonely.

There is something they want to avoid or not do.



The individual has a desire or need to get something.

The individual is distressed about lack of personal choices.



There is someone the person wants to spend time with.

3. To Change Something about Their Surroundings

The individual wants to go somewhere.



The environment is inaccessible for the person.

The individual is unsure or concerned what will happen next.



The person is overwhelmed about the number of people around (e.g. too few/too many).

4. To Express Unpleasant Feelings or Thoughts



The person is having a reaction to traumatic event(s).

The person has lost someone or feels that they are going to lose someone.



Someone has yelled or been angry at the person.

The individual feels bullied or picked on.



The person is feeling bored or restless.

5. To distract them from having certain thoughts



The person is experiencing a painful memory.

The individual is having a scary thought.



The person is fantasizing about something.

What Do Behaviours of Concern Look Like?

There are many different types of BoC. Here are some main kinds:



Hurting Themselves

For example, a person may hit, bite or cut themselves.



Hurting Others

For example, an individual may push, bite, or hit someone.



Breaking Things



Declining to Do Things

For example, not eating, taking medications, or participating in activities.



Repeating the same unhelpful behavior over and over



Behaving in ways that are inappropriate or upsetting to others

For example, a person may swear, yell, or remove clothing.



Withdrawing or avoiding others

For example, not wanting to leave their room or house

Practice Trauma-Informed Care

Different experiences can lead to trauma. For example, experiencing abuse, violence, and victimization can have long-lasting impacts. Additionally, for Indigenous Peoples, it is also important to be aware of past and present harms of colonization, residential schools, discrimination, and systemic racism in healthcare. These have had significant impacts on individuals accessing services.

The effects of trauma may influence a person's behaviour in different ways. Individuals may respond to their new environment (e.g., in-house treatment) in ways that BoC but make sense given their past and current lived experiences. Some of the effects of trauma may include re-experiencing effects which may create distress for the individual; avoidant effects where a person does something to avoid the traumatic memory; negative thoughts and mood, and changes in arousal and reactivity.

Applying a Trauma-Informed approach can help provide context for behavioural responses so that support is provided in ways that are safe and compassionate and offer choice, voice, and control to the person whenever possible.

Supporting Individuals with Behaviours of Concern

Supporting someone who presents with BoC involves helping them to learn to use more healthy coping strategies.

Below are some strategies that might help to decrease the chances of these behaviours from happening as well as strategies to lessen the effect these behaviours have when they do occur:

It is helpful to keep in mind that it is the behaviour that is a problem or concern and not the person.

Validation - An effective strategy is to ask about and validate what emotion they may be feeling. You can do this without condoning or agreeing with the behaviour of concern. E.g., An individual seems angry and says, "This place is useless. No one here knows what to do, you're just wasting my time!" You might respond: "I hear you're frustrated, and you feel we have not been helping you. I may not fully understand what is happening for you, could you tell me what I might be missing?"

Try to understand the function(s) of the behaviour and then work with the person to help them get their needs met. For example, the person appears to be overwhelmed by too many people in the room, and you suspect the function of their behaviour (yelling, pacing) is to change their environment. You help them by asking and accompanying them outside for some fresh air.

Depending on the function of the behaviour, **additional strategies** to address BoC may include:

- redirecting the individual to do something else to achieves the same outcome (e.g. asking the individual to go to the person instead of calling out down the hallway);
- choosing not to react or choosing to ignore the behaviour;
- distracting by drawing the attention of the individual to something else;
- explaining why the behaviour is of concern;
- working to resolve or solve the program that is contributing to the BoC.

Please refer to BRaCT video 2 on the following page for more information.

Use clear communication – be clear, calm, and concise with what you are saying to the individual so that the message is mutually understood. When the individual is communicating their thoughts, practice active listening.

Support the individual to **learn and practice more effective coping skills** and apply positive reinforcement. For example: When you notice the individual attempting to use adaptive coping skills, you might say, "I saw you were working hard to use your skills in that difficult situation, nice work!" Don't forget - learning alternative ways of responding to stress can take time and practice.

Applying a **person-centered and trauma-informed approach**, such as getting to know the individual (likes/dislikes), offering choices, asking what goals and aspirations they have, encouraging the person to have a voice, supporting autonomy, and involving them whenever possible in any decision that might impact them. Individuals are less likely to present with BoC when they feel respected and valued.



Respond to BoC in an **encouraging way** and support the individual through **empathy and compassion**. Remind yourself that the person is showing BoC to cope with distress and that this response may have worked for them to get their needs met in the past. Acknowledging their distress is an effective way of showing compassion. It is also helpful to view the individual as doing the best they can with the resources they have in that moment.

Work with your team to develop and set appropriate, **clear, and consistent boundaries and routines but avoid power struggles or overly rigid approaches**. Ensure that the person is aware of these

boundaries using open communication. When you are consistent with how you interact with the person, your future actions are more predictable. This can create a sense of safety for the individual. People engage in BoC less frequently when they feel safe.

Practice self-compassion: It is important to remind yourself that the work you do is important and makes an impact.

As part of the team, discuss how to manage BoC with the person and with members who they have identified as family and natural supports. With the individual's input, identify proactive strategies they may use to cope with future situations. In this way, you can support them and provide a consistent response.

If you're unsure of what to do or how to respond, seek the perspective from your coworkers and supervisor on your team.

Note: This reference guide is to be used for general informational purposes. These strategies are applicable when the BoC does not pose a significant safety risk to self or others. Please consult your supervisor if you require support in working with individuals who present with BoC.

If the behaviours are related to self-harm or suicide, assessment by a clinician or medical professional is required. In situations of imminent risk, contact crisis or emergency response services. When behaviours related to aggression or violence pose a safety risk, respond according to organizational policies.

Managing Your Own Emotions/Reactions

— **Take a step back.** Notice what is happening for you as you engage with someone who presents with BoC. Be mindful of thoughts, emotions, judgments, or reactions you are having. Explore ways to work through these thoughts and emotions.

— **Try not to take the behaviour(s) personally.** Remember, it is the BoC that is the issue or problem, not the individual who is distressed. Act with intention, respond calmly and with purpose to effectively support the individual.

— **Seek support from your co-workers and supervisor.** We can feel more equipped to work through these interactions when we feel we are not alone.

— **Practice good self-care at home (and at work too!).** Take your breaks. Eat nutritious food and hydrate well. Move your body. Get enough rest. Practice mindfulness strategies to help reset and get unstuck. Try to shift gears after your work hours to transition out of 'work mode'.

— **Practice self-compassion:** remind yourself that the work you do is important, meaningful, and at times difficult.

Additional Resources:

Trauma-Informed: The Trauma Toolkit. 2nd edition (2013). <https://trauma-informed.ca/recovery/resources/>

The following videos were developed by The Behaviour Resource and Consultation Team (BRaCT), to help understand behaviour and support individuals with BoC.

(Please note: BRaCT has transitioned to Shared Health as part of Health System Transformation).

[Supporting Someone with BOC Part 1: https://www.youtube.com/watch?v=dI5EcRFJHuo&feature=youtu.be](https://www.youtube.com/watch?v=dI5EcRFJHuo&feature=youtu.be)

[Supporting Someone with BOC Part 2: https://www.youtube.com/watch?v=0WuG7zgyI8M&feature=youtu.be](https://www.youtube.com/watch?v=0WuG7zgyI8M&feature=youtu.be)

References

This material was compiled by the Clinical Specialists, Clinical Specialists, Mental Health & Addictions, Shared Health in April 2023 and adapted from:

-Shared Health (2022). Crisis Response Services, Mental Health Orientation (Brief).

- [Scope, Monash University \(2009\). FACT SHEET 5: Behaviours of Concern. Victoria, Australia.](#)

-Behaviour Resource and Consultation Team (BRaCT), Mental Health and Addictions, Shared Health (2020). See above links.

- [Addictions Foundation of Manitoba. \(2019\). Level One Course, Basics of Trauma-Informed Care.](#)

Contact the BRaCT team at: <https://sharedhealthmb.ca/services/mental-health/bract/>