

## POSSIBLE CAUSES AND STRATEGIES FOR CHALLENGING BEHAVIOURS

The following table lists behaviours identified as challenging by drug and alcohol services through the consultation process of the NADA and CRC No Bars Project. It identifies a possible alternative reason for the behaviour to non-compliance or non-motivation, linked to the possibility of an underlying complex issue, and suggests effective strategies to address these behaviours.

BEHAVIOUR	POSSIBLE REASON	POSSIBLE UNDERLYING COMPLEX ISSUES	SUGGESTED RESPONSE
Being late to group or other activities	Difficulty getting organised for group or remembering how long it takes to get ready and get to the room.	Problems with executive functioning as a result of cognitive impairment.	Talk to the person to check what's happening. Help the person set a routine to arrive on time. Implement a buddy system.
Not following program rules	Not understanding what they're meant to be doing.	Problems with memory and/or executive functioning as a result of cognitive impairment.	Check that they understand the program rules. Get clients involved in identifying why the rules are important. Go over the rules using specific, simple and concrete language where possible. Have written rules with the least amount of text possible. Use corresponding pictures with text and make the pictures larger than the text. Using colour is best. Discuss strategies with the person to help with program compliance, e.g. using reminders, having a buddy.
Not participating in activities required by the program (e.g. household duties)	Difficulty getting organised or may be fatigued or confused, especially if there's lots of activity and noise in the environment.	Problems with executive functioning as a result of cognitive impairment. High level of fatigue is a common physical change after a brain injury.	Ask the person what's happening for them. If they find it difficult to get organised, help them set a routine using memory aids and reminders. If it is fatigue, consider their program schedule and ensure there are adequate breaks for them.
Not sharing personal information	Difficulty displaying or articulating their feelings. Not trusting others. The environment may not be conducive to disclosing personal information.	Consequence of history of institutionalisation, e.g. prison or out of home care. Never having experienced a trusting environment/ having trust violated.	Recognise that personal information might be very difficult for some people to share. Be positive and offer encouragement when a person does share information (even if it's only a small amount).

BEHAVIOUR	POSSIBLE REASON	POSSIBLE UNDERLYING COMPLEX ISSUES	SUGGESTED RESPONSE
Not relating well to other clients	Difficulties interpreting the emotions of others or responding to an interaction in a socially expected way.  Fear of other people.	Difficulty in reading social cues may indicate FASD or mild or borderline ID.  Previous traumatic experience/s.  If they have few social networks, they may not have well-developed skills in communicating and interacting with others.	Support the person to develop social interaction skills by offering tips, encouragement and role-modelling behaviour.  Sometimes one-to-one teaching by a case manager to address a particular area is needed. Role plays may assist in this process.
Sharing information that contradicts what they said previously or that later turns out to be false	Difficulties with memory and comprehension so they could be: <ul style="list-style-type: none"> <li>• Responding to what they thought the question was</li> <li>• ‘Filling in the blanks’ in their memory</li> <li>• Trying to be compliant and thinking they’re telling you what you want to hear.</li> </ul>	Problems with comprehension and memory may be indicators of a cognitive impairment.  Confabulation (i.e. to fill in memory gaps with fabrications that they believe to be fact) is a common indicator of FASD.	Make sure you ask questions clearly, using specific, simple and concrete language.  Ensure they have adequate time to respond.  Allow them to give open-ended responses rather than yes/no answers where possible.  If this information is important to treatment, gently raise with the person one on one that this information is contradictory. Explore why, and explain why it is important to have the right information.
Repeatedly smoking in the wrong areas after you’ve shown them the designated areas	Difficulty learning consequences from past behaviour, or may be impulsive.	Difficulty in memory, impulse control and learning from past behaviour may be indicators of ID, ABI or FASD.	Advise the person again where the smoking areas are (try not to get irritated).  Ensure that smoking areas are clearly marked.  Discuss strategies that may help a person to remember, e.g. additional signs.
Taking another person’s possessions	Not understanding the concept of ownership or may have trouble predicting the consequences of their actions.  May have come from an impoverished environment and have survived this way.	Difficulty in memory, impulse control and learning consequences of behaviour may be indicators of ID, ABI or FASD.  Difficulty adjusting to new circumstances.	Explain that it’s polite to ask a person for something before taking it (but don’t assume the explanation will generalise to other situations).  Ensure property is labelled, where possible.  Teach the person one on one the communication skill of how to ask for what they need and how to respond.

BEHAVIOUR	POSSIBLE REASON	POSSIBLE UNDERLYING COMPLEX ISSUES	SUGGESTED RESPONSE
Being disruptive (including speaking over others) or disrupting the harmony of the group	<p>Becoming overexcited, having difficulty paying attention, or failing to correctly interpret the reactions of others.</p> <p>Group sessions may be too long.</p> <p>The environment may be too distracting, with outside noise or overstimulation from posters, etc, in the room.</p>	Difficulties in attention and regulating behaviour and emotions may be indicators of a cognitive impairment.	<p>Reiterate the rules of the group and why it's important to allow everyone to have a turn to speak at the beginning of and during each group work session.</p> <p>Use an implement (such as a 'talking stick') to give people permission to speak only when they're holding it.</p> <p>Ensure group sessions have adequate breaks.</p> <p>Make sure there's minimal internal and external distraction.</p> <p>Be aware there may be times when group work is not the best environment. This could change depending on if they are well or ill.</p>
Being defensive when challenged by staff or others	<p>Difficulty regulating emotions such as anger.</p> <p>Being hypervigilant, i.e. nearly always in an anxious, aroused state.</p>	Difficulties in regulating emotions may be an indicator of cognitive impairment, previous trauma or abuse.	<p>Help them use alternate strategies when challenged or frustrated, such as taking time to respond or taking deep breaths.</p> <p>Use appropriate trauma-informed practice strategies when working with all clients.</p> <p>Recognise that the behaviour may have been useful prior to the program, but work towards new strategies.</p>

Source: Developed by the Complex Needs Resource Advisory Group 2013