

Behavioural Resource Sheet: Repetitive Vocalizations

Repetitive Vocalizations occur in many people. The term includes any excessively loud and/or repetitive vocalizations, such as single words or phrases, nonsensical sounds, screaming, moaning, or constant requests for attention. These behaviours can be difficult to manage, and can lead to significant caregiver burden and distress.

Possible Triggers of Repetitive Vocalizations:

- Pain/discomfort
- Medical issues (e.g., urinary tract infections)
- Hunger
- Physical environment
- Stress/anxiety re: over- or under-stimulation
- Caregiver behaviours (e.g., pace of care)

Things to know...

- Repetitive vocalizations may provide a form of self-soothing and are not malicious.
- Behaviour often does not respond to medication.
- Behavioural approaches and changes to the environment tend to show the greatest benefit.

In the moment...

- Assessing pain is important. Pain should be ruled out before attempting any other technique.
- Remember that these vocalizations are not malicious nor intentional. They occur as a symptom of the person's condition and may also express unmet needs.
- Document the behaviour and the situation (e.g., physical environment, staff presence, the presence of other people or family members, activity level, noise level, time of day, etc.) to help identify patterns and potential triggers.
- Document any approaches that seem to have a beneficial effect. This can help identify useful strategies for management and recognizing potential triggers.
- If the repetition is a question, avoid reminding them that they have already asked the question. Instead, try: giving a different response; turning the question into a discussion; understanding why they may be repeating the question, and responding to any underlying feelings.

To prepare for next time...

- Develop an idea of what triggers a person's vocalizations to identify the right intervention.
- Continue to assess for pain, and discuss pain management options with the person's physician when appropriate. If changes to pain management happen, track whether the vocalizations change with the use of pain management.

Other helpful tips...

- Vocalizations can also be a symptom of medical issues (e.g., infection). Ensure a proper medical workup has been completed, especially if the behaviour is a sudden change for the person.
- If vocalizations appear to serve as self-stimulation, or as a way to communicate boredom, under-stimulation, isolation, or withdrawal: try redirection to personally meaningful activities, music, distraction, or other sensory stimulation activities.
- If the vocalizations appear to be related to overstimulation: try relaxation, environmental control, or redirection to less stimulating activity or area.

*This form is intended to be used as a tool for teams that work with individuals who express responsive behaviour. If the need for behaviour consultation is required, you may indicate consideration of the above information to the appropriate behavioural management team in your area.