

Physical Causes

Is the behavior related to:

- medical history, chronic pain, psychiatric illness?
- depression or delirium?
- UTI, pneumonia, constipation, dehydration, acute pain?
- medications such as antipsychotics?
- changes related to the type of dementia they have?
- what the disease has taken away?



The Person

Is the behavior related to:

- fears (e.g. post traumatic stress)?
- hunger, thirst, other unmet needs such as intimacy?
- things that upset them (triggers)?
- boredom – nothing to do?
- their personality, family relationships, culture or religion?
- abilities/disabilities to understand, communicate or function?
- past routines/ lifestyle (e.g. went for a daily walk outside)?



The Environment

Is the behavior related to:

- a rushed, noisy, hospital-like environment?
- unfamiliar caregivers/surroundings?
- no opportunity for choices or to do something?
- task focused versus resident focused care culture?
- minimal social interaction with staff?



What is the Fourth Factor?



The Fourth Factor - You!

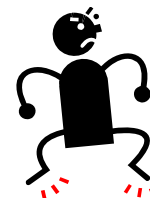
Is the behavior related to:

- how you react to the behavior?
- your approach (beliefs and values)?
- your non-verbal communication?
- whether you anticipate their needs?
- the way you reinforce the behavior?
- a belief that medications are our first option?
- your willingness to make their day and time special?



Do You Have a Pet Peeve?

What behaviour causes you to react?



How Can We Support The Client with Dementia?

Behavior can be an indication
that the person with dementia
is **distressed** and needs our support.



We need to ask

Is this behaviour a problem?

Whose problem is it?

When do we need to intervene?



Intervene When the Behaviour:

Could cause *harm to themselves*

Could cause *harm to others*

Interferes with the *rights* of others
(*Peaceful enjoyment of their home*)



How Should We Respond?

- **Ask:** Do we HAVE to do something right now?
'So what' if they don't want their bath today?
- **Follow:** the *'Path of Least Resistance'*
(Whatever works)

Do we have tools to help avoid causing distress?

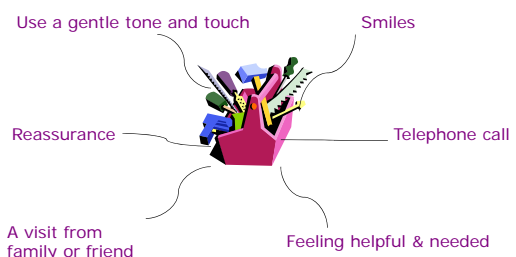


What is in the Caregiver's Toolbox?

- Knowledge
- Personal Strengths
- Caring/Patience
- Sense of humor
- Communication skills
- Supportive environment
- Creativity
- Team support

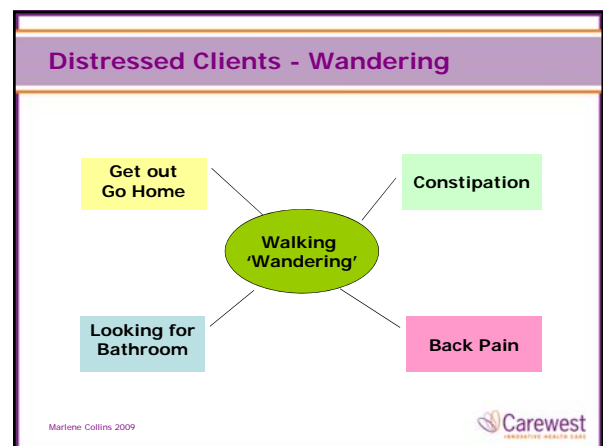
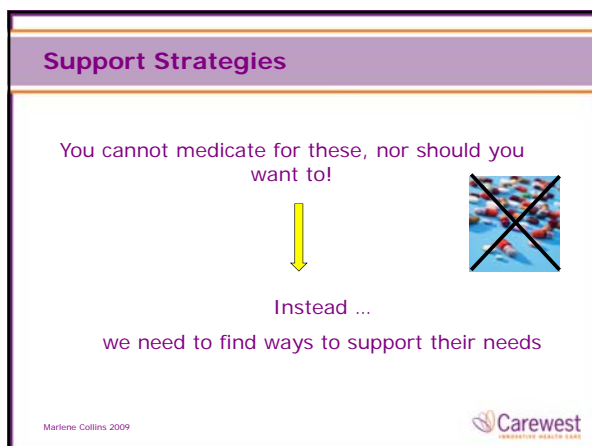
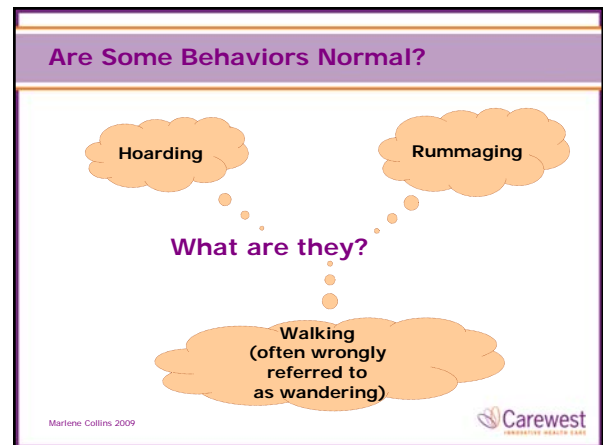
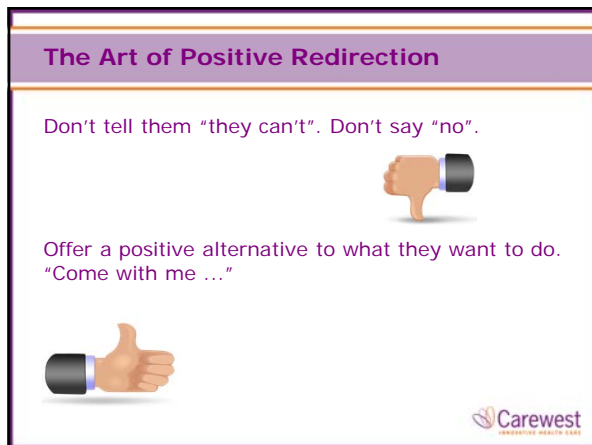


Support Strategies

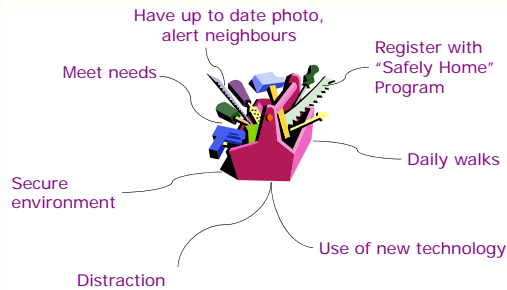


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Support Strategies for "Wandering"



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Where to Search

Most are attempting to return home

To places in their past

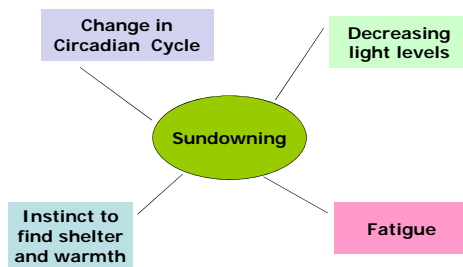
"Florida Factor" - travel south

Follow the "path of least resistance".

They go until they "get stuck"



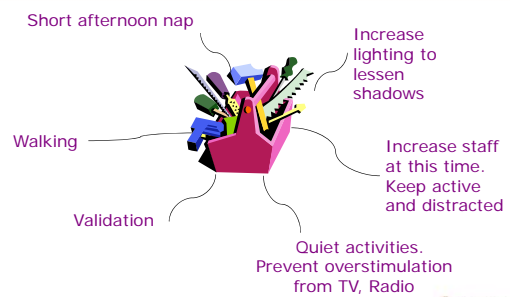
Distressed Clients - Sundowning



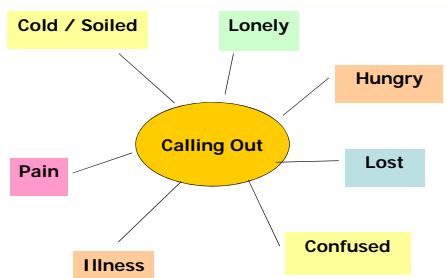
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Support Strategies for "Sundowning"



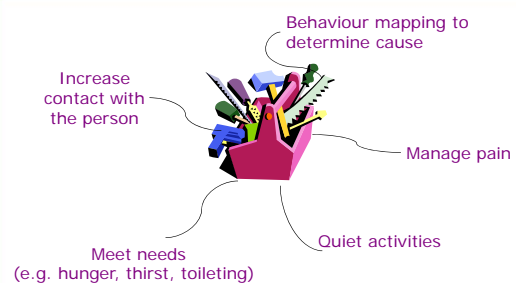
Distressed Clients - "Calling Out"

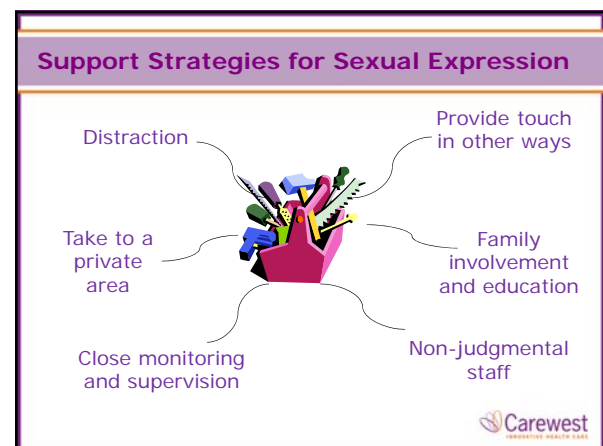
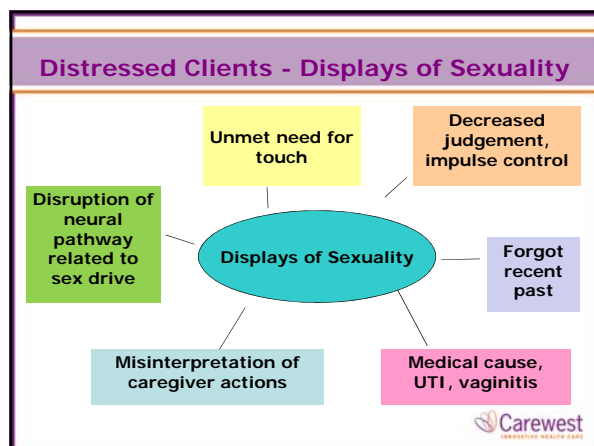
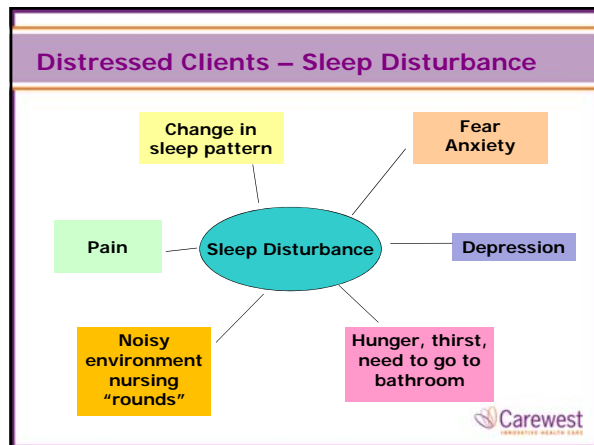
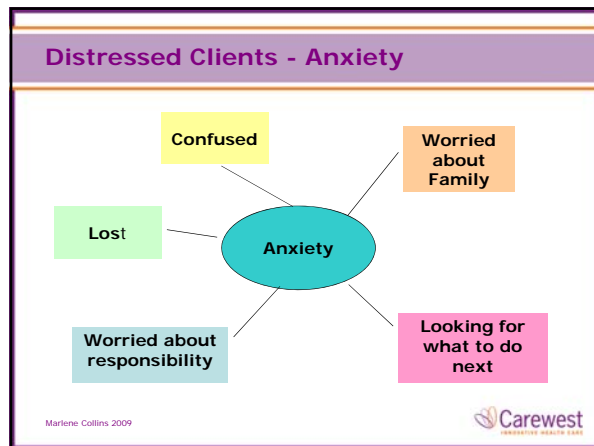


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Support Strategies for "Calling Out"





Inappropriate Clothing Could be a Trigger



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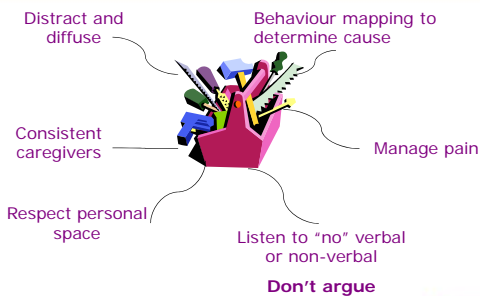
Distressed Clients - Aggression



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Support Strategies for "Aggression"



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"Choice and Challenge" Video

As you watch the video clips look for the "triggers" causing the aggressive behaviour

- Noise
- Rushing
- Too many caregivers
- No choices given
- Rough care - face washing
- Others?

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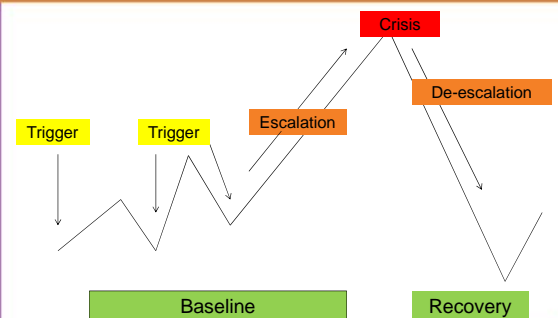
Signs of Distress and Possible Crisis

Watch for:

- Calling for help
- Trying to leave
- Tense muscles, clenched teeth, clenched fists
- Increased questioning
- Louder, faster talking or cursing
- Walking faster
- Interfering with others

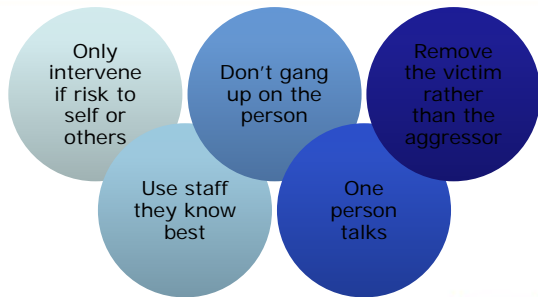
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Crisis Cycle



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Interventions



Debriefing

- Help to realize that the situation was not personally directed
- Empathize
- Should be about learning and problem solving not blaming



Medications as a Last Resort

Did you notice that ...
medication was not listed as a strategy for
altered behaviors in our tool kits?

Why would that be?

Medication has to be used appropriately
– right reason/right dose



Appropriate Use of Antipsychotics

What is all the fuss?



- In the past antipsychotics have been used to help manage behaviours for persons with dementia but with more evidence and research this is now being reconsidered



Are Antipsychotics Effective For...?

- Interfering with other residents - NO
- Inappropriate dressing/undressing - NO
- Perseveration, doing something over/over - NO
- Repetitive screaming/calling out - NO
- Eating items unsafe to eat - NO
- Trouble sleeping - NO
- Voiding, etc. in inappropriate places - NO
- Elopement (trying to leave) - NO
- Poor social skills - NO

That's why we need other strategies



Antipsychotics - Possible Hazards

- Decrease in cognitive function and the ability to engage
- Mobility impaired - increase in falls
- Metabolic implications - diabetes
- Strokes/Aspiration Pneumonia/Cardiac problems
- Mortality (death)

Therefore....

**Health Canada issued Warnings
about the use of Antipsychotics**



The Appropriate Use of Antipsychotics

Antipsychotics should only be considered when:

- the person has a mental illness or a psychosis (e.g. delirium)
- the person is at risk of harming themselves/others
(and everything else has been tried)

Antipsychotics

- must be reviewed frequently
- used at the lowest dose possible
- used for the shortest time possible
then gradually reduced and discontinued



Safety in Caregiving

Prevention is the best strategy



Safety in Caregiving

Attending to a client in a wheelchair

From the side is safer



Safety in Caregiving

Hair pulls, pinches and bites

Press in rather than pull away



Safety in Caregiving

Releasing yourself from a **grab**

Frail Elder

- effective to distract or wait

Strong aggressive grab

- use element of surprise to get out of grip.



Safety in Caregiving

Moving away from a **punch**

- **Block** the punch with two hands
- **Move** away from the person
- Do not grab the person's hand



Safety in Caregiving

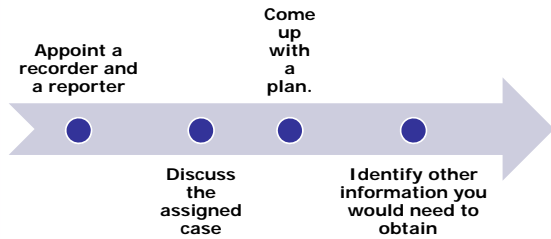
Releasing from a choke

- Quickly raise both of your arms
- Rotate away to safety



Use your Knowledge-Case Studies

If breaking into groups



Goals for Care

To help clients feel content and secure.

Reduction or elimination of “triggers” that lead to distressed behaviours.

To interact effectively with the person when behaviors occur.

Aim for a win/win solution.



Learning

- What is one thing you learned that will change how you support a person with distressed behaviour?



Questions?



Please refer to your handouts – includes references



Facility Client Case Studies

CASE STUDY #1

Mrs. L. is an 80 year old client with multi-infarct dementia. She was admitted 8 months ago. She is Vietnamese and has lived in Canada for 5 years. She speaks only a few words of English. Staff report that she is more confused and she has been voiding and defecating on the floor of various room on the unit. How would you deal with this problem?

CASE STUDY # 2

Alice is an 85 year old woman with Alzheimer disease. Her husband Al has been her caregiver for the past five years. He is no longer able to care for her at home due to urinary and fecal incontinence and night time wandering. She has a history of congestive heart failure and is hard of hearing. Alice has just been admitted and is wandering at night. She climbs into other client's beds and has been hit by Mr. J. twice. The team has come together to discuss her care. Her husband is very upset that Mr. J. has hit his wife. What are we going to do?

CASE STUDY #3

Ed is a 76 year old client with Alzheimer Disease. He speaks only one or two words, is totally incontinent and requires total assist. Other problems noted on his chart are macular degeneration and arthritis. Ed screams loudly when staff are giving him a tub bath and strikes out and bites staff. Two staff have been injured and Julie has a large bruise from having been bitten on the arm. How can we deal with this situation?

CASE STUDY #4

Mr. P. is a 60 year old male with Pick's Disease. He has been divorced for five years. His daughter lives in Halifax and visits once a year. He has one male friend who visits weekly and seems concerned about him. His communication is decreased to single words. The NA Mary was upset to observe him masturbating in the dining room when she was bringing other clients in for lunch. Jeff also reported observing him rubbing the front of his pants in the hallway yesterday. Staff also reports that he grabs their breasts when they are giving care. Some staff are upset with this behaviour and feel something has to be done. It is not fair that staff and other clients have to put up with this sexually inappropriate behaviour. What questions would you ask? What plan would you put in place?

Home Care Case Studies

CASE STUDY #1

Mrs. J is an **80 year old woman with Alzheimer Disease**. She is cared for by her daughter who works part-time. Mom has been staying home alone up to this point but last week her daughter came home and her mother was not home. A search of the neighbourhood found her sitting in a nearby park. Her daughter is now worried re: what to do. What would you suggest?

CASE STUDY #2

Mr. P has **been diagnosed with Lewy Body dementia**. He is cared for by his frail wife. Lately he has had some falls and his wife had to call a neighbour to pick him up. Mrs. P. says she can't turn around because he will be up out of the chair alone. "He just won't listen". She thinks she should tie him in the chair when she has to run down to the store or get her work done. How would you deal with this situation?

CASE STUDY #3

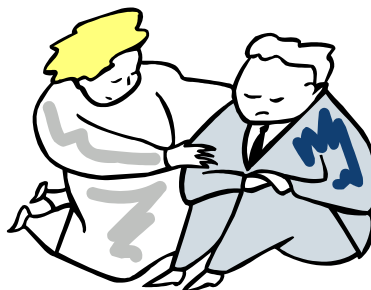
Mr. D has been violent with his wife last week and she has a black eye. She has told her family that she fell. You have come into the house to provide respite care while she goes to get groceries. You are feeling a little concerned as to whether it is safe. Mr. D. has accused you in the past of taking his money. What would you do in this situation? What questions would you ask?

CASE STUDY #4

Mabel is a delightful **lady who cares for her husband AL who has vascular dementia**. She confides in you that Al is always after her to have sex. He can be quite persistent. She finds that their relationship has changed so much she doesn't want to have sex with him anymore

Best Practices for Responding to Altered Behaviour

- ☆ *Staff* will know the clients' usual patterns of behaviours
- ☆ *Staff* will understand that every behaviour has a meaning and the importance of assessing to rule out physical causes (look for meaning)
- ☆ *Staff* will recognize potential triggers to behaviours
- ☆ *Staff* will stay calm, monitor their own level of fear and anxiety, and establish a relaxed mood
- ☆ *Staff* will respect a clients' personal space
- ☆ *Staff* will allow clients to remain where they are unless it is an unsafe situation
- ☆ *Staff* will provide reassurance to the clients that they will not be harmed and encourage them to talk rather than act out his anger
- ☆ *Staff* will listen to concerns, be flexible and accepting and ask what is troubling the clients
- ☆ *Staff* will provide alternatives to the behaviour, distract or divert the person's attention – state the action you want (e.g. avoid saying: "don't go there")
- ☆ *Staff* may use appropriate humour and laughter to stimulate a sense of relief and provide comfort through a sense of belonging
- ☆ *Staff* may use touch and hugs as a form of communication whenever appropriate or possible
- ☆ *Staff* will not argue, but will "let things be" or ignore behaviours if the situation is not harmful
- ☆ *Staff* will accept behaviours which are normal for a person with a dementing illness
- ☆ *Staff* will pre-plan their intervention especially when more than one caregiver is required
- ☆ *Staff* will know that approach is important



"We all boil at different degrees." Ralph Waldo Emerson

STAFF WILL USE THE FOLLOWING WAYS TO INTERVENE:

- Redirect whenever possible
- Minimize or eliminate triggers
- Validate feelings
- Invite the client to a quiet / peaceful place
- Recognize need for pain management
- Use “Path of least resistance”
- Support families
- Minimize moves / changes
- Make environment familiar
- Re-approach at a later time
- Try a different caregiver
- Go with the client rather than pull away
- Use a quiet tone
- Provide care with least number of staff possible
- Only one staff talk at a time



STAFF WILL USE THE FOLLOWING WAYS TO INTERVENE WHEN INAPPROPRIATE SEXUAL EXPRESSIONS OCCUR:

- Redirect attention if possible
- Provide privacy
- Provide protection for non-consenting partners
- Facilitate discussions with families and team to reach a common understanding
- Ensure confidentiality related to circumstances
- Do not label clients (e.g. as aggressor or a victim)

CONSIDER LANGUAGE CAPABILITY OF THE RESIDENT:

- use words, phrases, and language most familiar to the person
- be aware of culturally specific information
- use reminding
- use redirecting
- make eye contact
- use comforting words and touch
- negotiate with the resident (only if you can follow through)

Staff can be injured by aggressive acts of residents

- Examples:
 - a staff member is struck by a resident wielding a cane
 - while bathing a resident, the staff member is grabbed, loses her balance and falls resulting in a work related injury
 - a resident pinches a staff person so hard that a severe bruise results
- staff member is pushed into a door by a resident, resulting in injury the reasons why these incidents occur is not always clear
- every such incident should be reviewed to identify ways it might have been averted
- it is important to pay attention to what preceded the incident, since this may have triggered the aggression
- if particular staff behaviours or situational circumstances lead to incidents of aggression, these should be modified to prevent a recurrence of the aggressive incident
- staff training can help in preventing these incidents
- environmental triggers can be difficult to identify as sometimes the most minor of stimuli can lead to aggressive reaction
- it may take some time to discover the trigger to aggressive behaviours

TIPS FOR STAFF TO PREVENT AGGRESSION

- a few residents may be especially prone to act out aggressively when they are frightened, frustrated, or faced with new situations
- all staff should be made aware of these residents, including activity, housekeeping, dietary, etc.
- these residents should always be approached from the front so that they have a direct view of who is coming toward them
- always inform the resident about what you are about to do (e.g., “I am going to help you out of the chair”)
- tone of voice can be a trigger therefore, speak to the resident in a soothing voice
- touch can be interpreted as aggression by some residents; staff need to be gentle and calm in their approach
- always maintain eye contact with the resident
- if the resident resists care or treatment, do not insist, rather return at a later time and try again

Helpful Techniques for Bathing Residents who are Cognitively Impaired

- use a calm, personal gentle manner
- don't rush and keep directions simple
- if the resident begins to get agitated, slow down or stop
- cover all parts of the body you are not directly working with
- always explain what you are going to do (unless the resident is made more agitated by the explanation). Providing information is less threatening
- engage the resident in conversation about a topic of interest
- begin bath when the resident is more cooperative and calm
- always try to give choices
- honour bathing preferences: time, day, type of bath
- ensure privacy
- use same-sex caregiver if possible
- use the caregiver who is most likely to be successful
- use familiar bathing accessories (bubble bath, scented soaps)
- always have empathy toward the resident
- always make every effort to preserve the individual's dignity¹

1. O.W. Malott, ed., Alzheimer Resource Manual (Waterloo, ON: University of Waterloo, 2000)

References Module 5

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