In-service Training

Behaviors and Interventions in Dementia Care

Length: 1.5 hours

Goals: By the end of this training session, the participant will be able to:

- Implement effective behavior management plans.
- Identify when a physician should be contacted to assist with behavior management.
- Describe the "A-B-C" approach to behavior management.
- Discuss the question; "who's problem is it?"

BEHAVIORS AND INTERVENTIONS IN DEMENTIA CARE

Adapted from "Behavior Management Techniques" available from the National Institute on Aging's Alzheimer's Disease Research Center at the University of Washington.

People who have Alzheimer's disease often pose severe behavior management problems for those who provide care. Since Alzheimer's disease and other dementias attack the brain in different places and at different rates of speed, you will find that each person's behavior is different. But overall, when caring for dementia residents, you will see certain types of behavior problems. You can learn techniques to change behaviors that may be making your job difficult. Most importantly though, these techniques will help you observe and manage resident behaviors as they change over time and will allow you to adapt and change your interactions for the best results.

Demented residents show a variety of different behavioral problems, including (but not limited to) anger, agitation, depression, suspiciousness, paranoia, wandering, sexual inappropriateness, hallucinations, and delusions. All of these behaviors can pose serious difficulties for the person trying to provide care.

What is meant by the term "behavior"? Behavior is an action that you can see and describe. While a behavior might result from an emotion, this section will not be exclusively concerned with emotions, but will concentrate on behavior, or on what you see happening. Because you can see behavior, you can get information about it such as how often does it happen, or, who is around the resident when it happens?

Why Work with Behaviors?

Although you can't yet change the course of the resident's disease or how it will damage the brain, you can change behaviors. Behavior affects the quality of both of your lives. By managing an unpleasant behavior you can increase the quality of life for the resident and make caregiving easier on yourself.

Managing behavior involves the following steps:

- Learning to observe and define problem behaviors.
- Developing a plan to manage the behavior.
- Evaluating your plan's effectiveness in changing behaviors.
- Changing your plan and reevaluating to make your plan more effective.

Before starting to work with difficult behaviors, be sure that the person's medications or medical conditions are not causing or contributing to their problems. Be alert for sudden

illness, effects of new medication or change in dosage, or any other recent changes in the resident's life or surroundings.

Defining a "Problem" Behavior

A behavior should be considered a "problem" if it has a negative impact on the resident or other residents in the facility. This could mean that the behavior is dangerous to someone (like striking someone), or it damages something (like breaking objects), or it is unpleasant to experience (like yelling or arguing). Sometimes several behavior problems occur at once (the resident yells and strikes out).

It is important to ask: "Who's problem is it, mine or the resident's?" In other words we should avoid attempting to change or manage behavior for our own convenience alone.

Observing Behavior

Behaviors always occur in three parts. These parts we call **A, B,** and **C**.

A is a triggering event (often called an **antecedent** or cause)

B is the **behavior** itself

C is the **consequence** of the behavior (what happens because of the behavior)

As you observe (see and pay attention to) a behavior you will learn to look for these three parts and they will be your key to changing the behavior. Think about the problem and gather information:

First, define the **behavior (B)**. What is the current behavior? What is happening? What did the person do? Describe the action-for example, the resident yelled, the resident struck out, the resident paced, the resident asked the same question ten times, or the resident pinched the nurse's aide. Also notice when, where, and how often the behavior occurs.

Next, look for prior events that may have triggered the behavior (the **antecedent (A)**). Did anyone or anything trigger the behavior? What was happening before the behavior started? Look for clues, like somebody demanding too much, being angry at the person, or for disturbing noise or activity around the person. Were there any changes in the environment beforehand?

Lastly what is the **consequence (C)** of the behavior? What happens as a result of the behavior? What changes occurred in the environment or in the behavior of other people because of the resident's behavior?

Observe and write down your observations about the behavior. It's easiest to work with one behavior at a time, so target just one to watch. Behavior, even in a confused person, results from a cause. Understanding the causes can help you figure out what to do to help.

Developing a Plan

Once you have identified a behavior, gathered information about it, and viewed the patterns of its occurrence, it is time to see if you can manage it by developing an individual plan. A plan that is individualized, designed specifically around the **ABC's** of a given situation, is likely to be much more effective than one developed generally for everyone.

Problem behaviors in dementia care cannot always be stopped or changed, but they typically can be managed. This often means that the environment or the approach of the caregiver is modified, rather than the resident. For example; a resident in the facility wanders out the front door several times a day. It would likely be impossible without physical or chemical restraints (which are not allowed in the facility) to stop the resident from wandering, so the administrator ensures that the front and back yards are safe and appropriately fenced (although not locked) and staff supervision is provided to allow the resident to wander safely.

It is important to set realistic, reachable goals tailored to the individual. Divide your plan and goals into small easy-to-do parts. Be creative.

Managing behaviors can be very hard work so don't forget to reward yourself and the resident for successes, no matter how small. Also, managing behavior is an ongoing process. What was once successful may no longer work over time, so remember to continually evaluate and change your plan as necessary.

Does changing behaviors mean ignoring emotions?

Working with behaviors doesn't mean ignoring feelings or emotions. You should focus on the behavior **but** keep in mind that feelings are often displayed in behavior. As the resident's ability to communicate and understand the world around them gradually declines, a friendly touch, a smile and a reassuring tone may be the only way to communicate to the resident that they are safe and that you care about them.

Suggested Interventions for Common Problem Behaviors

Put the problem in perspective. Ask who's problem is it?

Facility staff must feel comfortable with the behaviors associated with the resident with dementia. Residents may exhibit certain behaviors such as rummaging, which do not cause harm, if in a controlled environment. There is no reason to "change" behaviors which do not cause harm.

Poor table manners.
Serving the resident one food at a time avoids the mixing, stirring, pouring that sometimes takes place at the table. This also makes it easier for the resident to complete the meal.

Unusual clothing or multiple layers of clothing.
Put the clothes out on the bed in the order the clothing should be put on, underwear on top, the sweater on bottom. Some residents do best with a minimal amount of clothing accessible in her room. Keep clothing simple, avoid excessive buttons, zippers, etc.

Disrobing in public.
Jumpsuits or clothing which close in the back are helpful. Many times disrobing indicates discomfort. Does the clothing fit right? Is the resident dressed in clothing that is too warm? Additionally, some residents disrobe because of boredom. Ensure there are significant and meaningful activities available at all time for the residents.

Inappropriate sexual behavior.
Explain to the resident it is not appropriate to do this in public and take the resident to a private area. Providing the resident with enough activities can help to redirect and occupy the resident. Never reprimand or scold the resident.

Catastrophic reactions
Catastrophic reactions can be curbed by awareness of the triggers for the reaction. Document every time a reaction takes place and then avoid the triggers. Verify that the resident is not agitated due to something in the environment. Safety for the resident and staff is extremely important. Due not attempt to argue with the resident or subdue the resident.

Rummaging and Hoarding

Provide the resident with their own box or drawer of assorted safe items to organize and reorganize. Provide adequate physical activity.

Pacing

Walking is not a negative behavior unless it is excessive or the resident wanders into inappropriate areas (i.e. outside the facility, into other resident's rooms). Rocking in a rocking chair, music and physical activities all help avoid pacing. Sometimes it is okay to let the resident walk.

Depressive Behaviors

Allow the resident to discuss her feelings. Be cautious that a resident is never being "talked about" in front of her. Physician intervention should take place anytime depression is suspected.

Management of Catastrophic Reactions

Catastrophic reactions refer to sudden changes in a resident's usual behavior. For example; while helping Mary, a normally calm resident, get dressed she becomes suddenly agitated. Mary begins screaming and thrashing her arms about when she strikes the caregiver in the face.

The following are suggested interventions to manage catastrophic reactions:

1. Recognize the early warning signs such as refusal, restlessness or a flushed face. When early warning signs are present, back off. Often just giving the resident some "breathing room" can prevent a catastrophic reaction from occurring.

2. If a catastrophic reaction occurs, attempt to identify what may have triggered the reactions. If necessary document the triggers so that they may be avoided by other caregivers in the future. Triggers may include a particular activity, such as eating or bathing; or a particular person, such as another resident, or a caregiver.

   Always consider the possibility of underlying medical problems that can trigger catastrophic reactions, such as pain, medication side effects or infections. Work with the physician to identify and treat these possibilities.

3. Recognize that the behavior is not willful and avoid transferring feelings of anger towards the resident. If a resident yells at you, or possibly even strikes at you, the natural human response is anger. Remember, these are the result of the symptoms of dementia, excessive emotions, poor reasoning, etc. It is not your fault, and the actions are not directed at you as a person.

4. Remove the person or object that is causing the reactions.

5. Avoid arguing. Be calm and reassuring. Compensate for the resident's limitations.

6. Combative behavior is generally a sign of an extreme catastrophic reaction. Avoiding triggers will usually limit combative behavior. Combative behavior should be reported to a supervisor, so appropriate intervention can take place.

Comprehension exercise

BEHAVIORS AND INTERVENTIONS IN DEMENTIA CARE

Case Study

Read the case study below. Working in groups, establish a plan for managing this behavior.

John has been living in your facility for over 2 years. He is diagnosed with probable moderate Alzheimer's disease. He displays impairments in short-term memory, judgment, reasoning, and language. John is normally calm and mild-mannered, but has occasional episodes of agitation.

Today Mary is assigned to care for John. During lunch Mary was helping John to eat when he started to become increasingly agitated saying; "I need to get out of here." Mary told John; "you need to eat your lunch, you didn't have any breakfast today, and only ate a little at dinner last night." But John continued to refuse to eat.

Finally, John become very upset and through his plate at Mary.

Is this behavior a problem?

Identify the A-B-Cs:

Describe your plan to manage this behavior now and in the future.

Quiz

BEHAVIORS AND INTERVENTIONS IN DEMENTIA CARE

True and False

1. T F A problem behavior and catastrophic reaction are managed in the same way.

2. T F A catastrophic reaction is a sudden change in behavior in a client with dementia.

3. T F When a client with dementia is demonstrating an odd behavior, your first step in managing it is to find out why the client is doing that.

4. T F Not all behaviors related to dementia require management.

Multiple Choice

5. Behavior problems in dementia can be related to which of the following?
   a. A urinary tract infection
   b. Dehydration
   c. Previous profession
   d. All of the above
   e. None of the above

6. The goal in dealing with problem behaviors is to
   a. Stop the behavior
   b. Manage the behavior
   c. Change the behavior
   d. None of the above

Short Answer

7. What does A – B – C parts of behavior management stand for?

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Orientation/In-Service Sign-in Sheet

Orientation/In-Service Topic/Title:	
Date:	Location:
Instructor/Title/Signature:	
Notes:	

Name (print)	Signature

Certificate of Completion

THIS IS TO CERTIFY THAT

HAS COMPLETED THE FOLLOWING IN-SERVICE TRAINING

_____

Administrator/Instructor

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Date