

Dementia Care: Aggressive Behaviors

Instructor Guide



UPDATED JUNE 22, 2011



Care and Compliance Group, Inc • 800.321.1727 • www.careandcompliance.com

INSTRUCTOR GUIDE:

DEMENTIA CARE: AGGRESSIVE BEHAVIORS

Overview	This module addresses aggressive behaviors are not always intentional, often results from triggers, and may be the only way the resident feels he/she can communicate.
Video(s)	"Dementia Care: Aggressive Behaviors" (37 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Obtaining a Behavioral History on a resident can be very important2. Learn how to better manage behaviors3. Aggressive Behaviors are not always intentional4. Aggression often results form triggers5. Aggressive actions may be the only way the resident feels he can communicate

QUIZ: DEMENTIA CARE: AGGRESSIVE BEHAVIORS

Name: _____

Date: _____

1. The resident with dementia who is experiencing agitation can escalate to aggression.
 - a. True
 - b. False

2. Signs of agitation may include:
 - a. Restlessness
 - b. Different than normal body language or facial expressions
 - c. Pacing
 - d. Fear
 - e. All the above

3. When approaching a resident to offer your assistance in ambulating or transfer, extend your arms slowly with:
 - a. Your palms down, ready to grasp their arms
 - b. Your palms up in a gesture of offering assistance

4. Threatening consequences to a resident who is not responding to your request can escalate agitation and lead to aggression.
 - a. True
 - b. False

5. "Change of Face" is a term used often when dealing with residents with dementia. It means:
 - a. Change your facial expression and tone of voice if the resident is not responding appropriately
 - b. Have another caregiver attempt to communicate to the resident

6. If a resident is acting aggressively with other residents in the area, what is the first action you should take?

- a. Escort the other residents from the area
- b. Call 9-1-1
- c. Contact the physician

7. In most cases in residential care, a resident who is lashing out is really:

- a. Just a mean person
- b. Trying to communicate something that is important to the resident
- c. Trying to gain something by using aggressive behavior as a tool

8. Please list at least 4 factors that may be a trigger to aggressive behavior.

9. In order to avoid triggering aggressive behavior in the future, if aggressive behavior does take place, note the:

- a. Time
- b. Place
- c. Who is in the area
- d. What the resident was doing prior to acting out
- e. All of the above

QUIZ KEY: DEMENTIA CARE: AGGRESSIVE BEHAVIORS

1. The resident with dementia who is experiencing agitation can escalate to aggression.
 - a. True
 - b. False

2. Signs of agitation may include:
 - a. Restlessness
 - b. Different than normal body language or facial expressions
 - c. Pacing
 - d. Fear
 - e. All the above

3. When approaching a resident to offer your assistance in ambulating or transfer, extend your arms slowly with:
 - a. Your palms down, ready to grasp their arms
 - b. Your palms up in a gesture of offering assistance

4. Threatening consequences to a resident who is not responding to your request can escalate agitation and lead to aggression.
 - a. True
 - b. False

5. "Change of Face" is a term used often when dealing with residents with dementia. It means:
 - a. Change your facial expression and tone of voice if the resident is not responding appropriately
 - b. Have another caregiver attempt to communicate to the resident

6. If a resident is acting aggressively with other residents in the area, what is the first action you should take?

- a. Escort the other residents from the area
- b. Call 9-1-1
- c. Contact the physician

7. In most cases in residential care, a resident who is lashing out is really:

- a. Just a mean person
- b. Trying to communicate something that is important to the resident
- c. Trying to gain something by using aggressive behavior as a tool

8. Please list at least 4 factors that may be a trigger to aggressive behavior.

- Hunger
- The need for toileting
- Separation anxiety
- Clutter
- Performing an activity they just don't like
- A new staff member
- A new roommate
- Illness
- Toothache or oral pain

9. In order to avoid triggering aggressive behavior in the future, if aggressive behavior does take place, note the:

- a. Time
- b. Place
- c. Who is in the area
- d. What the resident was doing prior to acting out
- e. All of the above

Certificate of Completion

THIS IS TO RECOGNIZE

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

DEMENTIA CARE: AGGRESSIVE BEHAVIORS

Instructor Signature

Date

Dementia Care: Aggressive Behaviors

Learner Workbook



UPDATED JUNE 22, 2011



Care and Compliance Group, Inc • 800.321.1727 • www.careandcompliance.com

BEHAVIORAL HISTORY AND SOCIAL ASSESSMENT

Obtaining a Behavioral History on a resident can provide very important information about a resident. Behavioral History questions will elicit information about the resident's history of such behaviors as wandering, agitation, assault, sexual behaviors, elopement, and others. The Behavioral History can be obtained from the resident and family at the same time you conduct your Social Assessment. In addition, gather requested information from any affiliated contact, such as hospital, skilled nursing facility, day care, caregiver, spouse, etc.

A Social Assessment provides valuable information about a person in his/her social context. Examples of information obtained in a Social Assessment include:

- Customs and practices
- Beliefs
- Fears and joys
- Family history
- Attachments/sociability
- Availability of family and friends to provide support

Obtaining detailed information about a resident, his/her background, personality, likes/dislikes, etc. helps us provide optimal care, appropriate activities, and enhances communication. Let's take a look in more detail about what information from a Social Assessment would help.

- Is the resident outgoing, social, quiet, physically active?
- Does the resident have a favorite food, hobby, or sport?
- How does he/she respond to stimuli?
- How does he/she respond to assistance?
- How does the resident relate to family?
- Does the resident have children?
- How does the resident practice his/her religion? (ask after admission)
- How does the resident celebrate holidays?
- What does the resident like to wear?
- Are there any significant life events that family can share?
- How does the resident respond to stress?
- How does the resident display emotion?
- What is resident's general demeanor?
- How does resident react to discomfort/pain?
- What kind of entertainment does resident enjoy?
- What level of education did resident complete?
- What are things that may be disturbing to resident?
- How would resident respond to visiting animals?
- Would resident strike in any situation?
- Would resident make needs known?

Obtaining a thorough assessment of a resident will help you determine:

- Resident Compatibility
- Resident Strengths
- Environment/Safety Needs
- Resident at Risk
- Available Support Services

These are key considerations during the assessment process to determine if a resident will be an appropriate fit for your community.



MANAGING BEHAVIOR

One of the first steps to managing behaviors associated with dementia is to be aware of the causes of behavioral responses. Why do difficult behaviors occur?

Difficult behaviors can occur for many reasons. We are going to discuss behavioral problems that can occur related to each of the 5 root causes below:

1. Physical
2. Emotional Health
3. Environmental
4. Tasks
5. Communication

Behavioral problems can occur as a result of physical or physiological reasons, such as:

- Pain
- Fatigue
- Discomfort
- Impaired speech
- Short attention span
- Medical problems
- Complications from medications

Emotional problems can occur as a result of emotional or psychological reasons, such as:

- Depression
- Feelings of loss of control
- Hallucinations
- Feeling scared, sad, lonely, etc.
- Fears—health, death, etc.
- Loss of identity
- Loss of family or spouse
- Feelings of inadequacy, such as being unable to complete a task

Environmental issues can create behavioral problems in a resident with dementia. Examples of environmental-related issues are:

- Sensory overload (too much going on in the environment)
- Unfamiliar people
- Noise
- Lighting
- Something that startles a resident
- Agitating behaviors of others in environment

Tasks presented to a resident with dementia can create behavioral problems. Here are some task-related issues and solutions:

Issues:

- Overwhelming
- Rushing
- Over stimulating
- Too complicated
- Can't focus
- Poor attention

Solutions:

- Keep it simple
- Slow down
- Stay calm/gentle
- One step at a time
- Make eye contact
- Repeat Instructions

Communication can also contribute to a resident's behavioral challenges. Without effective communication the psychosocial quality of life for the resident quickly deteriorates. Communication can be verbal, nonverbal, or both.

- Verbal communication is the words you use.
- Non-verbal communication is your actions, body language, and facial expressions.

Your tone of voice, expression of emotion, and inflection is also considered a part of non-verbal communication.

Effective communication is the key to working with residents with dementia.

When communicating with a resident who has dementia, it helps to:

- Face the resident
- Speak slowly
- Use the resident's name
- Wait for a response from the resident; don't rush
- Repeat if necessary
- Cue or model behaviors
- Smile at all times
- Praise and reassure the resident

According to the *Alzheimer's Association*, there are three basic steps to assist in identifying common behaviors and causes.

Step 1: Identify and examine the behavior.

You should ask the following questions, "What was the behavior? Was it harmful to the individual or others? What happened just before the behavior occurred? Did something or someone trigger the behavior?" Other questions you may consider in order to examine the behavior include, "What happened immediately after the behavior occurred? How did you react?" The Alzheimer's Association suggests you should consult the resident's physician to identify any causes related to medications or illness.

Step 2: Explore potential solutions.

The Alzheimer's Association recommends identifying the needs of the person with dementia and evaluate if these needs are being met. Questions you may consider, "Can adapting the surroundings comfort the person? How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?" It is important to keep in mind the person with dementia may be using these behaviors to communicate his or her needs in the only way he/she knows how, this is why as a care provider you need to be cautious of your response.

Step 3: Try different responses.

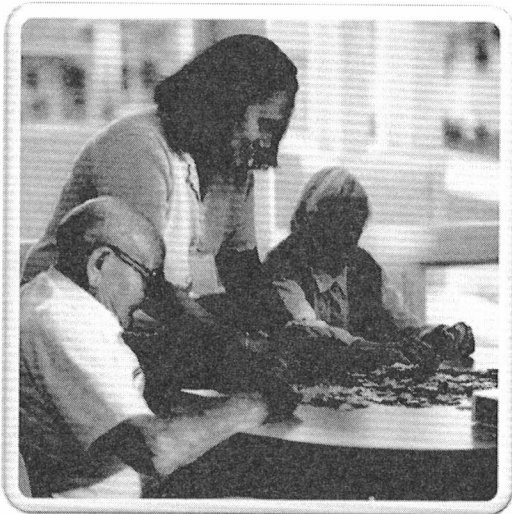
Once you attempt new responses, you should evaluate, "Did your new response help?" The Alzheimer's Association asks, "Do you need to explore other potential causes and solutions? If so, what can you do differently?" There are many resources you can use to discover positive solutions to challenging behaviors.

Below is a list of "13 R's" in what is called a Solution Focused Model. A Solution Focused Model focuses on what you can do RIGHT NOW to change the resident's behavior rather than focusing on the problem(s) that made the resident display a difficult behavior. This approach does not focus on the past, but instead, focuses on the present and future.

THE 13 R's

1. **Remain Calm** (voice, body language)
2. **Remove Trigger** (eliminate source of agitation)
3. **Redirect** (guide to another task)
4. **Reassure** (make positive statements)
5. **Repeat** (if necessary)
6. **Revise** (present one step at a time)
7. **Respond** (listen, paraphrasing resident words)
8. **Reference** (validate resident point of view)
9. **Remind** (encourage reminiscence/praise past accomplishments)
10. **Reflect** (physically acknowledge communication, e.g., nodding head)
11. **Reinforce** (praise positive behaviors)
12. **Report Incident** (internal and licensing reporting requirements)
13. **Re-evaluate** (establish root cause, assess for management control)

Next, we are going to look at some specific behavioral responses you may see in your residents with dementia. We have listed each type of behavior you may observe followed by some suggestions that you can do to help minimize the undesired behavior.



When a resident displays anger or agitation:

- Do not express impatience
- Maintain calmness – smile and reassure
- Speak slowly and offer comfort
- Redirect to quiet area
- Engage a favorite pastime
- Offer a favorite food or beverage
- Whisper

When a resident is aggressive, it helps to:

- Remain calm on approach
- Get help if necessary
- Use “change of face” technique (get a different caregiver to work with resident)
- Attempt to redirect the resident
- Redirect to safe area (e.g., resident’s room, quiet area)
- Provide distraction...use a known resident interest to distract

When a resident is anxious, it helps to:

- Identify the trigger and time of occurrence
- Reinforce positive behavior
- Help the resident reduce anxiety
- Encourage viewing family photos for discussion
- Keep resident busy after visitors leave
- Use relaxation methods

Here are some things you can do when a resident has increased behaviors in the late afternoon and evening:

- Prepare for raised anxiety
- Turn on lights ahead of time
- Minimize distractions
- Remove any clutter
- Provide a safe place to rummage
- Offer favorite items of interest
- Offer snacks/drinks
- Play soft music in background

When a resident is disruptive you may:

- Seek the resident's attention
- Approach the resident in a friendly manner
- Redirect the resident to a private area if possible
- Inform the resident of a change in routine
- Encourage independent activity
- Involve the resident in any plans, if possible
- Help gain coping skills

Here are some things you can do to help with sleep:

- Monitor the resident's sleep pattern
- Determine cause, such as hunger, discomfort, etc.
- Provide daily exercise
- Establish routine napping, if necessary
- Remind the resident it's bedtime
- Provide security "item" such as favorite picture or stuffed animal
- Create ritual such as hand massage, drink, prayer, bed, etc.
- Wind down activity participation after dinner unless requiring exercise
- Supply night light if preferred
- Reassure you will check on resident throughout night

As we have discussed, one of the first steps to managing challenging behaviors with dementia is to be aware of the causes of behavioral responses. It is essential that as a caregiver your response and communication should be respectful, positive and effective. Always follow your Community and state policies regarding managing challenging behaviors. If you have any additional questions, speak to your supervisor. There are various resources available to help. You can also contact the Alzheimer's Association for any additional information regarding dementia care and dealing with aggressive behaviors.

