

Module 7

Appropriate Responses to Resident Behaviors

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- ## Objectives
- List three unacceptable behaviors
 - Describe interventions for difficult behaviors when assisting residents at meals
 - Describe behaviors that should be reported
 - Distinguish between normal behavior and changes in normal behavior


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- ## Normal Behaviors
- Wearing clean and appropriate clothing
 - Having a clean face and hands
 - Being able to eat and drink using appropriate utensils
 - Being able to communicate within one's own abilities, in socially acceptable methods

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Difficult Behaviors


- Yelling, screaming, or cursing in a disruptive manner during the meal
- Verbal or physical aggression
- Spitting
- Taking another resident's food
- Dropping or throwing food onto the floor or table or at others
- Inability to keep food in the mouth for chewing and swallowing
- Agitation
- Wandering
- Pacing
- Shouting
- Aggression
- Kicking
- Hitting
- Biting
- Spitting
- Refusing care



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Causes and Considerations

- All behaviors have a purpose
- Behavior problems may result from fears
- Loss of control
- Historical responses



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Theoretical Frameworks

Four theoretical frameworks to explain etiology of behavioral disorders

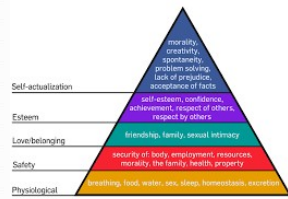
- Biologic/genetic
 - Due to symptoms of dementia
- Behavioral
 - Relationship between patients and environment
- Reduced stress threshold
 - Lower threshold to stimuli
- Unmet needs

(Cohen-Mansfield, 2013)

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Basic Needs

- Physiological
- Safety/security
- Belonging and love
- Esteem



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Responses to Stress

Typical Stress Relievers

- Go for walk
- Talk on the phone
- Take a bath
- Put on comfortable clothes
- Go shopping
- Exercise
- Read a book
- Sex

Dementia Behaviors

- Wandering
- Asking same thing over and over
- Taking off clothes
- Rummaging
- Pacing
- Inappropriate sexual behavior

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Behaviors

- ALL behavior has meaning and is indicating something
- Behavior is a form of communication
- Look at every behavior as unmet need
- Behaviors are considered a problem when
 - Safety or well-being of patient or others is compromised
 - A trigger or cause cannot be identified

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Causes of Problematic Behaviors

- Environmental
- Physiological
- Psychological
- Medication induced
- Communication
- Task-related
- Pain

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Causes of Behaviors

- Self-actualization
- Esteem
- Love/belonging
- Safety/security
- Physiological
- Physical
- Emotional
- Environmental

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Addressing Problematic Behaviors

- Prevent the incidence of agitation and aggressive behaviors
- Respond to episodes to reduce severity, duration, caregiver distress
- Interventions may be
 - Patient focused: directly intervene with patients
 - Caregiver focused: intervene through caregivers and environment

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Addressing Problematic Behaviors

- Observe the behavior and try to determine cause
- Behaviors may be indicative of needs that should be addressed
- Could be due to inability to manage stress
 - Change in routine/caregiver/environment
 - Demands that exceed ability
 - Multiple and competing stimuli
 - Pain/illness/discomfort
 - Medication side effects

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Consequences of Behaviors

- Potential safety issues
- Creates resident and caregiver stress
- Creates an additional care burden



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Guidelines

- No single method will work for all residents or situations
- Provide care that meets the residents' needs and promotes residents' rights, dignity, privacy, and independence
- Observe the resident closely to learn his or her likes and dislikes

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Comforting Measures

- Objects
- Activities
- A favorite caregiver who is effective in calming the resident

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What Can You Do?

- Meet the unmet need
- Re-direct the resident
- Remove the source of resident's frustration
- Review your interaction with the resident
- Use these measures at the first signs of distress to try to avoid more serious behavior problems.
- Share your observations
- Respond to appropriate behavior with genuine compliments, praise, and comments
- Do not respond negatively to inappropriate behavior

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Remember ...

- Stay calm
- Maintain respect & dignity for resident
- Use positive body language
- Think about the reason for the behavior



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How to Respond

- Talk with the resident to determine the nature of the complaint
- If the complaint is justified, you should correct or meet it (if you are trained to do so) as instructed by the charge nurse

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How to Respond

- If the complaint is unjustified or cannot be met
 - Assure the resident that the complaint was heard and reported
 - Be a good listener and provide support
 - Stay neutral
 - Try to distract as appropriate
 - Provide care
 - Follow the instructions of the charge nurse

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Responding

Yelling or screaming

- Try to distract the resident with a snack or discuss a favorite topic
- Look for the cause of the behavior
- Try to provide care
- Follow nursing's instructions



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Responding

Verbally or physically aggressive

- Remain calm and reassuring and use non-threatening body language
- Do not become defensive, argue, or try to reason with the resident
- Move other residents out of harm's way
- If attack is directed at you, leave if you can safely do so
- Attempt to redirect interest or distract the resident
- Ask for assistance

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Responding

Cognitive impairment

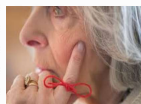
- Become aware of your own responses and reactions to the resident's behavior and modify your behavior if needed
- Reinforce the resident's feelings of belonging and safety
- Find and confirm a true and accepted fact of the moment
- Acknowledge the resident's feelings
- Avoid isolating the resident

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Responding

Cognitive impairment

- Eating inedible items
- Throwing food
- Pacing during mealtime
- Refuses to open mouth
- Forgets they have eaten



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Stimulation

- Stimulating
 - Sight
 - Lights of high intensity, color red, reminiscent images and objects
 - Smell
 - Citrus smells, peppermint
 - Sound
 - Loud music, fast tempo, sing-along tunes, abstract sounds
 - Taste
 - Citrus fruits, peppermint, sour sweets, sherbet

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Relaxation

- Relaxing
 - Sight
 - Low level, slow changing lighting, fairy lights, Christmas tree lights
 - Sound:
 - Quiet music, slow tempo, natural sounds
 - Taste
 - Milky foods such as chocolate, pudding, yogurt
 - Smell
 - Lavender, smell of baking cakes or bread

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Reporting

- Always report a change in the resident's behavior on the day that it occurs
- Know our facility procedure for reporting difficult behaviors

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What to Report

- Changes in the behavior of the resident that might indicate problems
- Possible causes of the behavior
- Effective measures to comfort or distract the resident
- Approaches that did not work
- Problems in managing the behavior or protecting the resident's safety

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Inconsistent Behaviors

- Residents untying a restraint or releasing a self-release seat belt
- Residents walking or wheeling away from the table
- Coughing; having wet, gurgly voice or a weak cough during or after swallowing
- Sudden complaints about all food
- Disorientation
- Residents who seem sad or depressed
- Any threats of suicide or threats of harm to other people or property

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Reporting

- Specific description of unusual behavior
- What happened prior to the unusual behavior



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Report Changes in Normal Behavior

- To determine what is normal or usual for a resident:
 - Familiarize yourself with the resident's plan of care
 - Discuss the resident's behavior with the certified nurse aides and nurses who care for that resident

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Tips for Sensitive Interactions: Mild Dementia

- Use simple, concrete words
- Provide multi-modal input, being sure that gestures and facial expressions match the words you are saying
- Speak slowly
- Speak in a quiet, calm voice, but do not whisper
- Use simple sentences
- Give the resident sufficient time to process information and respond

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Tips for Sensitive Interactions: Mild Dementia

- Label things, either in writing or orally
- Keep the environment consistent
- Reduce noise levels or distractions
- Have the resident learn information in the form of a motor act
- Be sure the resident knows the context of the conversation

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**Tips for Sensitive Interactions:
Mild Dementia**

- Write instructions for the resident or use pictures
- Make sure the resident wears any glasses and/or hearing aids
- Be literal
- Resident may no longer respond to reasoning

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**Tips for Sensitive Interactions:
Advanced Dementia**

- Get the resident's attention before attempting to communicate
- Talk about objects when the objects are visible
- Determine pleasant events for the resident
- Use yes/no questions

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Non-Verbal Communication

- It is important to assume that the resident is trying to communicate and not just rambling on
- Start by being an active listener and observer
- Notice the environment
- Before attempting to communicate, have your resident look at you
- Your resident is ready to communicate if he/she leans toward you

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Non-Verbal Communication

- Approach from the front
- Avoid large rapid gestures
- If agitated, stop the task and come back to it later
- Vocalics or vocal sounds are also nonverbal behaviors
- Use music
- Convey information through the tone of your voice

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Tips to Follow

- Provide one-step commands
- Use short, simple sentences
- Use an active, not passive voice
- Speak slowly; repeat and rephrase sentences as needed
- Be flexible
- Use nouns, concrete vocabulary and specific names
- Communicate with the resident, not “at” the resident
- Utilize gestures and facial expressions along with speech



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Tips to Follow

- Monitor tone of voice and keep a calm demeanor
- Allow adequate time to process information
- Use the same procedure or routine
- Grade activities based on resident response
- Keep tasks simple and of interest to the resident
- Provide soothing activities
- Praise and encourage the resident often
- Encourage automatic responses and keep conversations going

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Tips to Follow

- Limit distractions in the environment
- Use routines and keep the environment familiar
- Design activities and interactions to perform with the resident, not “for” the resident
- Encourage resident to use other senses
- Make the environment secure and hazard-free
- Tolerate pacing and wandering providing the resident is safe

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Tips to Follow

- Continue the same topic of conversation as long as possible
- Always establish eye contact
- Avoid open-ended questions
- Label objects in the environment
- Educate staff and family to these same tips

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Cueing Strategies

- Repeat functional questions several times
- Demonstrate the activity to the resident
- Use hand signals, pictures and facial expressions
- Provide one or two visual choices
- Provide familiar visual stimuli within environment
- Provide familiar sounds within environment

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Cueing Strategies

- Provide tactile stimulation along with verbal instructions
- Talk about familiar and directly observable topics
- Use redirections
- Use a hand-over-hand technique
- Utilize multi-modality cueing

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What can You Do?

- Be courteous and respectful
- Never show indifference to residents
- Don't contradict, argue or match wits
- Good manners will get you everywhere
- Stay in touch with residents
- Keep your promises



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