

Dealing With Difficult Behaviors

Intervention and Treatment

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Goals of Program

- Review the different types of behavioral symptoms in hospitalized patients.
- Discuss the causes of these behaviors.
- Discuss the goals of treatment.
- Gain awareness of the types of non-medication choices for treatment.
- Learn about some of the medications used to treat behavioral symptoms
- Discuss ways to deal with difficult family/friends
- Discuss communication and listening skills

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Dementia & Agitation

Dementia:

Significant decrease in thinking abilities caused by a disease that damages the brain. Dementia progresses to more and more serious problems over a period of several years.

Agitation:

Emotional distress or behavioral changes that often occur in people with dementia.

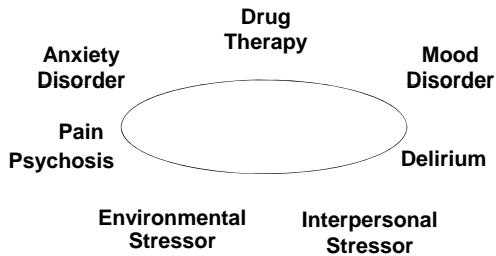
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Specific Dementias

- Alzheimer's type
- Vascular (multi-infarct) dementia
- Lewy body disease
- Parkinson's disease
- Pick's disease and other frontal lobe dementias
- Other progressive dementing disorders (e.g., Huntington's disease, Creutzfeldt-Jakob disease)
- Dementia due to other causes (e.g., Brain tumor, head trauma, etc.)
- Mixed disorder

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Underlying Causes of Behavioral Changes



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Behavioral Problems that ***IMPACT*** Nursing Care

- Agitation
- Verbal Aggression
- Physical Aggression
- Resistance to care
- Refusal of treatment
- Power struggles
- Passivity
- Anxiety
- Psychosis
- Depression
- Suicidality
- Ongoing family discord

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Medical History

- Relevant systemic diseases
- Psychiatric disorders
- Known neurological disorder including history of head trauma
- Alcohol or substance abuse
- Exposure to environmental toxins
- Family history
- Untreated/unrecognized pain
- Negative response to anesthesia



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Descriptions of Agitation

Physically Aggressive	→	<i>Hitting, kicking, pushing, scratching</i>
Physically non-aggressive	→	<i>Pacing, repetitious mannerisms, inappropriate disrobing</i>
Verbally aggressive	→	<i>Screaming, cursing, temper outbursts</i>
Verbally non-aggressive	→	<i>Constant requests for attention, complaining, whining, negativism</i>

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Describe Behaviors and Patterns

- ◇ Onset, duration, pattern, relief
- ◇ Frequency, timing, length of episodes
- ◇ Factors that may precipitate behavior
- ◇ Feelings of restlessness, tension, loss, insecurity, anxiety

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General Guidelines

- Evaluate and treat treatable conditions (e.g., pain, urinary tract infection)
- Prevent new occurrences
- Educate patient, family, and staff
- Identify and reduce causative factors
- Provide periods of reduced stimuli

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Areas of Non-Medication Interventions


The diagram consists of four 3D rectangular blocks arranged in a 2x2 grid. The top block is labeled 'Physical Environment'. The middle-left block is labeled 'Caregiver Interaction' and the middle-right block is labeled 'Social Environment'. The bottom-left block is labeled 'Cognitive Capabilities' and the bottom-right block is labeled 'Sensory Problems'. The blocks are interconnected, suggesting a holistic approach to intervention.

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Caregiver Strategies

- Differential reinforcement
- “Trigger” modification
- Positive reinforcement
- Redirect and distract
- Know your limits


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Sensory Interventions

- Distraction
- Music, aroma or pet therapy
- Light therapy
- Food or snacks
- Physical touch (with caution in some)
- Eliminating physical discomfort (clothes too tight, etc.)


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Environmental Interventions

- Assess vision or hearing needs
- Reduce excess noise
- Appropriate temperature
- Appropriate lighting
- Provide safety and security
- Individualize environment, reorient
- Actively involve family (if appropriate)

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Behavioral Interventions

- Reinforcement of alternative behaviors
- Positive reinforcement
- Redirection
- Active listening
- Simplify tasks- reduce steps

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Social Environment

- Provide a restraint-free environment
- Individualize social activities (e.g. pet therapy, food, music)
- Interaction with staff
- Regulate interactions and patterns
- Allow for rest periods



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Possible Non-medication Interventions

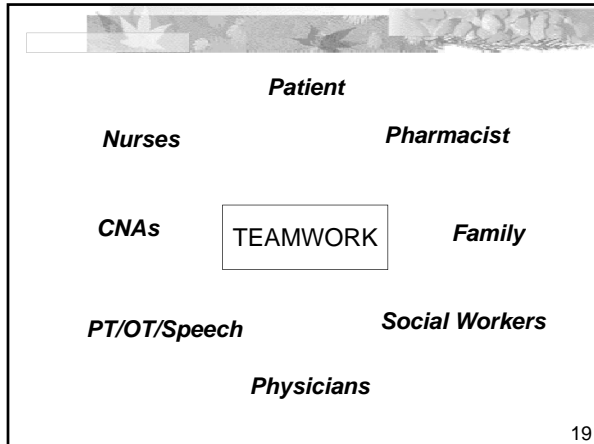
<i>Behavior</i>	<i>Possible Interventions</i>
Verbal Anger/ Abusive Language	Distract & redirect; Try to determine the “real” reason for the outburst.
Verbal Anxiety (feeling lost, scared, etc.)	Approach slowly, use gentle touch, reassure with familiar objects, locations, activities, etc.

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Possible Non-medication Interventions

<i>Behavior</i>	<i>Possible Interventions</i>
Wandering, Pacing	Involve in physical or movement activities, normalization activities (e.g. sorting & folding laundry) Validate what is being sought by the wandering. Don't argue!
Aggression (hitting, yelling, verbal abuse, etc.)	Remove resident from situation, allow space to pace if possible, decrease stimuli, use articles of comfort, utilize crisis intervention techniques

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- ### Medications Used to Manage Behavioral Symptoms
- Mood stabilizing agents
(Lithium, Depakote)
 - Antidepressants
(Lexapro, Celexa)
 - Antipsychotics
(Haldol, Geodon, Zyprexa, Abilify)
 - Anti-anxiety agents
(Xanax, Ativan, Librium)
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- ### Behaviors Unlikely to Respond to Medication
- Wandering, pacing, exit seeking
 - Screaming, inappropriate verbalizing, using foul language
 - Resistance to care
 - Inappropriate voiding, defecation, or spitting
 - Inappropriate sexual behaviors
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Monitoring Response to Medication

- Time to respond
- Side effects
- Duration of treatment

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Problems with Angry, Agitated Behaviors

- Evaluate possible causes: physiological, environmental, other
- Acknowledge feelings
- Alternate quiet and more active periods
- Keep daily routine consistent
- Exercise regularly to reduce stress
- Music, massage, quiet reading
- Gentle touch, holding hands
- Use repetition
- Limit choices to avoid decision making stress

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Problems with Personal Care

- Evaluate possible causes: physiological, environmental, other
- Recognize: personal privacy needs, loss of independence
- Evaluate best time of day for bathing
- Allow patient to feel water before, and encourage, "the water feels nice"
- Separate hair washing from bathing
- Let water drain from tub before getting out to decrease fear of falling. Use low water level
- Play soft music, wrap towel around shoulders
- Allow time, one step at a time

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Problems with Wandering

- Evaluate possible causes: physiological, environmental, other
- Allow to wander in safe area
- Use distraction: conversation, food, music
- Involve in unit activities: fold linens, wipe tables, sweeping
- Consider past skills for activities
- Written notes "Liz will be here at 3:00pm"
- Encourage verbalization of feelings, no arguing
- Reduce noise and confusion
- Signs on doors large NO or STOP discourages wandering

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Problems With – Wanting To Go Home

- Evaluate possible causes: physiological, environmental, other
- Respond to emotion "are you feeling scared, lonely?"
- Look at photos, reminisce
- Examine routines – e.g., shift change, noise and commotion may trigger >
- Redirect; food, music, walk, dance
- Remove objects that remind of home – hat, purse, coats etc.
- Tape reassuring messages from family
- Develop bio to carry with info re: marriage, births significant events
- Work out telephone routine with family

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Problems With Screaming

- Evaluate possible causes: physiological, environmental, other
- Rest periods to minimize fatigue
- Consistent routine and staff
- Relaxation techniques: massage, stroking, soft music, rocking
- Minimize stress, noise, lights
- Softly read to patient in soothing voice

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Problems with Hallucinations, Paranoia

- Evaluate possible causes: physiological, environmental, other
- Explain misperception – “the loud noise is an airplane overhead”
- Do not directly disagree attempt distraction
- Investigate the suspicion, they may be a victim
- Establish or reinforce a daily routine, rituals at bedtime etc.
- Use physical touch “if I hold your hand will it help”
- If hallucinations do not upset the person there may be no reason to intervene
- Do not take accusations personally
- Log times of days when behaviors increase, it may be possible to change routine to avoid increase

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Importance of Good Communication Skills

- Positive communication and good listening skills are important tools in managing difficult behaviors
- Patients with dementias have trouble finding words, or remembering simple words or phrases. Alternate strategies e.g. validation techniques may be more appropriate.

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General Communication Skills Checklist

1. Check my understanding of what the other person has said before evaluating
2. Make it possible for others to tell me different ideas
3. Realize it may be clear to you but not to others
4. Pay attention to non-verbal messages
5. Not letting a person's message be distorted by your attitude and feelings
6. Being patient
7. Receptive to feedback
8. Be willing to address conflict
9. Keep an open mind to alternative solutions
10. Listen to message and not be influenced by appearance or voice tone

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Listening So Others Will Talk

1. Silence – *allows person to tell their story* - eye contact, nodding
2. Acknowledge responses – *sends a message you are following* - "Mm-hmm" "I see"
3. Door openers – *sends a message of willingness to listen* - "tell me more" " can you give me more details?"
4. Active Listening – *assures that the listener understands the message* – restatement of listener's own words, feedback

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What NOT to Say

- "It's not so bad" – denies feelings, suggests not important
- "I had the same thing happen" – focuses on you
- "If I were you I would..." – use of logic undermines the person's feelings
- "Why do you suppose that happened?" – the speaker needs you to listen not investigate
- "Let's do something to get your mind off it" – diversion leaves feelings unspoken and unresolved

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Communication Approaches

- Set the tone – anxious, annoyed, tense
- Calm, gentle, matter of fact manner
- Try humor, cajoling, cheerfulness
- Try touch to convey message
- Create the mood – begin with 'social' talk, weather, family etc

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Communication Approaches (continued)

- Talk in area free of distractions
- Begin by orienting
- Look directly at the patient, make sure you have attention before you begin to speak
- Speak slowly, clearly, at eye level, keep pitch low
- Simple short sentences
- Be concrete "do you have to pee?" vs. "do you need to go to the bathroom?"

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Create a Safe Supportive Environment

- *Therapeutic Milieu* is a dynamic, flexible, safe living environment that takes into account the specific needs of an individual patient and group of patients in a particular setting to promote positive living experiences, safety and positive health changes

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Gunderson Concepts

- **Containment:** safe environment, self control and sense of personal security
- **Support:** self esteem through validation, support/encourage individual tx goals
- **Structure:** program schedule of activities
- **Involvement:** patient participation in groups, meetings, activities as appropriate
- **Validation:** affirming individuality, create safe environment to validate and try out new adaptive behaviors

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Summary

- Individualize interventions
- Keep things simple
- Prevent new occurrences
- Identify and reduce causative factors
- Use medications when necessary

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QUESTIONS

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